

GLUE EAR

Glue Ear is something many children suffer with. We asked Trevor Jefferies (BA Hons, BSc Hons Ost.) who works locally as a Registered Osteopath to explain all...

This is a condition affecting the middle ear, a cavity immediately behind the eardrum containing the organs of hearing and balance. In particular it contains three small bones, called ossicles, which transmit vibrations from the eardrum to an organ called the cochlea, which encodes them so that the brain recognises them as sound.

The cavity is lined with mucus producing cells, which continually secrete protective mucus to coat the organs and surfaces within it. This mucus should drain into the back of the throat through a duct called the Eustachian tube.

In young children the Eustachian tube is narrow and runs almost horizontally. It can therefore be inefficient as a drain, and easily blocked. If this happens mucus builds up within the middle ear, and jellifies into a "gluey" consistency, hence "glue ear". The thickened mucus damps the eardrum and affects the transmission of vibrations through the ossicles, thus impairing hearing. This varies in degree, and is difficult to recognise due to its slow and insidious onset. It can have serious consequences as it prevents the child hearing words properly at the very time he/she is trying to develop speech, resulting in impaired performance at school, poor attention and delayed learning. It can also delay development of social skills and sometimes co-ordination.

This stage of glue ear is not normally painful, but the gluey mucus is an ideal culture material for bacteria. If any are introduced into the middle ear, possibly by tracking up the Eustachian tube after a throat or similar infection, an infection can develop within the middle ear leading to inflammation of the tissues lining the cavity, a condition called Otitis Media. Inflammatory by-products and pus are produced which increase the pressure within the middle ear, and cause pain. Sometimes the pressure can rupture the eardrum, allowing a purulent discharge from the ear. In these acute stages, medical advice should be sought to prevent complications, where the infection can spread to adjacent bones and/or the meninges.

Conventional medical treatment for this condition may involve oral antibiotics to combat infection, and/or incising the eardrum (an operation called Myringotomy).

A device like a hollow pop rivet, called a grommet, is inserted which enables fluid to drain from the middle ear and maintains the opening in the eardrum for a few months, allowing time for the cavity to drain. However, the grommets tend to fall out, the eardrum heals, and unless the Eustachian tube has cleared the whole cycle recurs.

Osteopaths might approach glue ear differently by considering:-

a) Diet - Certain foods, notably dairy products, tend to increase mucus production. Cutting these from the diet reduces mucus secretion, and the amount of drainage required.

b) Sensitivity to some foods can cause inflammatory swelling of tissues around the throat and nose, again affecting drainage. Common sensitivities include wheat, oranges, nut products and eggs, although it may be necessary to test a much wider range of foods, by elimination from the diet, then gradual re-introduction, while watching for symptoms to recur.

NB. Sensitivity to pollens etc can also occur.

c) Enhancing drainage, Osteopaths would improve the function of the thoracic diaphragm, which acts as a pump aiding the drainage of mucus and the return of venous blood and lymph from peripheral areas. Further work to enhance lymph flow might include attention to the rib cage function and generally reducing muscular tension in the thorax.

d) Improving function of the cranial bones, particularly temporal bones, (which actually contain the middle ear), and facial bones around the sinuses, eyes and nose. Osteopaths believe these bones move relative to one another, by miniscule amounts, in a natural involuntary motion which permeates the body, and aids fluid transfers such as drainage from middle ear and sinuses. Interference with this motion, often from birth strain, can lead to impairment of proper function and cause pain or other symptoms, sometimes distant from the location of the problem. Correcting this involves developing a very subtle sense or touch in order to detect the involuntary motion. The Osteopath can then gently release any impediments to the natural expression of the motion, allowing it to normalise.

e) Involving the parents in the treatment by teaching a simple home massage procedure, which can be performed daily to reduce muscular and other tensions around the child's ears, jaw, nose, eyes and scalp. This in itself can gradually improve the quality of drainage, in conjunction with the Osteopaths more direct treatment.

Although some adults suffer from glue ear, parents may be relieved to know that it is usually a self-limiting condition. As the child grows the face lengthens and the Eustachian tubes increase in diameter, becoming more vertical. This creates a better drainage channel and reduces the problem unless the tubes have been damaged or sealed by an inflammatory or other action.

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