

Runny Nose

A runny nose that just doesn't seem to go away doesn't seem like a big deal to some, but those who have it know, it can significantly affect one's quality of life. Rhinitis is a term that means inflammation of the nasal passages. It can cause a variety of annoying symptoms including sneezing, itching, nasal congestion, runny nose, and post nasal drip (mucus draining from the sinuses down the back of the throat causing an irritating cough or sore throat).

Short term episodes of rhinitis are usually caused by viral respiratory tract infections such as the common cold and are a part of the body's normal immune response in this circumstance. Chronic rhinitis, or long term rhinitis, is most frequently caused by allergens either dietary, seasonal, or environmental but there are many other factors that can also contribute such as overuse of medications or certain medical conditions.

Treatments

Environmental Allergens

A thorough inspection of the home including pillows, mattresses, carpets, etc is an important first step to remove dust mites and mold

- Air Filters – Use the type that electrostatically take dust out of the air. We recommend HEPA air filters. Clean heating ducts annually.
- Water trap vacuum cleaners
- Change pillow case daily, sheets every two days and make sure to launder bedding, clothing, and sheets in hot water.^{1,2}
- Use Lysol or dilute vinegar to decrease mold. Maintaining ambient humidity can reduce dust mites and mold by 50%.³

Netti Pot

A somewhat weird but very effective home treatment that cleanses the nasal passages and sinuses to remove excess mucus and, more importantly, to wash away potential allergens that are stuck to the mucus membranes.

Steam Inhalation

Using dry herbs is best but you can also use herbal essential oils. Our favorite herbs to use are Eucalyptus leaves and/or

Seasonal allergies are the most common cause of a constant runny nose and those affected in this way often can correlate their symptoms to a certain time of year. Pollen, grass, weeds, etc are usually the responsible parties. Non seasonal allergens that can last all year long are termed perennial allergens and include dust mites, mold, and pet dander. These can also play an underlying role in overactive mucous membranes without the host being aware of their existence.

Dietary sensitivities can contribute to overly productive mucus membranes as well and it is important not only to identify and remove the offending food but to improve the gut barrier so the food can eventually be reintroduced into the diet without causing the same symptoms as it did previously.

Thyme. Simply crush the dried leaves into a big bowl or pot and then pour boiling water over the leaves. Then position your face over the steam and take some deep breathes. Careful not to burn your face. You can also drape a towel over your head to trap the steam.

Naso Sympatico

This procedure is done in office with sterile cotton tip applicators and herbal essential oils. The applicators are soaked in the essential oil and then inserted into the six nasal concha near the sinuses. The effect is a dilation of the nasal concha and resultant improved drainage of excess mucus in the sinuses.

Naso Specific

A similar but more intense procedure to the naso sympatico. We insert small balloons into the nasal concha and slightly inflate them to "manipulate" the articulations within the nasal concha and restore their natural movement. This improved mobility promotes the natural drainage of mucus within the concha and sinuses and can be extremely effective for chronic rhinitis and sinusitis.

References

1. Schnyder, B., Schweri, T., Thomann, B. and Pichler, C., "Allergy to house dust mites," *Schweiz Med Wochenschr*, 2000, Mar 25; 130 (12): 443-7.
2. Sheibh, A. and Hirwitz, B., "House dust mite avoidance measures for perennial allergic rhinitis," (Cochrane Review), *The Cochran Library*, Issue 2, 2003.
3. Klanova, K., "The concentrations of mixed populations of fungi in indoor air: rooms with and without mold problems; rooms with and without health complaints," *Cent Eur J Public Health*, 2000 Feb., 8(1): 59-61.