



David E. Simai M.D.

Board Certified Pediatrician

660 Central Avenue
suite #3
Cedrhurst, New York 11516
Tel. (516) 374-2228
Fax. (516) 374-2044
Email: DavidSimai@yahoo.com

Preventing Strep Throat Infections

As you may already know, Strep Throat is one of the most common pediatric illnesses. The bacteria responsible for this infection are scientifically called Group A Streptococcus, but the disease became colloquially known as “strep” throat.

Adults who contact this disease suffer even more from the high fevers and severe sore throats. However, the biggest fear of all is the one of *neglected strep*. In some patients untreated strep infections may elicit the body to produce antibodies that target the heart valves and cause a heart condition known as Rheumatic Fever.

Strep cannot be diagnosed over the phone. While doctors may point out that *classic* strep infections *are not* accompanied by diarrhea, clear runny nose & a chesty cough – *there are always exceptions.* A recent study showed that doctors were poor diagnosticians and predictors of strep even when staring at the tonsils. No matter how experienced the doctor was the study showed, he was only correct in predicting the strep results in 50% of the times *after* examining the patients. As I like to mention to parents while we chat and wait for the rapid strep results to complete, “some of the *worst* looking throat *are not* caused by strep, and surprisingly, some of the *best* looking throats *are* infected with strep”. You should also know that the rapid strep test does have a margin of error on both sides. *The rapid strep test can be falsely positive and falsely negative.* This is why I insist on always performing an overnight test for confirmation of the rapid strep results. Because strep could be elusive, *every child* with a sore throat should be tested with a rapid *and* an overnight strep test in order to properly diagnose the disease.

Prevention

Until a few years ago, the only advice I shared with parents concerned about recurrent strep infection was to make sure that their children are well rested. I still feel that this is a valid point. It is well known that our immune system “cleanses” the body at nights. This is precisely the reason that when one is ill, she spikes high fevers at mostly at nights. Today however, there is something else to add to the old list of “rest, eat well and don’t walk out with wet hair” advice we are all used to hearing.



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About 4 years ago, my oldest sibling Daniella Weill, was in visiting in New York. Since she was studying at the time at Maayanot Institute in Jerusalem to become a “Naturopathic Doctor”, I encouraged her to shadow me at the office and get some exposure to pediatric illnesses. Being that there is a sharp contrast between Conventional and Naturopathic medicine, I asked Daniella not to loudly voice any disagreements that she may have in front of patients. But of course, being the youngest in my family did not bode well for my request. Daniella was so happy to share her knowledge with me and my (sometimes shocked) patients on every occasion. At one point, we saw a patient with strep throat. Daniella almost cried when I wrote the prescription for Amoxil. At that point I really started getting curious. What then, would you suggest we should do with Strep? I asked. *Probiotics*, she answered. Probiotics? I was familiar with probiotics, and frequently recommended probiotics to treat or prevent diarrhea, but for Strep??? I politely suggested that she may have misclassified this piece of information, but Daniella insisted that she was right. Well, while I was not willing to treat an active strep infection with probiotic, I was curious whether Daniella’s advice may solve one of the most common pediatric illnesses.

At home, my second oldest son had just recently finished a course of antibiotics for his 6th strep infections in the span of 3-4 months. We tried Amoxil as well as stronger antibiotics but to no avail. The rest of his siblings contracted a few of those episodes as well. I decided to test Daniella’s idea. From that day, my son would have a yogurt with probiotic once a day. On the days that he refused, we convinced him to have “just a few teaspoons and no more”. After a few weeks, my mother decided to teach us how to make home-made yogurt which tastes much less sour and has no sugar added. **My son remained strep free for about 12 months.** It was during a major snow storm that we ran out of yogurt and a few short days later, he was on “the pink medicine” (Amoxil) again.

After this “mini trial” at home, I decided to share this news with my patients. While I could not guarantee that the kids will remain strep free, I felt that it could do no harm for kids to have yogurt with probiotics. As expected, the kids who started eating yogurts daily did not get sick with strep as often, and my mother’s yogurt recipe was now used in many households. On occasion, I did see some “yogurt failures”, but for the most part, the hypothesis held true. I also started noticing that rarely, some new mothers would come in and brag that her kids are so healthy that they will probably only see me for physical exams. Immediately, I ask: do your kids like yogurt? And invariably, the answer is always “yes – they love yogurt” or as my chavrusa mentioned last night “we are big on yogurt” (and his kids it turns out, are rarely ill – *bli eyin hara!*)



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The explanation I came with is that the billions of good bacteria found in the yogurt may compete with the harmful bacteria in our throats. My sister Daniella associated the common abdominal pains that her daughter was experiencing with strep and thought that there may be an imbalance of bacteria in the stomach that was favorable for the growth of strep in the throat. Giving probiotics would correct this imbalance and make the throat less attractive for strep. I have searched to find a scientific study that proves this “Simai-Weill” hypothesis but did not find any. Thus, *I cannot claim that this idea is scientifically proven nor medically accepted*, but I would like to coin this as the Simai-Weill Hypothesis.

Having said that I do feel that there is *no harm in eating yogurt*. So, if your kids have been infected with strep often, you should try and give them a yogurt daily for 6 months. Any yogurt with active culture may help, but I suggest that you start with *plain yogurts*. If your child refuses, try to add something exciting such as blueberries, strawberries or raisins. If all fails, buy the sweetened yogurts, but make sure that the label states that it contains active cultures. If your child is allergic to milk, you may start supplementing with probiotic powder. While there are some more expensive brands such as Florastor or Culturelle, you can try any brand that contains Lactobacillus acidophilus, Lactobacillus casei or Lactobacillus rhamnosus. These can be added to any fluid or food as long as they are not brought to a boiling point. One of the most helpful mothers from my practiced just shared with me today that she perfected my mother’s yogurt recipe by visiting the website makeyourownyogurt.com. (I must state that I have no vested interest in any yogurt producer or website, my only concern is your children’s health).

I would love to hear feedback from my readers who tried this “yogurt hypothesis”. I feel that this may be a very helpful advice, especially in crowded neighborhoods, where the contagious strains of strep spread so rapidly. So please send me your feedback and comments via email at DavidSimai@yahoo.com.

Wishing you a happy and healthy new year,

David Elazar Simai, M.D.