

Breaking the Cycle of Recurrent Ear Infections in Kids

Sheila Kilbane, MD



Breaking the Cycle of Recurrent Ear Infections in Kids

Rebekah Kelley: Welcome to the Humanized podcast, all about personalizing your health. I'm your host, Rebekah Kelley, and today our topic will be Breaking the Cycle of Recurrent Ear Infections in Kids, with Dr. Sheila Kilbane. Before I introduce Dr. Kilbane, I want to remind everyone to subscribe and get all the other variety of casts in audio, video and transcription at HumanizedHealth.com. I'd also like to thank our lead sponsor, Village Green Apothecary, at MyVillageGreen.com.

A little bit about Dr. Sheila Kilbane. She is a board certified pediatrician who specializes in integrative medicine. She uses the best of traditional and integrative medicine to find the root cause of illness. Using her seven-step process along with natural and nutritional therapies, Dr. Kilbane helps families significantly improve or resolve altogether illnesses such as colic, reflux, eczema, recurrent ear and sinus infections, which we're going to talk about today, asthma, allergies, and stomach and GI issues such as constipation and abdominal pain. She also conducts online education classes, in addition to seeing individual patients, in Charlotte, North Carolina.

And as always, it is such a pleasure to have you with us, Dr. Sheila Kilbane.

Sheila Kilbane: Oh my gosh. I just love chatting with you all, and it is my pleasure. So happy to be back.

Rebekah Kelley: Awesome, awesome. Well, let's just jump right into it. Ear infections are one of the most common reasons for a lot of pediatric visits. I know I hear a lot of my girlfriends, when they talk about taking their child in to the doctor, they basically seem to think it's a normal part of childhood. And I just wanted to know, is it? And why is that? Why do we think it's a normal part of it?

Sheila Kilbane: Yeah. When I first started practicing out of residency, I would see these kids and they were coming into the office once a month, and I was ending up having to give them antibiotics. And it just didn't feel right to me. I'm just not one of those people who's going to keep doing the same thing over and over if it doesn't seem like it's working. And absolutely, the antibiotics would clear up the ear infections, but then they would get another one. This was back when we had paper charts. And so I had a little system where I would write every visit, because I couldn't believe we didn't have this already done. And our EMR, our electronic medical records systems, do this now for us. But I would have the date and I would have the diagnosis and then what my intervention was, so I could easily go and look and say, oh wow, this is Johnny's fourth ear infection this year, or this is their sixth, so that I knew when I needed to refer them to get ear tubes. And so I was really paying attention to what was going on. So if I started to see two and three ear infections, I really started to say, okay, what's happening, and can we shift this? And that's when I also started, I really was listening to moms and doing more reading about the impact of food on kids' health.

Breaking the Cycle of Recurrent Ear Infections in Kids

I had a patient and I write about this patient in my book, *Healthy Kids, Happy Moms*, and he came in, I'd been seeing him since he was born and he was getting recurrent ear infections and eczema. And this mom came in around his seven, eight-ish month "well visit" and said, you know, Dr. Kilbane, I took dairy out of my diet and his eczema improved. And so I was like, well, I don't know why that is, but keep dairy out of your diet and then we'll figure out what we need to do. And when he's a year of age and if you're going to stop breastfeeding, are we going to put him on dairy? What are we going to give him? And so then, we figured out with his eczema that eggs were another big trigger of his eczema. So he was still, even though the eczema had improved off dairy, the ear infections had slowed, but he still had fluid in his ears. And in kids, if they have persistent fluid in their ears for a long period of time, that can hinder their hearing. So we really want to be careful with that. I treat ear infections very... we take them seriously because we want that fluid to go away because that's a big part of their speech development, is the ability to hear. So, he had had enough ear infections that we'd had to refer him to get ear tubes. Mom was super hesitant, and there was an insurance glitch and the procedure was canceled until they could get this insurance glitch worked out. And then the mom who figured out this egg connection, so she was now off dairy and eggs because she was still breastfeeding, and also took it out of his diet, and she came back in right after his one-year birthday, and his skin was totally clear. So I said, I don't know if this is going to work, but come back in 3 weeks and let me recheck his ears and see if the fluid clears up. And the fluid completely cleared. So we were able to forego ear tubes in him, which is, it's a safe procedure and it's absolutely needed in some kids. You know, it's always a risk putting anybody under general anesthesia, especially little babies.

So what I started to understand more and more, and this wasn't until years later, is this whole concept of systemic inflammation. And we were just talking extensively about this before we started the podcast because with the coronavirus, when people are getting covid, their systems are... we're getting this increase in inflammation. And so a lot of times the people who are more impacted and being hospitalized, they're walking around with a baseline of a lot of systemic inflammation. And so if we take that inflammation and we look at it from an anatomic standpoint from the ear, the eustachian tube... so the eustachian tube is this little thin tube that goes from the middle ear to the back of the nose and throat, and when we're born, it's very horizontal. And then about the age of 2 it's a much more vertical angle, so it drains better. This tube is also collapsible. So if we have even the slightest amount of inflammation, say dairy is a food that maybe your child is sensitive to and that's increasing their inflammation. If you also go back to your physics classes, if you decrease the radius of a tube, the resistance goes up by four. So we've just really made it a lot more difficult for fluid in that middle ear to drain out. And if you've got fluid sitting in a tube like that, that's just a setup. Think about a bathtub with stagnant water. We're going to get that bacterial overgrowth. And think about ear tubes. What ear tubes are doing is they're poking a hole in the eardrum and it's letting the fluid out that way. So what we do in integrative and functional medicine is we say, can we optimize the child's nutrition so that their body, their eustachian tube can function as it was designed to, and to allow the fluid to drain out of the back of the nose and throat.

Breaking the Cycle of Recurrent Ear Infections in Kids

Does that make sense? That's a lot of info.

Rebekah Kelley: That's beautifully described, actually. You painted such a picture. I could almost see it, especially when you were showing about the angles of it. Because I actually always wondered about that. So, does daycare play a role in this at all?

Sheila Kilbane: Many, many ear infections begin as a cold. And the kids will get a congested nose. And then we've got little holes in our sinus passages. And when we get congested here, it's going to clog things up and we can get some inflammation in that eustachian tube. So what starts as a virus can turn into a bacterial infection because of what's happening. And we've got bacteria everywhere on our body, right? We've got it in our nasal passages, our oropharynx. You know, we all think about the microbiome or that collection of bacteria, yeast, viruses in our gut, but the research is showing us that we have it everywhere on our skin, in our vaginal canal. So we've got bacteria and we know that there are certain strains that are more likely to lead to ear infections. But the reality is, if we can keep our anatomy functioning properly and our immune systems functioning the way that they're designed to, a lot of times these kids who even maybe they had had recurrent ear infections, but if we get them on nutrition that's right for their body and a few key supplements, they can get a virus and not end up with an ear infection.

Rebekah Kelley: So, you had mentioned the fact that you started tracking, whenever you originally were having children coming in with recurring ear infections. Is there an impact on a child's hearing if they are having reoccurring ear infections?

Sheila Kilbane: Well, if we're getting this fluid in the ear... because if you have an ear infection or if you have fluid in the ear, things can sound muffled. And when you have a child... our brain develops so rapidly between the ages of 0 to 5, and even 0 to 3 is even more rapid, we want everything functioning as best as it can be at those times because they're acquiring so many new skills. And so yes, that's where ear tubes are always, if we need to use the ear tubes, absolutely. But we want to do whatever we can to prevent the ear infection. Because it's... you know, once you have an ear infection, you want to treat it. Well, I say that, but you don't always, always have to treat it immediately. About 65, 70% of ear infections will go away on their own. But if they're going to go away, it's typically within the first 48 to 72 hours. So if we've gone past that window, and if the child, especially if they have a fever, if they're having a lot of pain, and the younger kids, we've also got to be more careful. That's when I'm more likely to say, mmm, I don't think we should keep up the watchful waiting, but I think we go ahead and treat while we're shifting nutrition and doing other things like that.

Rebekah Kelley: And when you choose to treat, does that mean antibiotics?

Sheila Kilbane: I still... if we have an infection, from the research that I've read, it's best to treat with an antibiotic. Again, this is also going to be dependent upon age, if we're talking about

Breaking the Cycle of Recurrent Ear Infections in Kids

younger kids. There are many natural ways that you can work initially with your infections, but if it's not going away, I definitely use antibiotics to resolve it. Going back to... if the kids are over a year of age, we've got a little bit more leeway that we can play with. But from everything I've read, I don't know of any really good studies that show of the more natural herbal therapies that actually treat the ear infections, versus using the antibiotics that we know treats a certain bacteria, the most common causes of ear infections.

Rebekah Kelley: So it sounds to me like you're balancing out a variety of different things, right? The age of the child, how frequently they're having infections, and then also you're addressing it from a food sensitivity, inflammation perspective, right?

Sheila Kilbane: Yes.

Rebekah Kelley: So you're looking at that and then also, I'm assuming, historically you've had some experience also with the child, and parents are giving you feedback. But what if it looks like you're starting to have to regularly use antibiotics as a treatment? Are there any downsides for that?

Sheila Kilbane: So, we want to kill the bad bacteria in the ears, but then we're also killing the good, healthy bacteria in the gut. So if you have a child who's been on a lot of antibiotics, that's where you want to be working with your practitioner – or you could, on my website, I've got lots of information. I've got a supplement guide where we want to start really replacing the good bacteria, supporting the gut, and then making sure we're eating the good healthy food, foods with fruits and vegetables, the fiber, nuts seeds, things like chia seed, flax seed, hemp seed, onions, garlic. Those are all the things that feed the good healthy bacteria in the gut.

And the one thing that I didn't mention, this was a pretty important thing, is that with the studies, if there's one thing that we would want to eliminate, well, let me say this. We want to really decrease sugary foods, packaged foods, increase fruits and vegetables, but... dairy. In one of the studies it showed in about 40% of the cases of the kids with chronic fluid in their ear and recurrent ear infections, that dairy was one of the big culprits. And you don't have to get testing. You can just do this trial at home and pull the kids off of dairy for about 3 weeks, and usually you'll start to notice a difference. You'll have to keep it out [of the diet] longer, but that's where I go into full detail in my book about how to do it. But that's the big cliff hanger with ear infections.

Rebekah Kelley: And is there anything... you had mentioned ear tube surgery, right? And you said that sometimes it's necessary, sometimes it's needed, especially if someone can't really hear, a child can't really hear. It sounds like that's going to slow down their ability to learn and to be able to... So is there anything else about ear tube surgery that you think is important for someone to know or understand?

Breaking the Cycle of Recurrent Ear Infections in Kids

Sheila Kilbane: We want to do everything that we can to prevent surgery, and if it's the next step that's needed, I don't want families to be afraid of it, because ear tubes have been a godsend in the pediatric realm. And sometimes kids can even get something called glue ear where that fluid in there, it literally... the surgeons will come out and they'll tell the parents, they just had to scoop it out. So it's always about that balance and it can be a really safe option. But what I love to do, and most of us in integrative and functional medicine, is prevent those recurrences or stop that recurrence cycle.

Rebekah Kelley: I'm going to hold your book up, because I have a copy [holds up *Healthy Kids, Happy Moms*]. You sent one to me, thank you so much.

Sheila Kilbane: Absolutely.

Rebekah Kelley: It's a wonderful book. I would definitely recommend it to any parent. And is there anything that you would necessarily want to point a parent to, considering that they might be having this cycle of recurrent ear infections? You had said that you've got some online resources, there's some stuff in the book.

Sheila Kilbane: Yes. So, in terms of the book, pay particular attention to the very end chapter, because I have a table where I outline the research and I go through the ear infections. And then online, we've got a free download. It's just SheilaKilbane.com/SupplementGuide, and then that walks you through exactly how to get some of the key supplements started and the dosing in kids, which is the hard thing to find. It's just, there aren't too many of us doing this in the pediatric world. So all of us who are doing it try to put together as many resources as we can. And I also have an online course, you know, and then my practice. So I always say there are three ways to utilize the information that I've created – the book, the online course, or the in-person brick-and-mortar practice here in Charlotte, North Carolina.

Rebekah Kelley: Thanks, Dr. Kilbane. Those are really valuable insights. Dr. Kilbane can be found at www.SheilaKilbane.com. I'm going to spell, that's S H E I L A K I B A N E. Let me remind you to subscribe...

Sheila Kilbane: Wait, sorry. K I L B A N E.

Rebekah Kelley: Yes, sorry, I have it wrong here.

Sheila Kilbane: S H E I L A K I L B A N E.com

Rebekah Kelley: Got it. Thank you for fixing that. [laughing] We want to send people to the right place! Let me remind you to subscribe and get access to all Humanized videos, podcasts and transcriptions from all of our thought leaders, like Dr. Sheila Kilbane, on personalized

Breaking the Cycle of Recurrent Ear Infections in Kids

health at [HumanizedHealth.com](https://www.humanizedhealth.com). Thanks so much for being with us. It's always such a pleasure to have you.

Sheila Kilbane: Oh my gosh. Appreciate you so much. Thank you.