

Happy Healthy Babies VIII: Ear Inflammations

Overview

Unlike sinus congestion or skin symptoms, inflammation of the middle ear, or ear aches, in babies and young children aren't always apparent. Not until it progresses to a sleepless night, lack of appetite, or fever will the ear be suspected. While considered normal and common in the early childhood years they are not natural and can be avoided.

The standard treatment for an inflamed ear canal or drum is antibiotics and, for those with recurrent symptoms, an extended course is often prescribed. When ear infections can not be resolved, a further procedure that involves the surgical insertion of tubes to extend the ear canal in order to equalize pressure in the middle ear is later considered.

Inflammation of the ears in babies and young children actually occur because optimal bowel elimination is not established, the kidneys are required to overwork and to compensate. The body uses the ear canal, much like detour routes off a congested highway. In this case, the ears, and possibly sinuses, have become the chosen alternate exit(s) with the surrounding lymph nodes becoming filled to capacity, leading to inflammatory pressure on the middle ear canal.

Can ear inflammation be resolved without antibiotics?

Ongoing ear inflammation is actually a secondary symptom of sinus congestion as well as infrequent stools or blow out stools that have continued long enough for the body to search

for an emergency exit for cleaning. The use of this alternate exit has created an inflammatory state much like other symptoms discussed in this series. In this case, the acute inflammatory state of the middle ear must be managed first and then the primary symptom, infrequent stools, must be resolved before the cycle can be broken.

By looking at how the body resolves inflammation naturally, we can work with it rather than against it and avoid the use of OTC medications or antibiotics.

Natural resolution of inflammation

The natural resolution of inflammation requires the coordinated efforts of the lymphatic system (as a part of the immune system), the circulatory system, and the primary organs of elimination: the bowel and kidneys.

The lymphatic system is the body's drainage system. It is responsible for maintaining a balance of body fluids and does this by transporting excess fluids through intricate channels, filtering what has been collected within the lymph nodes before moving the fluids on to the blood.

The circulatory system then delivers the blood to the kidneys for the removal of the waste product urea to form urine.

Inflammatory states, such as ear inflammation or drainage, will require a first protocol to resolve the acute condition and a follow-up protocol to the primary symptom of infrequent stools and the chronic state of inflammation of inflamed middle ear. Leaving a child to "outgrow" these inflammatory states can lead to countless more complex secondary symptoms, the most common addressed in this book.

Steps to take

The acute symptom of inflammation of the middle ear and the primary symptom of infrequent stools can be addressed with the following sequential steps.

1. First and foremost, dietary causes must be assessed and addressed. The following are the most common inflammatory foods and should be removed (until later consideration) from the child's diet or from the diet of the mother if the child is completely breastfed:

- Manufactured formula, cow's milk or soy based
- Any animal dairy products into baby's diet, including yoghurt and cheese
- Grains of any kind

2. Begin the acute daily Gemmotherapy protocol of European Blueberry, Black Currant, Dog Rose together 4x daily and an evening dose of Hornbeam. After the first forty eight hours, reduce the dosage to 3x daily with an evening dose of Hornbeam.

3. Once the acute symptoms are 90% improved, the protocols must be changed to address the primary symptom of bowel elimination and the chronic state of inflammation of the sinuses. The new Gemmotherapy protocol includes a combination of European Blueberry and Black Currant with an evening dose of Hazel.

4. Once bowel elimination has optimized to three to four bowel movements daily for exclusively breastfed babies and a minimum of two for those not exclusively breastfed, and no further infrequent or blowout stools occur, continue the protocol for another month or more. Watch for an improvement not only in bowel elimination but in the dark circles and puffiness under the child's eyes. Once the eyes have improved as well consider discontinuing the protocol unless advised otherwise by your

practitioner.

5. Should ear discomfort return repeat the acute protocol until resolved followed by the protocol for the primary symptom of bowel elimination.

Hazel's Story

Let me introduce you to Hazel. I met Hazel when she was twenty three months old. She had spent the first two years of her life on and off antibiotics for repeated ear infections and Hazel's parents had reached their limit at the lack of options they had been offered. Having just completed a course of antibiotics and with a baseline inflammation still present in the middle ear, Hazel's parents were anxious that the next flare was imminent when they arrived at my practice.

In taking Hazel's case, it was of no surprise that she only had one bowel movement daily and often would experience a massive blowout stools. While Hazel's mother could not remember her skipping days between bowel movements, she only had one a day and several times a week there would be a blowout stool. I also learned that while Hazel had been breastfed, she was also given yogurt on a daily basis from five months of age. Her first ear inflammation occurred at 6 months.

I advised Hazel's parents to first remove all dairy from her diet and begin a Gemmotherapy protocol for the entire next year. Her protocol was Black Currant, Dog Rose, European Blueberry, and Hazel.

When she experienced an acute state of pain or discomfort in the ears and possibly sinus congestion, I asked Hazel's parents to give her the protocol more frequently during the first twenty four hours of symptoms.

I also advised them to seek further support should the

symptoms not show signs of improvement after twenty four hours of use. As the symptoms and discomfort lessened they would reduce the dosage back to twice daily.

Hazel experienced two further inflammatory flares over the next twelve months and we addressed them with the acute Gemmotherapy protocol as well as a Homeopathic remedy. When the second one occurred I discussed the elimination of gluten producing grains with Hazel's parents as they can also cause considerable inflammation. Since keeping to a gluten free and dairy free diet, Hazel has not had any further trouble with her ears.

If Hazel's story has sparked your interest in Gemmotherapy you might want to have a look at my recent book, Building Immunity in Babies and Children. Perhaps you are ready to learn even more? Why not join me in the Midi Pyrenees the summer for a Gemmotherapy Immersion Retreat with my colleague Stephane Boistard or register now for the September Foundations of Gemmotherapy Series live online.