

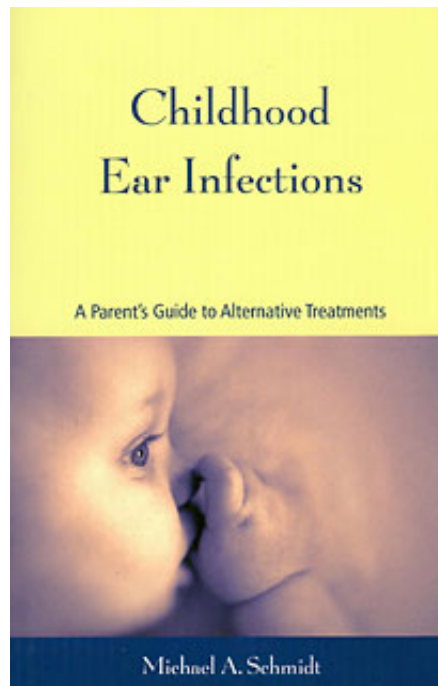
# Michael A. Schmidt Childhood Ear Infections

Reading excerpt

[Childhood Ear Infections](#)

of [Michael A. Schmidt](#)

Publisher: North Atlantic Books



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## Introduction

Earaches are the number one reason parents take their children to the doctor. In recent years, there has been extraordinary pressure on doctors to reduce their rate of antibiotic prescriptions to children. The reasons cited are many, but include the emergence of antibiotic-resistant bacteria, lack of consistent effectiveness of antibiotics, and potential adverse effects of antibiotics on child health.

Doctors have made positive strides in reducing antibiotic use in children; however, several significant problems remain. First, in the absence of antibiotics, what treatment options does a physician have? This question is particularly relevant for the child who has recurrent earaches despite the best treatment efforts. Second, some children do experience adverse effects from antibiotic treatment that may affect them for years to come. What can be done for these children? What testing strategies are available to sort out their unique needs?

Third, what does a parent do when the child has a minor earache that simply does not require drug or surgical treatment? What home-care options are available to make the child comfortable and to prevent recurrence? Fourth, what do we know today about some of the primary causes of ear infections in children? Attention to these causes may yield tremendous benefits in developing the means to keep our kids healthy.

## Molecular Medicine and Nutrition

I am not a pediatric physician. My work is focused on the design of clinical research studies in the area of functional and molecular medicine. I have also been in clinical practice for over 18 years, during which time I've used metabolic and biochemical assessment in order to identify the precise molecular deficiencies in individuals. Once these deficiencies are uncovered, a treatment program can be devised tailored to the specific child's needs.

I believe that the inability of a person to fight infection or to repair adequately after illness is related to their generalized 'host' defenses: That is, their ability to defend and repair themselves. The host defenses are dependent upon a variety of factors that include

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diet, nutritional status, genetics, environment, psychological factors (stress), and other forces. Two of the critical features that determine how we fight infection are diet and nutrition.

For over 15 years, I have been using biochemical profiles of individual children and adults suffering from acute and chronic illness, in order to determine their biochemical needs. With the blueprint of their biochemistry in hand, I can develop a treatment entirely unique to each person.

This takes much of the guesswork out of treatment. The results continue to be inspiring. Today, I believe that individualized biochemical assessment can help a doctor understand some of the basics of many health conditions. Ear infection in children, whether acute or chronic, is a condition that may respond extremely well to individualized assessment and individualized treatment. Having said this, I also recognize that there are many common patterns of deficiency that occur over and over in the many lab profiles I've reviewed over the years. It is this experience, coupled with a review of the medical literature, that brings me to write about childhood ear infections with confidence that much can be done to minimize the suffering of children from earaches themselves, and from the difficulties that might arise from certain forms of aggressive treatment.

The field of nutritional medicine as applied to ear infections is a young field. More research is needed, but a great deal of knowledge is already at hand. In addition to conducting my own research, I've interviewed numerous physicians around the United States who use biochemical and molecular profiling of their patients, including those with ear infections. I have also queried the medical directors of several medical testing laboratories including Great Plains Laboratory, MetaMetrix Clinical Laboratory, Pantox Laboratory, Immunoscience Laboratory, and others. In sum, we've observed that acute and chronic health problems can be due to multiple nutrient deficiencies, and when these are corrected, improved health ensues.

The physicians I've interviewed report a common thread that runs through children with recurrent ear infections [or] chronic health problems in general:

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- » Nutrient deficiencies do occur in children prone to ear infections and, in many cases, there are multiple deficiencies.
- v Correction of nutrient deficiencies by targeted supplementation improves the child's defenses and, quite commonly, eliminates or reduces the recurrence of ear infections.
- f Though the laboratory panel of each child is unique, there are deficiencies that are common among many children.

Common Nutrient Deficiencies in Sick Children Recently, I examined the pooled laboratory test results of 50 children with chronic health problems. Their conditions ranged from recurrent infections, to learning disabilities, to developmental delays, to behavior struggles. Many children had a history of chronic ear infections. While each individual biochemical profile was unique, there were distinct patterns common to many of the children. Among the nutrients commonly deficient were:

Magnesium	Zinc
Selenium	Vitamin B <sub>2</sub>
Vitamin E	Vitamin A
Vitamin B <sub>12</sub>	Beta-carotene
Coenzyme Q10	Taurine (amino acid)
Tyrosine (amino acid)	Tryptophan (amino acid)
Methionine (amino acid)	Glutathione
Omega-3 fatty acids	Others

The experience of such lab profiling can be used to develop general support strategies that might be used to enhance immune defense and repair functions. Such general nutritional recommendations are outlined in this book.

While nutrient *deficiencies* may contribute to lowered immune defenses or impaired ability to heal effectively, it is important to be aware that substances found in *excess* may also cause harm. Chemicals such as tartaric acid and arabinose, if found in excess in a sick child, can contribute to significant ongoing health problems. These compounds are sometimes produced as a result of antibiotic use. They, along with others, can be detected with appropriate testing.

I do not view ear infection as a problem affecting *only* the ear.

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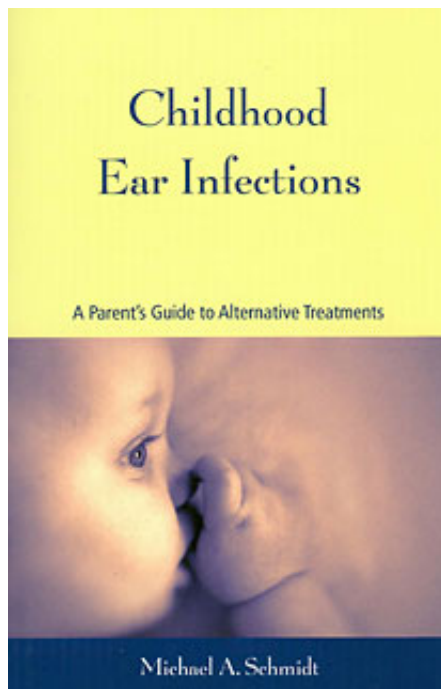
While an ear infection usually does require direct attention, I view it as a condition that is related to the overall host defenses of a child (once again, his ability to defend and repair himself). Bacteria and viruses are all around us, yet only a select number of children succumb to them, and even fewer succumb repeatedly. What is it that accounts for this *vulnerability*? I believe it is the convergence of the effects of diet, nutrition, genetics, lifestyle, environment, and psychosocial factors. Our solution, then, should be to strengthen the defenses of the child. In this book, I examine the scope of the ear infection problem. I take a careful look at current methods of treatment. Antibiotics and tubes are discussed in depth because they are commonly used, but not without risk. I take a new look at causes of ear infections and present a discussion of diet and nutrition that may have significant implications. The home care and prevention chapters should be valuable to parents because of the practical information they contain regarding diet, nutrition, herbs, homeopathic medicine, acupressure, massage, emotional support, and more.

In the end, you must make an intelligent decision about what is best for your child. Utilize what I've written and consult other sources that may be of interest to you. There may be opinions different from my own. I urge you to welcome these, explore them, and find a strategy that best suits your personal philosophy.

My purpose in writing this book is to examine critically the current medical treatment of ear infections—its strengths and weaknesses. I believe we must be willing to honestly assess the limitations of any treatment modality and open ourselves to considering emerging viewpoints. In the end, we must realize that medicine is a collaborative effort—one that embraces the useful features of all healing systems. It is my hope, that the medicine of the twenty-first century will be a mixture of the science of medicine and the art of healing—that it will embrace a view of the patient as a whole, while understanding the detailed function of his parts.

This is a book about healing childhood ear infections by strengthening the children in all aspects of their lives.

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Boulder, Colorado, 2003



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A Parent's Guide to Alternative  
Treatments

222 pages, pb  
publication 2004



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