



# Kids First!



OUR FAMILY NEWSLETTER

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**My Mission is to help as many people in my lifetime as I can – especially children!**

Last month I covered the topic of **FEVER** – a very controversial and little understood but totally normal function of our body.

**Why is it controversial? Take a look:**

**Most people have been taught that fever is a very bad thing. That it is something that needs to be treated in order for you or your child to be healthy. The result is that the sales of OTC medications have soared – and that is the idea!**

**And you've also learned that Fever is simply a very natural body defense designed to wipe out an invading organism. Medicating your children most often simply prolongs the illness.**

**How is that for different thinking?**

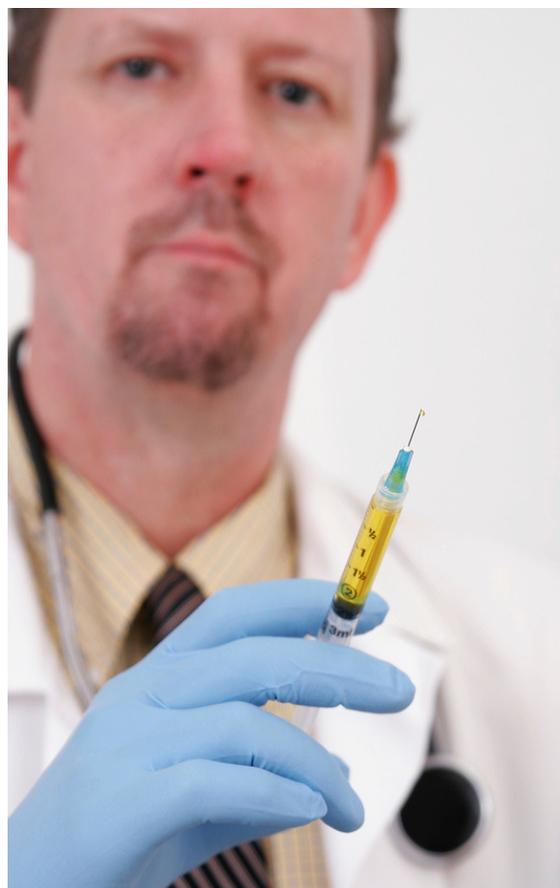
**Ok....let's get into an issue which tugs at the heart-strings of all parents:**

## Chronic Ear Infections

You are suddenly awakened out of a well-deserved sleep. Your child is crying in the next room with sudden and intense pain in her/his ear. She is flushed, hot, and glassy-eyed with fever. You panic. Childhood ear infections (Otitis Media) are often very frightening to parents mostly because they appear suddenly, usually at night, with little warning. The most common treatments used for ear infections are antibiotics, decongestants, antipyretics (fever medication), and tympanostomy (tubes in the ears). You may be surprised to learn that the benefits of all of these are highly questionable.

For example, The Lancet, a major medical research journal, found that recovery time was about the same for children whether medical intervention happened or nothing was done at all.

Another study from the Archives of Otolaryngology, showed that "88 percent of children with Otitis Media never needed antibiotics, and antibiotics did not shorten the lifespan of the disease." As a matter of fact, Newsweek Magazine reported that antibiotics are not nearly as effective as the body's own immune system. How about that! What a concept!





For parents frustrated with recurring ear infections, the EENT (ear, eye, nose, and throat) specialist will most likely prescribe the “rite of tympanostomy”—words from the late Dr. Robert Mendelsohn, a pediatric specialist and a self-proclaimed “medical heretic.”

It is a surgical procedure whereby your child is anesthetized so that a tube can be placed in his or her eardrum to drain fluid. Most people refer to this as simply “TUBES.”

Research, however, indicates that this procedure does little to eliminate the problem. It simply reduces pressure and fluid build-up in the inner ear. It is no panacea for ear infections!

Parents, however, have been sold on the idea that tubes in the ears are some kind of a cure for ear infections.

Most mothers I meet in my office, whose children have chronic and recurring ear infections, have already had the “tube thing” done—with no success.



And this whole concept of surgically placing “tubes” in the ears of young children to eliminate ear infections is absurd. The middle-ages come to mind! Perhaps The Rack is next?

Whether or not to give a child tympanostomy tubes - tubes in the ears - is a debate that has raged in medicine for over two decades. One of the major arguments in favor of tubes is that if children have fluid behind the middle ear it can cut down on their ability to hear and can potentially lead to learning problems.

But a report in the New England Journal of Medicine says this is not the case. According to this study, in children younger than three years of age who have persistent Otitis Media, prompt insertion of tympanostomy tubes does not measurably improve developmental outcomes. The procedure has little long-term effect with respect to hearing, behavior or learning development.

Implanting ear tubes, an operation done on hundreds of thousands of toddlers each year, does not appear to improve their speech and learning development and may not be worth the risk and the cost, another study found. Researchers in Pittsburgh looked at two groups of toddlers: those who received ear tubes after three months of fluid in their ears (the standard guideline) and those who waited up to nine months before tubes were inserted. The children were tested for speech, language, learning, and behavior when they turned three.

***I'll continue this train of thought in the next issue. Please stay with me!***