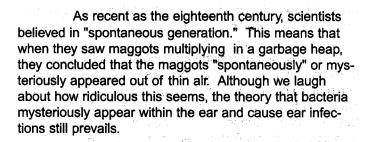
## Family Wellness First!

## Is What You Know About Otitis Media An Earful Of Garbage?

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Contemporary science knows differently. Like the maggots in the garbage heap, bacteria thrive in unhealthy tissue. They are nothing more than scavengers. While antibiotics may temporarily kill some bad germs (and good ones as well), it does not get to what's causing the garbage. Restoring normal function allows for healthy tissue to grow.

Britney's misery started at the early age of 6 into the months old. By 13 months of age, she had her first set of tubes surgically placed into her ear drums. Her second would reset came five years later and her third set at age eight. Britney was filled with antibiotics nearly every month of her life. She developed an allergic reaction to Amoxicillin. In the ceclor, after extended use, was ineffective. At the age of eight the surgeon scheduled Britney to have her adenoids removed.

"Like antibiotics,"

Sound familiar? Britney's story has become so common that the Tooth Fairy will have to also start reimbursing for the tubes that fall out of kid's ears in addition to lost teeth! Ear infections plague millions of families and are the most frequent reason for outpatient antibiotic therapy. The cost of treatment has been estimated to infections and are the most frequent reason for outpatient antibiotic that antibiotic infections and are the most frequent reason for outpatient antibiotic infections and are the most frequent reason for outpatient antibiotic infections and are the most frequent reason for outpatient antibiotic infections and are the most frequent reason for outpatient antibiotic infections and are the most frequent reason for outpatient antibiotic infections and are the most frequent reason for outpatient antibiotic infections and are the most frequent reason for outpatient antibiotic infections and are the most frequent reason for outpatient antibiotic infections and are the most frequent reason for outpatient antibiotic infections and are the most frequent reason for outpatient antibiotic infections and are the most frequent reason for outpatient antibiotic infections and are the most frequent reason for outpatient antibiotic infections and are the most frequent reason for outpatient antibiotic infections and are the most frequent reason for outpatient antibiotic infections and are the most frequent reason for outpatient antibiotic infections and are the most frequent reason for outpatient antibiotic infections and are the most frequent reason for outpatient antibiotic infections and are the most frequent reason for outpatient antibiotic infections and are the most frequent reason for outpatient antibiotic infections and are the most frequent reason for outpatient antibiotic infections and are the most frequent reason for outpatient antibiotic infection and are the most frequent reason for outpatient antibiotic infection and are the most frequent reason for outpatient antibiotic infection and are

An ear infection or otitis media is an inflammation of the area behind the eardrum (tympanic membrane) in the chamber called the middle ear. Common symptoms in older children are ear pain, ear fullness, or hearing problems. Younger children may demonstrate irritability, fussiness, or difficulty in sleeping, feeding, or hearing. Any age may present with a fever.

The common approach (which brings about extensive antibiotic use) is to treat the bacteria instead of getting to the cause Researchers now believe that the actual cause may be eustachian tube dysfunction that leads to improper ear drainage and bacteria build up.



The eustachian tube, which connects the middle ear to the nasopharynx of the throat, normally ventilates and equalizes pressure to the middle ear. If poor drainage exists, fluid can build up, and the eardrum will appear inflamed and bulging. At that point, the fluid-filled middle ear can become a welcomed habitat and breeding ground for bacteria.

Is our current mode of treatment of antibiotics, tubes and adenoid surgeries working? Britney and her mom's answer, like the answers of millions of other parents and children, would be obvious. Many studies have been conducted to answer this question.

If the true cause is due to inadequate drainage, treating an ear infection with antibiotics is like trying to rid your back yard of mosquitoes by pouring chlorine bleach into the puddles of still water. If the watery breeding grounds were emptied instead of poisoned, the pests would not be able to exist in the first place.

What do some of the experts have to say regarding the use of antibiotics when dealing with an ear infection? According to a study published in the Journal of the

American Medical Association, children who took Amoxicillin for chronic ear infections were two-to-six times more likely to have a recurrence of effusion than those who received a sugar pill. Lead author Erdem Cantekin Ph.D. (professor of otolaryngology) said, "Children are being abused by the antibiotic treatment in this country."

A study in the British Medical Journal concluded that antibiotics are not the best treatment for middle ear infections and doctors should stop routinely prescribing drugs for them. Further evidence exists suggesting that antibiotics may hinder the healing process and that recovery rates were better with the group of children who were not given the drugs.

The heavy use of antibiotics for ear infections in the United States has many men and women of science concerned about the growing numbers of drug-resistant bacteria. A researcher from the University of Colorado School of Medicine noted that "few issues in clinical medicine are as controversial as the efficacy and risks associated with antibiotic treatment of otitis media." "Recent studies document the emergence and rapid spread of drug-resistant streptococcus pneumonia in acute and

unresponsive otitis as well as persistent effusion and chronic suppurative otitis... It is best to avoid the antibiotic treatment dilemma as much as possible by not over diagnosing otitis media."

If the problem is poor drainage, it seems to make sense to insert tubes into a child's eardrum in order to release the fluid within the ear. Although tubes do help release inner ear fluid and pressure and may be indicated in some cases, they fail to address the cause of the fluid build-up... the eustachian tube dysfunction. Surgical tube usage is like bailing the water out once it has reached the sink's edge instead of clearing the clogged drain.

Like antibiotics, research has indicated that tubes are often ineffective and potentially harmful. One study stated that: "It is concluded that the use of ventilation tubes in children with primary secretory otitis media is not justified. Observation has shown that only a small proportion will require surgical treatment of the middle ear. A ventilation tube may be indicated in order to combat hearing loss, but it should be kept in mind that its use involves a high risk of complications and sequelae (resulting secondary conditions) which may result in chronic middle ear disease."

When parents are armed with knowledge, calculate the risks versus the benefits and decide to avoid antibiotics and surgeries, what are their options?

Britney's mom did find another form of care after she heard from a friend how chiropractic care helped children with the same problems that Britney had. She thought it would be worth a try rather than continuing to have surgeries and take all of the "yucky" medicines. It was at this point that Britney entered my office.

How does chiropractic care treat ear infections? I have been asked this question many times by parents and medical professionals. I was surprised to learn how little medical doctors seem to understand the science of chiropractic. I have even been asked by an ear, nose and throat specialist how I would manipulate the ear.

The answer is that chiropractic does not treat ear infections, but works to bring proper function within the child's nervous system. As the nerves exit between the bones of the spinal column, proper alignment is vital for a person to function normally and optimally. A misaligned segment can result in nerve dysfunction. If the nerves that are involved relate to the drainage of the ear, chiropractic care can help by realigning the spine with gentle adjustments specifically designed for children.

One study (published in the Journal of Clinical Chiropractic Pediatrics) of 332 children 27 days to five-years-old found that 82 to 89% of the children no longer had ear infections following chiropractic care. Other research found similar results, but with a 93% rate of improvement. "This study's data indicates that limitation

of medical intervention and the addition of chiropractic care may decrease the symptoms of ear infection in young children."

Like many children, Britney had a nerve problem that contributed to her body's dysfunction and resulted in chronic, recurring ear infections. After a series of chiropractic spinal adjustments, she no longer had to undergo antibiotic therapy, never had another tube inserted into her eardrums and was able keep her adenoids. Britney's ear infections were finally under control.

How Britney's spine first became misaligned remains unknown. It could have been from her positioning in utero or from her exit through the birth canal. She may have fallen while learning how to walk or during play. Sitting all day in school or carrying a heavy backpack also contribute to spinal misalignment. The causes are found in normal daily activities. A chiropractic check-up before Britney started exhibiting the symptoms of ear infections could have prevented Britney and her parents from years of suffering, sleepless nights, and thousands of dollars in therapies that brought no resolution.

When faced with ear infections, the choice is clear... get to the cause of the garbage heap or go on hoping that the maggots will spontaneously disappear! You can live in the past or move into the future by taking your Britney with you the next time you see your Doctor of Chiropractic!

Dear Parent,

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