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Evaluation and Treatment of Children with Earache

By Peter Fysh, DC

Earache is the most common reason for office visits to pediatricians. By the age of three years, more than 70 percent of children will have had at least one episode of earache and about a third will have had more than three episodes. It is not surprising, therefore, that earache is also the most common reason for children under the age of five years presenting to the chiropractor's office.[1]

According to 1992 survey data, children with earache attending the chiropractor will usually respond within about three visits.[2] Many of these children with middle ear infections that respond to treatment by the chiropractor have had a long history of middle ear infections coupled with several courses of seemingly ineffective antibiotic treatment.

Middle Ear Infection

When a child with earache is diagnosed with middle ear infection by the pediatrician, the usual treatment involves a course of antibiotics. Why then do some of these children continue to have ear problems? Well, there may be several answers to this question.

First, the cause of the child's middle ear infection may not be due to bacteria, and since antibiotics are only effective against bacterial pathogens, then frequently there will be no response. Since numerous cases of middle ear infection can be caused by a virus, and viruses do not respond to antibiotics, this may be the reason why children develop chronic ear infections. Also, not all bacteria will succumb to antibiotics, so several different formulations may have to be tried.

Next, even though the selected antibiotics may be quite effective in eliminating the invading bacteria, the residual fluid may be retained inside the ear due to impaired drainage from the middle ear cavity. This fluid may become an ideal culturing medium for the next pathogen which arrives on the scene. Previous ENT research has shown that children with chronic ear infections also have restrictions of the natural lymphatic drainage from the middle ear.[3]

Finally, the anatomy of young children is somewhat different in that they have shorter and more horizontal eustachian tubes, making drainage difficult.

The Chiropractor's Role

What role does the chiropractor play in evaluating and treating these children?

The chiropractor's task is to ascertain if the reason for the body's inability to combat the infection is caused by irritation of the small nerves in the spine (called free nerve endings).

When these nerve endings are irritated, an abnormal tension is produced in the small muscles of the neck. This muscle tension can place pressure on the lymphatic drainage ducts resulting in inadequate drainage from inside the ear, thus preventing the body from being able to naturally correct the problem.

Identification of such a problem is made by detecting increased tension in the neck and paraspinal muscles, usually more tension is felt on the side of earache. The chiropractor also looks for spinal vertebrae which are either slightly out of alignment or are not moving within their normal range. This problem may have been due to any one of the number of bangs, jolts and falls that most children experience in the early years of their life.

Experience

The chiropractor is the doctor most experienced in identifying these spinal problems and in correcting them, usually with a very light finger-tip adjustment.

A most important task for the chiropractor is to carefully evaluate each child to ensure that the cause of the earache has been accurately identified. A previous diagnosis of middle ear infection, made by a pediatrician some weeks earlier, cannot be presumed to be still accurate. A thorough examination of the patient must include consideration of other possible complicating factors since earache can be caused by many disorders, including mastoiditis, sinusitis, tooth infections, tumors, temporomandibular joint dysfunction, pharyngitis, external canal infections, and foreign bodies in the ear.

Treatment

Chiropractic management of the patient with earache involves a detailed and thorough evaluation, usually followed by a short course of spinal adjustment and manipulation of the neck muscles to help restore normal

lymph drainage. Treatment is usually short and the resolution is frequently swift. Patients who, at the time of examination, are on antibiotics probably don't have a high risk for serious complicating infections. Those patients who are not on antibiotics may need to be watched more closely and alternative treatments considered if no short-term response to spinal adjusting is apparent.

References

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