Post-Traumatic Ear Infection Syndrome By Kelly Dorfman, M.S., L.N.D. www.kellydorfman.com and www.cureyourchildwithfood.com



A subgroup of children with attention problems or autistic spectrum characteristics have a condition I have named Post-Traumatic Ear Infection Syndrome (PTEIS). These kids, apparently normal at birth, develop subsequent auditory processing issues, distractibility and developmental delays as a result of complications from sustained damage to the middle ear from both otitis media and its treatment.

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Why Ear Infections Are Such a Problem

• Frequent ear infections are a sign of weak immune function.

Most children on the autistic spectrum have underlying immune problems. Either they are born with weak immunity and are thus more reactive to foods - or they react to foods, thus weakening their immune systems. Resultant ear infections are the symptom of a deeper underlying problem.

A classic study done by Tala Nsouli,1994, an allergist in the Washington, D.C. area, found that about 90% of children with ear infections and fluid have food allergies. When the offenders are eliminated, ear infections subside. Kids with food allergies get sick more often because their immune systems focus on reacting to foods, rather than fighting germs.

• The antibiotics used to treat ear infections may make children more susceptible to mercury damage.

Preliminary studies by Dr. Boyd Haley, a world authority on mercury at the University of Kentucky, found that ampicillin and tetracycline increase thimerosol-induced neuronal death. In other words, less mercury does more damage in the presence of these antibiotics. Further, all antibiotics kill good gut bacteria, essential to resist mercury uptake.

Allergies, ear infections, thimerosal and antibiotics are a toxic cocktail for the nervous system. A child eats an allergic food and develops an ear infection. The doctor prescribes an antibiotic, killing both good and bad bacteria, leaving the gut lining irritated and further stimulating an allergic response. Now the child is more reactive to foods and develops additional ear infections, thus perpetuating an illness cycle.

Introduce into this disturbing spiral a thimerosalcontaining vaccine or one that acts on the gut lining, like measles. Who will be more likely to sustain vaccine damage: the toddler with an already irritated gut lining and reactive immune system, or a healthy child?

Dr. James Adams recently found that children with autism had ten times more ear infections during their first three

years than typical kids. Almost 20% also experienced a severe vaccine reaction. Another study, Fallon, 2005, linked Augmentin (broad based antibiotic) to the development of autism.

• Ear infections are associated with auditory processing problems.

Children are born with hearing but they must learn how to listen. Ear infections that occur during critical developmental periods negatively affect auditory processing. Youngsters whose ears are clogged up with fluid cannot interact appropriately with their environments.

Between birth and three, children learn to distinguish sounds and interpret them in context. They must filter out unimportant sounds, such as the air conditioner, and focus on important ones, such as a mother's voice. Distracted and inattentive behavior is the result of the inability to sort significant auditory input from the extraneous. Studies have found that middle and high school students who are more distracted than their peers experienced early ear infections.

What to Do about Ear Infections

- Remove problematic foods. The four problem foods most associated with ear infections are dairy products, wheat, soy and eggs. Before trying an extreme elimination diet, consider taking foods made from cow's milk out of the diet first. This change alone is often sufficient to reduce or stop infections.
- Use good bacteria. Probiotics, available in the refrigerator section of the health food stores, balance the digestive tract and reduce allergic tendencies. It may take some trial and error to find the right product for your individual situation. Some are too strong and will increase gas and irritability; others are not potent enough. If symptoms do not alleviate in a few days, reduce the dose or change brands.

PTEIS is very common and mostly preventable. If you have a child who has had three or more ear infections and you need more information, check out Dr. Michael Schmidt's "*Healing Childhood Ear Infections.*" An ounce of prevention is worth years of distractions.

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References:

Fallon, J. "Could one of the most widely prescribed antibiotics amoxicillin/culvulanate 'Augmentin [™], be a risk factor for autism?" Medical Hypotheses, Vol. 64, 312-15, 2005. Nsouli, TM, MD, Nsouli, SM, MD, Linde, RE, MD, O'Maro, F, PHD, Scalon, RT, MD

And Bellant, JA, MD, Robul, SM, MD, Linde, RE, MD, O Maro, F, PHD, Scalor, RI, MD and Bellant, JA, MD, Role of Food Allergy in Serous Otitius Media, Annals of Allergy, 73(3), 215-219, 1994.



Read more about Post Traumatic Ear Infection Syndrome in Kelly Dorfman's book *Cure Your Child with Food*, 2013 available on Amazon.com