

A Case of Chronic Otitis Media

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Abstract: The case of a child with recurrent otitis media, chronic serous otitis with hearing deficit, and failure to thrive is presented. The child responded well over the years to intermittent doses of Sulphur and Pulsatilla, the latter being her final prescription. Interesting issues of case management in such children are mentioned.

Keywords: otitis media, chronic serous otitis, failure to thrive, *Sulphur*, *Pulsatilla*

At this three year-old's first appointment in October 1997, her mother brought a three page list of the child's pediatric appointments and medical prescriptions from September 1994 through September 1997, documenting 21 courses of antibiotics for otitis media or pharyngitis. She was born full-term after a healthy pregnancy on February 1, 1994, and was ill for the first time in September 1994, diagnosed with bacterial pharyngitis. The benefit of antibiotic treatment (and mother conscientiously gave every dose on schedule) was short-lived at best, and between September 1994 and April 1995 she had nine rounds of antibiotics for this same diagnosis, with ancillary prescriptions of prelone, decongestant, or expectorant several times. From April 1995 to October 1995 the child's illnesses became typified by right-sided tonsillitis, clear runny nose, fever, cough, and vomiting — treated by antibiotics each time. In December 1995, at age 22 months, she suffered her first otitis media; it was bilateral. The clinical symptoms were no different from the throat infections she had been having the preceding months. There was no ear tug, no overt ear pain, no colored or acrid nasal mucus, no eye symptoms. She did not clear the serous otitis from this infection until summer 1996. The right ear was last to clear.

She had three episodes of right-sided otitis media between August 1996 and January 1997. No ear checks were scheduled two weeks following treatment to ensure that the ear cleared (as was the protocol a decade ago). She completed each

course of antibiotics and returned to the clinic when fever, cough, and listlessness recurred; at those acute appointments the right ear was congested. Conservatively, in the 22 months between December 1995 and October 1997 her right middle ear chamber was congested with either pus or serous fluid for 12 of those months, but more likely 16 to 18 months. By February 1997, the frequency and obstinacy of her ear infections concerned her pediatricians (she went to a multi-physician clinic) to the point that they began prescribing three antibiotics at a time for her ear and throat infections, clarithromycin plus two different cephalosporins. (Note: one course of this triple regimen counts as a single course of antibiotics in my total tally, not three.) She was prescribed six courses of this oral antibiotic combination between February and September 1997. Clinically her hearing, appetite, mood, and energy never improved during that time, but at one of her appointments during that period the "ears clear" phrase on the pre-printed intake form was checked by the pediatrician (tonsillitis and bronchitis were diagnosed). She had white congestion in both middle ear chambers continuously from June 20, 1997 until her initial appointment with me on October 24, 1997. On September 29, 1997 she saw an ENT specialist who diagnosed chronic otitis media and hypertrophy of the tonsils and adenoids, and recommended surgery - tympanostomy tubes to be placed in both eardrums, removal of tonsils, and removal of adenoids. The parents, originally from Mexico City

and well educated, refused. They sought out a Chinese medicine specialist in September 1997, but in two months saw no clinical improvement.

When I saw her, she was sullen, pale, sickly, uncommunicative, and underweight (5th percentile). She didn't play much at home; she didn't feel lively enough to do so. She wasn't angry or mean to her older siblings (she was the youngest of four), and she didn't have strong tantrums, but she was fussy when she was coaxed to be active. Her appetite had decreased considerably in the past year, and all she wanted to eat was grapes, oranges, and tomatoes. She was constipated — "little balls" every 2-3 days. Teething did not seem to have been a particular problem. She did not have troubles in her sleep: no snoring, apnea, drooling, sweating, or nightmares. She had met her developmental milestones for speech and gross motor function. Her hearing was greatly impaired; she did not respond to sounds or the human voice except at loud volume. In the last month she had developed leg pains in the night, better from rubbing. Her skin was clear except for a faded blue Mongolian spot in the sacral area. On physical exam both tympanic membranes were opaque, with white fluid to the full height of each tympanic membrane. Both bulged slightly; the light reflex was absent bilaterally. Her tonsils were enlarged but not scarred or inflamed. They touched the uvula but did not meet at the midline.

Analysis: I was nervous about this case. If she had not had a rotating panel of doctors looking after her, she would likely have been referred to an otorhinolaryngologist for surgery months ago. Her middle ear chambers had been completely and continuously congested for four months, and for almost all of the last eight months. At what point would the small bones in the middle ear cavity so instrumental to hearing — the hammer, incus, and stapes — start corroding? Had they perhaps already begun to do so? If she had tympanostomy tubes placed in her ear drums today, would her hearing return to normal? If she did not get tubes today, and no damage had as yet occurred, how much longer could her middle ears remain congested before concern for permanent hearing loss became overriding? What window of time was available to me to effect a change?

That question aside, how fast could homeopathy act in this child? How quickly could I expect even the most curative remedy to impress this child's stagnant health and move it forward to the point of clearing her middle ear chambers, against the burden of a truly staggering quantity of antibiotics? I shared these concerns with the parents and urged them to consider surgery as the safest course. They

adamantly refused and said that even if I did not treat their child with homeopathy, they would find something else to treat her with, but not surgery, even if there was a good chance that her hearing was on the brink of permanent damage. Rather than send them away, to try a therapy having less merit than homeopathy, we agreed on a one-month trial of homeopathy for her ears. If my treatment did not make a great change in her ears and hearing in that time, they would accept surgery.

All her symptoms pointed to *Pulsatilla*. Her complaints were predominantly right-sided. She was warm-natured. She had bland discharges with her colds. She craved fruit. Her leg pains were better from rubbing. She was docile unless disturbed, and even then not violent. One might argue that in early childhood, when ear infections are so common, most children love fruit, most children are warm-natured, most children like rubbing and cuddling. So be it — if such a child has frequent right-sided ear infections, and the symptoms do not indicate a remedy such as *Belladonna* or *Chamomilla* or *Mercurius* or *Sulphur*, then *Pulsatilla* should stand out as the choice, especially if the child is excessively clingy and wants nothing so much as to be held, rocked, nursed. *Pulsatilla* would then be the choice even if cold applications on the ear were *not* desired, and even if the earache is left-sided (*Pulsatilla* has a strong affinity for pain in the left ear, according to Hering.) The only questions here were whether the antibiotic load had dulled her symptom-picture so that it was insufficiently clear for prescribing, and whether the antibiotic drugging (one almost uses the word 'pickling') had so further disordered and weakened her health that a remedy to undo the drug-inflicted disorder was needed before improvement could take place. The remedies one thinks of first for abuse of medicaments are *Nux vomica* and *Sulphur* (Hering, *Analytical Therapeutics*, "Old maltreated cases": Hep, Phos, Sil, Stram, Sul. Van Zandvoort, *Complete Repertory*, "Generalities, Abuse of Medicaments: NUX-V, Sul. Kent, *Repertory*, "Fever, Intermittent, chronic, spoiled" [meaning spoiled by allopathic drugging]: ars, calc, ferr, ip, nat-m, nux-v, SEP, sul, tarent).

I prescribed a single dose of *Pulsatilla* 1M, dry on the tongue, on October 24, 1997, and asked her to return in two weeks. At that second appointment, on November 7, her ears were unchanged by otoscopic exam, but her mother described significant clinical improvement — she looked better, her hearing was subjectively better, and she had more energy and appetite. I had two weeks to make a big change in her ears, per our agreement.

One is likely to have many situations like this

in one's career: time running out and one chance left. A rule of thumb that has served me well in my practice: make the choice that, if it turns out wrong, afterwards one can assure oneself that it was a very intelligent, well-grounded choice, the one past training directs, the one that would enable the prescriber to look Hahnemann, Boenninghausen, or Kent in the face and say, "I failed with this case, and this was my last prescription." There is less to regret than when a failed choice is based on a less established, more conjectural approach. And how often that 'plain vanilla' choice turns out to be correct! Trust a gathered sense of straightforwardness; it is usually the right move. If failure comes from pursuing a side-track to standard analysis, one will always wonder whether simply playing it straight would have brought success. Our egos want to be clever; we must keep this under control when we are practicing. Behind inconsistent success often lurks the urge to be fancy. Treading the well-trodden ways first usually elicit the best results.

So on November 7, 1997, I prescribed one dose of *Sulphur* 1M. If at her next appointment her ears were unchanged, and I never saw her again, I would always regret not having given *Sulphur* were I to give her any other remedy and not be successful. If I failed with *Sulphur*, I could live with myself and my training, and the teachings of homeopathy back to Hahnemann.

Her right ear was *entirely clear of congestion* on December 9, 1997. The right tympanic membrane was normal in color and shape; there was a normal light reflex and no fluid in the middle ear chamber. The left ear could not be visualized because of a large plug of wax, which I could not remove. I was greatly encouraged despite the blockage in the left external auditory canal, as the right ear was by far the more problematic of the two. If the right ear was so dramatically improved, the left was likely keeping pace, or ahead. This was confirmed by all the clinical improvements: her hearing in both ears was much more sensitive and acute, she had no more leg pain, she was eating better, and she had not come down with any new illnesses – a significant victory for her. So we continued. At this appointment I gave placebo. The *Sulphur* 1M given on November 7 had greatly helped and there was no sign that its action had ceased; so I let it continue.

January 7, 1998. Her mother called to report the child's first upper respiratory infection under my care. She had a non-descript sore throat with no lateralization, no fever, and a clear runny nose. Warm drinks were more welcome than cold drinks. Her hearing had not declined. She had no ear pain,

but then she never did, even with otitis. I was unable to see her that day, but I had provided her parents at our first appointment with several remedies in the 200C potency in case of acute illness.

Analysis: Her health had turned the corner in the preceding two months, but she was not out of the woods. *Sulphur* made a great improvement, not only in her ears and hearing but in her susceptibility to illness. When a constitutional remedy has done remarkable work, and an acute sickness arises, give a thought to that remedy's action in acute prescribing. That is, many remedies function as both constitutional remedies and acute remedies. The individualizing symptoms calling for a certain remedy in a chronic illness are likely to be different than the symptoms in an acute case that needs the same remedy. For example, a person needing *Lachesis* for his sore throat may have few if any symptoms in common with a menopausal woman or a fearful insomniac needing *Lachesis*. But a person's acute illnesses are in some way related to his or her health. When a person is experiencing tremendous improvement under a constitutional remedy and becomes acutely ill, do not be surprised if that remedy — in its acute properties — runs strongly through the symptoms of the acute sickness. Do not neglect it as an acute remedy; in fact, favor it if there is no clearer choice. In the case at hand, alas all too common in clinical practice, especially with unwell children glumly unwilling to talk, there are few individualizing symptoms, maybe only one: throat pain ameliorated by warm liquids. The choice was between placebo (thinking this was an aggravation from the dose of *Sulphur* given 2 months ago) or *Sulphur* 200C (which covers all the throat symptoms of this illness, including 'better from warm drinks'). I judged that two strong months of work was all I expected from the first dose of *Sulphur* 1M, and that this flare-up was not a part of its action. I prescribed one dose of *Sulphur* 200C. The acute illness was gone in two days.

Jan 12, 1998. Her scheduled constitutional appointment. She was feeling well, and her appetite was steadily increasing beyond its low baseline of the last year. Her weight was up only 8 ounces, however. After the *Sulphur* 1M her constipation resolved; she was having normal daily bowel movements. Her hearing was improving clinically, but not yet normal. (She would not comply with a finger-rub test of her hearing.) On physical exam, her right tympanic membrane continued to be clear; the left continued to be occluded with wax. Her right tonsil was slightly swollen compared to the left, and she had a significantly swollen, firm, non-tender right submandibular lymph

gland, 3 cm x 1.5 cm. Assessment: (1) Lingering right-sided symptoms from her recent upper respiratory infection. (2) Ears and hearing spared during that cold – good thing. (3) Hearing still needed to improve. (4) Weight gain lagging – usually when sickly kids are launched in the right direction by proper homopathy, their appetite, weight, and energy skyrocket, and they look transformed two months later. She did not. A choice between *Pulsatilla* and *Sulphur*. I choose *Pulsatilla* 200C, 1 dose dry on the tongue.

I checked her briefly two weeks later: right tonsil was now normal, right submandibular gland smaller but still enlarged. Hearing was no better, and the right tympanic membrane was now retracted (left still occluded). *Pulsatilla* 1M, 1 dose on Jan 26, 1998. I requested a progress report call in two weeks. At that time, her hearing had improved, but the right submandibular gland was still swollen. Being cautious, I assumed this meant that her body was laboring against congestion or inflammation in the right ENT area, as she had no scalp or hair problems. The most likely site of involvement, by exclusion, was the eustachian tube. This was one small step away from the middle ear chamber, and would prevent resolution of her hearing, which was a great priority. Nothing else had changed in her sleep, eating, or behavior.

Analysis: (1) External Throat, Induration of Glands; (2) External Throat, Swelling, Right Side; (3) Ear, Inflammation, media, right side; (4) Throat inflammation, right side (the predecessor to all this). *Lycopodium* 200, 1 dose, on February 8, 1998.

February 20, 1998. Regular constitutional appointment. No change from *Lycopodium*. Her hearing was still subpar. She was teary. She now became chilled easily. The right ear was clear, left was still blocked. The right submandibular gland was still enlarged. Her weight was not improved. She seemed to have stagnated, at a higher level than when we started, certainly, but not with the boost in energy and spirit I expected. *Sulphur* can be a right-sided remedy, and it already proved it could clear her right middle ear. But it did not act well enough centrally. I gave *Pulsatilla* XM, 1 dose.

The mother called three weeks later to report that she had become a new child. She ran and played in the house more in the past two weeks than she had in the last year. Her hearing improved dramatically and now seemed normal. However two days ago she became suddenly fatigued. That evening she felt chilly, had leg pain, and complained of her left ear. The day before she did not complain of her ears or leg, but looked tired and unwell. I saw

her in the office on March 10, 1998. Through a portal in the wax plug in her left ear I glimpsed the left tympanic membrane – retracted, but *no fluid*. The right tympanic membrane was clear. Throat normal. No fever.

Assessment: brief palliation from *Pulsatilla* XM with subsequent decline (meaning wrong remedy); or curative response with classic aggravation two to three weeks after the remedy (meaning correct remedy); or oncoming upper respiratory infection? It was too soon to tell. Invoking the rule, when in doubt, wait, I gave placebo. Her left ear, I now knew, had also cleared of congestion.

March 15, 1998. Telephone call on Sunday. The fatigue never ceased, and on this day she developed fever to 102 and had vomited twice, without diarrhea or stomach cramps. She was dull and had no appetite. She was chilly. I was thinking this was her typical upper respiratory infection manifestation (without the cough or sore throat). I would have liked to prescribe *Arsenicum album* 200C or *Pulsatilla* 200C, but she had neither on hand. I therefore prescribed *Silica* 200C, 1 dose, as *Silica* is a near complement to *Pulsatilla*. She had no more vomiting, and the fever went away by the next morning. She slept well, but remained sullen and inactive and without appetite. I saw her in the office two days later on March 17, 1998. She had dropped one pound in the preceding week, to 30 ¼ pounds. There had been no weight gain in the five months since I began treating her. She refused to say a word to me during the appointment, and wouldn't let me examine her ears or throat, thrusting her head violently when I tried, even with her mother trying to clamp her down. She had no runny nose, cough, fever, vomiting, diarrhea, or ear pain. The right submandibular gland had become swollen again.

Assessment: Standstill. She was not acutely sick right now, unless something was brewing in her ears, but I doubted that as they had been fine for months. She just would not get over the hump to consistent good energy and appetite. I didn't like her weight. I was getting more concerned about that right submandibular adenopathy. It had waxed and waned, but persisted for two months. This could well be what Kent described as a "vent" – an abnormality at the surface formed by the vital force to funnel out deeper disorder. But persistent isolated firm lymphadenopathy in a child is a yellow flag for neoplasm, so I referred her to her pediatrician for evaluation of this. I looked back on the case so far. *Sulphur* helped her the most. I prescribed *Sulphur* 1M, 1 dose on March 17, 1998.

She flourished, gaining two pounds over the

next four weeks, and by mid-June her weight was at the twenty-fifth percentile. The pediatrician checked bloodwork, and it was all normal. The right submandibular gland shrunk to nearly normal size by the time of her appointment there, and the pediatrician considered it insignificant. For the first time in more than two years, no antibiotics were prescribed at her appointment.

In June 1998, she developed a febrile upper respiratory infection with runny nose, much sneezing, a restless sleep. A week prior to this cold her appetite, which had been very strong, had dropped off, the first sign of her health starting to wane after long improvement. She had no ear pain or sore throat. Both ears were clear. I decided that the cold was a flare-up of her constitutional state and treated this not with an acute prescription but constitutionally: *Sulphur* 1M, one dose. She improved quickly and did very well, playing with lots of energy and happiness, until another cold hit her four months later, in October 1998 - runny nose and cough, worse at night and disturbing her sleep, low appetite, no throat or ear pain. The left tympanic membrane was clear (and easily visualized); the right ear was occluded with wax. The right submandibular gland was slightly swollen and slightly tender. I prescribed *Sulphur* 200C, 1 dose, for this non-descript cold, and gave her a dose of *Sulphur* 1M to take in 4 weeks as her next constitutional remedy, as she has done so well on *Sulphur* as a constitutional remedy.

Winter 1998-99: The patient went to Mexico with her family for a month and developed a throat infection there, treated by a local doctor with antibiotics. This was the first antibiotic she had taken since her initial homeopathic appointment over a year ago. She returned to Dallas in late December, and on Christmas Day, had a cold, cough, sore throat, and decreased hearing in her right ear. I was unavailable; so she went to her pediatrician, who could not remove the wax plug with an ear speculum, and so prescribed several days of Debrox (an OTC earwax softener), then had her return for multiple warm-water syringings of the ear until the plug came out. The right tympanic membrane was then seen to be red (congestion or physical irritation?), and a 10-day course of Augmentin was prescribed for right otitis media.

February 4, 1999: Her first appointment with me since her allopathic holiday. She had just turned five years old. It was three months since her last remedy, *Sulphur* 1M. The whole month of January her appetite was less; she had no weight gain in four months. Her energy was down; she was more cranky and whiny. She was in school and doing well there. She had no constipation or other gas-

trointestinal troubles, but was sneezing frequently in the morning, with much clear runny nose, better going outdoors. She had a morning cough, but a more pronounced evening cough, worse lying down. She coughed little in the night, without waking. She became warm at night and kicked off the covers, but did not perspire anywhere. Both ears were clear on exam.

Assessment: A new symptom picture, pointing strongly to *Pulsatilla*. *Sulphur* would not be a wrong choice here, as it has helped so much before that it could certainly be prescribed once more, even if the symptoms have changed (cf. Kent, *Lectures on Homoeopathic Philosophy*, Chapter XXXVI, "The Second Prescription"), but there were sufficient new symptoms to call for a new remedy - *Pulsatilla* 1M, one dose.

She had a hearing test later that month and hearing was perfect in both ears. Mobility of both tympanic membranes was normal. Her mother reported that her mood, energy, appetite, and playfulness improved dramatically after *Pulsatilla* 1M, and remained high for months. Her interest in different foods was expanding. She had a febrile upper respiratory infection in early April, with coughing and sneezing, worse outdoors, better indoors, worse at night, and temperature of 102 degrees. No complaint of throat, ears, head, or stomach, nor other symptoms. The modalities did not indicate *Pulsatilla*, but one dose of *Pulsatilla* 200C cleared it all up quickly, and she did wonderfully until August 1999. Two things happened then: her appetite waned, and her school after-care program provided a screening vision and hearing test and discovered right tympanic membrane redness, though hearing and tympanic membrane mobility were still normal. When I saw her on August 12, 1999, both ears were entirely clear - the redness was a fleeting thing. Her height and weight were each at the 50th percentile. She looked well, vigorous, full of life, happy. She received, at six-week intervals, 1 more dose of *Pulsatilla* 1M, then 1 dose *Pulsatilla* XM. A week after the dose of *Pulsatilla* XM she had a screening hearing test at her school, which she failed with both left and right ears. On exam in my office a week later, the right tympanic membrane showed normal color and normal light reflex but a slight crescent fluid level. The left tympanic membrane was retracted and slightly erythematous, with no fluid. What did this mean? She had been thriving in every way on *Pulsatilla* for nine months. She was still thriving; this was a localized problem occurring two weeks after a remedy given in an elevated potency for a chronic illness. It had the timing and indications of a homeopathic aggravation; I gave placebo. The

hearing test was repeated three weeks later and the hearing in both ears was perfect.

During the nine years from her first homeopathic appointment through September 2007 the only antibiotics she had were the three occasions mentioned in this article, when she was in Mexico (December 1998) or I was away on Christmas holiday (January 1999, December 2000). She has had four ear infections since August 1999: one in November 2000, cured by 1 dose *Pulsatilla* 200C, followed two days later (for residual symptoms) by one dose *Pulsatilla* 1M; one on New Year's Eve 2000, treated by her pediatrician with antibiotics (I was unavailable); one in October 2001, cured by 1 dose *Suphur* 200C (*Pulsatilla* 200C given two days prior was ineffective); and one in January 2003, cured by one dose *Pulsatilla* 200C, followed two days later by one dose *Pulsatilla* 1M.

Details of these illnesses: (1) the November 2000 ear infection began with profuse yellow discharge from the right eye inner canthus, which matted the eyelid overnight, and the next morning she had right ear pain with discomfort extending from the throat to the ear on swallowing. The right tympanic membrane was completely red, the left clear. *Pulsatilla* 200C cleared both the ear and eye symptoms. (2) The October 2001 ear infection was reminiscent of her old ear infections: sneezing

and non-descript cough for seven days, with throat pain only on coughing, then waning appetite and eventually fever and right ear pain. (3) The January 2003 ear infection, her last ever, was left-sided, followed seven days of clear rhinorrhea, had an outward pressing sensation, and she cried from the pain (a stereotypical *Pulsatilla* earache). Her ears were always checked two weeks after treatment, and they were clear each time. Since 2003 I see her about every eight months for constitutional appointments, at which her ears are never a concern. Now nearly 14 years old she is rarely ill, is an honors student, and plays piano well.

About the author: Daniel Cook, M.D., graduated from Stanford University with a degree in History, then attended U.C.S.F. School of Medicine for one year, where he realized something was greatly amiss with modern medicine. He withdrew and searched for answers, literally around the world. Through Alain Naudé he was introduced to homeopathy. He then resumed medical school at St Louis University, after which he apprenticed with Jost Kunzli, M.D., in Switzerland, the foremost student of Pierre Schmidt and the homeopathic heir of Kent, Gladwin and Austin. He has been practicing in Dallas since 1992.

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MINIPICTURE

- Ecstatic in the evening; mental dullness in the morning
- Anxiety about health esp. fear of cancer
- Delusions of size + distance – reaches too far, steps too high
- Awkward, clumsy movements – drops things
- Late learning to walk + talk from slow brain development
- Chilly
- Sensation as if touched by ice, or pierced by hot or ice cold needles
- < Sex + before thunderstorm
- Convulsions + spasms – twitching eyelids or face, epilepsy
- Grimacing mouth < beginning to speak
- Lower back pain < sitting, > lying on back
- Burning + itching in skin as from frostbite – chilblains

*Answer to card quiz from page 96
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