

Ear Infections in Children

by Dr. Sara Ohgushi

Q: My toddler has another ear infection, and is on antibiotics again. Are there any alternatives?

A: You're not alone: 25 million cases of "otitis media" (middle ear infection) a year are diagnosed in this country, most treated by antibiotics. Young children are prone to ear infections due to their anatomy: they have tiny eustachian tubes that connect their middle ears to the back of their throats, and these tubes are almost horizontal. Any kind of swelling in the area can close the tube, creating a stagnant pool in the middle ear that any virus or bacteria that happens to be around will love to thrive in. Antibiotics may kill the bacteria, but if the pool remains some other organism is likely to soon flourish again. Worse, it's likely to be a stronger, nastier bug that survived the first round of antibiotics.

When rounds of antibiotics never quite seem to resolve the problem, inserting small tubes through their tympanic membrane (eardrum) surgically is commonly suggested to allow the fluid to drain. These tubes are controversial- they also allow bacteria in and can cause scarring which can damage hearing. At best this is a short term solution, perhaps six months, as the body heals the membrane and pushes the tubes out.

Studies have shown that a third of all ear infections are due to nonbacterial causes (assumed to be viral) and 80-90% of all ear infections clear up on their own. Mainstream medicine agrees that this is an area of antibiotic overuse and part of the antibiotic-resistance problem. Let's save antibiotics for when we really need them- in a life-threatening illness such as meningitis. Most ear infections are uncomfortable but far from life-threatening, and there are many other effective treatments.

An ear infection is most likely to begin when the child has a "ripe" cold- when their nasal discharge is thicker and stopping things up, including the eustachian tubes. The child may or may not have a fever, pull at his or her ears, be cranky and/or

have difficulty sleeping. If a healthcare practitioner peeks into the ear (s)he may see a red and possibly bulging eardrum. It may start on one side but commonly involves both ears. Many children undoubtedly have undiagnosed ear infections that resolve on their own.

Some general naturopathic treatments for acute ear infections include ear oil, available at healthfood stores. Just before bed and nap, warm the dropper under some running warm water and insert a few drops of the oil into your child's ear. The oil soothes pain and the herbs in it are antibacterial. (While generally quite safe, do NOT insert ear oil into an ear with a perforated eardrum, including one with ear tubes. If there is blood or pus oozing out, do not use ear oil. If in doubt, have a healthcare practitioner look in the ears.) Ear oil may be used prophylactically any time there is congestion or during air travel, when the pressure changes can contribute to developing infection.

To increase circulation to the area of infection, use alternating hot and cold compresses (wet washcloths) to the ear(s) as much as your child will allow. Ideally, 3 minutes of hot followed by 30 seconds of cold, repeated 3 times (any amount is beneficial and your child may not tolerate much). The hot brings in fresh blood, the cold pushes out the blood, thereby creating a pumping action. Follow the compresses with stroking the lymph node area below the ear into the neck, encouraging drainage. The "warming socks" treatment described in last month's article is also helpful. Finally, do "ear exercises": gently pull your child's ear in different directions several times each, several times a day, to encourage those little eustachian tubes to open up.

Meanwhile, please resist the urge to suppress your child's fever with medications such as Tylenol. Even my mainstream pediatric text points out that fevers are beneficial. Bacteria die in the heat while the body's immune system is more efficient with a fever, and a fever will cause no permanent harm until it reaches 107 or 108 degrees F (41.7 to 42.2 C). Give the child lots of fluids but don't worry much about eating since we don't digest well with a fever. However, if a high fever (greater than 102 or 103) persists more than a couple days, the child seems to have a stiff neck and/or you feel something is just not right, please

contact a healthcare practitioner, since fevers can be associated with more serious conditions.

With chronic ear infections, food allergies or “sensitivities” are a common contributing cause. Breastfeeding prevents ear infections and, indeed, the first ear infection is usually after formula or solids are introduced. Dairy is the #1 offender; just eliminating dairy “cures” ear infections in many children. Other common offenders include citrus, wheat, peanuts, corn and soy. A good strategy is to eliminate all of these for 3-4 weeks and then try reintroducing them one at a time. At the same time minimize sugar and refined foods. Also, keep your child away from cigarette smoke, which is linked to many health problems including ear infections.

When I treat children for acute or chronic ear infections, I use additional individualized treatments along with the above general treatments. Homeopathy is very specific based on the child’s unique symptoms: are they lethargic or restless? Whiny or clingy? Thirsty or not? The right homeopathic medicine can almost seem like magic and help within hours or even minutes, nudging the body to heal itself. I do constitutional homeopathy when the child is not acutely ill, to treat whatever physical, mental and emotional imbalances the child may have, including a tendency to get ear infections.

Note: This article is not meant to substitute for direct medical advice. For more details, references to this article or questions, email Dr. Ohgushi at sao@imagina.com, or call her at 503-703-7825 to schedule a free 20 minute consultation. Dr. Ohgushi is licensed in Natural Childbirth and provides full prenatal, birth and postpartum services. As a Naturopathic Physician she also maintains a general family practice including pediatric care. OFFICE: 2304 E. Burnside, Suite 101, by appointment only.

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