

# Childhood Ear Infections

by

Dr. Michael A. Schmidt, April, 1990

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Ear infections are the number one reason why parents bring their children to the doctor. Over the last ten years, the number of children who get earaches has risen sharply. As a parent and a doctor, I am concerned about the high numbers of children affected by this illness and about what conventional medicine has to offer. Certainly, we all know there are children with ear infections who have been benefited by antibiotics and tubes. But, we also know those who have not been helped. Indeed there are children who have been hurt by these forms of treatment.

Because of this, I have spent considerable time investigating the current medical methods of treatment and the alternatives that are available. One wouldn't know from the popular press that doctors are not wholly successful at treating ear infections in children. It is surprising that the media has not addressed this. But there is now evidence that demands we take a new look at an old and growing problem. Consider these findings:

- When antibiotics are used at the beginning of an acute middle ear infection, the frequency of recurrent infections may be almost three times greater than if antibiotics are delayed or not used.
- Antibiotics have been shown not to affect the outcome of acute middle ear infections with regard to pain, fever, hearing and healing time.
- There appears to be little difference in outcome of middle ear infections treated with a three day course of antibiotic when compared with those treated with the typical ten day course of antibiotic.
- Eardrum scarring with membrane thickening has been found to occur in over 40 percent of children receiving tubes compared with zero percent in those not receiving tubes.
- Many cases of chronic middle ear infection, even those with eardrum perforations, are due to allergy.
- In up to 70 percent of children with middle ear "infection" who do not respond to antibiotics, the middle ear fluid contains *no* harmful bacteria.

- Zinc deficient children suffer from more ear infections than those with normal zinc status. There is evidence that nutrition may play a crucial role in the prevention and treatment of recurrent ear infections.

In this book, I examine the scope of the ear infection problem. I take a careful look at the current method of treatment. Antibiotics and tubes are discussed in depth because they are the most frequently used methods of treatment. They are not, however, without risk or side effect. I take a new look at causes of ear infections and present a discussion of diet and nutrition that has significant implications. The home care and prevention chapters are valuable to parents because of the practical information they contain. What may ultimately be most useful is the section on alternative treatment, in which I describe the methods used by holistic doctors to treat earaches.

My purpose is not to condemn the conventional medicine, since I recognize its inherent value and tremendous contributions. However, we must realize that medicine is a collaborative effort – one that embraces the useful features of all healing systems. It is my hope that the medicine of the twenty-first century will be mixture of the science of medicine and the art of healing, that it will be a way of viewing the patient as a whole, while understanding the function of his parts. It is only after such a synthesis that we can say our system of healing has evolved to truly serve the needs of our children and ourselves.

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