

Listening with a Different Ear

Holistic Approaches to Ear Pain in Children

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It is 3am and your child wakes up complaining of ear pain. What can you do?

Ear pain is one of the most common complaints in the pediatric population. Parents share frequent stories about the number of times their child has taken a banana or cherry flavored antibiotic for one or more ear infections. It is the rare parent who sits by, not wanting to add to the anxiety of other parents, with the experience of never having given their child an antibiotic for an ear ache. What's more, the child never developed a serious problem from not using antibiotics.

When I went through my medical school and residency training, we were warned about the serious complications of allowing an ear infection to progress without antibiotic treatment—mastoiditis, an inflammation and infection of the bony area behind the ear at the base of the skull, and meningitis, an inflammation and infection of the lining of the brain and spinal cord which could lead to permanent brain damage, not to mention, the possibility of permanent hearing loss.

Over the last 13 years, evidence from the European medical literature and observation of the medical practice of some of our own pioneering primary care providers and ENT (Ear, Nose & Throat) physicians, has taught us that the majority of cases of ear pain can and will resolve on their own. Without antibiotics. Without serious outcomes. With good clinical follow-up. Yet, many children receive antibiotics, and sometimes multiple antibiotics, for ear aches. And their ear aches continue to recur.

Are Ear Aches Really Ear Infections?

Inflammation occurs in the body as characterized by the following five observations--redness, swelling, heat, pain and loss of function. When a young child has an ear ache, on exam the ear drum is usually red (**redness**) with clear fluid or mucus buildup in the middle ear (**swelling**) causing **pain**, often accompanied by fever (**heat**) and occasionally accompanied by an acute **loss of hearing**; clearly a description of inflammation. Even if there were an infection, most studies confirm that viruses are the main organisms responsible for causing the development of these symptoms, not bacteria. When a bacterium is isolated from the middle ear via tympanocentesis, we conclude that it must be an infectious agent. It is possible, however, that the bacteria are merely colonizers in the middle ear. Neither a viral infection, nor an inflammation in the ears improves when treated with antibiotics. Only bacterial infections respond to antibiotic treatment. Therefore, in the majority of cases, antibiotics do not help. And, in many cases, antibiotics, when used

inappropriately, may contribute to problems with intestinal and immune system health.

A child is found on exam to have a red ear and no complaint of ear pain even though a fever is present. A pre-verbal infant or toddler with a red ear drum or fluid behind the ear appears well and is smiling. Another child presents with ear fluid and is no longer in pain. Most often these children are not suffering from ear infections and do not warrant antibiotic treatment. By definition, these children simply have inflamed ears which often respond better to treatments that remove the inflammatory causes and ease the level of inflammation in the body.

Children who have infections, on the other hand, also present with these five signs of inflammation but, for the most part, do not look clinically well and often have an illness that is more serious than a simple ear infection. A child in pain who appears not to look well should be re-evaluated after the pain is safely relieved.

Early in my pediatric practice, I often gave a child a ten day course of an antibiotic for what I believed was a classic ear infection using the criteria I described for inflammation. More often than not, 2-3 days after completing the antibiotic, the child returned with the same symptoms. I would subsequently write another antibiotic prescription. Frequently, the same pattern would recur. Conventional training taught me that the child had an infection caused by a bacterium that was resistant to the antibiotic. Therefore, a different and stronger antibiotic was needed. Eventually it occurred to me that perhaps the child never needed the antibiotic in the first place. Perhaps there was a different process going on that required a different set of treatments and understanding.

Why do infants & children get ear aches? How do the ears become inflamed?

Conventional pediatric practice focuses on prescribing treatment interventions once a child's symptoms have already appeared. Non-conventional medical approaches concentrate on preventing the development of inflammation and infection and attempt to evaluate the causes that contribute to their presentation. In addition, non-conventional approaches use remedies and interventions that facilitate the body's natural healing abilities in a nourishing way in an attempt to avoid suppressing the inherent healing mechanisms that are present in the body. Often, elimination of the factors that are known to contribute to the development of the underlying symptoms is sufficient to treat the problem(s) without introducing additional remedies. This is especially true when it comes to ear pain and ear inflammation.

Infants and children have a tendency to generate a lot of mucus. This holds especially true when the digestive system is weakened. The production and the amount of mucus lessen as the child grows older and the developing digestive and immune systems mature and strengthen. When a child has a build up of excess mucus (one of the primary indicators of

inflammation), his/her body attempts to “burn off” this mucus in order to return to a state of homeostasis. This is accomplished by the onset of an illness accompanied by a fever.

Young children, even without the presence of a fever, tend to run on the hot side. Most of their heat rises towards the head. Heat generated by a fever (another of the primary indicators of inflammation), further raises the energy towards the head. With an abundance of mucus already present in the nose and throat during an upper respiratory infection it is no coincidence that the ears repeatedly become inflamed.

Many clinicians and parents report that after a child has recovered from an illness with a fever without the use of suppressive pharmaceuticals, he/she experiences a growth spurt in neurological, developmental and behavioral milestones. Clearly, the immune system is now stronger. Children, who develop excess mucus and need to burn it off through an array of normal childhood febrile illnesses, and are blocked from accomplishing this through the use of inappropriate, suppressive pharmaceutical treatments, often remain in a state of chronic mucus production, i.e., chronic inflammation. This can be seen today in many of our children who live with excess mucus, are often sick and never quite fully recover and have a life of chronic illnesses and delays in reaching their milestones.

Prevention & Treatment

Ultimately, the goal is to reduce the production of excess mucus, support the process of acute illnesses with good clinical follow-up and safe and effective, non-suppressive, supportive interventions and offer information for families that will both prevent and treat serious acute and chronic illnesses. In the case of ear inflammation, the two approaches that I have seen work most effectively to reduce ear fluid, ear pain and chronic ear problems is a change in the child’s and family’s diet and environment and the incorporation of manipulative modalities into the treatment plan, i.e., chiropractic, osteopathic and/or cranial sacral therapy.

Children have immature digestive systems. Spitting up, vomiting, frequent burping, excess gas and loose stools are frequent pediatric complaints indicative of immature digestive function. Often, however, children are given a food or a combination of foods that are too strong for an immature digestive system. These foods weaken their digestive systems. Invariably, food is incompletely digested and, as a result, children are confronted with having to digest intended nourishment, i.e., food, which does not serve them. Consequently, mucus is produced as the byproduct of a child’s response to poor digestion. The same pattern of mucus production and poor digestion can occur when children are exposed to behaviors and emotions in their environment that do not serve them either. As described in immunology, Chinese Medicine, Ayurveda, functional and nutritional medicine, mucus in the nose, throat, sinuses, airways, ears and other parts of the body can arise merely from the body’s failure to digest the food and the environment successfully. Adults can suffer from the same process as well.

Those foods most likely to increase mucus production and further stress a child's already immature digestive system are: dairy, soy (especially overly processed soy products), commercial formulas, a heavy diet of raw fruits and raw vegetables, iced or cold foods and beverages, wheat and most flour products, baby cereals and commercial cereals, thick, creamy and heavy foods, processed grains, juice, soda, soft drinks, refined sugars, processed and refined foods, fried foods and oils, multiple food choices at a time and overfeeding. Reducing and/or eliminating these foods from a child's diet will often remove the stress on the digestion system and help quiet the inflammation. In addition, this approach will prevent the development of further problems in acute flare-ups and, more specifically, in chronic inflammation of the ears. Offering a child warm, cooked, simple, smooth, easy to digest, whole, non-processed foods, accompanied by small amounts of food herbs and spices in an emotionally and physically safe environment, will strengthen and support a maturing digestive system and keep mucus production and inflammation to a minimum.

So, it is still 3am and your child's body is doing its best to purge the excess mucus. Yet, the fluid is not draining and the pain is the main focus. Ultimately, the goal is to rid the body of the mucus. The following is a list of suggestions for parents to help them get through this difficult situation:

Hold and comfort your child.

Try to raise the head of the bed. For smaller children, place blankets or pillows under the mattress.

Keep your child hydrated with room temperature water, clear soup and/or tea. Herbs that help to break up the mucus and comfort your child include thyme, ginger, licorice, eyebright, elder flowers and chamomile. Keep the diet simple. Keep solid foods to a minimum. Offer small doses of vitamin C throughout the day with fluids. Start children's Echinacea within the first 24 hours of illness.

Diffuse lavender essential oil in the room to help calm any anxiety.

Place several drops of mullein oil in a container and warm inside a pot of water on the stove. Take several drops of the mullein oil and place them in the affected ear canal.

Gently pull and massage the ear lobe away from your child's head and in a slightly downward direction. Use extra virgin olive oil in the same manner if no mullein oil is available or,

Take 1-2 drops of organic tea tree essential oil and mix in a base of 20 drops of olive oil and place several warmed drops of this mixture into the affected ear canal. Use any one of the ear drop remedies several times a day to relieve the discomforts of the inflammation.

Please be sure to use essential oils that are organic and top grade quality whenever possible.

Use the tea tree oil combination and massage it into the front of your child's chest below the collarbones in a horizontal fashion. Then rub the oil behind the affected ear(s) and massage down the side of the neck towards the collarbones. This will help open the drainage of lymph fluid into the chest cavity and allow the congestion to drain from the

head. This can be done 2-3 times per day until the congestion has resolved.
See your chiropractor, osteopath or cranial sacral worker the next day. Repeat visits as discussed with your provider.
Contact your medical health care provider if your child does not improve within 48 hours, develops drainage from the ear or appears to be getting worse.

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