



Dynamic Chiropractic – January 31, 1992, Vol. 10, Issue 03

Otitis Media: "The Miracle Cure"

By Peter Fysh, DC

Jenny, age 3-years, presents with chronic recurrent otitis media. The problem has been a difficult one since the first year of her life. Frequent earaches and six trips to the emergency room in just the past five months is straining her parents' patience, not to mention the effect it is having on young Jenny. Consistent courses of different antibiotics have not been able to arrest the problem, and now tympanostomy tubes are being considered.

At the recommendation of some friends, Jenny's parents bring her to the chiropractor. They are a little hesitant at first, not knowing what type of treatment chiropractic has to offer for young children. The doctor takes some time in examining young Jenny and finally explains that the cause of the problem appears to be a malfunction in the lymphatic drainage system, caused by a subluxation in the child's cervical spine. They discuss the treatment program and learn that it involves only a gentle adjustment of their daughter's cervical spine, followed by some light neck massage. The parents seem happy with this treatment option, since the antibiotics have not been able to correct the problem and because they would rather not have their daughter undergo surgery for the tubes.

After Jenny's first chiropractic treatment, the problem appears to be improving. At her follow-up visit, two days later, her earache has gone. One month later, there is still no reoccurrence.

Jenny's is an actual case chosen from the files of the many children who have had seemingly "miracle cures" for chronic recurrent otitis media. Her problem, however, is all too familiar to parents with young children. Otitis media is one of the most common infectious diseases in childhood, with the incidence being greatest in the age group from six to 36 months. Up to one-third of the child population will have six or more episodes before starting school, and some can have up to 12 episodes in a year.¹

The diagnosis of otitis media is based on the finding of an inflamed and bulging tympanic membrane. The cause of the problem is not as readily discernible as the clinical findings would appear to be. Inflammation and effusion in the middle ear may be due to bacterial invasion, but can also be due to viral infection or an allergic reaction.² This helps to explain why antibiotics are not always effective in treating otitis media, since viruses and allergies are unaffected by this form of treatment.

Fluid build-up in the middle ear, from any of these causes, may be responsible for eventual rupture of the tympanic membrane. Therefore, myringotomy procedure to insert a tube in the affected ear is the next medical procedure recommended, if antibiotics don't work.

The chiropractic treatment of otitis media is based on the model that restricted lymphatic drainage from the middle ear plays a major part in the establishment of chronic recurrent infections.

Lymphatic drainage from the ear runs by way of the cervical lymph system and depends significantly for its flow on adequate muscle activity. If a child has had a fall, for example, and has caused a minor misalignment in one of the vertebrae in the neck, the irritation caused by that problem is sufficient to cause the neck muscles to develop a state of increased tension or spasm. The resulting muscle contraction, especially in the area of the sternocleidomastoid muscle (SCM), can be the cause of restricted lymph drainage from the ear.

Scientific studies of patients with chronic otitis media have been reported in the literature showing significant evidence of reduced lymph drainage from the eustachian tube. Pulek and Horwitz (1973) proposed obstruction of the eustachian tube lymphatics as being the mechanism for the production of serous otitis media.³ Two early studies by Robison proposed that the pathogenesis of serous otitis media was due to lymphatic obstruction of the nasopharynx.

Since the lymph system is responsible for phagocytosis, it is logical to assume that any disruption to normal lymphatic activity could be responsible for a reduction in the body's defense mechanism against both bacteria and viruses.

The treatment proposed by this model, initially requires identification of any areas of fixation or irritation of the facet joints of the cervical spine. On the involved side, i.e., the side with the ear problem, there will usually be increased tension in the cervical spine, and the cervical lymphatic chains (anterior and posterior to the SCM) will usually feel like a "string of pearls." Correction of the spinal problem areas by gentle

adjustment (usually C1-3) can reduce the tense cervical musculature, permitting restoration of the normal physiology of the lymphatic system. Ancillary to the adjustment of the cervical spine, is a light stroking massage of the SCM on the involved side (toward the heart) to further assist in restoring normal physiology to this area.

References

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