Probiotics for childhood ear infections



Kids get a lot of ear infections. In fact, it has been estimated that as many as 80% of children will experience at least one event of an acute ear infection, technically called *acute otitis media* (AOM).

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Often, as a consequence of AOM, kids will continue to have ear problems called secretary otitis media (SOM), characterized by persistent fluid in the middle ear cavity. This may occur on both sides, and is the reason some children ultimately have ear tubes inserted, to drain the fluid.

In a recent study, medical researchers in Italy explored the effectiveness of oral administration of a probiotic in a group of 22 children between the ages of 3 and 9 years, with a history of recurrent ear infections. The treatment group received a daily dose of a single strain probiotic, *Streptococcus salivarius* K12.

This probiotic was chosen as it has been shown that it can inhibit the growth of some of the most common bacterial species associated with AOM in children.

The results were impressive for sure. The children who were given the probiotic experienced a substantial reduction in both AOM events as well as SOM events and/or severity of these events as well. In addition, there was a significant reduction in the amount of fluid in the middle ear with treatment using the probiotic.

This is an important study because it reveals a new approach to a very common childhood illness. Ear infections in children are generally treated with powerful antibiotics which further compromises the microbiome and immune competence.

On the other hand, using a probiotic approach, doesn't jeopardize the delicate microbiomes of children and re-establishes balance, in terms of bacteria that would otherwise cause problems.

My hope is that we see much more research in this area, for anything we can do to reduce antibiotic exposure in children, and adults for that matter, will go a long way towards helping us regain health and resist disease.

This article originally appeared on Dr. Perlmutter's website.