

Earaches/Otitis Media

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Earaches or otitis media are commonly seen in children from as early as 6 months of age until 7 years. These can be broken down into 3 types of earaches; serous, infective and external. Both infective and serous otitis often follow upper respiratory infections, but are also seen in children who bottle nurse while lying down and those who have been exposed to cold, windy weather. A strong association with chronic earaches and food allergies has been made, especially milk, dairy products and wheat. Breast fed children have less incidence of ear infections than do those who received formula or cows milk. Younger children tend to get earaches more often than older ones because of the anatomical position of their eustachian tubes. The eustachian tube runs from the inner ear to the throat and helps to equalize the pressure in the inner ear. In children this tube is shorter and more horizontally placed than in older children and so does not drain as well. If it is blocked due to swelling from allergies or enlarged adenoid tissue, a back pressure is created which causes a fluid buildup in the ear which becomes a good place for bacteria and viruses to grow.

An acute infective earache will more likely occur during the winter months and may be announced with a high fever, throbbing of the ear, irritability, tugging at the ear and pain. Fever may also not be present and the person affected may be lethargic and complain of not feeling well. If a discharge is seen from the ear canal, then the eardrum has ruptured and there will be some hearing loss for a period of time until it has been able to repair itself.

Serous otitis is accompanied by a sense of fullness, hearing loss, ringing in the ears and little or no pain. This type can be most damaging to a developing child as it may go unnoticed for a longer period of time which can lead to a slower development in school. In this condition, there is a buildup of fluid behind the eardrum which causes the hearing loss. If left untreated, it can develop into an infective condition.

External otitis is characterized by an inflammation of the external ear canal. Otherwise known as swimmers ear, it is caused by repeated wetting of the canal or the persistent use of q-tips to clean the canal. This causes inflammation which allows for more bacterial or fungal growth. High chlorine content in swimming pools also adds to the problem by destroying friendly bacteria and allowing unfriendly organisms to grow. In part, it is also related to the high dietary intake of saturated fats.

Antibiotics have been the mainstay of allopathic medical therapy for some time but have been shown in studies to be an ineffective therapy for the treatment of earaches, especially serous otitis. More recently their use has been limited as they are largely ineffective and act at only one stage of the earache. Most bouts of earaches will clear on their own in 10 to 14 days without therapy, especially if

dairy products or wheat are eliminated from the diet. There are a considerable number of natural therapies that are safe and effective in dealing with this common childhood condition. These include homeopathic medicines, dietary restrictions, herbal medicines, and hydrotherapy.