One study shows that after receiving a series of Upper Cervical corrections, 80% of the children were free of ear infections.

Can Upper Cervical Spinal Care help?

HEALTHY LIVING SPINAL CARE

References & Case Studies

- American Academy of Pediatrics and American Academy of Family Physicians. Question and Answers on Acute Otitis Media. 2005.
- Arky, R., et al., Physicians' Desk Reference (PDR). Montvale, NJ. Medical Economics Data Production Co., 2005.
- Eisenberg DM, Davis R, Ettner S, et al. Trends in alternative medicine use in the United States, 1990–1997: results of a followup national survey. JAMA. 1998; 280:1569–1575.
- Eisenberg DM, et al. Unconventional medicine in the United States. N Engl J Med. 1993; 328:246–252.
- Ericsen, K: Upper Cervical Subluxation Complex - A Review of the Chiropractic and Medical Literature. Baltimore, MD, Lippincott, Williams & Wilkins, 2004.
- Fallon JM. Care of 401 Children with Otitis Media: A Pilot Study. Alternative Therapies, 1998; 4(2): 93.
- Fallon JM. The Role of the Chiropractic Adjustment in the Care and Treatment of 332 Children with Otitis Media. J Clin Chiro Ped, 1997; 2(2): 167-182.
- Froom J, Grob P, et al: "Diagnosis and antibiotic treatment of acute otitis media: a report from the International Primary Care Network." BMJ (1990) 300(6724): 532.
- Gray, H.: Gray's Anatomy - Anatomy of the Human Body. Philadelphia, Lea & Febiger, 2000.
- Guyton, A. and Hall, J.: Textbook of Medical Physiology. Philadelphia, W.B. Saunders Co., 2000.
- Gutman G. Blocked Atlantal Nerve Syndrome in Babies and Infants, Manuelle Medizin, 1987; 25:5-10.
- Hendricks CL, LarkinThier SM: "Otitis media in young children." J Chiropractic Research, Study and Clinical Investigation (1989) 2:9.
- Lehnert T: "Acute otitis media in children." Role of antibiotic therapy. Can Fam Physician (1993) 39:2157.
- Lieberthal, A.S., et al. American Academy of Pediatrics/American Academy of Family Physicians. Subcommittee on Management of Acute Otitis Media - Clinical Practice Guidelines. Diagnosis and Management of Acute Otitis Media. 2005.
- Mackinnon D: "The sequel to myringotomy for exudative otitis media." J Laryngol Otol (1971) 85:773.
- Spigelblatt L, et al. The use of alternative medicine by children. Pediatrics. 1994;94:811–814.
- Stangerup SE, Tos M: "Etiologic role of suppurative otitis media in chronic secretory otitis." Am J Otol (1985) 6:126.
- Tierney, L.M., et al.: Current Medical Diagnosis and Treatment 2005, 44th Edition. New York, NY, Lange Medical Books, McGraw-Hill, 2005.

EAR INFECTIONS

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EAR INFECTIONS

According to the American Academy of Pediatrics, over five million children suffer from chronic ear infections, resulting in 30 million visits to doctors' offices and over 10 million prescriptions of antibiotics each year. Half of all antibiotics prescribed for preschoolers are for ear infections.

Symptoms of ear infections may include mild discomfort, irritability, fever or severe pain. Almost 50% of all children will have at least one middle ear infection before they're a year old, and two-thirds of them will have had an ear infection by age three. Frequent ear infections are the second leading cause for surgery in children under two, right behind circumcision.

ANTIBIOTICS, TUBES & EAR INFECTIONS

According to the Center of Disease Control (CDC), the American Academy of Family Physicians, and the American Academy of Pediatrics, ear infections with fluid build-up (otitis media with effusion) do not require the use of antibiotics. In fact, one study with 3,600 children found that children who did not take antibiotics had a higher rate of recovery than those who did take antibiotics. Despite such clear guidelines, many pediatricians continue to prescribe unnecessary antibiotics for the treatment of ear infections. This error contributes to the development of antibiotic resistant bacteria.

When antibiotics are not successful in treating ear infections or if a child has multiple infections, specialists often prescribe myringotomy and tympanostomy, more commonly known as "ear tubes." During this surgical procedure, general anesthesia is used and a small opening is cut into the eardrum to place a tube inside. In most cases, the membrane pushes the tube out after a couple of months and the hole in the eardrum is closed with scar tissue. If the infection persists even after tube placement and rejection, the entire surgical procedure is performed again, or children may undergo adenoidectomy (surgical removal of the adenoids).

Unfortunately, most children who have this procedure have recurrent fluid build up (effusion) within two months, resulting in permanent structural damage to the tympanic membrane (ear drum) in 40% of the children who have had ear tubes. Ear tubes have even caused 25% of the children to suffer total hearing loss.

It is amazing that in the face of this evidence, not to mention the risks and costs associated with antibiotics and surgery, ear tubes remain the treatment of choice in many medical practices.

ANATOMY OF THE INNER EAR

The Eustachian tube acts as a valve that connects the back of the nose to the middle ear and allows air to enter behind the sealed eardrum. This muscular tube normally opens and closes to equalize pressure changes in the outside air. An example would be the "popping" sound people describe when going up or down a mountain or flying in an airplane. The ability of the inner ear to open or "pop" is essential in preventing ear infections or other inner ear disorders. The only muscle responsible for opening the Eustachian tube (tensor veli palatini) is directly controlled by nerve fibers at the top of the neck.

CAN UPPER CERVICAL SPINAL CARE HELP EAR INFECTIONS?

The most common misperception about Upper Cervical care is that it only helps back and neck pain. Although our doctors can certainly help those who come to us seeking relief from back and neck pain, we help patients suffering from a variety of conditions, including ear infections. Healthy Living Spinal Care has helped thousands of patients restore their health through Upper Cervical Spinal Care.

Upper Cervical Chiropractors recognize that the body is a self-healing organism controlled and coordinated by the central nervous system, which is protected by the skull and spine.

UPPER CERVICAL SPINAL CARE; A SIMPLE CONCEPT

Upper Cervical care is based on the universal law of cause and effect. For every effect or symptom, physical or mental, there must be a root cause. At Healthy Living Spinal Care, we focus on locating and removing interference to the nervous system that can be the cause of the health condition. Removing this interference allows the body to heal itself naturally without drugs or surgery. An Upper Cervical correction is very controlled; there is no pulling, tugging, or jerking of the head. This precise yet gentle touch allows the head, neck, and spine to return to the proper position, thus removing the interference and restoring balance to the body.

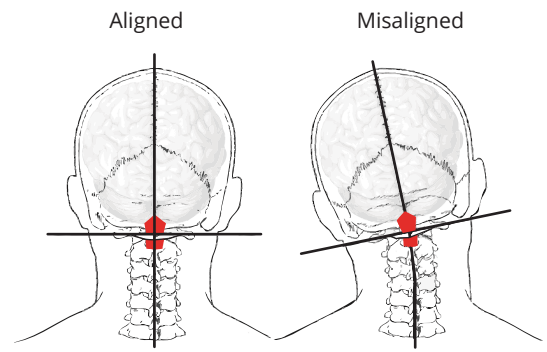
UPPER CERVICAL SPINAL CARE & EAR INFECTIONS

Misalignments at the head/neck relationship, often caused by birth trauma, have been shown to affect the ability of the Eustachian tube to open and close correctly. This provides an environment for bacteria to thrive and multiply, creating an ideal setting for chronic inner ear infections.

A NEW APPROACH TO EAR INFECTIONS – HEALTHY LIVING SPINAL CARE

Before taking another round of antibiotics or undergoing a drastic procedure like surgery, consider an evaluation at Healthy Living Spinal Care. Upper Cervical Spinal Care is a viable, non-invasive way to help your child with chronic ear infections. One study shows that after receiving a series of Upper Cervical corrections, 80% of the children were free of ear infections.

Upper Cervical Chiropractic Care enables the inner ear to open and drain which, in turn, allows the body to resist the buildup of fluid and possible infection. Many children develop their own antibodies and recover quickly and naturally without the use of unnecessary antibiotics and tubes. The discomfort of chronic inner ear infections, lost days of schools for children, and lost days of work for parents can become a thing of the past.



When the head (10-14 lbs.) is shifted off the center of the top of the neck, the rest of the body will compensate for the shift of weight.

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