

Ear Infection (Otitis Media)

By the age of three, over two thirds of all children have had one or more episodes of otitis media or middle ear infection. There are numerous problems with antibiotic usage for children with ear infections such as: allergic reactions, GI upset, destruction of the gut's intestinal flora leading to yeast proliferation and antibiotic resistance. Tubes in the ears have a 98% recurrence of infection within two months while 25% of those with tubes suffer from hearing loss years later.

The use of osteopathic manipulative treatment as adjuvant therapy in children with recurrent acute otitis media, Mills, MV; Henley, CE, Barnes, LLB et al. *Arch Pediatr Adolesc Med.* 2003;157:861-866.

57 patients 6 months to 6 years old with 3 episodes of acute otitis media (AOM) in the previous 6 months, or 4 in the previous year were placed randomly into 2 groups: one receiving routine pediatric care (32), the other receiving routine care plus osteopathic manipulative treatment (25).

The osteopathic patients had fewer episodes of AOM, fewer surgical procedures, and more surgery-free months and more normal tympanograms. No adverse reactions were reported.

This study suggests osteopathic manipulations may prevent or decrease surgical intervention or antibiotic overuse with children with AOM.

<http://archpedi.ama-assn.org/cgi/content/full/157/9/BIBL>

The management of acute otitis media using S.O.T. and S.O.T. Craniopathy.

Hochman J. *Today's Chiropractic* May/June 2001. Pages 41-42.

Sisters aged 2 and 4 with chronic ear infections who had received numerous courses of antibiotics over at least two years (no improvement) were adjusted using SOT and Dynamic Spinal Analysis methods. After the first visit, the mother reported that both children were doing much better. No more ear infections have been reported.

The management of acute otitis media using SOT and SOT cranial. Hochman, J. *Sorsi Communicator* Vol 14 No. 2 July 2001.

A baby boy, age 6 months, was scheduled for ear tubes. His atlas was adjusted. His ear infection completely cleared up by the next day. Tubes were never inserted.

Two [girls] aged 3 and 4 with chronic ear infections and upper respiratory dysfunction [received] upper dorsal and cranial adjustments. No more ear infections have occurred since the first visit.

Chronic recurrent otitis media: a common pediatric malady. Fysh PN. *The philosophy, art and science of chiropractic.* Lisbon 2000 Symposium proceedings. Pp. 64-68. Pub by the Foundation for the advancement of chiropractic tenets and science, ICA, Arlington, Virginia.

It is the author's experience that none of the children in his study needed tympanostomy tubes inserted. Within 4 to 7 days of the commencement of the spinal adjusting program, the fluid level behind the tympanic membrane was most often resolved.

The effect of the correction of the vertebral subluxation on chronic otitis media in children. Heagy, DT *Chiropractic Pediatrics*, 1996; 2/2:6-7.

Four patients (from 14 months to 7 years of age) who had all had multiple antibiotic regimens responded to adjustments.

Case History Bofshever, H. Coral Springs, FL. *ICPA Newsletter* Nov/Dec 1999.

An upset father presented to my office on 4-30-99, with his 9 year old son, who has been having chronic ear infections. ”

So begins this case history. The boy had been having ear infections since he was 3 and they had been getting progressively worse. Five years prior tubes were put in his ears. The child was scheduled for another ear surgery and to have his swollen tonsils and adenoids removed. Child had been on and off antibiotics at least every six weeks for the past six years. ”

Chiropractic examination revealed subluxation complexes at C2 and C6. After the second adjustment father commented that the boy is much more alert and is concentrating better at school teachers noticed the improvement. The boy stopped complaining about his ears after the first adjustment. At a six week evaluation there was no ear effusion in either ear. Tonsils and adenoids were normal size. ENT (ear nose and throat) doctor cancelled surgery. After 5 months, child has had no ear infections, no sore throats, no colds, no flu and has been on no medications.

Chiropractic care of 401 children with otitis media: a pilot study. Fallon and Edelman. *Alternative Therapies* March 1998 4(2):93

From the conclusion:

There is a strong correlation between chiropractic adjustments and the resolution of otitis media for the children in this study, Chiropractors do not treat otitis media or any other malady, rather we correct the cause of the vertebral subluxation and allow the power that made the body heal the body. It happens no other way.

Case study: chiropractic results with a child with recurring otitis media accompanied by effusion. Peet, JB *Chiropractic Pediatrics*, 1996;2:8-10.

This is the study of a 5 year-old male who had recurring ear infections every three to six weeks for the previous two years. He had been on antibiotic therapy. The child began chiropractic care and for the next six month period had only one infection.

Irritable child with chronic ear effusion/infections responds to chiropractic care.

Thomas D. *Chiropractic Pediatrics* 1997; 3(2) 13-14.

This child had chronic ear effusion infections since birth which continued regularly until 12 months of age. He was adjusted at 11 months for an atlas subluxation. After 8 weeks

of care the child had not experienced an ear infection for one month and had not had any drugs or antibiotics since chiropractic care. Improvements in personality and behavior were noted by mother, babysitters and chiropractor.

Allergy airway disease and otitis media in children. Todd NW, Feldman CM, *Int J Pediatr Otorhinolaryngol* 1985; 10(1):27-35.

Musculoskeletal eustachian tube dysfunction is an important etiological factor for otitis media. The eustachian tube dysfunction manifests primarily by poor ventilation from the nasopharynx to the middle ear, by allowing negative pressure in the middle ear.

The role of the chiropractic adjustment in the care and treatment of 332 children with otitis media. Fallon, JM. *Journal of Clinical Chiropractic Pediatrics* Oct 1997, 2(2):167-183.

311 of the 332 had a history of prior antibiotic use. 53.7% of the children had their first bout of otitis media between the ages of 6 months and 1 year and a total of 69.9% of the subjects in the study had their first bout of OM under a year of age. This is consistent with the findings of others.

The children were 27-days-old to five-years-old. The average number of adjustments administered by types of otitis media were as follows: acute otitis media (127 children) 4 adjustments; chronic/serous otitis media (104 children) 5 adjustments; for mixed type of bilateral otitis media (10 children) 5.3 adjustments; where no otitis was initially detected (74 children) 5.88 adjustments. The number of days it took to normalize the otoscopic examination was for acute 6.67, chronic/serous 8.57 and mixed 8.3. The number of days it took to normalize the tympanographic examination was acute 8.35, chronic/serous 10.18 and mixed 10.9 days. The overall recurrence rate over a six month period from initial presentation in the office was for acute 11.02%, chronic/serous 16.34%, for mixed 30% and for none present 17.56%.

Prevention and therapy of serous otitis media by oral decongestants. A double-blind study in pediatric practice. Olson, AL; Klein SW; Charney E. MacWhinney JB Jr., McNerny TK, Miller RL, Nazarian LF, Cunningham D.. et al *Pediatrics* Vol. 62, May 1978, 679-84.

57% of patients with pharyngitis were treated on the first day of sore throat with spinal manipulative therapy and salt water gargle. All were symptom free the second day. 100% of patients with laryngitis were treated on the first day of illness, with spinal manipulative therapy and voice function returned to normal within one day.

Characteristics of 217 children attending a chiropractic college teaching clinic. Nyiendo J. Olsen E. *J Manipulative Physiol Ther*, 1988; 11(2):78084.

The authors found that pediatric patients at Western States Chiropractic College public clinic commonly had ordinary complaints of ear-infection, sinus problems, allergy, bedwetting, respiratory problems, and gastro-intestinal problems. Complete or substantial improvement was noted in 61.6% of pediatric patients of their chief complaint, 60.6% received maximum level of improvement while 56.7% of adult patients received maximum level of improvement.

Treatment protocols for the chiropractic care of common pediatric conditions: otitis media and asthma. Vallone S and Fallon JM *Journal of Clinical Chiropractic Pediatrics* 1997 2(1) 113-115.

This paper is the result of a survey of 33 chiropractors enrolled in the first year of a three year postgraduate course in chiropractic pediatrics with respect to otitis media and asthma. Spinal adjusting was most commonly used for both asthma and otitis media. The atlas was adjusted in 100% of cases with otitis media and the atlas or axis in 97% of asthma cases. 100% of the doctors adjusted the thoracic region for asthma.

Chiropractic results with a child with recurring otitis media accompanied by effusion. Peet, JB *Chiropractic Pediatrics*, 1996;2:8-10.

This is a case study of a five year old male with recurring otitis media. During the six months of adjustments, the child had only one middle ear infection with mild effusion. In the previous year, the child had recurring middle ear infections with effusion approximately every three to six weeks.

Cause of eustachian tube constriction during swallowing in patients with otitis media with effusion. Takahashi H; Miura M, Honjo I, Fujita A. *Ann Otol Rhinol Laryngol* 1996; 105(9);724-8.

Inflammation in the nasopharynx and the pharyngeal portion of the eustachian tube was considered to be closely related to the tubal constriction, which contributes to tubal ventilatory dysfunction in otitis media with effusion.

Ear infection: a retrospective study examining improvement from chiropractic care and analyzing influencing factors. Froehle RM *J Manipulative Physiol Ther* 19 (3): 169-177 (Mar 1996)

This was a study of forty-six children aged 5 years and under in a private practice in a Minneapolis suburb. Sacral Occipital Technique-style pelvic blocking and the doctor's own modified applied kinesiology were employed. Typical care consisted of three adjustments per week for one week, then two adjustments per week for one week, then one adjustment per week. Interestingly, children with a history of antibiotic use were associated with a less favorable outcome.

93% of all episodes improved, 75% in 10 days or fewer and 43% with only one or two treatments. Young age, no history of antibiotic use, initial episode (vs. recurrent) and designation of an episode as discomfort rather than ear infection were factors associated with improvement with the fewest number of adjustments.

Chronic recurrent otitis media: case series of five patients with recommendations for case management. Fysh PN, *Journal of Clinical Chiropractic Pediatrics* 1996 1(2):66-78.

The author presents a case series of five patients (ages 0 to 5) with chronic otitis media who had previously been under regular medical pediatric care for this condition for at least six months without resolution. These children all underwent a program of

chiropractic case management, including specific spinal adjustments, and responded to care from 3 days to 8 weeks.

All patients had excellent outcomes with no residual morbidity or complications. All had five adjustments to the spine. Of the five, 3 had an atlas subluxation, one had an occipital subluxation and one had an atlas and axis subluxations. These children were adjusted full spine as well.

The response of a patient with otitis media to chiropractic care. Thill L, Curtis J, Magallances S, Neuray P. *Life Work*, 1995; 3: 23-28.

A 19 month old female with a chronic history of acute episodes of suppurative otitis media was on antibiotics over a six month period with no improvement. Antibiotics were stopped and the patient then began a four week course of intensive chiropractic care, with complete resolution at two weeks.

Neurological Fitness Vol. V, No. 2 Jan 1996: Reviewer's Synopsis of this paper: this patient presented with glassy eyes, a runny nose, and apparent discomfort evidenced by continual tugging at both her ears. The mother reported that her child had been like this over the previous six months. In addition to the antibiotic therapy medical treatment also included weekly steroid injections and inhalants to control asthma...no improvement had been noticed by the mother and several emergency room visits had been required due to asthmatic attacks.

The atlas fixation syndrome in the baby and infant. Gutmann G. *Manuelle Medizin* 1987 25:5-10, Trans. Peters RE.

This is the case of an 18-month-old boy suffering from recurring tonsillitis, frequent enteritis, and therapy resistant conjunctivitis. He also suffered from colds, rhinitis, ear infections and sleep disturbances.

Immediately after (spinal adjustment), the child demanded to be put to bed and for the first time slept peacefully to the next morning. Previously disturbed appetite normalized completely. Conjunctivitis cleared completely. ”

Vertebral subluxations and otitis media: a case study. Phillips, NJ. *Chiropractic: The Journal of Chiropractic Research and Clinical Investigation*. Jul 1992, Vol: 8(2), pp.38-9. Author's abstract:

A 23-month-old female with chronic otitis media had orthodox medical treatment with no relief of symptoms. Conventional medical treatment included numerous regimens of broad-spectrum antibiotics and bilateral myringotomies with tympanostomy tube placement. The tubes were still in place on presentation. Three days after initial adjustment (at C-1) the patient's ear drainage and pain were noticeably reduced. Child was soon free of all symptoms.

Sore throat, difficulty in swallowing, nausea, vomiting, poor appetite, and alternating diarrhea and constipation *Neurological Fitness* Vol. V, No. 2 Jan 1996:

This is the case of a patient presented with a history of sore throat, difficulty in swallowing, nausea, vomiting, poor appetite, and alternating diarrhea and constipation. She was also suffering from ear pain and ear discharge related to chronic otitis media of 17 months duration. This condition had resisted several regimens of antibiotics as well as surgery to insert tympanostomy tubes.

Three days after the first adjustment, the ear pain and discharge were substantially reduced. Continued correction of C1 eventually resulted in both ears being clear of exudate. At the time of this report, the patient has been symptom-free for approximately four years.

A comparative study of the health status of children raised under the health care models of chiropractic and allopathic medicine. Van Breda, Wendy M. and Juan M. *Journal of Chiropractic Research* Summer 1989.

In this study 200 pediatricians and 200 chiropractors were interviewed and asked about their children's health. More than 80% of the medical children suffered from at least one bout of otitis media while only 31% of the chiropractic children were so reported.

This study has a number of flaws, one being that approximately 25% of the chiropractic children had been vaccinated. Since vaccination weakens the child's immune system and predisposes to ear infections those children should have been separated from the data. Still the study is quite interesting and may serve as an inspiration for later researchers to do further outcome studies.

Diagnosis and treatment of TMJ, head, neck and asthmatic symptoms in children.

Gillespie BR, Barnes JF, *J of Craniomandibular Practice*. Oct. 1990, Vol 8, No. 4.

The authors note that pathologic strain patterns in the soft tissues can be a primary cause of headaches, neck aches, throat infections, ear infections, sinus congestion, and asthma.

Structural normalization in infants and children with particular reference to disturbances of the CNS. Woods RH *Journal Of The American Osteopathic Association*, May 1973,72: pp.903-908.

Post-traumatic epilepsy, allergic problems, otitis media and dizziness have been relieved by cranial manipulation.

Blocked atlantal nerve syndrome in babies and infants. Gutman G. *Manuelle Medizin* (1987) 25:5-10.

Three case reports are reviewed to illustrate a syndrome caused and perpetuated in babies and infants by blocked nerve impulses at the atlas. Included in the clinical picture are lowered resistance to infections, especially to ear-nose-, and throat infections.

Chronic otitis media: a case report. Hobbs DA, Rasmussen SA. *ACA J of Chiropractic*. Feb 1991;28:67-68.

This is a case study of a 38-year-old female who had previously suffered from headaches and colitis that had resolved after earlier chiropractic care.

Her hearing loss and chronic otitis media symptoms subsided and hearing was restored through chiropractic care and cranial adjustments.

From *Neurological Fitness Magazine* V.1 No.4, July 1992:

Dr. Peter Fysh hypothesized that cervical adjustments relieve blockage to lymphatic drainage from the ears. [Proceedings of the National Conference on Chiropractic and Pediatrics (ICA), 1991;37-45]

Chronic ear infections, strep throat, 50% right ear hearing loss, adenoiditis and asthma. Case history by G. Thomas Kovacs, D.C. *International Chiropractic Pediatric Association* newsletter. July 1995.

This is the case of a 4 ½ year old female suffering from chronic ear infections, strep throat, (on and off for 4 years) 50% right ear hearing loss, adenoiditis and asthma. She had been on antibiotics (Ceclor^a), developed pneumonia, was on bronchodilators and anti-inflammatory for asthma and given steroids. ENT diagnosed child with enlarged adenoids and scheduled surgery to remove child's adenoids and to put tubes in her ears.

Chiropractic history revealed cervical (C2), thoracic (T3) and right sacroiliac subluxation. She was adjusted 2x/week for 6 weeks. After 3 or 4 adjustments, the mother noticed a "changed child, she has life in her body again...acting like a little girl again for the first time in 4 years. After 6 weeks, pediatrician and ENT noticed no sign of ear infection or inflammation. Her adenoids, which were the worst the ENT has ever seen, were perfectly normal and healthy. Hearing tests revealed no hearing loss.

The family finally told the child's M.D.s that all medication was stopped 6 weeks ago when chiropractic care started. "The family was told to continue chiropractic care because it had obviously worked."

Chronic ear infections. The side-effects of the chiropractic adjustment. Arno Burnier, D.C. *Chiropractic Pediatrics* Vol. 1 No. 4 May 1995.

This is a case history of Tim and Patrick, males, ages 6 and 9 with a medical diagnosis of chronic ear infections and who were on multiple courses of Ceclor^a antibiotic and Nebulizer^a.

After adjustments (Tim - C2, C3, D12/L1, Patrick - Oc/C1, Sacrum) both children have been free of medication and over-the-counter drugs for the past three years.

Sinus Infections

Case report # 1589. *International Chiropractic Pediatric Association Newsletter* May/June 1998. From the office of Paul Zell, D.C., F.I.C.P.A.

A 12 year old boy, since the age of three, had non-stop sinus infections every 2-3 months. "Antibiotics were used to control the infections and previous surgeries included removal of the tonsils and adenoids at age 3.

Chiropractor found decreased cervical range of motion at C-2, C-7, T-3, T-5, T-8 and right ileum fixations. By the second visit, antibiotics were stopped and patient was

asymptomatic of sinus infection. By the third week of care posture corrected and child was able to carry his head in an upright position. Both patient and parents are aware of the quality of life that is returning as an apparent result of chiropractic care. ”

Infections of the ear, nose and throat, Blood HA, *Osteopathic Annals* 6:11/ November 1978.

My earliest impression of effective osteopathic manipulation was the relief afforded painfully congested sinus by manipulation of the neck and upper back. ”

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