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Glue ear, or Secretory Otitis Media.

When the Eustachian tubes, which lead from the back of the throat to the inner ear to balance pressures on each side of the eardrum become blocked for a long time the inner ear, which contains the intricate and delicate organs responsible for hearing and balance, becomes filled with sticky mucus because a vacuum has been created. This causes deafness, noises in the ears, and sometimes dizziness or vomiting.

Glue ear is much commoner in children, often beginning after the change from breast to bottles of formula containing cow's milk. Onset of abdominal symptoms often coincide due to effects of milk on the gut. Cases are normally referred to the Ear Nose & Throat Department, where there is seldom any interest in causative factors. The insertion of grommets to equalise the pressure on both sides of the ear drum is the usual treatment, and is said to be the commonest surgical operation in children today. Persistent glue ear causes serious problems with the development of speech and communication skills, so it is important to find the cause as soon as possible.

An association with perennial allergic rhinitis, which also affects the Eustachian tubes, has been observed by many researchers. Many studies have shown that food intolerance, most often due to milk, can be the cause, and that avoidance will bring lasting cure. Food Intolerance is a delayed reaction to normal amounts of food for which there are no reliable tests, as the tests advertised are expensive and useless. Food allergies, on the other hand, are acute and dangerous reactions to tiny amounts of food, such as peanut, with positive skin and blood tests.

The sticky secretion that clogs up the middle ear has been shown to contain high concentrations of the allergy antibody, IgE, in many cases, confirming that allergy and intolerance are likely causes of this problem. These reports have been appearing in the medical journals for almost a century, but have attracted little or no attention except for allergists, who are few and seldom consulted for glue ear. Both family doctors and ENT specialists are very seldom aware that the cause can be food intolerance, most often to cow's milk, and usually reject the very idea out of hand.

In spite of these attitudes there is nothing to prevent trying a diet totally excluding milk and all milk products for three weeks because milk is by far the commonest cause of this problem. If that is unhelpful a trial of a diet which includes only the few foods which very seldom cause food intolerance can be worth trying. If this diet brings relief normal quantities of foods are added one by one to find those that cause a relapse and must be avoided. A food must be shown to cause a relapse at least twice before assuming that the cause has been found.

Because symptoms caused by Allergy and Intolerance are effectively suppressed by oral steroid tablets a short course of steroids in fairly high dosage might be prescribed by your doctor for adults with glue ear. Obvious improvement followed by relapse when steroids are stopped clearly indicates food intolerance, and can be cured if the offending food or foods can be identified and avoided. If the allergic rhinitis and glue ear is improved after a few days in a nice climate away from the home environment, only to relapse promptly on return home, then house dust and/or pets may be the unrecognised cause of the problem.

Thus many cases of glue ear could actually be cured in the simplest possible way by avoiding milk and all milk products, including beef from which the milk is derived. Much more information on problems caused by milk and other foods are to be found on my website www.allergiesexplained.com, or in Foodsmatter.com