Heidi Peterson, ND
4444 SW Corbett Ave., Portland, OR 97239
p: 503 224 2590 f: 503 224 2592 e: heidi@doctorheidi.com w: doctorheidi.com

NASAL IRRIGATION PROTOCOL

Sinus irrigation is a useful tool to keep the sinus tissue shrunken so that the sinuses can drain efficiently. Allergy causes the "ostia" (small openings that allow drainage of the sinus cavity) to swell shut when all the soft tissue and the nasal area swells in response to airborne allergens or food allergens or hormonal changes. When the openings swell shut, the sinus pressure continues to build as the sinus continuously secretes mucus into the formally open sinus cavity. The mucus and the closed cavities make a perfect environment for organisms to multiply. Antibiotics are usually of no value in that the sinus cavity is a hollow cave in our head and there is no blood circulating within it. Antibiotics are carried throughout the body by the blood stream and therefore are of very little benefit in a sinus infection. Antibiotics have a mild anti-inflammatory effect and so will cause some shrinkage of the sinus mucus membrane and will allow the sinus to drain.

Sinus irrigation is an ancient technique used by grandmothers and Aruvedic doctors to help shrink sinus tissues. In its simplest form, people have in the past "snuffed" saltwater solution up their noses and this has caused shrinkage of the mucus membrane and resulting in once again a resolution of the sinus swelling and a mild form of relief of the acute sinus infection. Other options include purchasing a Netti pot from a health food store or using a 60 cc syringe. The high tech method consists of using a waterpick-like device.

Nasal Irrigation

For detailed instructions please see Clearing the Air One Nose at a Time, by Hana Solomon, MD.

Start Mix:

First Day
1 qt. water (cool water is best, never use HOT water)
1 heaping tsp. sea salt (NOT iodized)
1 heaping tsp. baking soda
1 tsp. Xylitol powder
1 level tsp. Hydrogen Peroxide*

Second Day
1 qt. water
2 heaping tsp. sea salt
1 heaping tsp. baking soda
1 tsp. Xylitol powder
1 level tsp. Hydrogen Peroxide*

Third Day

1 qt. water
3 heaping tsp. sea salt
1 heaping tsp. baking soda
1 tsp. Xylitol powder
1 level tsp. Hydrogen Peroxide*

* To be added if you are diagnosed with a sinus infection.

Patient will use approximately 1 qt. per day.

Be sure to start out with a very weak dilution so there is no sinus pain.

I find that cool to cold water works best in the sinuses, especially for allergic sinusitis. This helps diminish the swelling. Warm or in particular hot water, causes an increase in the swelling of the soft tissue. When you first start experiencing sinus congestion, you should begin this procedure in the morning and again in the evening, running 500ml through the affected side of your nose. Just like you brush your teeth twice a day. You can try up to four times a day if you congestion is bad. Nasal irrigation is not pleasant at first. You will get used to the technique with time. Try it for seven days and see how much better you feel.

Clinical study and literature review of nasal irrigation

Laryngoscope 2000 Jul;110(7):1189-93 Tomooka LT, Murphy C, Davidson TM. School of Medicine, University of California San Diego, USA.

OBJECTIVES/HYPOTHESIS: Nasal disease, including chronic rhinosinusitis and allergic rhinitis, is a significant source of morbidity. Nasal irrigation has been used as an adjunctive treatment of sinonasal disease. However, despite an abundance of anecdotal reports, there has been little statistical evidence to support its efficacy. The objective of this study was to determine the efficacy of the use of pulsatile hypertonic saline nasal irrigation in the treatment of sinonasal disease.

STUDY DESIGN: A prospective controlled clinical study. METHODS: Two hundred eleven patients from the University of California, San Diego (San Diego, CA) Nasal Dysfunction Clinic with sinonasal disease (including allergic rhinitis, aging rhinitis, atrophic rhinitis, and postnasal drip) and 20 disease-free control subjects were enrolled. Patients irrigated their nasal cavities using hypertonic saline delivered by a Water Pik device using a commercially available nasal adapter twice daily for 3 to 6 weeks. Patients rated nasal disease-specific symptoms and completed a self-administered quality of well-being questionnaire before intervention and at follow-up.

RESULTS: Patients who used nasal irrigation for the treatment of sinonasal disease experienced statistically significant improvements in 23 of the 30 nasal symptoms queried. Improvement was also measured in the global assessment of health status using the Quality of Well-Being scale.

CONCLUSIONS: Nasal irrigation is effective in improving symptoms and the health status of patients with sinonasal disease.