

## Ear Infections

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<http://www.osteopathiccenter.org/ear.html>

During the years from birth to five years, the child is checked regularly by the pediatrician concerning his ears, throat, eyes, heart, lungs, digestive tract. In other words, is this child's body functioning efficiently?

Many children get ear infections. The ears are examined and if the infections have occurred a number of times there may be a hearing test performed, and various tests that zero in on the ears. But the ear isn't something sitting out there in space. The ear is part of a total mechanism in this body. For example, the ear itself is held in what we call the temporal bone. (If you feel just behind your ear you will feel a somewhat pointed bone, which is the mastoid process.)

From the inner part of the ear, that is known as the middle ear, the Eustachian tube extends into the throat. Therefore, what goes on in the throat has a bearing on what goes on in the middle ear, and vice versa. Not infrequently the problem may begin as a sore throat, a cold, and it progresses to an ear infection. Therefore, the state of the throat and the state of the ear are very intimately related.

Let's come back to the temporal bone for a moment. The temporal bone articulates, or is connected to most of the other bones of the head, directly or with one bone in between. So, if this child has had a fall on the back of the head in which the articulation between this bone and the occipital bone at the back of the head has been jammed, the bones cannot move freely, one in relationship to the other.

Perhaps at the time of the injury the child cried for a little while, had a bruise there or a swelling, and it passed. A few weeks later an ear infection develops. If you stop to think about it, you will find the ear infection has developed on the same side on which the head injury occurred.

The blood supply to the ear by way of the arteries, the venous drainage from the ear by way of the veins, and the lymphatic drainage is impaired if that normal, rhythmic mobility of the temporal bone is interrupted. If there has been an injury it has interfered to some degree with the inherent mobility of that bone. Furthermore, if the child fell on the back of the head, that fall may have disturbed the alignment of the bones of the neck. The blood supply passes through the neck up into the temporal bone.

So the ear problem is not confined to the ear. It may be related to certain things that have happened in levels below the ear. Now we begin to see that we cannot localize ear infection in an ear because it is tied in to other parts of the body. Of course, the circulation begins at the heart and ends at the heart, so anything between the heart and the temporal bone may be a factor in that circulation. The lymphatic drainage is associated with certain structures in the neck, going all the way down to below the collar bone. Anything in this area may have a bearing upon that ear infection.

It is not uncommon to get the story that this child has had ear infections over and over again. Perhaps the first ear infection occurred when he was six weeks of age. He was treated with an antibiotic, he got over it; two months later there was another ear infection. He was treated with antibiotics, he got over it and six weeks later there was another ear infection, and so it has gone on, perhaps for several years, one after another.

At some point the parents decide there must be some other way. Also, by this time the child may have reduced hearing in one or both ears.

This is the time to go back structurally and inquire whether there is any evidence of injury at birth which may have started the process, and whether there had been any injuries since then to which the child is now responding with this susceptibility to infection.

