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## Who's in Charge Here?

By Lendon H. Smith, MD

Healthy Kids is a magazine for parents published by the American Academy of Pediatrics (AAP) and distributed to all the pediatricians' offices (40,000). The idea is that it would be taken home and read by the parents after a visit to the doctor. The message on page four from the president of the AAP states in part, "... provides you with the essential information you need to raise healthy, happy children; accurate, authoritative and up-to-date information; an editorial board made up of distinguished pediatricians has reviewed and approved all the articles."

In the winter edition for 1991 there are some good and reliable tips about safety, a new treatment of newborn jaundice, one on poisonous paints, and other bits of news which seem "reliable" and even "essential." But right in the middle of all this well-meaning and valuable information came the article by Steven Shelov, M.D., F.A.A.P., professor of Pediatrics, director of Pediatric Education at the Albert Einstein College of Medicine, New York. He is the editor in chief of Primary Care Pediatrics, and a member of the AAP committee on communications. We assume he has the credentials to write this article for all parents to read: "How Kids Get Ear Infections."

Following are excerpts from the two-page article: "... most commonly due to a malfunctioning of the eustachian tube ... becomes plugged, usually the result of a viral upper respiratory infection, fluid accumulates in the middle-ear space ... serves as a nutrient for bacteria to grow." So far, so good; that fits with what I learned in school.

Then, "the infected fluid ... results in pulling at the ear, crankiness, ear pain, fever, and decreased appetite." True. "You must consult with your pediatrician ... give your child an appropriate antibiotic ... kill the bacteria and should prevent additional fluid buildup ... not skip doses ... usually about ten days ... otherwise the ear infection can recur and require a whole new course of treatment ... several days for the pain and fever to go away ... once the antibiotic reaches the middle-ear space, it kills the bacteria ... all are eliminated ...

fluid drains out of the middle ear through the healing eustachian tube ... air returns to the space and hearing is restored." Sounds like wishful thinking. "Mastoid infection is a serious complication but is now rare with the proper use of antibiotics ... repeated episodes of otitis media and continuous fluid in the middle ear are more prevalent in recent years ... no proven effective medical treatments for effusion."

He established the fact that nothing works, he says, "the treatment is the placement of tubes through the eardrum ... only when absolutely necessary ... for recurrent otitis, recommend a daily dose of antibiotics ... by ages four to five, the frequency of ear infections usually decreases significantly as a child's eustachian tubes become a little wider, more curved, and better able to drain fluid from the middle ear." Why can't he wait, then.

Now that's the party line. I believe the medical students where he teaches may not be getting everything they need to know to be good pediatricians. And the parents reading this Healthy Kids will not realize they have choices.

Most pediatricians who believe all of the above statements from Dr. Shelov are correct in the knowledge of the cause of the pain and build-up of pus, but the treatment has changed due to research. I found years ago that the first and most important thing to do for the child was to relieve the pain and stop the reason for the fluid -- most likely a sensitivity to cow's milk.

Apparently, most pediatricians are not reading their own medical literature. In 1974, following a study done on about 3,000 children, the following results appeared: 88 percent of all patients with acute otitis media never need antibiotics. When antibiotics are begun on the first day of the disease, the frequency of recurrence is 2.9 times higher than when no antibiotics are used. When antibiotics are begun on the eighth day, the rate of recurrence is 1.3 times higher. Antibiotic therapy does not shorten the disease by any standard. Otitis media is caused by one or all of the following: Allergy (change the milk), infection, mechanical obstruction, and nutritional deficiency. Tubes produce temporary improvement in hearing, but there is no difference in a few months if tubes are used or not; those with tubes are more likely to develop scarring or a permanent perforation. (A well-documented book called Childhood Ear Infections written by Dr. Michael Schmidt, North Atlantic Books, Berkeley, reveals all the current research that most pediatricians and Dr. Shelov have not followed.)

I could almost cry that not a word was mentioned about the importance of breast feeding and about building up the immune system with vitamin C, zinc, essential fatty acids, and time. Are all these doctors tools of the pharmaceutical industry? Shame.

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