

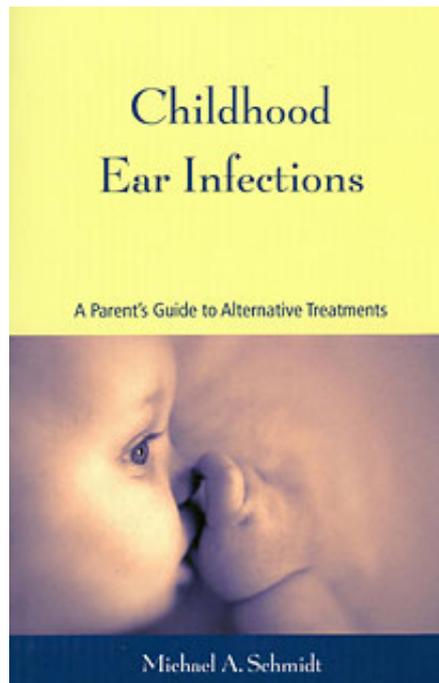
Michael A. Schmidt Childhood Ear Infections

Extrait du livre

[Childhood Ear Infections](#)

de [Michael A. Schmidt](#)

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aches result from bacterial infection. As we'll see in Chapter 5, the middle ear fluid in a high percentage of cases of otitis media contains either *no* bacteria, or *normal* bacteria. In only a small percentage of cases does it contain viruses; therefore, recognize that not all "ear infections" are actually infections.

Who's at Risk

There are numerous factors that can put your child at increased risk to developing middle ear infection or inflammation. You may be able to reduce your child's chances of developing ear infections by addressing those risk factors that apply to her. Recognize that doctors disagree on the importance of some risk factors.

Season. The incidence of earaches is clearly highest in the winter, with the frequency decreasing in both spring and fall, and declining further in the summer. In northern climates, ear problems become more frequent beginning in September and begin to subside by April.¹¹

Cow's Milk Consumption. Early consumption of cow's milk appears to predispose a child to early otitis media. Cow's milk consumption is one of the most significant contributors to middle ear problems in children.^{12,13,14}

Feeding Position. In one study of more than 2,500 children, the practice of giving a child a bottle in bed was the most important factor associated with persistent fluid in the middle ear.¹⁵ This is, in part, due to the horizontal position of the eustachian tube, and the ease with which fluid backs up into the tube. (See Figure 2.)

Smoking. Children living in homes where one or more adult smokes develop otitis media at a much higher rate than children living in homes without smokers.¹⁶

Fetal Alcohol Exposure. A child whose mother has consumed alcohol during gestation is at high risk to developing fetal alcohol syndrome. Otitis media occurs in as many as 93 percent of children with fetal alcohol syndrome.¹⁷

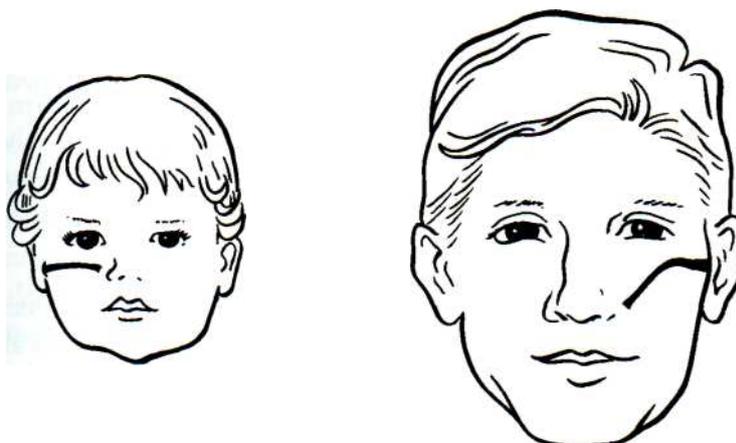


Figure 2 Comparison of the Infant and Adult Eustachian Tube

Genetics. Nearly 60 percent of all children with Down syndrome suffer from otitis media.¹⁸ (See Chapter 6.)

Day Care. Children spending time in day care settings have twice the chance of developing otitis media as children minded at home, and are at increased risk to developing illnesses of all types.¹⁹

Allergy. Many studies show that children with a personal or family history of allergy are more likely to develop otitis media than non-allergic children.²⁰⁻²¹

Nutritional Status. Children with deficiency of certain vitamins, minerals, and fatty acids are at a risk to developing middle ear problems.²²

Respiratory Problems. Nearly 50 percent of all cases of otitis media are preceded by an upper respiratory problem of some type (bronchial congestion, nasal congestion, asthma, colds, etc.).²³

Injury. Children suffering trauma at birth due to forceps, vacuum extraction, or prolonged and difficult labor are at risk to developing otitis media. Included in this category are children who have taken falls and suffered minor injury to the head and neck.²⁴

Early Introduction of Solids. Middle ear problems often begin shortly after a baby begins to eat solid foods. The earlier solids are introduced, the greater the likelihood of developing otitis media.

Early Episodes of Otitis Media. Children who experience their first episode of otitis media in the first year of life are more likely to suffer from multiple recurrences of middle ear problems and persistent fluid.²⁵

Low Socioeconomic Status. Children living in low socioeconomic conditions are at increased risk to those learning problems and developmental delays that are reported to occur in some children with recurrent otitis media.²⁶

Use of Pacifiers. The risk of ear infections is up to three times higher in those who use a pacifier, and there appears to be a "dose response," with continual users more at risk than occasional users.²⁷

Current Medical Treatment

Today's conventional medical treatment of otitis media involves a two-tiered approach consisting of drugs and surgery. Among the drugs used are antibiotics, antihistamines, and decongestants. Anti-inflammatory agents are often used to manage fever and pain. The surgical methods include tonsillectomy, adenoidectomy, myringotomy, and tympanostomy. When to use each of these approaches and for what length of time depends largely upon the individual doctor. As one prominent researcher states, "Recommendations regarding the management of secretory otitis media must be based to a considerable extent on opinion."²⁸ Recognize that new research suggests that many common treatments are not effective. In several cases, they state that previously accepted treatments are "... not recommended." If one includes European research, one is left with the understanding that all of the methods used to treat middle ear problems in children have been called into question. While some have selected value in some children, many have never been conclusively shown to be safe or effective.²⁹

Thus, parents and doctors should weigh the evidence carefully, consider their options thoughtfully, and choose a course of action

bacteria are high, but fall off once breastfeeding is stopped. Any child who has been on antibiotics probably needs *bifidobacteria*. Children in whom formula was introduced early in life also require *bifidus*. One teaspoon per day is an acceptable prevention dose.

Vitamins and Minerals

If your child consumes a diet consisting of whole foods, the need for additional vitamins and minerals should be minimal. A multivitamin supplement is usually all that is necessary unless there are obvious signs of nutritional deficiency. **Be aware that many of the popular children's vitamins are loaded with sugar.** I think this is unacceptable. When you choose a children's vitamin, read the label and be sure it contains no added sugar. Also be certain it contains no soy, yeast, wheat, milk, dyes, or other additives. This is especially important in a child with allergies.

Treating Colds and Nasal Congestion Homeopathically

Many middle ear problems are preceded by colds, nasal congestion, or another upper respiratory problem. Thus, an important preventive measure is to treat these conditions quickly before they begin to involve the middle ear. Because most of these conditions are viral in origin, allopathic medicine lacks an effective therapy. This is where homeopathic medicine is often at its best.

When your child develops a cold, it will be helpful to consider the other preventive measures described in this chapter. In the homeopathic care of cold, there are several remedies you will need to consider depending upon the particular set of syndromes your child displays. *Everybody's Guide to Homeopathic Medicines* by Stephen Cummings, M.D., and Dana Oilman, M.P.H., and /or other homeopathic guide books should be consulted for the simple self-care treatment of the common cold (go to www.homeopathic.com to obtain these guidebooks).

Nutritional, Allergy, and Metabolic Testing for Your Child

Sometimes, despite the best home care efforts and the best con-

ventional medical care, childhood health problems persist. When this occurs, it is helpful to understand the testing resources available to probe more deeply into your child's individual chemistry and biology. The tests briefly outlined below can also help to determine your child's needs as part of a "healthy child" check-up.

Allergy Testing

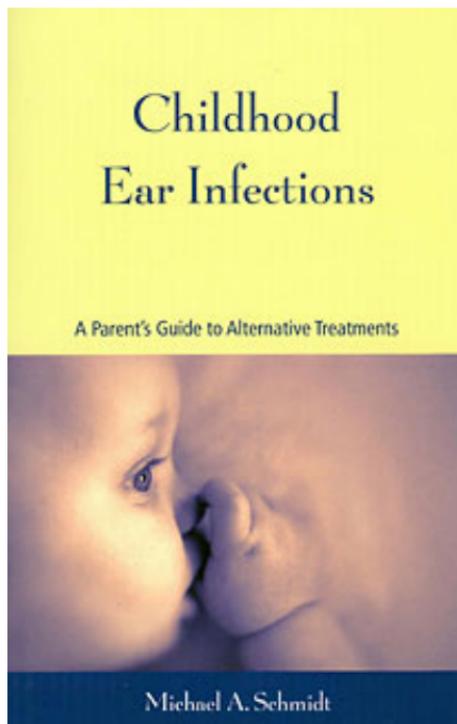
One of the most common tests performed in pediatric offices is the *scratch* test. This is a skin-prick test in which an allergen is placed in contact with the skin and the doctor observes for an immediate reaction. Additional tests that can be of high value are blood tests for IgE and IgG antibodies to foods. These usually come as entire panels in which dozens or even up to hundreds of foods can be tested.

Organic Acids

A urinary organic acid panel can be used to test for many, many compounds that reflect nutrient deficiency as well as metabolic toxicity in your child. Everything from energy production to the formation of key building blocks involves organic acids. The beauty of testing organic acids is that it can tell us which of the key vitamins and other nutrients are deficient. For example, deficiency of vitamins B₁, B₂, B₃, B₆, B₉, B₁₂, and folic acid can be learned from an organic acid profile. In addition, the status of certain crucial nutrients like carnitine, coenzyme Q10, and glutathione can be determined as well.

The organic acid panel is essential if your child has a history of antibiotic use or if your child displays any evidence of developmental, learning, or behavior problems. Some potentially neurotoxic substances such as arabinose and tartaric acid can be detected with this test.

Several laboratories perform such tests, including Great Plains Laboratory and MetaMetrix Clinical Laboratory. The organic acid panel is, in my opinion, one of the most valuable of any of the tests that one might use in children with chronic health problems. The sample is easily and painlessly collected, and much can be learned.



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A Parent's Guide to Alternative
Treatments

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