

**CHIROPRACTIC
AND
EAR INFECTIONS**

Welcome To Great Health!

You are joining millions of others who have taken control of their health with chiropractic care. Chiropractic offers a natural, drug-free way to not only regain your health, but also to maintain it.

We're glad you are taking the time to learn more about the incredible science, art and philosophy chiropractic provides. We want you to benefit greatly from the next several pages, so let's explain the contents.

You will be examining literature from both the popular press as well as that of medical literature. While we don't expect you to be well versed in the medical terminology, we do believe that you deserve the information at your fingertips. The doctor will be happy to discuss any of the articles with you.

You may notice articles designed to inform you about the potential side effects of certain medication. There will also be medical literature that supports chiropractic as a possible means of helping your body to regain health. In addition, you will review survey material praising chiropractors for their efforts. Lastly, you will note a Family and Friend Health Profile. We suggest that you complete this form and return it to your chiropractor as soon as possible.

Remember, the more you know about your health, the healthier you will be. The sooner your doctor of chiropractic examines you the sooner you can be on the road to good health. The longer you wait for help the worst the condition becomes. Delays will only hurt you more and cost you more!

The Role of Chiropractic in Good Health

Although chiropractors work primarily upon the spine, their goal is to improve the health of your entire body.

A chiropractor is a specialist that works diligently to detect and correct vertebral subluxations. Vertebral subluxations occur when the spinal column has become "misaligned." This misalignment produces interference in your nervous system. Your nervous system is responsible for controlling every function of your body.

Henry Windsor M.D. noted in the Medical Times that he found a nearly 100% correlation between "minor curvatures" of the vertebrae and diseases of the internal organs. His findings were indeed profound.

A chiropractic adjustment is the means by which your D.C. (Doctor of Chiropractic) corrects vertebral subluxation. Regardless of age or physical condition, everyone needs a nervous system free of interference.

Please review the following pages and learn about the benefits of chiropractic care for you and your entire family...

Ear-fluid ailment self-cures in kids

By Tim Friend
USA TODAY

Most young children who have a buildup of middle ear fluid do not require the antibiotic or surgical treatment patients undergo today, a federally sponsored panel concludes.

The condition, called otitis media with effusion (fluid buildup), accounts for 6 million to 8 million doctor's office visits a year. It carries few symptoms, though some children may show discomfort or behavior change.

Diagnosis usually follows an episode of acute otitis media with pain, and doctors prescribe antibiotics or implant drainage tubes as a "better safe than sorry" approach, says Dr. Alfred Berg, who led the panel for the Agency for Health Care Policy and Research.

Reasoning for the approach: The condition can cause mild or temporary hearing loss as children are developing language skills. Some have signifi-

cant hearing loss. Doctors can't predict which ones will fare worst.

But the panel, in reviewing the body of research, found after six months with no treatment 85% of children get better and suffer no permanent hearing loss, says Berg.

Since parents and insurers pay \$1.1 billion a year in out-of-pocket expenses and indirect costs, new practice guidelines are needed, says Berg.

"We chose this condition because it's common, controversial and costly," says Berg.

The new guidelines for ages 1 to 3, to be released Friday.

► Wait three months and do a hearing test. If there's no hearing loss, wait another three months.

► If significant hearing loss is present, give antibiotics or implant ear tubes.

► Don't prescribe antihistamines, decongestants or steroids, or remove tonsils or adenoids. Data don't support effectiveness.

Child's ear surgery not always needed

By Doug Levy
USA TODAY

The most common children's surgery in the USA may be "inappropriate" 1 out of 4 times, says a study out today.

The operation, to place tympanostomy tubes in the ear to drain fluid, is for children with serious or recurring cases of

otitis media, one of the most common childhood infections.

The study, in today's *Journal of the American Medical Association*, found that of 6,429 proposed surgeries submitted for insurance review:

- ▶ 42% were "appropriate."
 - ▶ 23%, "inappropriate."
 - ▶ 35%, "equivocal."
- "Issues of cost containment

aside, this has important implications for the welfare of children," say the researchers, led by Dr. Lawrence Kleinman of Children's Hospital, Boston.

"It reflects a misunderstanding of what's the best (treatment)," says Kleinman. "In many cases, what's best is antibiotic therapy or just waiting." Dr. Michael Maves, of the

American Academy of Otolaryngology Head and Neck Surgery, thinks the study overstates the number of surgeries performed.

Better doctor education has reduced the number of tube insertions from around 1 million in 1980 to 670,000 in 1988, Maves says.

"If (the infection) persists

more than three months, we recommend those be considered for tubes," says Maves. Doctors often can clear the infection other ways.

The federal Agency for Health Care Policy and Research has commissioned a panel to develop guidelines for the treatment. They are expected later this year.

ARE TUBES IN THE EARS DANGEROUS?

Ninety-eight children with recurrent otitis media had tympanostomy tubes randomly placed in one ear but not the other. After five years, the ears with the tubes had a 21% higher incidence of deafness, even though the tubes had fallen out or had been removed after one year. Furthermore, the gap in hearing deficiency between treated and untreated ears continued to increase long after the tubes were gone. In another study, children treated with tubes had a higher incidence of tympanosclerosis, tympanic atrophy, and abnormal hearing than did those receiving antibiotic therapy.

COMMENT: Tube placement is widely used in children with recurrent otitis media that cannot be prevented by antibiotics and in cases of persistent otitis media with hearing loss. The insertion of tubes to treat effusion and to improve hearing appeared so logical that, when it was introduced in the United States, it was not challenged. Current evidence, however, indicates that tube placement reduces otitis and improves hearing for only six months or less. Given the long-term adverse effects, the use of tubes now appears highly questionable. Fortunately, most cases of recurrent otitis media can be effectively controlled by food allergy elimination, nutrient supplementation, and other nontoxic interventions. Unfortunately, conventional doctors have not figured that out.

EDITORS NOTE:

Dr. Michael Schmidt's book *Childhood Ear Infections—What Every Parent and Physician Should Know About Prevention, Home Care, and Alternative Treatment*, is an excellent overview of how to approach recurrent otitis media.

Family Practice News, 1990; 20 (24):1,30.

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Conflict of Interest Taints Antibiotic Research

Antibiotics may not be the best way to treat ear infections. This double-blind study from the University of Pittsburgh found that children treated with amoxicillin didn't recover any faster than children treated with a placebo, and were even more likely to have their infections recur.

These results contradict a 1987 analysis of the same data, which appeared in the *New England Journal of Medicine* and supported amoxicillin treatment. The *Journal of the American Medical Association* decided to publish this alternative re-

port after reviewing evidence showing (1) that the authors of the original report omitted data that did not support amoxicillin, (2) that amoxicillin's manufacturer paid \$260,000 in honoraria to the scientist responsible for the pro-amoxicillin report, and (3) that the manufacturer paid \$3.5 million in research grants to the research center where the study was performed. — E. I. Cantekin et al., "Antimicrobial therapy for otitis media with effusion ('secretory' otitis media)," *Journal of the American Medical Association* 266 (Dec. 18, 1991): 3309-17. See editorial comments on pages 3333-34 of the same issue.



Concern Grows Over Insertion of Tubes to Fight Ear Infection

From the *New York Times*: The most common operation being performed on children today is the insertion of tubes into the ears to combat the effects of middle ear infection. There is now growing concern over its effectiveness and controversy about when it is appropriate with few good studies to support either side.

Dr. Jack L. Paradise, a pediatrician at the University of Pittsburgh School of Medicine states, "Far too many children are getting tubes - for every one child who needs and gets tubes, about 20 others

who don't need them also get them. They nearly always cause permanent scars on the eardrum and could impair hearing decades later." Dr. Paradise also states the evi-

dence is extremely weak that the persistent fluid in the ears can cause lasting handicaps. The studies are inconclusive, yet they have been accepted uncritically. There is additional risk that the child will react adversely to anesthesia during the operation, but the tubes have additional hazards including changes in the eardrum that may impair its function. Abnormalities were found ranging from 32 - 67% of cases after tube surgery, with long-range effects not known or studied. There is no agreement as to when tubes should be used. Chiropractic should be a first in all these proposed cases.

Insurance study challenges surgery for ear infections

■ Evaluation suggests tube treatment for children may be overused.

By Jane E. Brody
New York Times

An evaluation of more than 6,000 children scheduled to have tubes placed in their ears to combat recurrent ear infections indicates the procedure is inappropriate in about one-quarter of cases and of questionable benefit in another third.

The children ranged in age from 22 days to 16 years.

The finding suggests that each year hundreds of thousands of children who undergo the procedure are unlikely to benefit from it and some may be harmed.

It is likely to add fuel to a three-decade debate about the insertion of ear tubes, which has become the most common operation among American children.

In 1988, the last year for which national data are available, 670,000 children had tubes placed in their ears.

Insurance study

The analysis was conducted by a utilization review concern hired by three large medical insurance companies, two of which provide managed care.

The company, Value Health Sciences, employed an expert panel of pediatricians and otolaryngologists to determine under what circumstances the benefits of ear tubes were likely to outweigh their risks.

The panel developed criteria for appropriate, inappropriate and equivocal placement of ear tubes for children of various ages, medical conditions and treatment circumstances.

For example, ear tubes were considered appropriate for a child younger than 3 who had persistent fluid in the middle ear for more than four months despite treatment with antibiotics.

But the surgically inserted

tubes were regarded as inappropriate for a child younger than 3 with fluid in the middle ear for less than one month and with recurrent ear infections that antibiotics kept from recurring.

27% 'inappropriate'

All told, of 6,429 proposed operations that were evaluated by nurse reviewers using a specially designed computer program, 41 percent were rated "appropriate," 32 percent "equivocal" and 27 percent "inappropriate."

When physician reviewers conducted follow-up interviews with doctors whose cases were deemed inappropriate, the proportion deemed inappropriate dropped to 23 percent and those considered equivocal rose to 35 percent.

Only five of the 97 cases originally considered inappropriate were later rated as appropriate.

The analysis was directed by Dr. Lawrence C. Kleinman, Children's Hospital in Boston, who sometimes serves as a physician reviewer for Value Health Sciences. This and similar organizations are hired by insurers to evaluate the necessity for various costly medical procedures.

In the case of elective procedures provided by managed care, the evaluation is usually conducted before the procedures are performed to determine whether the insurer will cover the cost.

The researchers, whose findings are being published today in *The Journal of the American Medical Association*, suggest that an even higher percentage of ear-tube operations might be inappropriate among children treated under fee-for-service care, where preoperative review do not occur.

Although ear-tube placement is generally considered a safe operation, possible complications include persistent perforation, scarring of the ear drum, which could cause low-grade, long-term hearing loss.

Other nerves involved are the spinal accessory, the sympathetic trunk, and the vertebral. The vertebral nerve lies within the transverse foramina and travels alongside the vertebral artery. The vertebral nerve originates from the stellate ganglion and supplies the vertebral and basilar vessels. Injury to this nerve produces spasm of the vertebral arteries and gives rise to disturbed circulation to the pons and portions of the medulla containing the nuclei or origin of the lower seven cranial nerves, with resultant far-flung symptoms. (Seletz, JAMA, 1958)

The start of chiropractic is said to date from a specific incident when Palmer manipulated the thoracic vertebrae of a Negro porter and by this means cured him of deafness from which he had suffered for some years. On the face of it, this is a fantastic and totally unacceptable claim. As a result of personal experience, however, there is no doubt in my mind that somatic dysfunction in joints in the upper thoracic spine can affect the function of the inner ear, presumably by way of its sympathetic innervation. (J.F. Bourdillon, MD, in Spinal Manipulation, Appleton & Lange, 1987, p.5)

Bourdillon Adjusted upper dorsal of deaf guy
in 1882 & he got better.

Blocked Atlantal Nerve Syndrome In Infants and Small Children

BY G. GUTMANN

(Published in "Manuelle Medizin" © Springer-Verlag 1987. The "ICA Review" thanks the Barge Chiropractic Clinic of LaCrosse, Wisconsin, for having the original paper translated into English by Ronald M. Mazur, PhD, Winona State University, Minnesota. Translation published with permission of "Manuelle Medizin" publishers.)

Summary: Three case reports are reviewed to illustrate a syndrome that has so far received far too little attention, which is caused and perpetuated in infants and small children by blocked nerve impulses at the atlas. The clinical picture ranges from central motor impairment and development through idencephalic impairments of vegetative regulatory systems to lowered resistance to infections, especially to ear-, nose- and throat-infections. The theoretical background to this syndrome is indicated. The main factor in the causation concerns the neurophysiological connections between the area of the atlanto-occipital joint and centers in the brain stem. In addition to the case history (birth trauma, etc.) and the pediatrician's diagnosis, chiropractical and radiological examination are of decisive importance for the diagnosis of this syndrome. If the indications are correctly observed, chiropractic can often bring about amazingly successful results, because the therapy is a causal one.

Key words: Babies, infants, atlas, blocked nerves, dysregulation, motor, vegetative, impaired development, resistance lowered to infections, diagnosis and therapy, chiropractical.

*occ/c1/c2
B.J. Palmer
Research clinic
1936-1951
Worked exclusively
= c1/c2 & occ.*

CASE STUDIES

V.S., 10-month-old male child

Congenital torticollis after suction-belljar delivery. Post-natal haemotoma of the sternocleidic mastoid on the right side.

In spite of intensive therapeutic gymnastics, no improvement in the torticollis. A clear-cut asymmetry had developed in the skull and face. Crawling, let alone sitting, was impossible. The orthopedic institute treating the patient diagnosed cerebral disturbances of movement.

Our X-ray findings: Moderate degree of inferior location of the atlas with kyphotic position of the HWS and dislocation of the occiput (al) on the

right side across from C1 and C2.

No clear blockage could be felt manually. Targeted manual impulse treatment (C1/C2 from the left with counter-support of the occiput (al).) In the course of the next 12 months, the first clear improvement in posture and motor responses, confirmed by colleagues collaborating in the treatment.

The second treatment was after 4 months. The parents reported that the child had literally made a great leap forward after each treatment.

Later reports from the parents and treating doctors confirmed unaniously that both motor responses and the previously retarded mental and linguistic development were now pro-

We described this syndrome for the first time in 1953, and then again in 1968, with the complex designation, cervical-diencephalic-static syndrome (C.D.S.). In 1984 we described it as cervical-diencephalic-kinesiological syndrome in small children.

Even though it is among the most satisfying indications of the effectiveness of manual therapy, evidently even experts in our own ranks have hardly gained access to this occurrence at all. Only the pediatrician Mohr (30) has checked our reports and confirmed them in full measure. Lewit, (26, 27) and later Seifert (35) expressed a similar opinion in the German Democratic Republic.

New Survey Rates Chiropractors

Exactly how effective is chiropractic care when measured against traditional medical treatment? According to *Prevention*, which claims to be America's leading health magazine, "... clearly, chiropractors are doing something right."

Prevention has been widely criticized in the past for ignoring or trivializing alternative methods of health care, and for promoting the "pill

for every ill" approach to medical problems. The October 1989 issue of the magazine contains the results of an exclusive survey on chiropractic care. *Prevention* commissioned the survey in an attempt to determine if people who go to chiropractors find the relief they are looking for. Based on the answers from people who had seen a chiropractor at least once, the survey proved to be an impressive show of support for the profession: three out of four people polled said that chiropractors were successful in correcting their health problems. On the whole, chiropractic patients realized greater relief from pain, were happy with the number of visits required and found chiropractors friendlier and more supportive than medical doctors.

Although some patients were aware that chiropractic care was effective in correcting the causes of migraine headaches, neck pains, whiplash injuries, scoliosis, allergies and chronic fatigue, most still sought help for back problems. The *Prevention* survey was another step in documenting the positive results that can be achieved through chiropractic care. According to the magazine:

- seventy-six percent said they would go back to a chiropractor, the majority of which would do so "without a second thought";
- nearly sixty percent of those who noticed a difference felt they received more lifestyle counseling, more advice on exercising and more nutritional information from their chiropractor than from a medical doctor;
- three times more respondents said their chiropractors are friendlier and more concerned about their patients than medical doctors;
- three-quarters of respondents selected their chiropractor based on recommendations from friends, relatives or neighbors, while fourteen percent let their fingers do the walking through the telephone yellow pages or made their selections based on advertisements. Only five percent were referred by a medical doctor. ■

DID YOU KNOW?

"EVERY FUNCTION OF THE HUMAN
BODY IS UNDER CONTROL OF THE
NERVOUS SYSTEM."

- Grays Anatomy, 29th edition, p.4