

# Otitis Media: Complementary/Alternative Medicine

Acute middle ear infection (acute otitis *media*):

- earache or irritability
- history of recent upper-respiratory-tract infection or allergy
- red, opaque, bulging eardrum with loss of the normal features
- fever and chills

Chronic inflammation of the middle ear (serous otitis *media*):

- painless hearing loss
- dull, immobile eardrum (tympanic membrane)

Infection or inflammation of the external ear canal (otitis *externa*):

- itching, discharge, or burning pain

## QUICK REVIEW

Since an ear infection can be quite serious, it is necessary that a physician see any individual with symptoms of acute ear infection. Ear infections are extremely common in children under the age of six years. Acute otitis *media* is usually preceded by an upper-respiratory infection or allergy.

Only forty-two percent of myringotomy tube insertions have been judged as being appropriate.

A number of well-designed studies have demonstrated that there are no significant differences in the clinical course of acute otitis *media* when conventional treatments were compared with a placebo.

- The primary risk factors for otitis *media* are day care attendance, wood-burning stoves, parental smoking
- Recurrent ear infection is strongly associated with early bottle-feeding, while breast feeding (for a minimum of four months) has a protective effect.

The role of allergy as the major cause of chronic otitis *media* has been firmly established in the medical literature. Elimination of food allergens has been shown to produce a dramatic effect in the treatment of chronic otitis *media* in over ninety percent of children in some studies.

The key factor in the natural approach to OW chronic ear infections in children appears to be the recognition and elimination of allergies, particularly food allergies. Since it is usually not possible to determine the exact allergen during an acute attack, the most common allergenic foods should be eliminated from the diet: milk and dairy products, eggs, wheat, corn, oranges, and peanut butter. The diet should also eliminate concentrated simple carbohydrates (sugar, honey, dried fruit, concentrated fruit juice, etc.) since they inhibit the immune system. These simple dietary recommendations will bring relief to most children in a matter of days.

As detailed in the chapter IMMUNE ' ' SUPPORT, measures should also be taken

## TREATMENT SUMMARY

To enhance the immune system.

Supplementing the diet with a good children's multiple-vitamin-and-mineral formula is a good foundation. Deficiencies of any of a number of essential nutrients increase the likelihood of infection. Of particular importance appears to be the trace minerals, such as zinc, selenium, and manganese. Of course, vitamin C and the B vitamins are also critically important.

In addition to avoiding allergens and enhancing the immune system, locally applied heat is often very helpful in reducing discomfort. It can be applied as a hot pack, with warm oil (especially mullein oil), or by blowing hot air into the ear with the aid of a straw and a hair

dryer. These treatments help reduce the pressure in the middle ear and promote fluid drainage

The following dosage recommendations are given for children. Adults with otitis media should follow the dosage recommendations given in the chapter IMMUNE SUPPORT.

#### Nutritional Supplements

- Vitamin A: 50,000 IU per day for up to two days in children under six years of age, four days in children over six years of age
- Beta-carotene: age in years x 10,000 IU per day (up to 100,000 IU per day)
- Vitamin C: age in years x 50 mg every two hours
- Bioflavonoids: age in years x 50 mg every two hours
- Zinc: age in years x 2.5 mg per day (up to 30 mg)
- Thymus extract: the equivalent of 120 mg of pure polypeptides with molecular weights less than 10,000, or roughly 500 mg of the crude polypeptide fraction, per day

#### Botanical Medicines

*Echinacea sp.* are very safe for children. One-half the adult dosage is appropriate for children under the age of six, and the full adult dosage (given below) is appropriate for children over the age of six. All dosages listed here can be given up to three times per day.

- Dried root (or as tea): 0.5-1 g
- Freeze-dried plant: 325-650 mg
- Juice of aerial portion of *E. purpurea* stabilized in 22% ethanol: 2-3 ml
- Tincture (1:5): 2-4 ml
- Fluid extract (1:1): 2-4 ml
- Solid (dry powdered) extract (6.5:1 or 3.5% echinacoside): 150-300 mg