

EAR INFECTIONS

Chiropractic Helps in Prevention of Recurring Ear Infections

In the October 1998 issue of the Ladies Home Journal appeared an article entitled, "Chiropractic Adjustments for Chronic Ear Infections." This article reviewed several studies showing the effectiveness of chiropractic care for preventing re-occurring ear infections known as Otitis Media or OM.

The article in the Ladies Home Journal states, "Chiropractic care is thought to prevent recurrent infections by correcting misalignments (called subluxations) and allowing normal fluid drainage from the middle ear." What the article took special note of was that 6 months after the chiropractic care was given to the children in the study, 80 percent had not suffered a recurrence of ear infections.

"Chiropractic Care of 401 Children with Otitis Media: A Pilot Study". Found in the March 1998 edition of Alternative Therapies and authored by Fallon and Edelman.

Conclusion:

"There is a strong correlation between chiropractic adjustment and the resolution of otitis media for the children in this study, which can serve as a starting point from which those in the chiropractic profession can examine their role."

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 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.

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."

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, in addition to a tonsillectomy. The 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 the 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. His tonsils and adenoids were

normal size. ENT (ear nose and throat) doctor cancelled surgery. After 5 months, the child has had no ear infections, no sore throats, no colds, no flu and has been on no medications.

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 also noted by the mother, babysitters and the chiropractor.

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%.

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 was 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.

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.

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 Vol. V, No. 2 Jan 1996:

A 33-year-old male patient presented with a feeling of fullness in his ears, hearing loss, and tinnitus. The patient had a history of eustachian tube blockage since childhood. His problems were not relieved by a course of antihistamines. Following diversified adjusting (primarily C2, C5), audiometry and tympanometry findings normalized and his subjective complaints were alleviated.

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 1/2 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 (CeclorT), 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."

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.

