

# Acute Recurrent Otitis Media

By Ivo Bianchi, MD

**Acute otitis media is a bacterial or viral infection of the middle ear. Pediatric cases are very common and usually recurrent. In children with a genetic-constitutional predisposition to this problem, every upper respiratory tract infection can be complicated by otitis media.**

Symptoms include otalgia that is often very acute, usually worsens at night, and is sometimes accompanied by nausea, vomiting, diarrhea, and fever. Although acute otitis media can occur at any age, it is most common between the ages of 3 months and 3 years, when the Eustachian tube is structurally and functionally immature and the mechanism that opens and drains the middle ear is less efficient. This condition is often stressful for the family and very painful for the child. According to recent surveys, antibiotics and decongestants have not been proven to be of value. In my experience, homotoxicology and homeopathy offer a valid method of treating this common condition.

## Clinical case

A young mother brought her two-year-old son to my office for recurrent acute episodes of otitis media. These episodes were extremely frequent, especially during the cold,

damp season, and required frequent administration of antibiotics. In one episode, otitis media was complicated by acute mastoiditis, requiring hospitalization of the child. The situation had become almost chronic, and the child often seemed off-balance. The family medical history included the mother with frequent seasonal rhinopharyngitis and a paternal uncle with allergic asthma. Upon examination, I found laterocervical microadenopathy, reddened pharynx, and hyperaemic tonsillar membranes. Thoracic and abdominal findings were normal. Generally, the child looked frail and thin but well-proportioned. He was gentle, shy, and timid.

I asked the mother for additional clinical information, and she reported a normal childbirth with a birth weight of 3.5 kg. The child was breast-fed for 6 months. Ever since his first months, he has perspired profusely during sleep, especially in the occipital region, and tended to sleep without bedclothes. He used

to gnash his teeth during the night. He has always had (and still has) a tendency toward diarrhea.

At this point, I had sufficient information to develop a homeopathic and homotoxicological treatment strategy based not only on the child's clinical history and symptoms but also on the homotoxicological constitution he presented. Therapy was based on the model of the three pillars of homotoxicology.

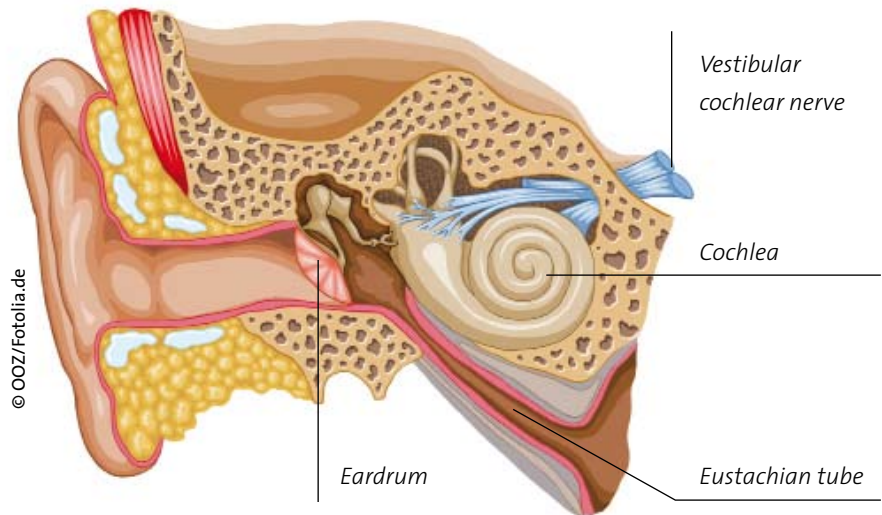
### 1. Drainage:

- Lymphomyosot: 8 drops morning and evening.

### 2. Cellular activation and organ regulation:

- Mucosa compositum:  
1 ampoule via the mucosa 2 times a week for 3 months, increasing to once daily (in the evening) during upper respiratory infections (even in the early stage) to improve the structural condition of the upper respiratory tract.
- Coenzyme compositum:  
½ ampoule orally 2-3 times a week for 6 months, according to appetite levels and general condition.
- Belladonna-Homaccord:  
½ ampoule every 6-8 hours in acute ENT inflammatory conditions, especially if fever is present.

Anatomy of the inner ear



- Traumeel ampoules or Oteel: 2 drops locally in the ear for inflammation and pain, every 10-30 minutes during acute phases until improvement is noted.

**3. Immunomodulation:**

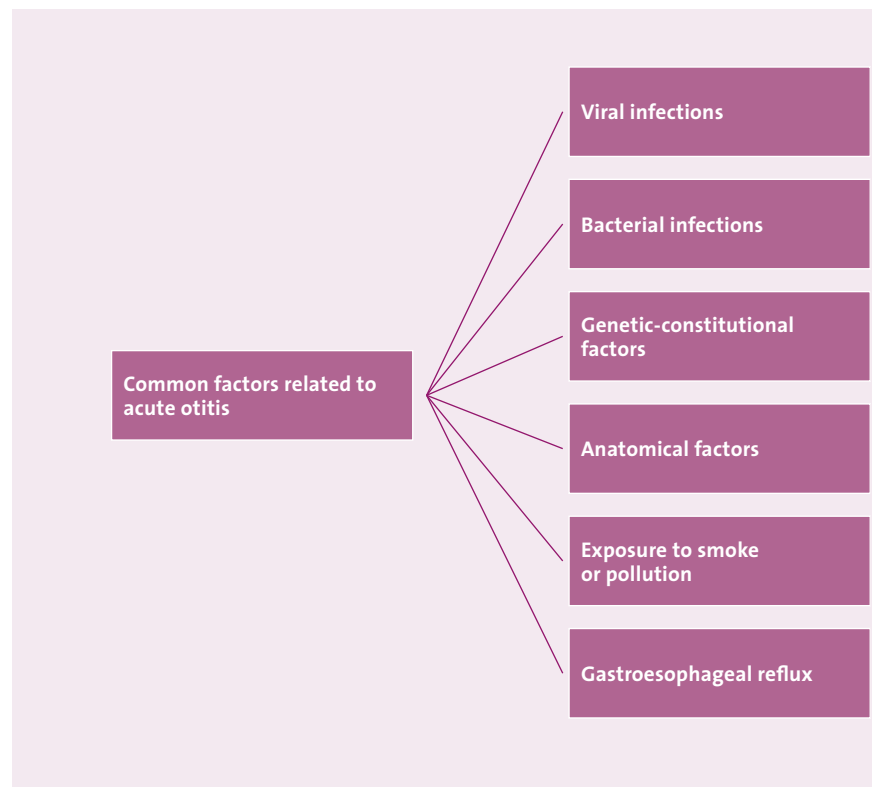
- Echinacea compositum forte: ½ ampoule in the evening twice a week for 6 months, increasing to every 6 hours during acute upper respiratory infections until improvement is noted. This medication is our antibacterial support and immunomodulator.
- Psorinoheel: ½ ampoule orally in the evening for 6 months, to stimulate the immune system.
- Calcium carbonicum-Injeel: 1 ampoule orally in the morning once a week, to strengthen the constitutional response.
- Osteoheel: 2 tablets daily (1 each, morning and evening) during the winter to strengthen the reactivity of the osteocartilaginous tissue.

to fight the disease and its symptoms, prevent complications, and stimulate general and local immune responses in order to prevent relapses. The mother was well-motivated and the whole therapy was administered correctly. After six months, the child had improved both in terms of localized symptoms and also more generally, in terms of appetite, strength, and mood. No other recurrences were reported, and I then recommended a simple maintenance therapy for the winter and early spring:

- Lymphomyosot: 8 drops morning and evening.
- Mucosa compositum: 1 ampoule via the mucous membranes 2 times a week.
- Echinacea compositum forte: ½ ampoule in the evening twice a week.
- Calcium carbonicum-Injeel: 1 ampoule orally in the morning once a week.

I continue to see the child every six months. Three years after the first consultation, he is in perfect shape physically and psychologically. ■

This therapeutic protocol may seem complicated. Rather than just a simple therapy, it is a real strategic plan



Factors related to otitis media