

# Study Reveals Surprisingly Effective Solution to Chronic Earaches in Children

Children can reduce unhealthy episodes of ear infections, and dramatically lessen their risk for surgery by undergoing treatment from osteopathic physicians, a new study has found.

The study's lead author, Miriam Mills, M.D. of the University of Oklahoma, says children showed "statistically significant" improved health in the "intervention group" because the physicians treated the "root cause" of the illness. Dr. Mills wasn't referring to antibiotics.

The physicians reportedly achieved impressive results by correcting the underlying physical problems that trigger inflammation and infection in the middle ear by applying a hands-on form of manual medicine known as "osteopathy in the cranial field." The cranial osteopaths have shunned the widespread use of antibiotics since the 1950s, decades ahead of mainstream medicine.

"Each child presents a unique set of anatomical problems," says Dr. Eric Dolgin, incoming president of the Cranial Academy, a professional association of osteopaths. "You can use antibiotics to repeatedly wipe out an infection, but the earache is going to reoccur if the source of the problem has been left untreated."

The runaway epidemic of earaches in children, a staggering 90 percent of toddlers in the U.S., prompted the announcement of the impartial three-year study in *Newsweek* magazine.

The new research, published in the *Archives of Pediatrics and Adolescent Medicine*, was organized to test whether "manual medicine" administered by physicians was effective in resolving the most stubborn cases of otitis media (earaches). "MD's have too often ignored the possibility that correcting the structure of the body can free up the function of the body," says Dr. Mills. "The concept that you could manipulate the Eustachian tube by opening it from the outside is not as huge a leap as many doctors may think."

Whereas conventional medicine has little to offer in non-invasive care, osteopaths reportedly have the unique ability to palpate (feel) abnormalities in a patient's "living anatomy:" obstruction in cerebrospinal fluid, degree of dysfunction in tissues, compression in bones, etc.

Typically, a child develops an earache from build-up or stagnation of fluids in the middle ear, causing the pain and pressure. The pain may manifest in the middle ear, osteopaths explain, but the mechanical problems are not confined to the ear, alone. Because the body contains one contiguous pool of fluid material, the osteopath

must facilitate the body to properly drain fluid in the middle ear and surrounding neck, chest and shoulder. Or wherever dysfunction exists.

The theory behind cranial osteopathy involves simple anatomy: the entire skeletal structure (with surrounding membranes and muscles) contains an inherent rhythmic movement, not unlike the waves in the ocean. When this movement is restricted, it can have adverse ramifications for overall health. This philosophy was written off as "quackery" in the 1950s but later validated through technological advances in medicine.

Still MDs express skepticism about the value of osteopathic medicine to treat a range of illnesses, including earaches. Despite the persistent professional gap, osteopathic medicine remains much in demand and was recognized as the fastest growing field of medicine in the U.S., according to an article in the *New York Times*.

During the clinical trial, children were randomly selected for the study, ages six months to six years, and assigned to either osteopaths for non-invasive care or M.D.s for conventional treatment alone, which included antibiotics, decongestants, inhalers, antihistamines and surgery when indicated. Both groups, totaling 57 children, were regularly treated with conventional medicine with the same number of visits to MD practitioners.

Dr. Mills found 25 children in the "intervention group" experienced fewer earaches, required less medication, and demonstrated over all improved tympanometry readings (which measures fluid in the middle ear). Only one child required surgical intervention of tube implants (designed to drain fluids in the middle ear). Of the 32 children in the "control group," eight required surgery and the participants experienced a greater number of earaches, and all were prescribed conventional medications when indicated.

The MDs were not aware which children were receiving "manual manipulation;" parents were advised not to discuss it with doctors so they would continue to treat the patients the same way.

"Most doctors lump osteopaths into the same category as chiropractors," says Dr. Mills. "They have no idea what doctors of osteopathy learn about treating the body without medication or surgery."

But the medical climate is changing with even conventionally trained physicians, themselves, seeking "alternative care." Harvard trained M.D. Andrew Weil investigated the effectiveness of osteopathy and documented the "extraordinary

healing" capabilities of Robert Fulford, D.O., in his New York Times bestseller, "Spontaneous Healing."

Dr. Fulford reportedly resolved hundreds of pediatric earaches in his 50-year career and his pioneering concepts have maintained a loyal following among a growing number of physicians in the U.S.

What Dr. Fulford feared most about the inappropriate use of antibiotics has come to pass. The staggering increase of medication administered to children, prescribed more antibiotics than adults in the U.S., has lead to a breakdown in adolescent health. Doctors are warned repeatedly by public health officials to stop over prescribing anti-bacterials, which has led to illness causing microbes to become resistant to medication, according to New York Times article.

Such was the case for Fayge Lisbon, a Los Angeles toddler who had experienced a staggering 12 earaches by age 11 months. Fayge was prescribed repeated doses of antibiotics, but the earaches would persist, as if on schedule, month after month.

Fayge's pediatrician recommended tubes be surgically implanted in the toddler's eardrum, and when Fayge's condition worsened after the first procedure, the pediatrician recommended a second set of tubes. Fayge's mother, Carrie, suggested to the family pediatrician that she take her daughter to an osteopath for non-invasive care. "She was very negative," recalls Carrie of the pediatrician's response.

Like so many parents, Carrie performed her research and made an independent decision. She took her daughter to Dr. Dolgin who like his M.D. colleagues took a case history, but, in addition, asked numerous questions about the circumstances of Fayge's birth: Carrie was in labor with Fayge for 45 hours and was administered pitocin, a drug designed to increase contractions to expedite the birth.

"Imagine a child's head being squeezed by uterine muscles for nearly two days and then have the compressions greatly increased in intensity from medication to produce much stronger contractions," says Dr. Dolgin. Birth trauma has been diagnosed in the majority of toddlers with earaches, typically revealed in overly tight membranes in the cranium and restrictions in the occiput (back of head), which takes the brunt of force in the birth canal.

Fayge was treated once a week for the first three months, demonstrating dramatic improvement in reduction of fluid levels and eliminating redness in her ears. Her course of treatment lasted sixth months, with treatments administered once a week the first three months and thereafter tapering off to one to two times per month.

Unlike Fayge's mother, many parents drop their children from treatment after a few weeks complaining of disappointing results. Osteopaths warn that results take time especially in cases where the child's immune system has been compromised from repeated doses of antibiotics, or formation of scar tissue impedes progress in children who have undergone surgical tube implants. Sometimes two, three and, in rare cases, four or more times. From an osteopathic perspective, the surgical necessity to penetrate an opening in the eardrum to implant the tubes leaves the site more vulnerable to infection: A Catch 22 in that the very procedure the physician performs to reduce the possibility of infection creates a higher susceptibility to infection.

Detractors of the study have argued that osteopathic treatments have acted as a "placebo" in many cases where earaches would have diminished in severity over time. In an exhaustive study, Henrieta Fallor, M.D. confirmed otitis media and birth trauma are integrally linked concluding an infant is three-times more likely to develop earaches in the first six months in cases where the fetus experiences malposition or trauma (which includes c-sections). Dr. Fallor presented her findings at the Third International Conference on Otitis Media.

Osteopaths believe anatomical dysfunction left untreated does not simply "go away" and problems in the neuromusculoskeletal frame may lead to a myriad of other health problems (i.e. persistent ear, nose and throat problems, learning disorders, compromised immune system, etc.).

But, Fayge Lisbon is not one of them. She joins a growing list of thousands of toddlers whose parents have sought "cranial osteopaths" with excellent results over conventionally trained doctors primarily offering standard care (i.e. medication and/or surgery).

Carrie took her child back to see an ENT at Kaiser Permanente-Sunset for a follow-up consultation and examination. "I don't know what you're doing but keep doing it. It's working." Carrie quotes the ENT who confirmed Dr. Dolgin's findings that the toddler's ears were free of fluid and functioning properly.

For further information see:  
[www.osteohome.com](http://www.osteohome.com).