

Clinical Practice Guideline: Ear Candling

Date of Implementation: June 21, 2007

Product: Specialty

POLICY

American Specialty Health – Specialty (ASH) clinical committees have determined that ear candling is unsafe with a risk of direct harm, has insufficient evidence to establish clinical effectiveness, is not professionally recognized, has a negative benefit:risk profile, poses a health and safety risk through a substantial risk of substitution harm and is considered to be scientifically implausible. For more information, please see ASH policy *Techniques and Procedures Not Widely Supported as Evidence Based – CPG 133*.

PROCESS AND DEFINITIONS

When developing, reviewing, and approving clinical policy, ASH peer-review committees consider whether the technique/procedure:

- Is established as clinically effective by:
 - Scientific information published in an acceptable peer-reviewed clinical science resource, and
 - The consensus opinion of the Evidence Evaluation Committee (EEC) when available;
- Is professionally recognized by:
 - Inclusion in the educational standards accepted by the majority of the professions' educational institutions,
 - Wide acceptance and use of the practice, and
 - Recommendations for use made by healthcare practitioners practicing in the relevant clinical area;
- Poses a health and safety risk; and
- Is plausible or implausible
 - A belief, theory, or mechanism of health and disease that can be explained within the existing framework of scientific methods, reasoning and available knowledge is considered plausible.
 - A treatment intervention or diagnostic procedure that requires the existence of forces, mechanisms, or biological processes that are not known to exist within the current framework of scientific methods, reasoning and available knowledge is considered implausible.

Substitution harm (indirect harm): Compromised clinical outcomes caused by:

- Utilizing a specific diagnostic or therapeutic procedure when the safety, clinical effectiveness, or diagnostic utility is either unknown or is known to

be unsafe, ineffective, or of no diagnostic utility, *instead of* a diagnostic or therapeutic procedure known to be safe, be clinically effective, or to have diagnostic utility; or

- The utilization of a diagnostic or therapeutic procedure that is substantially less effective or safe than another procedure with established safety, and clinical effectiveness or utility.

Labeling effects (non-specific harm): The harm that results from identifying in a patient a condition or a finding that is not clinically valid.

Safe: The terms “safe” and “safety,” are used only with specific reference to the absence of direct harm. Direct harm would include any injury to a patient caused by the mechanical, thermal, biological, chemical, pharmacological, electrical, electromagnetic, or psycho-dynamic properties of a diagnostic or therapeutic procedure, and as such, the procedure would be considered unsafe.

Direct harm: Any injury to a patient caused by the mechanical, thermal, biological, chemical, pharmacological, electrical, electromagnetic, or psycho-dynamic properties of a diagnostic or therapeutic procedure.

Benefit versus risk profile: The relative effectiveness or utility of a therapeutic intervention or diagnostic procedure versus its potential for direct harm.

- Positive (benefits outweigh risks),
- Negative (risks outweigh benefits), or
- Equivocal (available information is inconclusive).

Description/Background

“Ear candling” known as “auricular candling” or simply “coning” involves placing a cone-shaped device in the ear canal, lighting the device and purportedly drawing out excess cerumen (ear wax) and other impurities. This process is believed to create a negative pressure that draws out ear wax, toxins, and other impurities from within the client’s ear.

Proponents claim ear candling can treat a wide range of problems including ear aches, sinus infections, sinus pain and vertigo. These hollow candles are typically made of linen or cotton with a thin wax or paraffin coating. Some waxes include herbs or other substances such as sage, rosemary, or burdock root.

The narrow end of the ear candle is gently inserted into the client’s ear canal. The candle is then allowed to burn down near the ear and then the candle flame is extinguished. As one way to demonstrate its claimed effectiveness, some practitioners will open up what’s left of the burnt ear candle to show the client all the ear wax, toxins, and other impurities

removed with this device. However, the only "impurities" substantiated by research are the ashes from the burnt wick and wax from the cone itself.

Evidence and Research

ASH's review of the scientific literature shows four (4) relevant studies and/or papers for ear candling. Based on this review, the evidence for the effectiveness of this technique is as follows:

Systematic Review: One (1) evaluating the effectiveness of ear candling for various health conditions was found. Seely et al., (1996) found that ear candling does not produce any negative pressure (the purported mechanism of action) and does not remove cerumen (ear wax) from the ear canal. They found no existing evidence to evaluate claims that ear candling treats other medical conditions such as sinus infections.

Controlled Trials: No randomized or non-randomized controlled trials evaluating the effectiveness of ear candling were found.

Roland et al. (2008) provided clinical practice guidelines describing appropriate cerumen impaction interventions and ear candling was not included in their recommendations.

Safety concerns associated with ear candling include danger of burns, of depositing melted wax into the ear canal, and perforated eardrum. During the past few years, the FDA has banned the importation of auricular candles marketed by at least four Canadian companies. According to Ernst (2004) a critical assessment of the evidence shows that mode of action is implausible and wrong. He states there are no data to suggest that it is effective for any condition. Ear candles have also been associated with ear injuries. Ernst suggests that use of ear candles have a higher risk than proposed benefit and their use should be discouraged.

References

FDA Import Alert 80-06. Automatic Detention of Fraudulent and Deceptive Medical Devices, Attachment. Issued, September 28, 1992, revised November 8, 2005.

Ernst E. Ear candles: a triumph of ignorance over science. *J Laryngol Otol.* 2004;118(1):1-2.

Roland PS, Smith TL, Schwartz SR, Rosenfeld RM, Ballachanda B, Earll JM, Fayad J, Harlor AD Jr, Hirsch BE, Jones SS, Krouse HJ, Magit A, Nelson C, Stutz DR, Wetmore S. Clinical practice guideline: cerumen impaction. *Otolaryngol Head Neck Surg.* 2008;139(3 Suppl 2):S1-S21.

- 1 Seely, D.R., Quigley, S.M., Langman, A.W. (1996). Ear candles – efficacy and safety.
2 *Laryngoscope*, 106(10), 1226-9.
3

4 ***Other Resources***

- 5 Ear Candling. Health Canada website. [http://www.hc-sc.gc.ca/iyh-vsv/med/ear-](http://www.hc-sc.gc.ca/iyh-vsv/med/ear-oreille_e.html)
6 [oreille_e.html](http://www.hc-sc.gc.ca/iyh-vsv/med/ear-oreille_e.html)