Free Yourself from Sinus and Allergy Problems—Permanently

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Finally… sinus relief without drugs.

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Free Yourself From Sinus and Allergy Problems – Permanently

How to fix your sinus sickness

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Introduction

What this book is about: 37 million persons in the US are diagnosed Chronic Sinus disease. This affects their lungs, sleep, overall health. Add 20 million with sinus headaches and another 20 million whose allergy is affected.

The bad news is that the antibiotics are getting weaker, and the number of sinus surgeries is increasing.

The good news is that today we know a lot about how the nose and sinuses function, what nasal cilia do, and what to do about biofilm.

We also know how to avoid Empty Nose Syndrome. We also know about the science of psychoneuroimmunology and how to improve your body’s resistance to infection.

Don’t be alarmed by those big words. I promise to define them in this book. More important, I will explain those big words thoroughly so YOU can use them. WHY? Because, again, science knows that when YOU take charge of your problem, why YOU participate in your healing, the body mobilizes its natural defense best.

I went to medical school in Augusta, Georgia. We were trained to go out to the farmlands to treat sick people; places without fancy machines. Placed where special medications were either unavailable or unaffordable. On top of this, I specialize in treating Scuba Divers and Pilots. They can’t take drugs that might act peculiarly when they are down 100 feet under the ocean, or piloting a 747. So, don’t be surprised if you find my treatments are mostly chicken soup and hot tea with lemon. But, I will explain the science behind that too.
Although this book is copyrighted, I do hope you will tell others why overuse of antibiotics can be harmful, and why it is important to wash out bacteria so that your own natural defense can get you well.

The therapies I speak of here have been used on my own patients for over 40 years. What is sinusitis?

Jim S went to his dentist because of pain in the left upper pre-molar areas. His dentist couldn’t find any cavities. He took an X-ray and showed Jim fluid in the maxillary sinus, pressing on the dental nerve. It was a sinus infection.

Betty S had a stuffy nose since July. She kept taking over the counter medications and nose sprays. After 3 weeks she started to have pain between her eyes. When she saw her doctor she also had a fever and an elevated white count. He treated her for a sinus infection.

Billy V. was blowing yellow mucus out of his nose, and feeling tired. At night he didn’t sleep because of the awful drainage. After 2 weeks his wife forced him to go to his doctor who diagnosed a sinus infection.

Fred P. had a problem, in his office where the cubicles were practically on top on one another, his co-workers kept moving away from him because of his cough. He saw the nurse, but all she did was take his temperature – normal – and give him aspirin and Vick’s cough syrup. Finally his supervisor told him he must see his doctor, because people refused to be near him for fear of tuberculosis or worse. His internist diagnosed a sinus infection.

Judy’s husband complained about her bad breath lately. She diligently used mouth wash and floss and gargled, but her husband said it didn’t help. When she saw the dentist, her gums and teeth were fine. He sent her to an ENT doctor who diagnosed a sinus condition.

Sara S found her singing voice crackly and giving out. She tried resting her voice, to no avail. By phone her doctor’s nurse told her to use steam inhalation. Her voice got worse, and she was having pain. Her doctor found a sinus infection that was spreading to her voice area.
I am here to tell you what has worked for my patients—and it will help you, too. More important, I will explain why it will work for you—because taking charge of your own sinus health always works best.

Many patients come to my office after already having been diagnosed with sinusitis, which means an infection in the sinus cavity. Perhaps one of the following statements from my patients sounds like it fits you:

- I have pains over my upper teeth. My dentist says it’s a sinus infection.
- My nose is stuffy most of the time.
- My dermatologist says I’ve got a sinus condition.
- I blow yellow or green thick stuff out of my nose.
- My internist says I’ve got sinus disease.
- People move away from me because I have so much mucus and I cough so much.
- My coworker says I have sinus condition.
- I use a ton of tissues every day.
- My wife says it’s my sinuses.
- My breath is bad from thick nasal and throat mucus. My husband blames my sinuses.
- I wheeze when I exhale. My pulmonologist says it’s caused by sinus disease.
- My voice is raspy and hoarse, so I can’t pursue my singing career. My voice teacher says it’s due to my sinuses.
- There are many variations on this diagnosis of sinus sickness. Here are a few others—maybe you can relate to one of the following:
• Starting when the trees are in bloom, I sneeze and drip all day. My pharmacist says it’s sinus-related.
• I see this thick ugly ball of white material hanging out of my nose.
• My allergist says I really do have sinus disease.
• I can’t smell anything anymore and things taste blah. My family doctor says I am suffering from a sinus condition.
• I actually have pus coming up from my nose and out of the tear duct of my eye.
• My eye doctor says it’s coming from my sinuses.
• I get nosebleeds all the time. The emergency room doctor says it’s due to my sinuses.
• When I try to ski, my nose hurts and bleeds.
• My ski instructor blames my sinuses.
• I have pains above my eyes.
• My optician says it is my sinus condition.
• I get blinding headaches that wake me up at night. My internist says I have a sinus problem.

No wonder the Academy of Otolaryngology (Ear Nose and Throat) reports thirty-seven million people in the United States have sinus disease. No wonder sinus surgery is the fifth most common surgery performed today. No wonder billions are spent on sinus medications and surgery.

If any of the above statements about symptoms and diagnoses sound like you, please read on. Yes, many of these symptoms fit into the definition of sinus disease, but there are other conditions to consider that might be making you sick.

Sick or not, there is hope for you. Most important, though, is making the right diagnosis and then finding out how to treat the condition. I think I can help you, because my approach to sinus disease is different for several reasons.
In addition to being a board-certified ENT doctor, I have a degree as an advanced scuba diver. I write articles for scuba magazines and specialize in treating divers with ear, nose, and throat problems. The Diver’s Alert Network program refers people with special problems to me from all over the world. Commercial divers earn $300 per hour, and they can’t take time off to be sick. They need treatment that will work, so the sickness doesn’t return soon after treatment.

My offices are near the Los Angeles Airport (LAX), and I’ve treated lots of pilots and flight attendants who have these problems. My goal is to keep them flying by using effective approaches that resolve their sinus problems and prevent recurrence.

In my medical school training, my patients were too poor to buy drugs, so I was taught about natural healing. I also was taught to avoid the complications that drugs can cause.

The majority of patients I see in consultation already have had two or three months of the latest, “best” antibiotics. They come to me because they are no better than they were before the medications. Just giving another antibiotic is not my approach, so I came up with a better approach, one that is less toxic, less expensive, and more effective.

I investigated ancient practices that worked for healing for thousands of years. When you understand why these methods worked, you can apply these practices to modern sinus problems.

How My Approach to Sinus Treatment Came About

Airline pilots and scuba divers cannot take medications the way other people can. A pilot can’t fly a 450-passenger 747 if there’s a chance he could fall asleep from taking an antihistamine for his stuffy nose. A diver can’t work at four times normal atmospheric pressure after taking a drug whose side effect may be four times as severe as at normal atmospheric pressure. In rethinking sinus issues, such as why ears get blocked when you are 30,000 feet above the ground or 100 feet below the ocean’s surface, I came
up with ideas that work for these conditions. I later found out that these same ideas worked for my other patients, who didn’t get well after taking prescribed drugs.

For most of my practice, I have stressed less medication, more healing by the body. It is known that excess antibiotics are really bad for you. There is more breast cancer, more severe urinary infections, more asthma—all associated with excess antibiotic use. If you don’t use an antibiotic, you won’t suffer the side effects of the antibiotic, some of which can be more severe than the original infection. Even worse is the possibility that the antibiotic will not work because bacteria have developed strong resistance to the antibiotic!

In this book you will learn the simple logic of washing away bacteria so the body can self-heal. The fewer the bacteria, the better your natural healing. You will learn how pulsatile irrigation can overcome the various films, covers, and other defenses that bacteria have developed against antibiotics.

Surgery for Sinus Disease?

At my practice, Tower Ear Nose and Throat, many patients are referred to our specialty group for special sinus surgery. Patients ask, “Should I have sinus surgery?” That is the wrong question. The correct question is: “What can be done to heal me?” In many instances, I am proud to say, we can heal these patients without surgery. In this book I will explain how.

First, let’s examine exactly what sinus disease is and how to get you well.

- 37 million people in the U.S. have chronic sinus disease.
- 20 million have asthma.
• The number of persons with allergy varies according the definition, but a safe estimate is 40 million.
• Allergy doesn’t cause sinus disease, but when the cilia and defenses are exhausted, you may develop sinus disease.
PART I: DO YOU HAVE SINUS Disease?

Make the diagnosis

Primarily, we must make the correct diagnosis as to whether or not you have sinus sickness. This book will help you with this matter.

Examples of conditions that are not sinus disease

Neck problems: One patient had frontal sinus pain and was in for a second opinion prior to sinus surgery. He was driving a low-slung sports car, which crammed his neck—and was getting referred pain to his sinuses! Instead of surgery, he got a $2.98 seat cushion and was cured.

Problems with a view: My friend called me with a real problem. Most of his office staff had developed sinus problems when they moved into their new office. He wanted me to cure them right away and was willing to pay for the surgery.

It turned out he had moved into an office overlooking the harbor. All the office workers turned their desks so they could see the river, the boats, and other interesting sights. They were getting glare and squinting, and this was causing their headaches. The cure? Turn the desks around. It worked!

Migraine: When Mary’s sister started taking birth control pills, she developed headaches. When Mary started birth control pills, she got headaches, too—throbbing, usually on one side of her head. This was migraine, not sinusitis, and Mary responded to migraine medication.

Deviated septum: A patient came to have surgery to fix her deviated septum. Turns out she was allergic to cats. I explained that even if I fixed her septum, she would still be allergic to cats. She eventually was cured without surgery—her cat ran away.
Albert S., age 52, never had nasal problems before. Lately he was plugged at night and made dreadful noises in his sleep. Prior to visiting me he had an X-ray of his sinuses and that was read as normal. On examination his septum was not obstructive and his membranes looked normal. But the tip of his nose hung way down. When I lifted his tip he could breathe fine. I had him lift the tip of his nose up at night and secure it with tape. He no longer had the breathing problem. He was given the option of continuing to use the tape or having surgery to fix it in place, thereby opening the nasal valve.

More recently I saw an identical type of patient, only he was only twenty three years old. For him, I strongly recommended surgery to elevate the nasal tip.

Your nose may be blocked, dripping, and blowing yellow gunk, and you have pain. This may be sinus sickness. If it is sinus sickness, it is treatable—and it may be possible without many drugs or surgery. Doctors use many methods to diagnose sinus disease.

CAT Scan: Many doctors, correctly, order a CAT scan of the sinuses in order to make this diagnosis. That’s a computerized X-ray that can give extreme detail of the sinus cavities, the sinus openings, and their contents. But even though the CAT scan gives a diagnosis of sinusitis, that doesn’t mean it isn’t treatable by drainage and other means to clear the condition.

MRI stands for magnetic resonance imaging. It’s like taking an X-ray, but it works on different physical principles. Strong magnetic waves pass through the body and are picked up by scanners. Various liquid densities affect MRI so that pictures of the soft tissues of the body can be made. Some doctors pick up sinus disease when they take an MRI for other reasons. We see a lot of patients diagnosed as having sinusitis after having an MRI. But it’s important to know that the MRI is very sensitive to soft-tissue changes. Even a few drops of mucus can show up as advanced disease, so the MRI diagnosis is not very helpful—it is too sensitive.
Why Do We Have Sinuses?

The most common question a patient in pain will ask me is, “Why do we have sinuses?” No, they weren’t put in your head just to give business to the doctors. Sinuses are hollow spaces that are roughly below, above, and in between the eyes. One theory is that they are located in this manner because the eyes have to be spaced a certain distance apart in order to get binocular vision. The ears have to be spaced in a certain position to get the best information about the direction and interpretation of sounds.

After positioning these organs in the best possible location, allowing for the size of the brain, and allowing for some strong support for the jaws in order to bite and fight, we pretty much come up with approximately the size and shape of our head. The sinuses are the hollowed spaces in the facial bones, which, if they were filled with bone, would cause the head to be three times as heavy as it is. We’d need a totally different type of neck and support muscles for such a heavy head; therefore, the facial bones are left with hollow spaces to lighten the weight of the head. Those hollow spaces are our sinuses.

There is a theory that the head enlarged for the larger brain and the sinuses accommodated to the larger size. Another theory is that the sinuses aid in the voice quality and sounds so that the better sinuses were a survival tool. You could identify your friend from foe by his “voice.”

Actually, sinuses don’t just sit there. They provide moisture and warmth for air as it goes through the nose to the lungs. If air going to the lungs isn’t moisturized, then the minute hair cells of the lung passages are left dry and weak. That affects an important healthful activity of such cells, an activity by minute hair cells, called cilia, that defend the body.

Why Do People Get Sinus Diseases?
A common cause of sinus disease is the act of blowing the nose too hard. Excessive blowing irritates the nose in the same manner as rubbing the eyes too hard—eye-rubbing damages the delicate eye membranes, and blowing hard can damage nasal membranes. Often, the bigger the man, the harder he blows.

By simply teaching a person not to blow—or to blow very, very gently—the sinus problem is often prevented. What is the correct way of blowing the nose? *Gently!* Indeed, the less blowing, the better. With heavy blowing, pus is forced from the nose into otherwise healthy sinuses and into the ear. If you must blow, do it with both sides of the nose open, very gently, into a tissue. Good parents teach their children to blow *gently* or not at all. *Note: Tissues should be placed in a sealable bag. Tissues left open can result in spreading virus and bacteria to the family.*

Sinus disease can be caused by exposure to various chemicals, such as sulfur dioxide, paint sprays, solvents, etc. (See the list of such chemicals in the discussion of mucociliary clearance.) If you have frequent exposure to any of these chemicals, or have had a few intensive exposures and you have nasal and other difficulties, the cause of your problem may be such chemical exposure. Sometimes, rinsing these chemicals out of the nose once a day is all you need!

There are anatomical causes of sinus disease. The nose may have been traumatized and the bones and cartilage block sinus drainage.

A cause of chronic sinus disease today is *Empty Nose Syndrome*. Here the nasal turbinates that provide moisture and cilia function have been removed and there is no cilia to defend against infection.

In my practice, I see two groups of sinus disease. One group has acute sinusitis—these patients do fully recover from their sickness, usually after no more than one month of treatment. The other group has chronic sinusitis—these patients have had sinus symptoms for many weeks, months, or even years! Let’s discuss each separately.
Acute Sinusitis

Consider this patient example:

*R.J., age twenty-seven. In January, after a snowball fight, R.J. went hiking while his clothes were wet. That night, his nose clogged. Next morning, his nose was blocked, and he had pain in the area above his teeth. He had a fever. He had acute sinusitis.*

In acute sinusitis there is sinus pain, nasal congestion, and fever, and the patient feels sick. Symptoms may resemble the flu or a bad cold, with weakness and aching. The doctor sees red, inflamed nasal tissue.

If the correct treatment is used, a patient may get over this infection rather quickly. At the end of the infection, there is a great deal of yellow or green material in the nose that can be removed by irrigation.

Essentially, in acute sinusitis you get over the attack fully, but it might take a month, and then you are clear. If we take an X-ray at the start of the associated blockage, fever, and pain, we generally see fluid in the sinus cavity, the sinus membranes are swollen, and there is severe swelling at the opening of the sinus cavities. If we take a repeat X-ray later, the sinuses will be free of fluid, the swollen membranes will be back to normal, and the openings no longer will be swollen and blocked.

Chronic Sinusitis

Consider this patient:

*L.B., age forty-two, developed an acute sinus infection sixteen months ago. She continues to have painful nasal passages, sinus pain, and nasal stuffiness and gets discharge of pus. She improves with antibiotics, but these are now making her sick with a stomach upset and a vaginal infection secondary to the antibiotics. She has seen the family doctor three times for this and the ENT specialist twice. The specialist took a CT*
scan and said that the openings to the sinuses were narrow and needed to be enlarged.

*L.B. has chronic sinusitis, with the same infection returning every two months.*

In chronic sinusitis, the symptoms have been present for twelve weeks, or it is the same infection that started months ago but the patient never fully recovered. Even after the patient is feeling well, you can still see some membrane thickening and blockage of the openings. There may be symptoms secondary to the bacteria, such as asthma, cough, fever, dental pain and fatigue.

The concern today with regard to chronic sinusitis is the risk of associated illnesses. These include increased frequency and severity of urinary tract infections and elevated blood factors that are associated with circulatory risks, such as blood clots. Asthmatics are especially at risk. Under the unified field theory, whatever affects the sinuses equally affects the lungs. The more infection, the more inflammation, the more severe the asthma. The need for continued antibiotics is also a risk to the sinus patient. These patients may develop bacteria so resistant to antibiotics that nothing works to heal them.

The official definition for chronic sinusitis from the Sinus and Allergy Health Partnership states:

**Symptoms** include nasal obstruction, discolored nasal drainage, loss of smell, or facial pressure, or pain should be present for at least twelve weeks. A large number of patients may present with associated diagnoses, such as allergy or asthma. Causes include inflammatory conditions of bacteria and fungi.

According to the Unified Field Theory, the inflammation of the sinuses and the bronchi of the chest is a single disease and should be considered as one. The lungs and sinuses develop from the same area of the embryo. This is why so often cough accompanies a sinus infection. For example, we can measure the speed of the nasal cilia easily, and generally this reflects the speed of the cilia of the bronchi as well. This theory explains why persons with asthma often require attention to their sinuses.

In addition, recent study shows that persons with CRS –chronic rhinosinusitis- who also have asthma do not improve well until the rhinosinusitis is eliminated.
PART II: WHAT THIS BOOK OFFERS

Knowledge about Your Body

This book offers useful facts to help you deal with sinus problems. In your body is a wonderful mechanism called mucociliary clearance—let’s just call it MCL—which is a process involving cilia that, like tiny oars of a boat, move bacteria and toxins out of your body by working in a liquid medium called mucus. As long as this system works, you are able to maintain proper respiratory health in your nose, sinuses, and lungs.

Normally, bacteria enter your nose. The bacteria get trapped in the mucus of your nose. Before they have a chance to multiply and make you sick, the bacteria are swept along by the millions of tiny oars—the cilia—to the back of the throat, where they are swallowed and killed by stomach acid. When you are healthy, bacteria and viruses are swept away by this cilia system.

There are other defenses, too. There are enzymes, such as lysozyme, in the mucus, as well as good white cells that also attack the bacteria. Healthy mucus defends with Immunoglobulin A, Ummunoglobulin G (IgE), Lactoferin and other antibacterial and antifungal factors.

In allergy, there are cells that produce antibodies to dilute and neutralize the offending pollens so that they won’t harm the body. So why do thirty-seven million persons have sinus disease?

Smog is one cause. Smoking is another. Reduced resistance to colds also is a factor. Later in the book is a list of products that slow the cilia. For example, getting stuck behind a diesel bus or getting chilled are important causes of sinus disease. With the
common cold, the infection may be so severe that the cilia function doesn’t return, and then a bacterial infection starts. This happens if you don’t get enough rest or sleep. If your cilia don’t sweep away the bacteria, then they remain in the nose, get married, and raise families.

You have an immune system. There are special proteins floating in your bloodstream called antibodies. Most often in childhood, you build up resistance to germs with antibodies. But if you grow up on an isolated island where there is no disease, and then you come to my town, you may lack the antibodies to ward off common illnesses, so you will remain sick until your body builds the antibody system.

*Jean S., age twenty-four, grew up in Bermuda, a fairly isolated island. She was never sick. Then she moved to New York. For two years, she was sick almost constantly until her body built up antibodies.*

The new field of psychoneuroimmunology teaches that depression, carrying a long sad face can lower one’s immune factors. Even an actor playing a role on stage nightly can have a reduced resistance when he constantly plays sad, depressed roles!

An allergy, in one sense, is a defense, but it is too much of a good thing. You are supposed to sneeze to get loads of dust out of your nose. But when you sneeze nonstop when there is just a tiny bit of dust, that’s an allergy—and it isn’t healthy.

Unfortunately, it gets more complicated. You are allergic to roses and sneeze or wheeze when you enter the florist shop. You wheeze when someone puts roses in your bedroom. But you also sneeze when someone puts fake silk roses in the bedroom. We’ll talk more about this phenomenon later.

What this book offers is knowledge about techniques to keep your cilia moving at the best rate of speed to wash away the offending bacteria. It presents a way to increase the ability of your natural defense system—including lysozyme, good white
cells, and antibodies—to get to the bacteria and get them out. It also offers a way to protect your own “openings” to prevent the bacteria and viruses from entering.

For example, you will learn that the best speed of your nasal cilia is 14 pulses per second. That when the cilia move slowly, they can’t effectively move bacteria out of the nose. You will learn proven techniques to restore cilia movement, many of which date back 3,000 years.

This book also offers advice I’ve learned from listening to my patients. For years I heard my patients insist that as long as they used pulsatile irrigation every day, they never caught a cold. Instead of investigating this, I dismissed it as a “bubamycin”—that’s the Yiddish term for tales told by your Jewish grandmothers. (the correct term is bubba meintzes). Then a scientist came along and showed that in order for the common cold virus to enter the body, it must enter by a protein normally present in the nose, called ICAM-1. By washing out the ICAM-1 from the nose, patients removed the entryway so the cold virus couldn’t get in

Now, I listen to my patients. . I am waiting to hear if this works for flu viruses too.

**Sinus Health Based on a 3000-Year-Old Treatment**

When I met Indra Devi, a famous yoga teacher, she explained that for 3,000 years, yoga masters avoided sinus infections by rapidly and rhythmically sniffing saline in and out the nose. When she demonstrated the rhythm, I immediately realized that what she and the yogis before her were doing was stimulating the nasal cilia and using pulsation to remove stale mucus that contained bacteria, biofilm, pollen and dust.

If you can rhythmically sniff saline in and out your nose at the correct pulses/second at a low pressure—about five pounds per square inch—then you don’t need to read any further. I’ve found, however, that most of my patients don’t have months to
spend on learning this technique, and so I developed the Hydro Pulse Sinus Wave pulsatile irrigator to do this for you.

Will this book cure your allergy? No, it will not. You can irrigate away the pollen and the IgE product your nose and body contains that makes the allergy—and you can even lower the IgE level in your blood by pulsatile irrigation. In some persons, this might be enough relief and allow them to stop taking medications. This method is ideal for those who prefer to avoid drugs for their allergy, particularly if you are pregnant. If you use pulsatile irrigation to remove the jasmine pollen, for example, that lands in your nose, you are still allergic to the pollen, but your body can handle the reduced amount of the pollen in your system with fewer symptoms.

Will this help your asthma? Most certainly! Clearing the sinus drainage lowers the inflammatory response of the chest. When you stop the pus from dripping into your chest, the asthma or other chest problem is improved. Most of the recommendations for the sinuses will also help the asthma. When you increase cilia action of the nose, you generally also do this in the chest as well (Rachelefsky). This is part of the Unified Field Theory of Respiratory Disease.

Will this book stop you from having one sinus infection after another as soon as you stop the antibiotic? Probably. Persons who get the infection back within six weeks of stopping the antibiotic generally do so because the cilia have not returned to normal, so essentially, without cilia defense, they are going to have another infection as soon as the antibiotic wears off. Restoring cilia function is the key to this person’s health (unless there are some permanent anatomical changes, which I will describe later).

Earlier, I mentioned how some people sneeze when exposed to fake roses. How much does the mind have to do with healing? In this book I give you the results of my investigations into the practices of the ancient “temples of healing.” It turns out, they did work—but for a scientific reason. In ancient temples, the patient was put to rest, both physical and mental. This allowed his own natural cortisone levels to be restored so that
his asthma was “healed.” Also, he was given visualization to “see” himself healed. He was “shown” a way to restore his health, to take charge of his healing. Because this method of healing has worked for 3,000 years, I have included the means to do visualization healing in this book. Fortunately, you won’t have to travel to a faraway temple, as it all takes place in your mind. We know that rest and relaxation and even smiling increases your immune factors. The book deals with this method.

Did you know that some people have ruined their eyes by rubbing them too hard? Yet millions of persons blow their noses with enough force to cause damage. I spend time urging my patients to only blow gently, or not at all. Finally, I learned to demonstrate how gentle the Hydro Pulse irrigator is and show them what is considered gentle. One of best uses of the Hydro Pulse has been in demonstrating to children just how gently they should blow the nose, by using the Hydro Pulse instead of nose blowing.

You’ve read a little about symptoms and signs that indicate whether or not you have a sinus sickness. If you do have this sickness—the medical term is sinusitis—there are a variety of treatments that will usually help and even cure sinusitis. When you know how and why these treatments work, you can be a more effective self-healer. Let’s start with understanding how your healthy sinuses work, followed by what happens when your sinuses get sick.

**The Healthy Sinuses—and Healthy Cilia**

In your sinuses you have a wonderful arrangement called the mucociliary system. “Muco” refers to the mucus—that liquid stuff that comes out when your nose runs and when you blow your nose. “Ciliary” refers to tiny hairs, like oars, that work to push the toxic materials and bacteria out of your nasal passages. The healthy action of the cilia to clear your nasal passages is called mucociliary clearance. As long as the system works,
you have sinus health. The exact same process of cilia defense is in your chest. (Poor movement of chest cilia is found in severe asthma.)

Let’s follow the action. Normally, some bacteria will enter your nose on a dust particle, in a liquid spray from someone’s sneeze, or when the winds stir up bacteria-laden particles. These bacteria get trapped in the mucus of your nose. Before they have a chance to multiply, the bacteria are swept along by millions of these tiny cilia—these oars that stay in place along the nasal passages. These cilia sweep the mucus and bacteria to the back of your throat, where the mucus is swallowed. You stomach does the job of killing the bacteria with stomach acid. You have an identical system that sweeps materials up and out of your chest airways as well.

There are other defenses, too. Your body produces enzymes in the mucus, as well as good white cells that attack the bacteria. There are antibodies especially designed for certain unwanted bacteria and viruses. There is a complicated inflammatory system that dilutes the bacteria, that brings white cells to the bacteria, that “melts” the bacteria.

In the body’s allergy defense mechanisms, antibodies are produced to dilute and neutralize offending materials that enter your nose, so that these materials won’t harm your body.

Nasty bacteria enter your body every day. Fortunately, when you are healthy, bacteria, viruses, pollens, and other offending materials are swept away by your mucociliary clearance system—like brooms sweeping away dirt.

When the System Fails

Robert S., age thirty, grew up on an isolated farm and had home schooling. He was never sick. When he moved to Chicago, he was sick for one year and had to drop out of school. He volunteered to help in a preschool and got all the kids’ illnesses. But he got help from an immunologist, gave up smoking, avoided becoming chilled, and finally was able to return to college.
Allergy. In one sense, allergy is a defense, but it can be too much of a good thing. Sneezing in the morning gets the dust out that accumulated last night. But when you sneeze nonstop over just a tiny bit of dust, that’s an allergy, and it’s not healthy. Nasal allergy doesn’t cause sinus disease. But when you have sneezed non-stop for weeks, your cilia become exhausted and can no longer function to remove the bacteria; therefore they multiply and you can get sinus disease.

Antibiotic abuse. Too many antibiotics given, especially if they are given haphazardly, affect the way your body reacts to a new infection. Today, many bugs have become resistant to ordinary antibiotics and have developed other defenses, like an umbrella to shield themselves from your attack, called biofilm.

Chemicals and industrial products. Further on, you’ll find a list of products whose fumes or chemicals can slow your nasal cilia defense.

Other causes. There are certain medical conditions that can cause sinus sickness, too, such as cystic fibrosis and dryness due to medications.

I regularly see patients whose only sinus problem is that they are using a saline product that contains preservatives that impair their cilia function.

A significant cause of chronic sinus problem is the use of nasal irrigation with a device that has flowback. Here the pus in the nose gets into the irrigation device and causes a contamination. Then every time the device is used, the nose is reinfected. Dr Nsouli has demonstrated the problem with daily irrigation as a cause of chronic sinus disease. He concluded that such daily irrigation over a period of time removed too much of the natural defense mucus products. This is why using pulsatile irrigation without flowback is an advantage. Once cilia are restored, there is no further need to continue irrigation.

So you see, thirty-seven million people have sinus sickness for many reasons.
Your Sinuses Work Normally

*Aid your mucociliary system.* This book will show you a way to keep your cilia moving at the best rate of speed to wash away offending bacteria and other toxic material, including the excess eosinophile proteins your body can make against a fungus or bacteria. It is unfortunate, fungal infections of the sinuses is fairly rare; but the products used to defend against the fungus—called Major Basic Protein- can make a person ill. Proper moisture to the nose is a way to increase the ability of your natural defense system—lysozyme, good white cells, and antibodies—to get the uninvited guests, the bacteria, out. I’ll show you a way to protect your sinus openings to prevent bacteria and viruses from entering. The chest and sinus systems are closely connected, so the same therapies can help most chest conditions.

*Rhythmically irrigate your nasal passages.* If you can rhythmically sniff saline in one nostril and out the other of your nose at sixteen pulses per second, as the yoga masters do, you may not need further help. Instead of learning this rhythmic sniffing technique at the proper rate and pressure, you can use a simple device, the Hydro Pulse Nasal/Sinus Irrigator that will do this for you.

*Reduce allergy symptoms.* This book will not cure your systemic allergy, but it might give you enough help to stop or reduce symptoms and the need for medications. Your body will be in better condition to handle the substances that provoke your allergy. I have listed a few of the dozens of medical studies that recommend this way to reduce allergy symptoms in the appendix (Meltzer). An effective way to reduce allergy symptoms is to refer to the pollen calendar at [www.pollen.com](http://www.pollen.com). Then, when your symptoms are severe, check the calendar and see what is blooming. Next time that same pollen is in bloom, spend time out on the ocean in your yacht.

*No yacht? The pollen calendar will tell you where your particular pollen is not blooming.*
Caution on nose blowing. I will repeatedly emphasize proper nose-blowing so that you don’t cause the damage that millions of people suffer when they blow the nose too hard. Ear infections, spread of a cold into a sinus condition, and plugged nose at night all may come from this single dastardly act. With these patients I use the Hydro Pulse irrigator to demonstrate to children and grownups, just how gently they should blow their noses.

What Else Does This Book Offer?

In daily practice of ENT medicine or otolaryngology, I see so many patients with other symptoms and signs that may or may not be sinus-related that I must give you advice on these subjects, too, including:

• Head pains and headaches
• Nasal polyps
• Snoring
• Rhinitis and vasomotor rhinitis
• Geriatric sinus diseases
• Bad breath control
• Throat and ear problems
• Empty Nose Syndrome.
• Common cold
• Voice problems

These problems that may or may not be related to sinus sickness will be covered in Parts VI and VII. Remember, whatever helps the sinus also helps asthma and most chest conditions. Part VII is important: it covers how the sinuses can affect voice and what you can do about it.

In the latest ENT journal (see reference Brook, I), the author of the study tells of patients who were completely cured of one sinus infection and yet got a sinus infection again within four weeks! He wonders why, but to me, the answer is obvious. These patients were not
instructed about using the natural healing of irrigation and rejuvenating the body’s cilia defense against infection. They were not given the simple tools to bring back good cilia function; then the bacteria was able to multiply. This book offers a way to avoid being re-infected over and over again. Most of our rave testimonial letters are from persons who no longer get sick like that. But now, we turn to the next pages the star of our drama, Sinus Sickness.

More Definitions

CAT scan: Computer assisted tomography. X-rays are used, but the image is created by computers to show various layers of the skull in three directions.

MRI: Magnetic resonance imaging. Instead of X-rays, magnetic fields are used. The frequency of vibration and the location of these fields can be adjusted. They cause liquids in the body to vibrate, and this is recorded and analyzed by computer. Where there is only air, there is not much vibration. Where there is liquid, this shows clearly. MRI is not useful for bone fractures or bone changes.

FESS: Functional endoscopic surgery. Instead of cutting skin and bone to get into the interior of a sinus, telescopes are used inside the nose to identify natural openings and to remove diseased tissue and enlarge natural openings. This means less trauma to the patient and no external incisions. In computer-assisted FESS, a marker is placed on the patient and the CAT scan is taken. At surgery, a magnet on the instrument shows exactly where the instrument is in relation to the marker. In three dimensions on a screen, the doctor can locate where his instrument is and avoid complications.
Balloon Sinuplasty: Similar to the balloon used to open blood vessels, a balloon is used to force open narrowed sinus openings. With the sinus open, then the diseased sinus can drain and pulatile irrigation can get into the sinus to remove diseased material.

FinEss. Here the sinus is entered from the inside and a balloon is inserted.

PART III: Sinus Sickness: Causes and Immediate Relief

Let’s say you think you have sinus disease or you’ve been diagnosed as having sinus sickness. We can discuss your treatment in different circumstances. There are some immediate treatments you can give yourself. I will discuss long-term treatments. This part of the book is strictly for specific sinus disease or sickness. In Parts IV and V we’ll cover the other related sicknesses or where the ailment is not caused by a single problem, which can be complicated.

Signs and symptoms of a sinus attack:
The predominant organisms found in patients with acute maxillary sinusitis were S. pneumoniae and H. influenzae. With the sinus attack you get increased ESR – erythrocyte sedimentation rate and increased C –reactive protein concentration. Fever, localized pain and positive cultures confirm the diagnosis
Get increasing ESR erythrocyte sedimentation rate (ESR), and C-reactive protein (CRP) concentration and confirmed infection with the predominant bacterial pathogens and CRP values. Body temp greater than 38 degrees, dental pain,

To buy the full version of this book by Dr. Grossan and recommended sinus and allergy products please visit www.allergyliberation.co.uk in the UK & EU or www.allergyliberation.com in the US & Canada.