"Here's How I Overcame My UARS Once and For All..."

Ultimate Relief for Upper Airway Resistance Syndrome (UARS)

by Eric Falcon, MD

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CHAPTER 1

INTRODUCTION

If you're like me, you want the critical information which you're looking for, and you want it fast. So, I'm not going to be like other typical writers and make you wade through endless pages of text before I let you get to it. Instead, I'm going to give it to you here now. But even after you finish reading this first chapter, be sure and go on to check out the remaining chapters of this book, because I'll share with you many more insightful and powerful discoveries and techniques I've come across that have helped me to acquire and maintain massive amounts of daily physical energy and mental alertness.

Also, it's important to recognize that what I'm about to relate to you is from my own personal experience with Upper Airway Resistance Syndrome (UARS).

If you've been diagnosed with UARS and you have been searching for relief from your agonizing symptoms like I did for many years, then my hope is that you'll find tremendous benefit in my discovery.

Obviously, I'm not in a position to examine, diagnose, or treat your specific condition, and of course you should consult your healthcare practitioner for those purposes. Many doctors and other practitioners however will likely find this information revealing and enlightening and I encourage you to share this knowledge with them.

The solution that I'm going to tell you about in a moment is what I finally found, after much searching, that provided relief for my Upper Airway Resistance Syndrome and chronic snoring.

I call this my $10,000 solution, because before I came across it **I was ready to offer a ten thousand dollar reward to anyone who would help me resolve my long-term frustrating and infuriating symptoms of daytime drowsiness, excessive fatigue, and difficulty with early morning awakening.**

A number of years ago when I first discussed my snoring and chronic daytime fatigue with my personal physician, he and I both suspected that I might have a

condition known as sleep apnea. He referred me to undergo a sleep study, as is common practice.

When the sleep study I underwent revealed, despite the classic symptoms, that I did NOT have obstructive sleep apnea, we were both quite surprised because it appeared that my symptoms were remarkably consistent with that diagnosis.

Instead, the sleep study confirmed that I snored extensively and my sleep was repeatedly interrupted throughout the night as a result. Although there were no episodes when I completely stopped breathing during the night, as is the case with sleep apnea, I nonetheless had the same degree of poor sleep quality that sufferers of sleep apnea have. This was evident on the portion of the sleep study which measures sleep stages, or brain patterns, throughout the night.

The sleep specialist who administered the sleep study explained that my snoring was a form of 'sleep-disordered breathing.' My symptoms are often described in the medical community as Upper Airway Resistance Syndrome (UARS).

This is distinct from obstructive sleep apnea (because there's no intermittent airway collapse, like there is with sleep apnea), but the symptoms of fatigue and difficulty with early morning arising are the same. It results from the disrupted pattern of sleep caused by airway resistance, which was related to my snoring.

Out of desperation, I tried everything possible to relieve my symptoms. I tried ALL of the treatments available for snoring, including special orthopedic pillows, recommended sleeping postures, sleeping without a pillow, nighttime throat lubrication sprays, herbal remedies, acupressure points, etc, etc.

And while I usually experienced partial and short-term benefits from nearly everything I tried, unfortunately, none of these approaches provided full and consistent relief for me.

I then tried most of the typical treatments available for sleep apnea, including continuous positive airway pressure (CPAP) therapy as well as a custom-made mandibular-advancing dental appliance, and even electrocautery surgery for removal of my uvula and pharyngeal tissues.

Again, no lasting relief.

Well, here's the GOLDEN little remedy which I accidentally stumbled upon a few years back that to this day, with regular usage, gives me complete relief from all of my symptoms of UARS:

I take one small Loratidine (Claritin) 10mg tablet at bedtime.

That's it! The morning following my first trial use of this simple remedy was the beginning of a new life for me. For the first time in years I actually was able to awaken immediately from sleep and get out of bed right away when my alarm clock went off.

I was filled with energy throughout the day, and my daytime fatigue was, and still remains, a thing of the past.

Loratidine (Claritin) is a non-sedating antihistamine which is a relatively safe and inexpensive medicine, that is now **available over-the-counter at most pharmacies**, as well as by prescription. Usually, this medicine is taken in the MORNINGS by patients suffering from allergic rhinitis (hay fever).

However, I discovered that by taking Loratidine at **BEDTIME**, it had the amazing effect of completely relieving my UARS symptoms!

Taking it at bedtime was the key! Although of course this is an "off-label" usage, the benefits of this easy little solution have made a profound difference in my life.

Loratidine works by blocking Histamine, which is a naturally occurring chemical in the body that, when present in high amounts, causes things like increased nasal secretions and swelling of upper airway passages.

Since this medicine relieved my symptoms, **this could only mean that my snoring and UARS,** as well as the fatigue and tiredness which these conditions produced, **were the result of swelling and secretions that were blocking my nasal passages at night WITHOUT MY AWARENESS, causing impaired breathing.**

(I found out later, in my research, that this swelling is due to nasal INFLAMMATION which is very common in our society...probably as a result of all the AIR POLLUTION which we have here.)

This all made perfect sense when I thought about it later, and did more reading on this. When the nose is blocked, then we must breathe through our mouths.

Mouth breathing during sleep is abnormal and this is what leads to snoring, since air coming in through the mouth when we're asleep causes vibration and rattling of the uvula and other soft tissues of the posterior pharynx (rear of the throat).

The reason for this is because when we fall asleep, all of these soft tissues in the back of the throat completely relax and sag, and therefore they vibrate and flop around when air rushes past them, if our mouth is open.

This constant vibration and rattling not only makes up the sounds we call "snoring", but it also disrupts the delicate normal "sleep architecture"...which our brains depend upon to feel refreshed and well rested the following day.

Disrupted sleep architecture = tiredness and decreased alertness the next day!

So after my first trial usage of this medication at bedtime...**I had become simultaneously enlightened as to the specific nature of the problem, as well as its remedy!**

CHAPTER 2

IMPORTANT BACKGROUND INFORMATION ON UPPER AIRWAY RESISTANCE SYNDROME (UARS)

As you may know, if you've already been diagnosed with this condition, UARS mimics 'sleep apnea' (otherwise known as obstructive sleep apnea), because the symptoms are nearly identical, namely excessive daytime drowsiness and difficulty with early morning arising. Snoring is also a very common symptom that is often present in both UARS as well as sleep apnea.

Sleep apnea differs from UARS however, in that it is characterized by periods of 'apnea' or 'hypopnea' which happen frequently throughout the night, as demonstrated in the standard polysomnogram (also commonly referred to as a sleep study). 'Apnea' means that the sufferer experiences episodes where little or no air exchange occurs when attempting to breath while asleep, typically due to the tongue and other soft tissues relaxing and collapsing down into the back of throat and restricting air movement. This is the "obstructive" part of the term "obstructive sleep apnea." Poor oxygenation during sleep causes the body and brain to experience fatigue the next day.

Although the symptoms among sleep apnea and UARS patients are similar, UARS does *not* entail significant findings of apnea or hypopnea, as demonstrated in a standard sleep study. Nor does UARS typically involve the tongue causing obstruction by collapsing down into the back of the throat, as happens with sleep apnea. Nonetheless, the impaired breathing of UARS, the cause of which up until now has not been fully understood in the medical community, involves decreased ventilation and oxygenation during the night which leads to a disrupted sleep pattern.

These sleep disruptions come in the form of mini-arousals (or mini waking periods) which may be observed and measured on an electroencephalogram (or EEG), which is an instrument that is used during conventional sleep studies. Again like sleep apnea, the result of the sleep disruptions and poor oxygenation during UARS is that the body and brain experience fatigue the following day.

When a patient who undergoes a sleep study is diagnosed with UARS instead of sleep apnea, many doctors will suggest that the patient consider a trial of the typical treatments for sleep apnea anyway, such as CPAP, palate surgery, or oral appliances. These treatments are not always effective for UARS however, and there are often reimbursement challenges with these treatments for UARS when dealing with many insurance companies, due to the absence of the actual diagnosis of sleep apnea.

The discovery and history of UARS: A physician and researcher at the prestigious Stanford University Sleep Medicine Program, Dr Christian Guilleminault, who is also a French citizen, is credited with bringing UARS to light within the medical community. Dr Guilleminault has been a researcher in the field of sleep medicine from the 1970's until the present day. He was the first to recognize the 'sleep-disordered breathing' condition which he termed 'UARS', in a series of medical journal articles that he wrote and published with his co-authors in the early 1990's. The phrase sleep-disordered breathing refers to a group of related conditions that includes snoring, UARS, and sleep apnea, among others.

A seminal article on UARS is "A cause of excessive daytime sleepiness: The upper airway resistance syndrome", which Dr Guilleminault co-published in the journal Chest. This is the official journal of the American College of Chest Physicians, and the article may be found in the 1993; 104 volume of Chest, on pages 781-787. A link where you can read this online if you're interested is located at: http://www.chestjournal.org/cgi/reprint/104/3/781.

Prior to Dr Guilleminault's published findings, patients who suffered from symptoms of UARS were commonly labeled by their physicians as "idiopathic hyersomniacs", which is a medical term for patients who are excessively tired during the daytime, but for which the underlying cause is unknown. A common treatment for such patients had been the use of "stimulants," such as amphetamines.

Dr Guilleminault admitted that stimulants had a role in the temporary treatment of tiredness that was truly "idiopathic," and not due to any discernable underlying causes. However, he advocated that the use of stimulants was not ideal for the long-term treatment of patients diagnosed with sleep-disordered breathing conditions.

Early in his research on UARS, Dr Guilleminault performed studies on a group of patients who had been labeled as "idiopathic hypersomniacs" by their doctors. Dr G. found that a sub group of these patients displayed numerous very short arousal periods during the sleep studies which he performed on them. He found that these arousal periods correlated with an abnormal increase in respiratory efforts during sleep. In other words, he noticed that this sub group of patients labored to take deeper breaths shortly before their mini waking periods. He determined this through the use of a device which measures the esophageal pressures of his patients. The esophagus is the tube which carries your food from the back of your throat down to your stomach, when you swallow food. Dr G. found that the mini arousals were preceded by a peak in the inspiratory esophageal pressure.

To this day, many sleep specialists, when they discuss UARS with their patients, will mention that "esophageal pressure monitoring" (abbreviated Pes), combined with a sleep study, is necessary for definitively diagnosing UARS. This comes from Dr G.'s work and his discoveries regarding the characteristic rises in esophageal pressure which precede the transient night-time arousals in patient with UARS.

Nonetheless, esophageal pressure monitoring is not commonly used in sleep studies, and this measuring modality is rarely available, except perhaps for research studies like those which Dr G. conducted. Therefore, UARS is generally a "diagnosis of exclusion." The diagnosis is usually arrived at "presumptively" when a patient has symptoms of sleep apnea, but the sleep study reveals that no apnea episodes are actually present at night.

Regarding treatment, Dr G. suggested that some patients suffering from UARS might be successfully treated with nasal CPAP on a temporary basis, and that in some cases palate surgery might provide relief, as well. Ultimately though, he conceded that a universal, long-term cure for UARS had yet to be discovered.

CHAPTER 3

MY STORY OF STRUGGLE AND TRIUMPH

For many years I had to start each day with several cups of very strong coffee, and by noon-time I would find the nearest Starbucks and place an order for my "usual", which was four shots of high-test espresso, also known as a "quad" among baristas. Even with this, I would still sometimes find myself struggling to stay alert during the rest of the day. The amount of money I spent on coffee was enormous, but no one at Starbucks was complaining!

Getting up in the morning was typically a struggle for me, and it usually did not depend very much on how much sleep I had gotten the night before. I usually set two different alarm clocks, and I kept them on a dresser across the room from my bed. This forced me to get up and walk over to the alarm clocks when they sounded, in order to help create some slight momentum in the direction of waking up. In the morning I would get up, hit the snooze buttons on both alarms, and then head back to the comfort of my pillow. This routine repeated itself numerous times over the course of the first 20 or 30 minutes of the morning. Finally, out of frustration and despair, I would drag myself out of bed and into the kitchen for my breakfast and coffee.

I remember telling myself that there must be a better way to live. However, I had no idea what my problem was and I also had no clue as to what the solution was either! For many years, I had assumed that "I just wasn't a morning person." I remember observing with curiosity as well as some degree of astonishment, the different roommates that I had in college and graduate school over the years. They all seemed to be able to spring up out of bed, first thing in the morning, and start out the day with what seemed like tons of energy and alertness. This seemed like a completely foreign and distant reality to me, but I can't deny that I envied them tremendously!

While my roommates were able to start tackling their studies early in the day and then usually have time left over for socializing and going out later on, I found that in order to make up for the time I lost by sleeping late, I had to often study later into the evenings. Not only did this cause me to miss out on social gatherings with friends at times, since I also didn't want to fail my classes, but the late nights

I spent studying would cut into my available sleep time. This would then have the effect of worsening my difficulty with arising in the morning, and it had a compounding effect of worsening my excessive daytime drowsiness the next day. At times it felt like I was trapped in a vicious cycle, from which there appeared to be no relief.

Sometimes I would tell myself that the solution to my problem was that I just needed to force myself to go to bed earlier in the evenings, in order to be able to awaken with less strain and effort in the morning. Yet I found that even when I allowed myself to sleep late into the morning or early afternoon on weekends, it was still sometimes a struggle for me to get up out of bed afterwards.

For several years, it never occurred to me that there might be some connection between the 'quality' of sleep, as opposed to the quantity of sleep, I was getting, and the difficulty I had in getting up each morning, as well as the feeling of exhaustion I experienced on many days. After enough exasperation with this situation, however, I began to ponder this very connection.

I remembered being told a few times in the past that I snored at night, and so I went out and found various purported remedies for snoring, to see if this could offer me relief for my tortuous mornings. I tried all kinds of things, ranging from therapeutic pillows and neck rolls, to throat lubricant sprays, nasal strips, menthol inhalers, herbal remedies, and even acupressure point therapy. When I heard about the promise of oral appliances for snoring, I visited my dentist and had an expensive custom dental appliance made. While each of these remedies I tried provided some degree of relief for a short period of time, the beneficial effects always seemed to be only temporary for me. My body would successfully find ways to outsmart any device or technique that I tried, and my symptoms always returned nearly in full sooner or later.

Finally after a number of years of suffering and searching for different solutions which inevitably resulted in inadequate relief for me, I decided to undergo a sleep study, which I asked my doctor to refer me for. Actually, I was very reluctant to submit to a sleep study, and it took me about two years after first hearing about sleep studies to finally agree to have one done. My reluctance came from what I had learned regarding the few treatments available for the condition known as sleep apnea, which is the diagnosis that sleep studies are most commonly

obtained to look for. Soon after I had heard about sleep apnea, I learned that the primary treatments available for this condition were either a cumbersome CPAP device used nightly, or else a painful surgery done on the soft tissues of the back of the throat, which had a less than stellar success rate. I was in no hurry to find out that I might have a disorder for which the treatments seemed so unappealing!

When I finally underwent the sleep study, I was surprised to find that the results revealed that I did NOT have obstructive sleep apnea, despite the fact that I had all the classic symptoms for this condition, as I was told by the Sleep Specialist who ran the clinic where I had the sleep study done. Instead, I was informed that I had a different, but similar, diagnosis known as "Upper Airway Resistance Syndrome", or UARS. This condition somehow involves impaired nighttime breathing, but it is still poorly understood and has no specific treatment, I was told by the Sleep Specialist. I was also referred to an ENT physician around the same time as my sleep study referral, and the exam he performed did not reveal any obvious abnormalities of my airway.

My Sleep Specialist discussed UARS with me and suggested that I undergo a trial of CPAP, to see if it would help my symptoms. I invested in the best CPAP machine and mask that money could buy, since by now I was fully dedicated to doing whatever it took to overcome my symptoms. Although I found initial symptomatic relief using the CPAP machine, I soon found that my nasal passages would swell shut at night as a result of the air pressure being forced into them from the CPAP machine, and I would usually wake up frustrated and unable to return back to sleep at night. Finally, I gave up on trying to use CPAP therapy, after my experiences with it over the course of several months. (Aside: I'm always glad to hear when people with sleep apnea who I meet and talk to mention that CPAP therapy is working out well for them and that they are tolerating it. Many people with sleep-disordered breathing conditions are able to adapt to and find much relief from CPAP, and it's a God-send for them.)

After this, I went back to my ENT physician to see about other treatment options. I eventually submitted to an electrocautery surgery which my ENT doctor performed, which is an office-based surgical procedure that involves removing the soft tissues which hang down in the back of the throat (the uvula and other pharyngeal tissues). These tissues are removed by burning them away with an electric cautery device. This is an alternative version of the better-known

uvulopalatopharyngoplasty, or UPPP, which has been a mainstay of sleep apnea treatment attempts for many years. Both the electrocautery-based surgery and the scalpel-based UPPP surgery have success rates that vary anywhere from 40% up to 80%, depending upon the particular patients.

In my case, undergoing the electrocautery procedure afforded me a moderate degree of relief from my symptoms, but the effects wore off after about a year. I was told by my ENT doctor that the remaining soft tissues in the back of the throat and roof of the mouth begin to stretch out and sag over time, and this causes the beneficial effects of the procedure to eventually wear off in some cases. I was back to my expensive caffeine habit again, which would continue for two more years with no relief in sight.

One day after searching around on the internet I heard about a fairly new procedure called "injection snoroplasty," which seemed somewhat promising. This is an outpatient procedure and entails the injection, by an ENT doctor, of a stiffening substance into the soft tissue towards the back part of the roof of the mouth, known as the soft palate. The substance is a "sclerosing agent" that scars and stiffens the tissues of the soft palate, and the end result is a reduction in the vibration that relates to snoring and upper airway resistance.

I read as much literature on this new procedure as I was able to find, and then I went and got a referral to an ENT doctor for an evaluation. The ENT specialist informed me that he wanted to examine the back of my nose and throat and that he would be using an instrument known as a nasopharyngoscope for this examination.

I remember undergoing a nasopharyngoscope exam a number of years back when I first went to see an ENT doctor about my sleep symptoms, and I recall being told back then that there were no abnormal findings on my exam. I was not expecting any new findings this time, but after this second exam the ENT doctor announced that the mucous membranes in my nasal passages appeared inflamed and irritated, and he told me that I most likely had a condition known as allergic rhinitis. Symptoms of allergic rhinitis usually manifest in the daytime, and consist of nasal stuffiness, as well as itchy watery eyes and sneezing. I told my doctor that I didn’t commonly experience these symptoms, as far as I could recall. However, due to the findings on his examination of my nasal tissues, he

recommended that I undergo treatment. That day he prescribed a topical nasal steroid spray, fluticasone (Flonase), as well as Loratidine (Claratin) each morning. We decided to discuss the injection snoroplasty procedure at my next visit.

I went home and that evening I decided to experiment by taking a Claritin just prior to bedtime, instead of in the morning, to see if perhaps it would have any effect on my UARS symptoms. Lo and behold when I awoke the next morning, for the first time since I could remember, I felt like immediately getting out of bed and getting my day started without any of my typical morning sleepiness.

I felt awake, alert, and refreshed, which was a stark contrast to how I normally felt in the mornings. I knew that it was connected to the deep and restful sleep which I felt I had gotten the night before. In fact, I felt as if I had slept sounder and deeper than I had in at least that past ten years. I was thrilled! Needless to say, I began taking Claritin at bedtime as a regular practice, along with taking the Flonase nasal spray in the morning which my ENT doctor prescribed.

In the ensuing years since my discovery regarding taking Claritin at bedtime I have tried to see if my results were reproducible with a other over-the-counter and prescription medicines that are similar to Claritin, namely the other non-sedating antihistamines which are in the same drug class as Claritin: Cetirizine (Zyrtec) and Fexofenadine (Allegra). Both of these related medicines have provided relief for my nighttime upper airway resistance problem, but not quite as dependably as Claritin.

However, I recently found that Allegra-D*, which is a combination of Allegra and a decongestant called pseudoephedrine, provides excellent results that are equal to and even sometimes superior to Claritin, for relieving my UARS symptoms!
(*Note: I only need to take either a quarter or a half tablet of Allegra-D at bedtime, and I get superb results.)

In fact, lately I've switched to using only Allegra-D at bedtime.

So, now my typical regime consists of using the Flonase steroid nasal spray once each morning, and then a quarter tablet of Allegra-D, each evening before bedtime.

CHAPTER 4

THE "AFRIN NIGHT-TIME TEST"

As I've mentioned, I discovered that all of my sleep-disordered breathing related symptoms were **due to nasal obstruction occurring at night** while I was asleep, which was due to underlying nasal mucosal inflammation and increased night-time nasal congestion and swelling.

I was totally and completely unaware that I ever had nasal mucosal inflammation or mucous congestion, until I was told so by an ENT doctor after he performed a nasopharyngoscope examination on me. The presence of nasal mucosal inflammation and congestion is typically associated with conditions such as chronic rhinitis (vasomotor rhinitis) or allergic rhinitis. The standard treatment approach for chronic rhinitis and allergic rhinitis by doctors here in the United States is to prescribe a non-sedating antihistamine (such as Claritin, Allegra, or Zyrtec) to be taken in the MORNING and/or a nasal steroid spray (such as Flonase) taken in the MORNING, or both.

When I started out taking these medications in the mornings, as they were prescribed for me, they did NOTHING to resolve my UARS symptoms AT ALL. It wasn't until I went and experimented on my own, and I began to take a Claritin tablet AT BEDTIME…that I found out that this medicine provided complete relief for all of my UARS symptoms!

Most doctors do not realize that nighttime nasal obstruction is a potential major cause of UARS. This is something that I discovered on my own. The only instances in which most doctors will usually think about nighttime nasal obstruction as a possible contributing cause of a patient's UARS symptoms, is if the patient is diagnosed with an obvious nasal obstruction, such as a deviated nasal septum or the presence of nasal polyps.

Nasal polyps exist at the back of the inside of the nose, and can only be detected by a nasopharyngoscope exam, which is typically performed by an ENT specialist. They are treated with surgical removal, which is also the treatment for a deviated nasal septum.

I believe that the first thing that everyone should do after they are diagnosed with UARS, is to determine whether or not they have nasal blockage which may be the underlying cause of their UARS. This entails getting a nasopharyngoscope exam by a physician, which can detect the presence of chronic nasal inflammation, a deviated nasal septum, or nasal polyps. Also, the "Afrin Night-time Test" can be used to determine if congestion and nasal swelling during sleep are a cause of night-time nasal obstruction.

The "Afrin Night-time Test":

For patients with a sleep-disordered breathing condition, who are unsure whether their symptoms are due to night-time nasal obstruction from congestion and nasal swelling (as I found out was the case with me), or not, there is a simple and easy way to determine this. It's what I call the "Afrin Night-time Test."

Important Caution: Please keep in mind, this is a TEST and a TEST only. Afrin and other nasal decongestant sprays should NOT be considered a long-term remedy for any medical condition. In fact, nasal decongestant sprays should NOT ever be used by anyone for more than three consecutive days in a row, since they can cause "rebound congestion" when used longer than that period of time without a break. "Rebound congestion" is what occurs when nasal decongestant sprays start to incite or worsen nasal congestion when they are used for more than three days continuously. Furthermore, when nasal decongestant sprays are used continuously (non-stop) for many months in a row by patients, they can also ironically induce a dependency in some cases, which is like a kind of addiction.

Finally, remember: like everything else suggested in this e-book, consult your health care provider first!

So, with that said, here's how to do the "Afrin Night-time Test":

1. Go to the drug store and buy a bottle of Afrin (oxymetazoline) nasal spray. Afrin is an over-the-counter, relatively inexpensive decongestant spray medicine. The generic form is okay. Also, any other ordinary nasal decongestant spray will usually work just as well, for this test.

2. Put the bottle on your bedside stand.

3. Just before you lay down to go to bed, give yourself one or two good sprays of Afrin in each nostril, and then go to sleep. (You may need to repeat this on the second night, and perhaps the third night, in order to determine the full effect.)

4. If after waking up the next day you feel alert, refreshed, and energetic…and you remain that way throughout the day…then it's a good indication that your sleep-disordered breathing related symptoms are due (at least in part) to nasal obstruction at night while you're asleep.

More on the topic of Afrin decongestant nasal spray:

Now, as I mentioned, Afrin and other decongestant nasal sprays should never be used more than three days continuously. Therefore, even though it's okay to use Afrin for the above short-term "Afrin Night-time Test", you certainly cannot rely upon it for continuous nightly treatment, no matter how well it worked for you!

However, if you're satisfied with the results you got with the Afrin during the "Afrin Night-time Test", then you could choose to safely use Afrin at bedtime, say, perhaps two or three alternating nights a week (like on a Monday, Wednesday, and Friday, for example). However, you'll have to rely on some other kind of treatment or remedy, for the other remaining nights of the week!

CHAPTER 5

CONVENTIONAL MEDICATION ALTERNATIVES

<u>Standard Medications for Nasal Congestion and Inflammation</u>:

Besides Claritin, I've experimented with numerous other medications for nasal inflammation and nighttime nasal congestion and swelling (by taking them AT BEDTIME). Some of the various options which exist out there are the non-sedating class of antihistamines (Claritin, Allegra, Zyrtec), as well as the orally-dosed decongestants (Sudafed and Deconamine), and the combination tablet called Allegra-D (which is a combination of Allegra and pseudophedrine).

In my personal experimentation, I found that I had minimal positive responses to Zyrtec at bedtime, or to Allegra at bedtime, as far as my sleep-disordered breathing related symptoms were concerned. (Of course, other people may respond quite differently than I did to these two medicines.)

However, I found that my symptoms responded VERY WELL to each of the following three medications, when I took them at bedtime: Claritin (half or whole tablet), Allegra-D (quarter or half tablet), and Deconamine (whole capsule). (Of course, I didn't take any of these medicines simultaneously; but rather I tried them on different nights, during my experimental self-trials.)

Again, the key I've found is to take my medication AT BEDTIME.

At various times in the past I've taken each of these medicines in the morning or other part of the daytime, as usually prescribed, and they have NEVER had ANY positive effect on my sleep-disordered breathing related symptoms, WHATSOEVER! **So…the difference between taking one of these medicines in the daytime and taking it at bedtime..., I've found, IS LIKE THE DIFFERENCE BETWEEN NIGHT AND DAY! Literally!**

When it comes to the non-sedating antihistamine class of medications (Claritin, Allegra, and Zyrtec), many patients respond very differently to each of them, and you personally can only determine how you'll respond to them by experimenting

with each of them, until you find the one that gives you the best results (and which produces no side-effects for you).

Again, in my experience as a doctor, often times when I begin treating patients for chronic rhinitis (which is the condition these medicines are directed at), these patients will respond completely differently to the three different medications in the non-sedating antihistamine class (Claritin, Zyrtec, and Allegra). Therefore, if one of these medicines doesn't work well for them (or if it causes a side effect), then I always have the patient experiment and try one, or both, of the remaining two other medications in this class, one-at-a-time.

Claritin and Zyrtec are both available over-the-counter without a prescription, however Allegra and Allegra-D both require a prescription. The decongestants Sudafed and Deconamine are both over-the-counter medications.

Generic Medication Versions:

By the way, the generic versions of most medications ordinarily work equally the same as the brand name versions. Here are the generic names listed next to the brand names, for each of the medicines I've discussed so far:

Afrin nasal spray = oxymetazoline nasal spray; other equivalent decongestant sprays include Neo-Synephrine nasal spray, which is phenylephrine (Again, of course, nasal decongestant sprays must always be limited to no more than 3 days of consecutive use.)

Claritin = loratidine

Zyrtec = cetirizine

Allegra = fexofenadine

Sudafed = pseudophedrine

Deconamine = pseudophedrine plus chlorpheniramine

Allegra-D = fexofenadine plus pseudophedrine

Additional Medication Alternatives:

So far, I've talked about Afrin nasal decongestant spray (and its dangers and precautions), along with the Claritin/Allegra/Zyrtec class of medicines, as well as the orally-dosed decongestants, and Allegra-D. Beyond that, other medications which are aimed at decreasing nasal congestion and/or nasal mucosal inflammation include the following:

Nasal steroid sprays (e.g., Flonase and Nasonex): Often times doctors will prescribe a nasal steroid spray to be used in conjunction with a non-sedating anti-histamine, to treat chronic nasal inflammation. The nasal steroid sprays are generally safe for use on a regular basis and they are well tolerated by most patients, without many reported significant side effects.

Astelin nasal spray (azelastine): This is a relatively new *antihistamine* spray that has come out on the market recently. It sounds promising to me, since it has less potential side-effects than an orally ingested antihistamine tablet. The typical nasal spray medications for chronic rhinitis/nasal inflammation which have traditionally been available were only things like nasal steroids (like Flonase and Nasonex), and nasal decongestants (like Afrin, which can cause rebound congestion if used for more than three days in a row). Since Astelin is not a nasal decongestant (rather, it's an antihistamine), it won't cause rebound congestion as a side-effect, and it can be used regularly. Astelin is not in the 'sedating' class of antihistamines, per se. Nontheless, just like Zyrtec, which is a non-sedating antihistamine medicine, Astelin can cause some mild drowsiness in a small subset of patients.

Singulair (montelukast): This orally-dosed medicine is a 'leukotriene inhibitor,' and it's used for the long-term prevention of asthma by reducing swelling and inflammation of the bronchial tubes in the lungs. However, Singulair is also known to reduce nasal congestion and inflammation, and therefore it should be mentioned here. (Singulair is typically prescribed by physicians to be taken at bedtime, for the purposes of relieving asthma and allergy-related symptoms the following day.)

'Sinusitis Nose Spray (Rx)': This is a non-traditional medicine which I saw mentioned in an article recently; but I haven't been able to find very much information about it yet. However, for completeness' sake, I'll mention it here. 'Sinusitis Nose Spray (Rx)' is something that's available by prescription only from a place called "ITC Pharmacy." (The ITC Pharmacy phone number is 888-349-5453.) This spray contains Sporanox, Xylitol, Bactroban and Beclamethasone, for the purposes of eliminating bacterial and fungal infections from the sinuses. It's used by taking 1-2 sprays in each nostril twice a day for 6-12 weeks, and then as needed. I saw this medicine mentioned in an article by Jacob Teitelbaum, MD, which has a lot of non-conventional ideas and interesting tips on treating chronic sinus conditions and infections, which may be contributing to sleep-disordered breathing conditions (like UARS) and chronic fatigue syndrome. You can read this article at the following website: http://www.endfatigue.com/health_articles_r-s/Sinusitis-actually_a_yeast_infection.html.

Benadryl, a "NO-NO" at bedtime:

Although Benadryl (diphenhydramine) is an 'antihistamine' that's aimed at relieving nasal congestion, I **DO NOT recommend** that this particular medication be used at bedtime due to its detrimental effects on sleep quality, which I'll explain in a moment.

Benadryl is in the class of medications known as the “sedating antihistamines,” because it can cause some drowsiness as a side-effect for some patients. Not surprisingly, there are some people with insomnia who even take Benadryl periodically at night, believing that it might make a good sleep aid. Additionally, this medicine would 'seem' to be a 'logical' choice to use at night to help clear up nasal secretions as well, which can occur (and/or worsen) during sleep.

However, many people report that they usually don’t feel well-rested the next day after using Benadryl, despite even having slept for as many as 8 hours or more. Benadryl even gives many people who use it at night a 'hang over'-like feeling the next day. This is likely because Benadryl can disrupt the brain's normal "sleep architecture" at night, when people use it at bedtime. Therefore, Benadryl is NOT a good choice for night-time usage.

Medication Side Effects:

The three 'non-sedating antihistamines' which I discussed earlier (Claritin, Allegra, Zyrtec) typically don't negatively affect the brain's sleep architecture at night if taken at bedtime. And even though they're called "non-sedating", they can potentially have a slight sedating (tiring) effect for some patients who use them, e.g., particularly Zyrtec. In general, these three medications are considered relatively safe, although no medication is without potential side-effects, of course.

I mentioned earlier that I respond well to partial tablets of the medication Allegra-D at bedtime. I only need a quarter tablet of Allegra-D at bedtime, in order to experience excellent relief of my UARS symptoms. Be aware, however, that the "D" part of Allegra-D, which is pseudoephedrine, can cause insomnia as a possible side-effect in some patients who use it. (So therefore, Sudafed and Deconamine can both potentially cause this as a side-effect for some patients, as well, since they both contain pseudoephedrine.) I personally haven't experienced insomnia as a side-effect during my usage of partial tablets of Allegra-D (or even full doses of Deconamine or Sudafed), however.

Regarding Allegra-D, you'll need a prescription for it anyway, so you'll have a chance to discuss it with your medical provider, if you decide to give it a self-trial**. If you do decide to give Allegra-D a trial, you may want to just start out with a half or a quarter tablet at bedtime for a few nights, in order to see what results you get.**

For some patients, they may possibly obtain all the symptomatic relief they need by avoiding taking any oral pills at all, and instead by simply using a nasal spray at bedtime, such as a steroid spray (like Flonase or Nasonex), or the nasal antihistamine spray Astelin.

Again, as mentioned, it's considered safe to use the nasal steroid sprays (like Flonase or Nasonex), as well as the nasal antihistamine spray Astelin, on a regular or continuous basis. However, the usage of nasal decongestant sprays (such as Afrin) should be limited to no more than 3 consecutive days of use.

I personally would prefer to use a 'nasally-applied' medication, rather than use an oral tablet (e.g., Claritin), if both happened to work equally as well for me. The reason for this preference is because an oral tablet has the 'potential' for more systemic side-effects (for example, the metabolic components of Claritin must be broken down and excreted by the liver) compared to a nasally- applied medicine.

The side-effects of an orally ingested medication could potentially affect different organs or systems within the body; that is, if you were to have any side-effects at all even (for example, either acutely, or after chronic, long-term usage). This is in comparison to a nasally-applied medication, which would ordinarily only be able to cause potential side-effects at the site of application (e.g., the nasal mucosa).

The nasal steroids (like Flonase and Nasonex) are generally well-tolerated and most people don't experience side-effects from them (e.g., harm to the nasal mucosa, etc). Also, the non-sedating antihistamine pills (like Claritin, etc) are generally well tolerated. However, there are more reports of various side-effects with these pills, compared to the nasally applied steroid sprays.

You can find a list of all the potential side-effects from medications by doing a search on the internet.

"<u>The Proof is in the Pudding</u>":

There's a saying "the proof is in the pudding." If a patient with UARS goes and tries a particular remedy (such as CPAP, surgery, or an oral appliance…or even a medication at bedtime), then the 'proof' of whether that remedy is effective or not for that person…is whether the person's symptoms are relieved the next day, or not.

Now, of course like many things, a particular remedy which we try out may NOT always work well the very first time we try it, and often a trial of several nights in a row must be undertaken to really get an accurate gauge of its efficacy.

There often exists an "adjustment" period which is necessary for many remedies which don't always seem to work very well at first. Over the course of a few days or weeks, with patience, and by making some small adjustments here-and-there

at times, we can often begin to see the efficacy of those remedies.

If your only subjective evidence of UARS that you have (aside from the objective findings of your sleep study testing) is the report of a bed partner who describes episodes of your snoring or breathing cessation (or just breathing difficulty) during the night…then, your "proof" of the efficacy of a new remedy that you try…might simply be to ask your bed partner to let you know if they observe any further such episodes in you at night. Additionally, you could check with your doctor and see if you could undergo another sleep study, after you have implemented the remedy or remedies. You will then be able to determine if there exists any further objective findings on sleep study testing of the presence of your sleep-disordered breathing condition.

Dealing with Doctors and Obtaining a Medication Prescription:

Be aware that very few, IF ANY, physicians will have heard of the technique of taking a non-sedating antihistamine tablet at bedtime, as I've described.

It was something that I sort of haphazardly stumbled onto on my own, since I had never heard this recommended by anyone before, including my own doctors.

It was quite serendipitous, since I found that lo-and-behold it provided relief from all of my sleep-disordered breathing related symptoms (after nearly 20 years of suffering with terrible daytime tiredness & chronic fatigue, mild snoring, and recurring difficulty with arising out of bed in the morning).

Even though your doctor may not have ever heard about the technique of taking a non-sedating antihistamine at BEDTIME (since they are only familiar with the typical recommendations for morning usage of these medicines, in order to control day-time symptoms), nonetheless, if your doctor is reasonable, then he/she should have no objections to you trying this technique.

You may explain to him/her that you heard about this from me (a family medicine doctor, who discovered this gave him complete relief from his own UARS symptoms), and your doctor will likely see value in my testimonial.

Of course, there should be some medical "indication" for taking a medicine. For example, my medical "indication" for being prescribed Claritin by my ENT doctor was that I had nasal inflammation, which he found upon performing a nasopharyngoscope exam during my office visit with him.

At that visit my doctor gave me the usual recommendation to take a Claritin each morning, along with Flonase nasal spray. I still do in fact use the Flonase each morning, by the way; however I use Claritin (or Allegra-D) at bedtime, instead of in the morning, which was my own initiative.

By-the-way, I've tried taking the 24-hr Claritin in the morning before, but I did not experience relief of my sleep-disordered breathing related symptoms, as I did by taking a regular Claritin at bedtime did.

Even though a person might not be an "allergy sufferer," or even have any common symptoms of allergic rhinitis or chronic rhinitis, if a doctor examines a patient and sees evidence of chronic nasal inflammation (which I think is common, due to air pollution, as I describe elsewhere), this would be an acceptable medical "indication" for the doctor to prescribe a non-sedating antihistamine for a patient. This was exactly my situation.

On the other hand, if you do have any common symptoms of allergic rhinitis or chronic rhinitis (e.g., runny nose, congestion, itchy watery eyes, sneezing, etc.) then a prescription for a non-sedating antihistamine is an automatic indication for medication treatment, regardless of whether chronic inflammation of the nasal mucosa is present or not (although it almost always is, in these cases).

Performing Medication Self-Trials/Experimentation:

If you suffer from sleep-disordered breathing related symptoms and if you have not been fully "scoped" yet by an ENT to check for nasal inflammation (which I highly recommend), you may desire to give yourself an experimental trial of bedtime usage of Claritin or Zyrtec, in order to see if one of these will help relieve your symptoms. You may choose to go and buy a box Claritin or Zyrtec on your own at a local or on-line pharmacy, since these two medications are both available "over-the-counter" without a prescription. [The generic version of

Claritin (called Loratidine) is available on Amazon.com, at a cost of $11.95 for a box of 300 tablets.]

After a few nights' trial of each medicine, if your sleep-disordered breathing related symptoms are reduced, then it would be evidence of effectiveness. If you decide to use one of these medicines long-term for control of your symptoms, you can then go and let your doctor know, and see if he/she will give you a prescription for the medicine that worked, so that you no longer have to pay for it out-of-pocket (that is, of course, if you have insurance or medicare coverage applicable to the medication).

Unfortunately, patients can't do this kind of self-experimentation as easily with Allegra or Allegra-D, since both of these medications require a doctor's prescription. So, if desired, you'll need to go and explain your intentions to your doctor, and hope that he/she will write a prescription for you for a few tablets of one (or both) of these medicines, so that you can perform an experimental self-trial with these, in order to see how you'll respond.

[Note: Everyone should always consult their licensed health-care providers before they use any medications...even over-the-counter ones, I believe, if it is their first time of usage.]

Regardless of how one goes about it, I also still would always STRONGLY recommend that anyone with sleep-disordered breathing related symptoms sooner-or-later go and get a thorough examination by an ENT doctor.

An ENT doctor can examine you using a nasopharyngoscope and check for things such as "nasal polyps," which are sacks of fluid that can be present at the back of the nasal passageways and can cause nasal obstructive symptoms (such as a feeling of chronic nasal congestion). Nasal polyps have to be removed surgically, since they are generally not relieved or treatable with medications. There are other nasal obstructive conditions as well, that an ENT doctor can find upon examination using a nasopharyngoscope, which include a 'deviated nasal septum' or other congenital or acquired abnormalities of the inner nasal passageways, etc.

CHAPTER 6

IMPORTANT QUESTIONS AND ANSWERS ABOUT MY 'ULTIMATE RELIEF' FOR UARS

Q: Is UARS *always* due to obstruction from the presence of increased nasal passage swelling and secretions, or are there sometimes *other* causes and factors involved?

A: Right now UARS is a medical condition which doctors and researchers are still studying in order to determine what its underlying causes are. In other words, the exact cause of UARS is felt to still be unknown at this time within the medical community.

On the other hand, with obstructive sleep apnea (OSA), it is well known that patients stop breathing intermittently at night while asleep by the blockage caused by the tongue falling down into the back of the throat. This is due to the relaxation of the muscles and the collapsing of the soft tissues of the upper airway. Patients who are diagnosed with OSA are often found to have a smaller-than-normal posterior airway, based upon findings on radiology exams.

With UARS however, the tongue is not felt to be a source of obstruction, and no complete cessation of breathing occurs, yet sufferers of UARS often experience the same types of symptoms as sufferers of sleep apnea, although usually to a somewhat lesser degree.

In my personal experience, I discovered that my symptoms from UARS were specifically due to nasal swelling and secretions which occurred at night, which is why I found relief by taking an antihistamine medication at night before bedtime. It is certainly possible that there exist other causes of UARS besides nighttime nasal swelling and secretions.

You can conduct your own simple experiment, and give yourself a trial over the course of a few nights using an over-the-counter antihistamine at bedtime, which will help you determine if this approach can provide relief for you or not. Of course read the package insert that comes with your antihistamine, and avoid

anything that you know you are allergic to, as well as talk this over with your doctor first.

In any case, if you suffer from any type of sleep or breathing problem, and if you have any symptoms of persistent daytime fatigue, then it's always best to get a full examination by an otolaryngologist (ENT) doctor, who can perform a nasolaryngoscope to examine your nasal passageways. There are a variety of other conditions besides nasal mucosal swelling, such as nasal polyps, which can cause interference with proper breathing.

A nasolaryngoscope is the best way to have your nasal passages visualized so that you can know what is present, and an ENT doctor is the best person qualified to discuss various treatment options with you for any kind of nose or throat condition.

Q: In cases where obstruction from nasal passage swelling and secretions is the main cause of UARS, why isn't simply learning to mouth-breath at night sufficient for adequate ventilation and oxygenation?

A: Our bodies are designed to breathe most efficiently through our NOSE at night while we're asleep. If your nasal passages are obstructed in any way whatsoever during the night, then you become forced to breathe through your MOUTH while asleep.

When you go to sleep, your body relaxes and all of the soft tissues in the back of your throat collapse. If you are breathing through your mouth when this happens as you're asleep, then these soft tissues in the back of the throat will begin to flop around and vibrate.

This results in what is known as "snoring."

When snoring occurs (even if it's very mild or minimal snoring), it can disrupt the normal night time "sleep architecture" of the brain, which is crucial in order to wake up the next day feeling refreshed and well rested.

A normal "sleep architecture" consists of five stages of sleep. The initial stages of sleep are numbered one through four, and then there's a fifth and final stage of

sleep, called “Rapid Eye Movement” or REM. (By the way, the first four stages of sleep are referred to as Non-REM sleep.) Your brain and autonomic nervous system regulate the entire sleeping process and the brain experiences numerous sequences and cycles of these various sleep stages throughout the night. This patterned cycling is what allows the brain to rejuvenate itself, in a sense.

Snoring and other night-time distractions can easily disrupt this intricate cycling and sequencing process, and the result is a feeling of drowsiness the following morning. The reason for this is because the brain doesn’t fully recover and refresh itself when it isn't allowed to reach the deepest stages of sleep during the night, and when it isn't able to complete its full range of sleep stage cycling.

Q: Why does the nasal obstruction occur or worsen at night?

A: I've researched this and found out that it's actually common for many people, even those who have no daytime allergy symptoms or chronic rhinitis, to have a little bit of swelling which occurs in their nasal passages at night, after they have gone to sleep. It appears to be related to the following:

When we lie down horizontally, the blood in our bodies is allowed to pool somewhat in our head and neck, since it's not being pulled downward by gravity towards our feet anymore, like it is when we're standing or sitting.

This effect then causes the capillaries in the mucous membranes inside of the nose to engorge slightly.

If there is already some degree of nasal passageway inflammation present (which I've found is somewhat common in many patients, even non-symptomatic ones), then when this combines with the swelling of the nasal passageways at night upon reclining, it can result in a complete closing of the nasal airway!

ANYTHING that we can do to alleviate nasal irritation and inflammation can help us breathe easier through our noses at night when we're asleep, so that we therefore don't end up breathing through our mouths, which is what leads to snoring and poor rest!

Q: Does using the other non-sedating antihistamines such as Fexofenidine (Allegra) or Cetirizine (Zyrtec) work as well as Loratidine (Claritin) in controlling the symptoms of UARS?

A: Theoretically, the other antihistamines such as Allegra and Zyrtec should work just as well as Claritin. As I mentioned earlier, I tried each of these other two related medicines at bedtime but I got limited relief from them. Your experiences may vary from mine, however.

Also, as I mentioned earlier, **I found excellent symptomatic relief from Allegra-D (either a quarter or a half tablet taken at bedtime)**, which is a combination of Allegra and the decongestant pseudoephedrine.

If the cause of your UARS is related to swelling and increased secretions within your nasal passageways at night, then theoretically you should experience a noticeable effect by using any one of these three antihistamines at NIGHT before bedtime. (Always check with your doctor first!)

However, due to the variances in the formulations of these three different medications, despite their relation to each other, many people find that they get varying results among the three different medicines. Therefore, if you decide to try one of these medicines over the course of a few nights and find that you don't get any relief, you may want to consider giving the other two medicines a try, over the course of several different nights of course.

Again, talk it over with your medical provider before you try anything, and be sure to get a full examination by a qualified ENT physician, as part of your evaluation and treatment for UARS.

Q: Do you ever cut back to a half tablet of Loratidine (Claritin) at night, or periodically take a break from usage?

A: Of course, consult your health care provider for any recommendations regarding taking medications. With that said, I have experimented and found that taking only half a tablet of Claritin per night gives me nearly the same degree of relief as taking a whole tablet. Therefore, I often will just take a half a tablet.

Claritin is metabolized by the liver, and so by minimizing its use I feel good knowing that I'm giving my liver a break. Also, taking only a half a tablet at night saves money, which is good especially if you have to purchase it over-the-counter and don't have insurance coverage for it.

Periodically, I will take breaks from using Claritin. Again, I don't want to overwork my liver by taking this medication continuously, and so at times I'll switch to taking a quarter or a half tablet of Allegra-D, which is also metabolized by the liver, but to a much lesser extent than Claritin.

I have also found that a topical nasal decongestant spray such as oxymetazoline (Afrin) relieves my UARS symptoms remarkably well when I use it at night before bedtime. Therefore, I sometimes will use Afrin spray for a three-night period, while I take a break from oral medication. However, it's important to know that nasal decongestant sprays should never be used by anyone for more than three days continuously, because there's a great risk of developing what is known as "rebound decongestion." This condition causes your nasal congestion and stuffiness to paradoxically worsen, as a result of the continued usage of nasal decongestant sprays beyond three days.

Q: What are the potential side effects of Loratidine (Claritin)?

A: The potential side effects of Claritin are listed on the package insert and may include headache, drowsiness, and dry mouth, among others.

Q: What about the use of "sedating antihistamines," such as Diphenhydramine (Benadryl), instead of non-sedating antihistamines?

A: Benadryl is in the class of medications known as the “sedating antihistamines,” which typically causes drowsiness as a side-effect. Some people with insomnia even periodically take Benadryl at night as a sleep aid. This medicine would seem to be a logical choice to use at night to clear up nasal secretions and congestion, which occurs during sleep. However, many people report that they usually don’t feel well-rested the next day after using Benadryl. This is likely because Benadryl can disrupt the normal "sleep architecture" of people who use it at night.

Q: Are there any other medications that may work, if I don't tolerate or respond to Loratidine or the other non-sedating antihistamines?

A: It's best to get a full examination by an otolaryngologist (ENT) doctor, who can perform a nasolaryngoscope to examine your nasal passageways and provide a determination as to what the best treatment method is for you.

Your ENT doctor may suggest that you try a topical nasal steroid, such as fluticasone (Flonase), which is a prescription medication. Topical nasal steroids are applied directly into the nose and shrink swollen nasal tissues. This prescription medicine can often be very beneficial, and it is used either alone or in conjunction with an oral antihistamine tablet.

As I mentioned earlier, I was prescribed Flonase and started taking it along with the Claritin, when I was first diagnosed with allergic rhinitis and discovered the beneficial effects of Claritin on my UARS symptoms. I'm sure that the Flonase contributes to my ability to breathe more freely through my nose at night when I sleep, and it helps the Claritin (or Allegra-D) perform its job of decreasing nasal swelling and secretions.

Also, please see my chapter entitled "Other Conventional Medication Alternatives" for further information.

Q: Are there any non-medicinal and alternative treatment remedies for snoring and UARS that you are aware of?

A: Yes. Please see the table of contents of this e-book for a list of my chapters which deal with alternative remedies and treatment approaches for snoring and UARS.

Q: What support groups or on-line forums exist for UARS?

A: I haven't come across any support groups or on-line forums which are dedicated solely to UARS. However, there are several helpful web-based forums dedicated to sleep apnea and sleep disorders in general. Sometimes, there are

inquiries and discussions which appear about UARS among the users within these forums. These sites include: www.talkaboutsleep.com, www.apneasupport.org/forum, www.apneaboard.com, and www.cpaptalk.com.

Q: What books, articles, or other resources that deal with UARS are out there?

A. The seminal article on UARS is "A cause of excessive daytime sleepiness: The upper airway resistance syndrome", which Dr Christian Guilleminault, the pioneering sleep disorder physician and researcher, co-published in the journal Chest. This is the official journal of the American College of Chest Physicians, and the article may be found in the 1993; 104 volume of Chest, on pages 781-787. A link where you can read this online if you're interested is located at: http://www.chestjournal.org/cgi/reprint/104/3/781.

As far as books go, aside from my eBook I haven't come across any other books dedicated solely to the topic of UARS. However, here are a few good books about sleep apnea and sleep-disordered breathing conditions, in general:

The Promise of Sleep: A Pioneer in Sleep Medicine Explores the Vital Connection Between Health, Happiness, and a Good Night's Sleep - by Dement, William C.

Restless Nights: Understanding Snoring and Sleep Apnea - by Lavie, Peretz

Sleep Apnea - The Phantom of the Night: Overcoming Sleep Apnea Syndrome and Win Your Hidden Struggle to Breathe, Sleep, and Live - by Johnson, Scott T.

Snoring and Sleep Apnea: Sleep Well, Feel Better - by Pascualy, Ralph

CHAPTER 7

AIR POLLUTION AND NASAL INFLAMMATION

Although I am not an ENT doctor (I'm a family medicine doctor), in my experience, it is quite common for me to find chronic nasal inflammation present in many different types of patients, even those who do not suffer from any overt symptoms of allergic rhinitis or chronic rhinitis at all. I see this when I examine patients by using a basic nasoscope (not a full nasopharyngoscope, which also examines all the way down into the bottom of the throat in order to check for abnormalities with the vocal cords).

My theory is that this chronic nasal mucosal inflammation which I find is so common, is due, at least in part, to the AIR POLLUTION that is rampant in most non-rural parts of the US, Canada, Europe, Australia, and even Asia.

Of course, Los Angeles, where I live, is one of the worst places, when it comes to air pollution (also known as smog). However it's evident to me that significant air pollution is present in many other cities and towns that I've travelled to around the world. Basically, anywhere that there are any significant numbers of cars and trucks driving around, there is going to be some degree of air pollution present there.

And even though most of the time we can't see it, our gas-burning vehicles put out toxic by-products into the air that we breathe all around us. Even though air pollution is not an "allergen" per say, it can act as an *inhalational irritant*. And inhalational irritants can cause what is known as "inflammation" of the delicate mucous membranes of the nasal passages. This is what, I believe, happens to us as a result of air pollution, as we breathe in this largely invisible toxin throughout the day (and being indoors is not always an escape from it).

CHAPTER 8

ALTERNATIVE TREATMENT APPROACHES FOR NIGHT-TIME NASAL OBSTRUCTION (INCLUDING NATURAL & HERBAL REMEDIES)

Non-Medication Treatment Approaches to Night-time Nasal Obstruction:

There are many non-medication approaches for relieving night-time nasal obstruction, due to underlying nasal inflammation, congestion, and swelling. Nasal saline irrigation and/or the use of a neti pot are two natural approaches. (See my chapter on nasal saline irrigation later in this e-Book.) Nasal strips and nasal dilators can also help.

In an article I found on the internet by Jacob Teitelbaum, MD, I saw an interesting, simple 'nose test' which he mentioned, which can be used to see if you possibly are suffering from nasal resistance. Here's how he describes it: "Looking in a mirror, press the side of one nostril to close it. With your mouth closed, breathe in through your other nostril. If the nostril tends to collapse, try holding it open with the flat side of a toothpick. Test both nostrils. If breathing is easier with your nostril held open, using nasal dilators or strips when sleeping may help."

However, even if you don't experience nasal resistance with the above 'nose test' during the daytime, you may still be experiencing nasal obstruction at night during sleep without necessarily being aware of it, due to the reasons I described earlier. Therefore, it's worthwhile to consider trials of the different treatment approaches directed at nighttime nasal obstruction, such as nasal strips and nasal dialators.

A simple nasal dilator called **Nozovent**, is available at www.nosnorezone.com. This has become a popular and easy to use device among patients, in order to enhance night-time nasal breathing.

Also, there's something called **Breathe-Aide Nasal Expander**, which you can read about at: www.breathe-aide.com.

Another easy-to-use option is **"Breathe Right"** nose strips. These are available at most pharmacies and many supermarkets. More information is available on-line at: http://www.breatheright.com/.

www.Putanendtosnoring.com - This is a website I found which has a comprehensive listing of numerous treatments for sleep-disordered breathing, including homeopathic remedies, throat sprays, oral devices, hypnosis, aromatherapy, and herbal remedies, as well as standard treatment approaches. Check it out at: http://www.putanendtosnoring.com/remedies.htm.

Natural & Herbal Supplements for Nasal Congestion and Blockage:

Below is a list of herbs and other natural supplements which have been known to reduce nasal/sinus inflammation, congestion, and swelling in many people. **You may want to purchase several of these in order to give yourself a home trial over the course of several nights (one at a time, of course), to see if you benefit from any of them.** Each of these may be obtained at your local health food store or on the internet.

People have various responses to natural and herbal supplements, just as people have various responses to conventional medications. There's no one supplement, or even conventional medication for that matter, which works identically the same for everybody who uses it.

I personally am currently undergoing separate trials of each of these natural supplements myself, and the results I have experienced to date with each of them is promising.

The only way to find out if a particular natural or herbal supplement will work for you, is to simply try it out. Keep in mind that many of the natural and herbal supplements described below usually provide relief only after taking them for a period of at least three to four weeks. So, patience pays.

Stinging Nettle (or Nettle Extract) - Extract of the freeze-dried root of this herb (Urtica dioica) has a long tradition of use for decreasing sinus and nasal congestion and inflammation.

Butterbur - Extract of the Butterbur plant (Petasites hybridus) has been proven in a clinical trial to reduce nasal congestion and inflammation. (This is according to the British Medical Journal, 2002; 324: pages 144-146.)

Quercetin - This is a naturally-occurring, plant-derived bioflavonoid (found in capers, citrus fruits, apples, red onions, and certain other plants) that supports healthy histamine levels, thereby helping to sustain a balanced immune response. It has been used effectively to reduce symptoms of nasal congestion and inflammation. 'Quercetin' is often combined in dietary supplements with 'Bromelain.'

Bromelain - This is an enzyme derived from pineapple stems, which also supports healthy immune system functioning. It acts as an anti-inflammatory agent, and many people have found that it provides relief from nasal and sinus congestion and inflammation.

Vitamin C - It's well known that an adequate daily intake of vitamin C is essential for the healthy functioning of our immune systems.

Combination Supplements:

"Respir-All" - You can find several combination supplements which contain Quercetin, Bromelain, and Vitamin C together in a single formulation. One such formulation is available from the well-respected "NOW" brand, which makes a product called "Respir-All." This product also contains Nettle Extract as well as other additional natural ingredients which may reduce nasal inflammation and congestion. There are several places where you can purchase this product on-line, as well as read the complete list of ingredients. Here's one of the many websites where this supplement is available: http://www.veganstore.com/now-respir_dash_all/Page_1/802.html

"Congest Support" - This combination supplement contains a proprietary blend of the following herbs and other natural ingredients, which may reduce nasal

mucous and swelling when taken on a regular basis: Fresh Osha Root, Fresh Yerba Santa Leaf, Lomatium Root, Garlic Bulb, Mullein Leaf, Thyme Herb, Licorice Root, Oregon Grape Root, Echinacea purpurea Flowering Tops, Wild Cherry Bark, Ginger Root, Oregano Oil. One of the places where it's available on-line is at: http://www.nutrasanus.com/congest-support.html

CHAPTER 9

THE POTENTIAL ROLE OF DIETARY FACTORS IN SNORING AND UARS

Dietary Allergies:

You may want to give some consideration to your diet, since the things you eat can potentially affect the amount of mucous and inflammation which your body produces. Sometimes food allergies (**for example, allergies to dairy products like milk, cheese, yogurt, and ice cream**) can incite nasal swelling and inflammation.

If you've never done so, it's worthwhile to do a **2-week no-dairy challenge**. See if there is any difference in your sleep-disordered breathing related symptoms, at the end of a two-week period of excluding all dairy products (milk, cheese, ice cream, etc) from your diet.

If you find that excluding dairy products from your diet reduces your snoring or UARS symptoms, you may want to consider "almond milk" as a viable alternative to cow's milk. This is available in most health food stores and is also becoming increasingly available in major super market chain stores. It's what I use as an alternative to cow's milk. I prefer the unsweetened version of almond milk, in order to minimize my intake of refined sugar.

A Note on Probiotics:

Probiotics should be a part of everyone's daily supplement regime, in my opinion. Probiotics are dietary supplements made up of live microorganisms containing bacteria or yeasts, such as lactobacillus acidophilus, which are potentially beneficial to the intestinal flora. Our body systems are interconnected, and sometimes problems with our gastrointestinal system (which 'probiotics' can help to correct, in some cases) can be related to our energy levels and the amount of inflammation that occurs in different parts of our bodies, such as the nasal mucosa.

CHAPTER 10

ACID REFLUX: A POTENTIAL FACTOR IN SNORING AND UARS

Some people who snore or have other forms of sleep-disordered breathing such as UARS, may be suffering from a condition known as "gastro-esophageal reflux" or "acid reflux" (also known as "GERD", or just "reflux"). In fact, acid reflux may be a major contributing cause of snoring and UARS.

Many people who suffer from acid reflux have a chronic symptom known as "dyspepsia", or "heartburn", which is a recurrent, intermittent burning sensation in the upper stomach area. Sometimes it is associated with belching or burping.

Some people who suffer from acid reflux may have no symptoms at all from this condition except for snoring or UARS, and they would never suspect that this is an underlying contributing cause.

The standard treatments for acid reflux include the following medications:

a. Antacids such as Tums (calcium carbonate); or,

b. The "H-2 blocker" class of medications which include ranitidine (Zantac), cimetidine (Tagamet), or famotidine (Pepcid AC); or,

c. The "proton pump inhibitor" class of medications, which include omeprazole (Prilosec), lansoprazole (Prevacid), esomeprazole (Nexium).

Alternative approaches to dealing with acid reflux include the simple natural method of **eating a slice of apple at bedtime.** (Check out the website www.refluxremedy.com, for more natural and simple remedies for dealing with acid reflux.)

Losing weight can also reduce the effects of acid reflux, if you have this problem. Additionally, consider reducing your intake of caffeine-containing products, such as coffee, tea, and caffeine-laden sodas and energy drinks, as well as alcohol, since these can all worsen acid reflux.

If you snore or have UARS, it's worthwhile to be sure that you don't also have acid reflux, which may be a contributing cause of your sleep-disordered breathing symptoms.

Therefore, you should discuss acid reflux with your health care provider and get checked out for it, just in case. To treat this condition, you can either try some of the natural approaches available, and/or you can ask your doctor to give you a trial of some of the medications which I listed above, to see if this has any effect on your symptoms. Of course, anytime you take a medication, you should do so only in close consultation with your health care provider, since all medicines have potential side-effects, and these medications can also have possible adverse interactions with other medicines which you may be taking, as well.

CHAPTER 11

ADDITIONAL POWERFUL AND EFFECTIVE SOLUTIONS FOR SNORING, UARS, AND OTHER SLEEP-DISORDERED BREATHING CONDITIONS

Below are some additional very helpful remedies I've come across over the years which have provided relief of varying degrees for my UARS symptoms, prior to my discovery of the benefits of Claritin and Allegra-D. I list these here for readers who are interested in learning about additional non-medicinal alternative treatment methods.

Some of these remedies are anti-snoring aids, and although none make any specific claims about UARS, many sufferers find these effective for relieving other forms of sleep-disordered breathing. By the way, "sleep-disordered breathing" is a medical term which refers to a group of related conditions that includes UARS, sleep apnea, and snoring.

a. SleepRight Dental Guard, from Splintek

(Note: The following descriptions of the SleepRight dental guard and side sleeping pillow come from Splintek's website, located at www.splintek.com.)

The SleepRight® dental guard was designed by a specialist in dentistry to protect teeth and jaw joints from bruxism commonly referred to as clenching and grinding teeth. Many individuals suffering from this destructive condition also suffer from snoring and sleep apnea.

Although there are special appliances that can be made through your health care professional that are specifically designed to open the bite and pull the jaw forward, there are a number of people who have appreciated the reduction in snoring and sleep apnea when wearing a SleepRight® dental guard.

It really depends on whether you clench and grind your teeth during sleep. Bruxism is a disorder that affects nearly 80% of the population. This over active muscle activity forces the lower jaw closed and usually backward. When sleeping on your back, gravity will exacerbate this backward movement of the jaw. This posterior repositioning of the lower jaw forces the tongue into the back of the throat, which dramatically reduces or totally closes off the airway.

With a significant reduction in airway space, the posterior pharyngeal wall vibrates against the tongue causing a rattling sound in the back of the throat. The sound produced by this vibration is called snoring.

If the airway is blocked completely, the individual may experience several episodes of sudden gasping for air to breathe, which severely interrupts the sleep cycle. Sleep deprivation can lead to difficulty staying awake during the day. The SleepRight®, by design, re-establishes your natural freeway space between your teeth. This is the space that should exist between your teeth while you are in repose, quite and at ease. We call this “lips together and teeth apart”.

For an individual who is a chronic teeth grinder and clincher, opening the bite will usually result in the lower jaw posturing slightly downward and forward naturally, which also brings the tongue forward. This forward posture of the lower jaw and tongue opens the airway in the back of the throat, thereby reducing or eliminating the snoring. Breathing is much easier, especially if you change your sleep position from your back to your side, so restful sleep is possible without the constant awakening to gasp for air. All this translates into restful sleep, hence much easier to remain alert and awake during the day. Results may vary for each individual.

Splintek offers a 30-day money back guarantee which allows you the opportunity to give it a try without risk. Remember, nearly 80% of the population have some form of bruxism so that is an issue which should be addressed as well as snoring or sleep apnea.

b. SleepRight Side Sleeping Pillow

Splintek has also developed an anatomical, orthopedically designed, visco-elastic memory foam pillow called the SleepRight® side sleeping pillow. It's an integral part of the SleepRight system that many of Splintek's customers are using for snoring and sleep apnea. The SleepRight system comes in a special discount package.

The Visco-elastic memory foam of the SleepRight pillow conforms to your facial contours by taking an impression of your head and neck anatomy. This greatly minimizes the unwanted side effects of pressure points, which is a benefit unavailable in regular pillows. As your head settles into the full facial cradle, the memory foam will softly conform to your personal anatomy. The memory foam will automatically adjust to your body temperature and head weight as your head and neck stabilize in its resting place. When equalization between head weight and the elasticity of the memory foam is achieved, your head and neck posture will be ideally aligned with your spinal column.

The SleepRight Side Sleeping Pillow is made from premium Visco-elastic memory foam, originally developed by NASA. This pressure relieving memory foam is sensitive to body temperature and weight, easily conforming to your own personal anatomy.

The Visco-elastic memory foam conforms to your facial contours by taking an impression of your head and neck anatomy. This greatly minimizes the unwanted side effects of pressure points, which is a benefit unavailable in regular pillows. As your head settles into the full facial cradle, the memory foam

will softly conform to your personal anatomy. The memory foam will automatically adjust to your body temperature and head weight as your head and neck stabilize in its resting place. When equalization between head weight and the elasticity of the memory foam is achieved, your head and neck posture will be ideally aligned with your spinal column

The left and right airway system maximizes airflow to help you experience improved breathing. Some users have reported a reduction in snoring as a result.

Further information on the SleepRight dental guard and side sleeping pillow may be found at www.splintek.com.

c. Sleeping Positions

It is widely accepted that **sleeping on your back tends to worsen all forms of sleep-disordered breathing**, including UARS, sleep apnea, and snoring.

Sleeping on the back allows gravity to pull the soft tissues of the palate, or the tongue, down into the back of the throat and cause airway narrowing, or as in the case of sleep apnea, complete obstruction.

Some doctors will even go so far as to advise patients with sleep-disordered breathing to sew a pocket into the back of their pajamas so that a tennis ball may be kept in it at night.

After rolling onto your back at night during sleep and repeatedly experiencing the discomfort of the tennis ball continuously there, you soon "train" your subconscious mind to learn to avoid this sleeping position all together.

An easier alternative to sewing a pocket in the back of your pajamas...is to simply go out and buy a **Dickies T-shirt or other type of T-shirt** (which you can usually find in the men's section of K-mart) **that has a pocket in the front upper left of the shirt**.

Simply **put the shirt on backwards and place the tennis ball in the pocket**, which is now in the upper right of the back. **You get the same effect...!**

Most doctors routinely advocate that patients with sleep-disordered breathing sleep on their side, or thier stomach (and, of course, avoid sleeping on their backs).

By sleeping on your side, or on your stomach with your head turned off to the side, this elicits the pull of gravity to cause the soft tissues of the palate and the tongue to fall somewhat forward and away from the back of the throat, preventing them from narrowing or obstructing the airway.

When sleeping on your side, try to keep your head, torso, and pelvis all **in a straight line** (when viewed from behind), which is a **neutral anatomical position that will help to keep your spine in alignment.**

You can achieve this result by **using a pillow of the proper height under your head and also by placing a flat pillow between your knees. Also, keep your knees and hips in a relaxed but flexed position and bent at 90 degree angles.**

Many authorities feel that sleeping on the stomach, known as the "prone" position, is not a good idea. The reason for this is because it can lead to improper alignment of the spine, and because it can also place excessive pressure on the gastrointestinal organs throughout the night.

Believe it or not **there actually is a very comfortable PRONE sleeping position** I have found which I believe **retains the beneficial effects of gravity on the tissues of the back of the throat and tongue**, as well as maintains **proper spinal alignment**, and also **avoids excessive pressure on the internal organs**.

I've nicknamed this the **'Falcon Sleeping Position'**, and I describe it next.

The 'FALCON SLEEPING POSITION': (formerly known as the 'partial swastika sleeping position')

I remembered seeing a unique sleeping position demonstrated once by a sleep expert who was a guest on a TV talk show. He referred to this position as the

'partial swastika sleeping position,' because of the position of the arms, which are pointed in opposite directions away from each other, with the shoulders and the elbows bent at ninety degree angles.

The expert mentioned that studies and surveys had been conducted, and this was found to be the most comfortable position among all other sleeping positions. (Personally, I found that it actually took a little time to get used to the position, when I first tried it a few years ago. Now I find it extremely comfortable.)

He also said that this sleeping position was one of the best for alignment, as well, since the spine of your neck, torso, and hips stay lined-up with each other.

The mental image I saw on that talk show episode stayed with me, and about three years ago I started to experiment and use this position at night. I found that it really helped significantly with somewhat reducing my sleep-disordered breathing related symptoms, in conjunction with my other treatment approaches, especially compared with back-sleeping (with or without a pillow, neck roll, etc) or side-sleeping positions.

For obvious reasons, I DETEST using the term "(partial) swastika" when referring to this sleeping position ...although I LOVE the sleep position itself!

However, the image of a (partial) swastika seems to help people who've never seen it before to visualize this sleeping position better, and so the term helps a bit when I attempt to describe this position to others.

Anyway, in the interest of taste, I've now recently nicknamed this the **"Falcon Sleeping Position"!** (See the next page for pictures and a complete description of this.)

Here's a complete description of the FALCON SLEEPING POSITION:

To start out with, first lay flat on your belly for a second and turn your head to the left. Now, bring your left arm up so that your upper arm is extending out at a ninety degree angle to the side of your torso, and your left elbow is bent ninety degrees, with your left hand pointing up away from your feet. (Your left hand ends up being next to your face, in this position.)

Next, extend your right arm out to the opposite side of your body at a ninety degree angle and bend your right elbow ninety degrees as well, with your right hand pointing down towards your feet. (You arms will now form a 'half-swastika' shape.)

Next, bring your left thigh up so that your left hip and knee are each bent at ninety degree angles. Keep the right leg extended straight downward, with no bend at the knee or hip. In this position you will find that your abdomen/belly and chest will be lifted slightly off of the bed, so that there is not a feeling of excessive pressure on your gastrointestinal organs. For added support and comfort, you can place a pillow under the left half of your chest and abdomen.

I find this to be an incredibly comfortable position which I can remain in all night long with no discomfort. By the way, no pillow is used under the head in this

sleeping position. The side of your face rests directly on your flat bed and the spine of your neck, torso, and hips should all line up in a straight line.

You can also switch to the exact opposite side, using the swastika sleeping position, so that you're looking to the right instead, with your right hand now up in front of your face and your right knee and hip bent, and your left leg straight. Basically just use the same steps as I described above but replace the terms "left" with "right" and vice-versa.

As I mentioned, with this sleeping position, the head is kept turned completely to the side, while it rests flat against the bed.

The body is not actually completely prone, since the chest and abdomen stay lifted up off of the bed somewhat, because of the bend in the hip of one leg, which keeps the torso/abdomen propped up a bit.

For added support and comfort, I like to keep a pillow under the half of my chest and abdomen which is lifted up slightly off the bed. You can see the pillow that I have under my chest/abdomen in the photos.

Use of the 'Falcon Sleeping Position' for CPAP gear wearers:

**Question from a Reader **

I like the prone position as you described it. Unfortunately those of us with severe sleep apnea have to wear cpap gear. Many of us are not be able to sleep prone due to interference with our cpap gear.
- R.

** My Comments **

Actually, this position is very compatible with CPAP gear, in my experience.

Back when I was using my CPAP machine and facemask/headgear, I slept in this position very consistently and effectively each night, without any interference.

With this sleeping position, the head is kept turned completely to the side, while it rests flat against the bed. (The body is not actually completely prone, since the chest and abdomen stay lifted up off of the bed somewhat, because of the other elements of the sleeping position which I mentioned.)

I recently went and dug my CPAP mask out of the closet where it's been for the past several years (since I no longer need CPAP treatment), and I took these photos, to demonstrate that this sleeping position is compatible with facemask/headgear usage.

Left-facing position, with facemask/headgear:

Right-facing position, with facemask/headgear:

With practice and conditioning, I found that I was able to become accustomed to being able to switch from the left-facing position to the right-facing position while asleep, without any interference to my facemask/ headgear, for a greater degree of variety and comfort during the night.

At first, I practiced this switching from left-facing to right-facing several times, consciously, before falling asleep at night for a couple of weeks. Then, my subconscious took over and I was able to switch from left- to right-facing a few times during the night while asleep, without interruption of my sleep.

d. Sleep Hygiene

In case you haven't seen this before, here's a list of the conventional tips regarding proper sleep hygiene. You may use this as a checklist to see if there's anything on this list that you're failing to observe regularly. Poor sleep hygiene can have a compounding effect, along with sleep-disordered breathing, in adversely impacting the quality of your sleep.

1. **Eliminate noises and sounds in your bedroom as much as possible.** When the source of outside noise can't be eliminated, sometimes it can be masked. A fan or white noise machine can help block outside noise if necessary. Some people

enjoy recordings of soothing sounds when falling asleep, such as waves, waterfalls or rain.

2. **Keep your room as dark as possible** during sleep hours. Heavy shades can help block light coming in through your windows at night from nearby streetlamps, or you can try an eye mask to cover your eyes.

3. Ensure the **temperature** in your room is comfortable and that the ventilation is adequate.

4. **Reserve your bed for sleeping and sex only.** Avoid things like eating in bed, reading, balancing your checkbook, etc. Don't use the bed as an office, workroom or recreation room. Let your body "know" that the bed is associated with sleeping. Even **watching TV in bed regularly is not advised.**

5. **Try to keep a fixed bedtime and awakening time most of the time.** Don't be one of those people who allows bedtime and awakening time to drift often. The body can get accustomed to falling asleep at a certain time, but only if this is relatively fixed.

6. **Regarding naps:** Some experts recommend avoiding naps during the day as this may lead to difficulty getting to sleep at night. Others advocate mini-naps once or twice a day when necessary, consisting of 10 to 20 minute intervals. Find out what works best for you.

7. **Minimize or eliminate alcohol.** If you do drink, try to avoid alcohol within 4 hours of bedtime; and the same goes for heavy, spicy, or sugary foods. Alcohol as well as various kinds of foods ingested close to bedtime can negatively affect sleep quality.

8. **Avoid caffeine at least 4-6 hours before bedtime.** This includes caffeinated beverages such as coffee, tea and many sodas. Also, be aware that chocolate contains some degree of caffeine was well.

9. **Exercise regularly, but not right before bed.** Regular aerobic exercise, particularly in the afternoon, can help deepen sleep. Strenuous exercise within

the 2 hours before bedtime, however, can sometimes decrease your ability to fall asleep.

10. En**sure your bedding is comfortable.** If necessary, check out the therapeutic beds and pillows that are becoming increasingly available. You might find something that makes a big difference in your quality of sleep and your ability to fall asleep quickly.

11. Sometimes drinking a cup of **warm cow's milk or almond milk** can help when you can't get to sleep right away at night.

12. Practice **relaxation techniques** before bed, such as yoga and deep breathing. Also, listening to classical music and other forms of calm soothing music before bedtime is especially recommended.

13. **Quiet the mind in preparation for sleep.** Each night, consciously work to put a stop to any thoughts of future planning, problems or worries regarding work, family, personal issues, etc, within about an hour before your bedtime.

14. **Establish a pre-sleep ritual,** when necessary. Pre-sleep rituals, such as a warm bath or a few minutes of reading, can be helpful if insomnia is a problem. (But try to avoid reading in bed!)

15. Television: **Watching television before bedtime is usually not recommended.** Also, some people fall asleep with the television on in their room, which is not a good idea either! This can adversely affect the quality of a person's sleep, leading to tiredness and lack of alertness the next day. In general, it's a good idea to keep the television out of the bedroom.

16. Trouble falling asleep: **If you don't fall asleep within 15-30 minutes** after going to bed and you're routinely bothered by insomnia, then it's best not to remain in the bed "trying hard" to sleep. **Get out of bed and leave the bedroom. Go and do some reading, have a light snack, do some quiet activity, or take a bath.** You will generally find that you can get back to sleep after about 20 minutes or so. Also, try to avoid performing challenging or engaging activities such as office work, housework, etc. during this time.

e. Weight Loss

No discussion of sleep-disordered breathing would be complete without a mention of the role which weight loss plays in attempts at symptom reduction. Many people have found relief from their snoring and other sleep-related conditions by shedding excessive pounds.

The severity of symptoms of sleep apnea, in particular, is closely related to some patients' degree of excessive body weight. This is because excessive fat in and around the neck, tongue, and soft tissues of the posterior throat can all create a compounding effect and result in a narrowed airway. This creates an increased propensity for the tongue to restrict breathing when it falls down into the back of the throat at night, as the body goes to sleep and many of its tissues and muscles relax and become limp. Many sleep apnea patients have learned that shedding body fat leads to a less narrowed airway and less restricted breathing at night, which therefore improves energy and alertness levels during the day.

As it relates to UARS, weight loss can sometimes have a beneficial effect on this condition as well. Even if your symptoms of UARS are related primarily to problems occurring in the nasal passageways, as mine were, as opposed to restrictions in the throat and posterior pharynx, losing excessive weight may still help you to decrease your overall symptoms, and is worth considering.

Chapter 12 of this book contains the fundamentals of healthy eating habits, which not only can help you lose unwanted pounds, but also will help you feel great in the process.

f. Standard treatment approaches to UARS and Sleep Apnea

The standard treatment approaches for the sleep-disordered breathing conditions of UARS and sleep apnea are the generally the same. These include CPAP, oral appliances, and various surgical procedures, including UPPP (uvulopalato-pharyngoplasty) and linguloplasty. There are several variations on the traditional scalpel-based UPPP surgery, including laser and electrocautery versions. The

intended aim of each of these surgical procedures is to increase the dimensions of the upper airway as well as to reduce the collapsibility of the airway.

One of the newer treatments available is "injection snoroplasty." This is an outpatient procedure and entails the injection, by an ENT doctor, of a stiffening substance into the soft tissue towards the back part of the roof of the mouth, known as the soft palate. The substance is a "sclerosing agent" that scars and stiffens the tissues of the soft palate, and the end result is a reduction in the vibration that relates to snoring and upper airway resistance.

The new "Pillar implant surgery" works along similar lines. It involves the implantation into the soft palate of three soft "pillars" to stiffen the soft palate.

For sleep apnea that is severe and unresponsive to initial treatment attempts, maxillo-mandibular advancement (MMA) is another option. MMA is an extensive surgical procedure which involves realigning the jaw, by breaking both the upper and lower jaws and allowing them to "reset" in a more anterior position, in an attempt to widen the upper airway.

These various treatment options are written about extensively elsewhere, and you have probably seen many of them mentioned in the conventional literature on sleep apnea and UARS. Some patients tolerate and can find adequate relief with CPAP therapy alone, while others discover that one of the different surgical treatment options does the trick. To learn more about these conventional treatment approaches, including their potential risks and benefits, look them up on-line, or see the end of chapter 6 for a list of some of the books available on sleep-disordered breathing conditions.

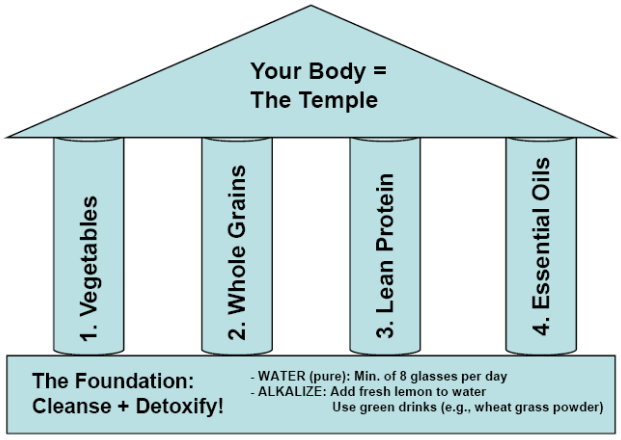
CHAPTER 12

SUPER TIPS FOR OPTIMIZING YOUR LEVELS OF ENERGY AND VITALITY: THE "TEMPLE OF HEALTH"

No matter how good the quality of your sleep is, you'll still end up feeling run down if you eat poorly and exercise too little. Instead, regularly enjoy **plenty of pure water each day, healthy eating habits, appropriate daily dietary supplements, and aerobic exercise**. Doing so will ensure your heart, body, and mind stay healthy; provide physical energy and mental clarity; and keep you feeling youthful and virile, regardless of your age!

You may know of the "food pyramid", which is a visual image used to convey the food groups you're supposed to choose from and consume daily, as recommended by the US government. Yet, the food pyramid has met with controversy and even disapproval among many nutrition experts. Also, our skyrocketing rates of obesity and adult-onset diabetes, as well as heart attacks and cancer, clearly mean we have to try something different.

"The Temple of Health"



Many people are familiar with the phrase **"your body is a temple."** I sure hope that you treat YOURS that way! Well, I've found that a "temple" is a GREAT visual aid to serve as a reminder of the important components of a healthy diet…AND as a reminder of how to treat your body (in case you're not doing that now)!

The Foundation of Health: CLEANSE and DETOXIFY

The basis of a healthy life nowadays has to rest upon a firm foundation of regular 'cleansing' and 'detoxifying.'

We live in an increasingly toxic environment and we're regularly exposed now to toxins and pollutants in our air, water, and soil, as well as harmful chemicals like

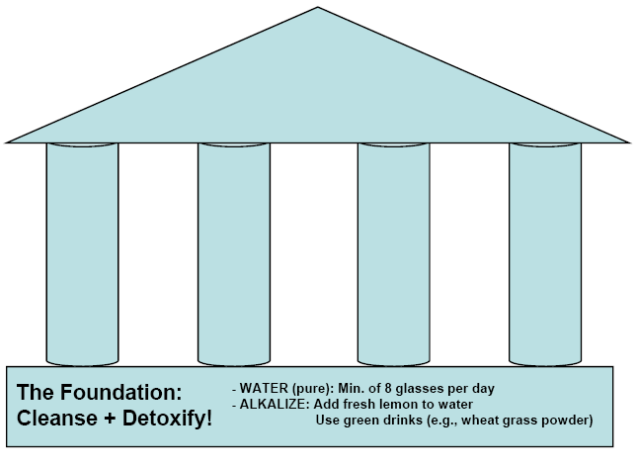
preservatives and pesticides in many of our foods. **It's now necessary to <u>actively cleanse & detoxify</u> our bodies each day, in order to counteract the harmful effects of these toxins…and <u>there's no amount of healthy eating or exercising which can replace the need for this, or make up for it!</u>**

Fortunately, there are a **<u>few simple steps</u>** we can take each day to cleanse and detoxify our bodies!

<u>The first step is to drink plenty of fresh, pure WATER throughout each day.</u> And, I'm not talking about tap water! It should be filtered water, whenever possible. The filter I use at home is an Aquasana, which is excellent. (www.aquasana.com)

Drink a minimum of 6 to 8 glasses of water each day. This will help to cleanse and flush out the toxins you accumulate in your body.

Also, another great way to detoxify is to **<u>"ALKALIZE."</u>** Many toxins are acidic, and so one way to counteract their harmful effects is to neutralize them through alkalizing. There are two very simple ways to help with this.



The **first** easy way to **alkalize** is to squeeze the **<u>juice from a piece of fresh lemon</u>** into the **water** you drink, as often as you can. When you go out to a restaurant, always ask the waiter to bring you a big glass of water with a slice of lemon in it. Oh, and request "no ice"; that way you can drink it down right away before you eat, while you're looking at the menu and selecting your order.

Also, I recommend that you start out each morning with a very tall cup of water and the juice from a slice of fresh-squeezed organic lemon in it. That's what I do every morning and it's a great way to start out the day.

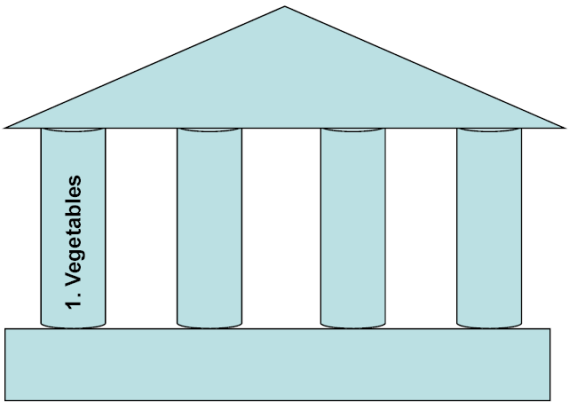
The **second** great way to **alkalize** is by regularly drinking a **"<u>green drink</u>."** Green drinks include the juices from various kinds of grasses like wheat grass and barley

grass. See my section on green drinks later, for more information. Have a green drink every day!

The First Pillar: Vegetables

The **Vegetable** group of foods makes up the first of the important pillars of a healthy diet. All types of vegetables are good for you and you should strive to eat as many as you can each day. Organic is best (see my section on Organics, below), but don't let the possible lack of access to organic vegetables be an excuse to neglect this important food group in your diet.

You should especially try to emphasize the intake of dark green leafy vegetables in your daily diet, and regularly eat lots of **raw kale, spinach, Swiss Chard, mustard greens, collard greens, dandelion greens, and bok choy**. These dark green leafy veggies are all packed with fiber, antioxidants, and other nutrients, including calcium and iron. They go great with mixed salads, which are easy to make and eat any time. Oh, and at a minimum you should eat one salad a day, and ideally two a day - one with lunch and dinner.



Nature gave us an incredible range of types and tastes of vegetables to choose from, so it's impossible to ever get bored with this food group if you're doing it correctly. Regularly eat a wide variety of different types of vegetables. **Change up your diet with different kinds of squashes, peas, green beans, asparagus, brussels sprouts, carrots, yams, broccoli, cauliflower, etc.**

Make sure to add a variety of veggies to your salads whenever you can, like **cucumbers, avocados, tomatoes, sprouts, green peppers, and chick peas**.

The best thing to use as a salad dressing is a few sprinkles of **extra virgin olive oil** and some **fresh ground pepper**. However, if you do use standard salad dressings now and then for variety, then at least try to use them sparingly on your salad. Add just a few drops of dressing, and then mix your salad thoroughly. You'll be surprised to find that you get a nice even touch of dressing throughout your salad

this way, which tastes just as good if not better than adding the usual gobs of dressing some people feel they need to use…but without all those extra unneeded calories!

Certain nutrition experts feel it's important to intake a wide variety of vegetables with deep rich colors regularly, in order to get the full complement of nutrients our bodies need. Some examples include **carrots, radishes, and beets,** with their bright orange, red, and purple colors, respectively.

Regarding raw versus cooked vegetables: **raw vegetables are FAR healthier for you** (e.g., salads, raw veggies as snacks, etc). Lightly steamed is the next healthiest form, and is preferable over fully cooked vegetables, since the cooking process destroys the healthy live enzymes found in raw veggies. Canned vegetables are the least healthiest form, and provide very little nutritional value.

Choose Organic When Possible

Organic means the food was grown or raised using no pesticides, which are chemicals that are poisonous to the body. Fortunately, it's becoming much less expensive now to buy organic than it used to be. The prices have come down significantly since most major big-chain supermarkets began offering organic foods choices. Additionally, many major urban areas have farmers' markets where you can find low-cost, locally and organically grown produce. Furthermore, by supporting the farmers and growers of your area you are contributing to a more sustainable community and planet!

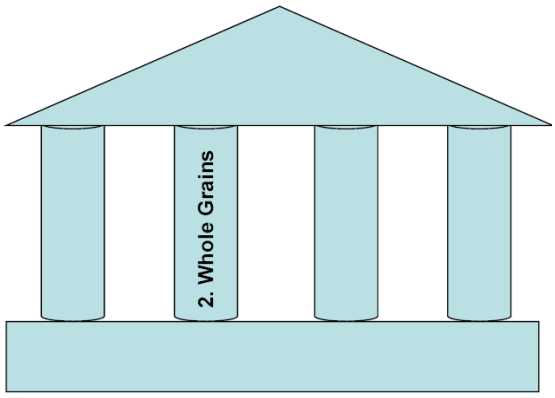
The big reason for choosing organic as much as you can whenever you go shopping, is because there are enough toxins in our environment nowadays to deal with (air, water, soil, etc), without adding 'fuel-to-the-fire', so to speak, by also consuming toxins in the foods we choose to eat.

Examples of other toxins to reduce or avoid, besides pesticide-laden fruits and vegetables, include: preservatives; artificial ingredients & sweeteners; antibiotic- & hormone-laden dairy products and meats; and chemical run-off from plastic containers which are heated in microwaves. (If you're going to heat any food in a microwave, use porcelain, glass, or ceramic containers, and NEVER use plastic ones! Even better, skip the microwave altogether and use a toaster oven instead if possible, when you need to heat up a meal or food item.)

The Second Pillar: Whole Grains

Whole grains include **100% whole wheat bread**, **brown rice**, **wild rice**, **oatmeal**, and **bran cereals**. Strive to eat several servings of these wholesome foods throughout the week, and attempt to replace any "refined grain" products that you usually eat with a healthy "whole grain" alternative instead, as often as possible.

Non-whole wheat flour is perhaps the most notorious "refined grain." It's typically called simply "wheat flour", or "white flour." Unlike the whole grain foods mentioned above, refined grains have been completely stripped of ALL of their healthy components, including their fiber-rich bran layers and their vitamin-rich germ portion. Refined grains are therefore DEVOID of any nutritional value. That's what the term "refined", or "overly processed," means in this context. Non-whole wheat flour is used to make most common baked goods including white bread, cookies, crackers, cakes, donuts, pancakes, waffles, bagels, muffins, pizza dough, etc.



The typical American diet is largely based on these de-fibrated carbohydrates. All of these baked goods are examples of “empty calorie” foods which contribute lots of calories without filling you up. These foods are dense sources of calories, and since they don’t have much bulk, you can end up eating a lot just to get a feeling of being full. And as mentioned, they are devoid of nutritional benefit.

Furthermore, refined grain foods like baked goods made from white flour raise the blood sugar (glucose) levels up too high and too fast, and the frequent intake of these products has contributed hugely to our nation's current epidemic of obesity and adult diabetes. Don't be another victim!

Unfortunately, there's a lot of wide-spread misinformation and confusion in our society regarding the topic of "grains." I cringe whenever I hear someone, such as a health authority, nutrition expert, or newscaster, refer to the "grains" group when discussing dietary advice, without also simultaneously specifying whether they're referring to 'whole grains' or 'refined grains.' There's a WORLD of

difference between them. You often hear non-specific phrases like "be sure to eat 6 servings from the grains group each day, " or, alternatively, you'll hear somebody say "you should cut back on your grains intake because they're high in Carbs"…these statements are silly and misleading since they make no distinction at all between 'whole' grains and 'refined' grains. The plain and simple truth is this: All whole grains are HEALTHY for you and you should eat as much of these as you can each day. Whereas all refined grain products are very UNHEALTHY for you and you should minimize your intake of these whenever possible.

This kind of misinformation and confusion also occurs with the term "Carbs," meaning the group of foods made mostly of carbohydrates. Just as with "grains", there's also good (healthy) and bad (unhealthy) kinds of "Carbs." However, most people make no distinctions at all when they're talking about Carbs and they mistakenly lump all carbohydrate-based foods together into one broad category. Again, there's a WORLD of difference between good and bad Carbs. The simple truth is this: the **Good Carbs** are whole grains, vegetables, and fruits, and you should eat all you can of these. The **Bad Carbs** are the refined grains, such as anything made with white flour, as well as white sugar and white rice, and you should eat as little of these as you can.

When it comes to breads, buy and eat only **100% whole wheat bread**, or other whole grain breads, such as those made from oat, corn, or brown rice flour. Also, try some **sprouted whole grain breads**, which are excellent for you and can be found in the freezer section of most whole foods health stores. Only 100% whole grain breads and sprouted grain breads contain the important bran and germ components of the grain, so they are naturally high in fiber, vitamins, minerals, and other nutrients.

Also, most health food stores carry tasty ready-made cookies, crackers, pastas, and other products made from whole grain flours: like 100% whole wheat flour, as well as oat flour, corn flour, and brown rice flour. You can even find delicious frozen pizzas, which have crusts made from 100% whole wheat flour, at many health food stores nowadays. These are all FAR healthier alternatives to the refined versions.

Brown rice and **wild rice** are both whole grains also and are healthier versions of the overly processed, but very popular, "white rice." White rice is a refined food

that's been stripped of its fiber-rich bran layer and nutrient-rich germ component, just like non-whole wheat flour has been. Therefore, white rice is simply another "empty calorie" food, and should be minimized in your diet; and replaced as often as possible by brown rice or wild rice.

"Whole grains" are very HEALTHY for you, and contain the entire grain kernel -- including the healthy bran and germ components. Examples include:

- **Whole wheat flour and 100% whole wheat bread**
- **Oatmeal**
- **Brown rice**

"Refined grains" are very UNHEALTHY for you and have undergone excessive processing that removes the healthy bran and germ components. This is done to give grains a finer texture and improve their shelf life, but it also removes dietary fiber, iron, and many B vitamins. Some examples of refined grain products are:

- **Baked goods made from white flour, such as white bread, cookies, crackers, cake, donuts, muffins, bagels, pastries, pancakes, waffles, etc**
- **White rice**

***Note: Even most so-called "wheat bread" is simply bread that's made from refined white flour, which has just had some brown food coloring or a tiny amount of whole wheat added. It's not truly a whole grain product at all!! Check bread packages closely, and be sure to only select and buy bread that has "100% whole wheat" listed as the very first ingredient on the package.**

Oatmeal is another healthy and wholesome whole grain, which you should **strive to eat regularly**. Eat hot or cold oatmeal for breakfast often; use a touch of honey or maple syrup as a sweetener, if desired.

Whole grain, **bran-rich breakfast cereals** include Shredded Wheat, as well as several other popular whole grain cereals sold in major supermarkets. These include Wheaties, Bran Chex, Corn Bran, All-Bran, and Fiber-One. However, most of these contain white sugar and other refined ingredients. As healthier alternatives, there are dozens of **delicious whole grain cereals now available at**

whole foods health stores, which rely on fruit juices as sweeteners, and are therefore much better for you.

Other excellent whole grains include **quinoa**, **amaranth**, **millet**, and **barley**. These, along with raw wheat berries, oats, brown rice and wild rice, can be purchased in bulk at your local health food store. Each of these raw grains can be boiled and seasoned, and made into lively meals. **A great idea is to boil and season some quinoa or other raw whole grains, using vegetable or chicken bullion in the boiling water for flavoring. Then, serve and eat over a salad or a bed of raw lettuce. This makes a delicious lunch or dinner, and is one of the healthiest meals you can eat!**

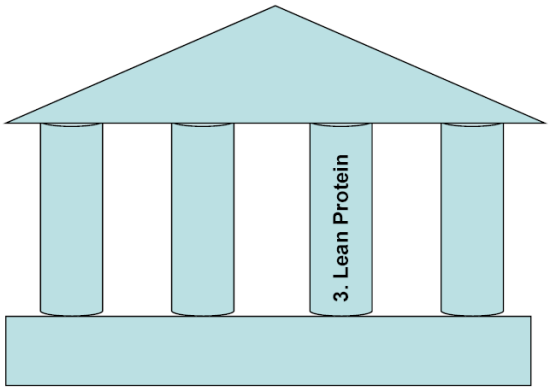
You'll find that these wholesome unrefined grains will fill you up and give you a feeling of "fullness" much quicker than refined, processed foods do. So, you'll naturally wind up eating less over time, without the struggle you get when you're on a diet that includes lots of foods made from refined, processed white flour.

The bulkiness of boiled whole grains, which comes from the water they absorb while cooking, are what makes them filling and satisfying. Each seed swells up when it cooks and soaks up water, which is carried in the grain until it is completely broken down in your digestive tract. (The water you drink on the other hand, is absorbed directly from your stomach almost as soon as it gets there. So just drinking water or other liquids will not necessarily leave you with this same full feeling.)

Furthermore, the carbohydrates in whole grains are digested slowly, and the accompanying blood sugar rise is a gradual one. Nowhere in nature do you find foods containing starch or sugar without also containing fiber. The fiber found in whole foods, like vegetables and whole grains, causes the starch which these foods contain to be released slowly and gradually in your digestive tract. This is the opposite of what happens when you eat refined grain foods, like the non-whole wheat baked goods that most people eat (these breakdown quickly and make the blood sugar sky rocket and then quickly drop)!

The Third Pillar: Lean Protein

Our bodies thrive when we provide them with the proper building blocks for ideal health. These building blocks include fresh vegetables, fiber from whole grains, plenty of pure fresh water, and the vital Omega 3, 6, and 9 essential oils (which I'll discuss a bit later). Protein is another building block that of course belongs on the list of absolute essentials for good health.



Unfortunately there are some significant adverse health concerns surrounding the **sources of protein** which most Americans choose. **A dangerous problem for meat eaters is the high fat content that often goes hand-in-hand with many animal based food products.** Clogged arteries, heart attacks, strokes, kidney and liver disorders, cancer, and a variety of other medical conditions are directly linked to diets that are high in animal fat.

A way to off-set these risks, in addition to considering part-time or full-time vegetarianism or veganism, is to at least always select low-fat versions of any meat or dairy product which you choose to consume.

By the way, "veganism" means strictly a plant-based diet, which excludes all dairy, eggs, meat, and fish. "Vegetarianism" is less strict and can include dairy and eggs, as well as even fish, but just not meat. Both come down to personal choices and both are healthy alternatives to meat-based diets.

While my body seems to respond positively to a moderate intake of protein from animal-based foods like meat, eggs, and dairy, there are many other people who do far better health-wise when they avoid all animal based foods, and when they obtain their protein from other sources, like **beans, legumes, and nuts,** as well as whole grains. I also enjoy getting much of my protein from these healthy, non meat- based, protein-rich foods, often.

Here are some additional considerations when it comes to consuming meat, eggs, and dairy: The living conditions for animals and the livestock processing

and slaughtering methods of today's so-called-modern "factory farms" are, well, lets just say, typically less-than-sanitary…as well as shockingly inhumane!

As a result, a growing number of health professionals and animal advocates are strongly advising adults to eliminate or markedly reduce animal food consumption, and certainly to avoid any excesses.

Also, it is strongly advised nowadays that you choose meat, egg, and dairy products that are labeled "organic"and "free-range," as well as "cruelty-free" and/or "humanely slaughtered" whenever you're given the choice, and whenever possible (if you consume animal-based products). Also, the eggs you buy should always say "cage-free" on the container. You'll be doing the animals, your health, and this planet a huge favor. (And although the term "free-range" is often used in a misleading manner by advertisers, it's still a significant step in the right direction, I believe.)

If you want further information about this, do a simple web search using the phrase **"modern factory farming"** to learn more about the harmful, toxic, and **utterly inhumane** effects this relatively new phenomena is having on our planets' animals, the environment, and your health. By the way, you should know that **up to ninety percent** of all meat, egg, and dairy products **in the US nowadays** are produced by these "modern factory farming" methods, which include cruel "battery cages" (for hens) and horrendous "gestation crates" (for pigs). Whenever we purchase non-organic or non-free range animal products, our dollars are directly contributing to this modern-day **grotesque tragedy** for animals.

Fortunately, **most of us can get all of our bodies' daily requirements for protein** by avoiding meat, dairy and eggs, and **just by consuming plenty of beans, legumes, nuts, and whole grains throughout the week. These are all healthy foods, and provide innumerable health benefits!**

I'd like to give a word of caution regarding the over-consumption of soybean-based food products, however. These products are commonly used as an alternative source of protein for people who avoid meat and dairy altogether.

Things like soy milk, tofu, tempeh, soy cheese, soy protein shakes, and soy meat substitutes (such as soy burgers, links, etc) are all big sellers at health food stores, and are now even appearing in major big chain supermarkets, as well.

Enjoying foods made from soybeans a few times a month is probably fine, but it's best not to make a daily habit of eating these foods. The reason for this is because most soy-based foods have undergone significant processing, and the result is a food product that nature probably never intended humans to eat. Soy is high in compounds known as phyto-estrogens, which may have the potential to affect our hormonal balance if we consume soy-based foods in large quantities over a long period of time.

Therefore, when looking for alternatives to meat, dairy and eggs….get creative! I enjoy drinking **rice milk and almond milk** with my breakfast cereal and protein shakes. I try to stay with the unsweetened versions of rice and almond milk however, in order to keep my intake of processed sugar low. **Also, a few handfuls of raw almonds make a wonderful mid-morning snack, are a great source of protein, and keep those pre-lunch hunger pangs away!**

Fish can provide a good source of protein in the diet, especially for those who wish to eliminate meat, or eat less of it, and who seek an alternative to plant-based proteins now and then, for variety.

One caution regarding fish: There are a few kinds of fish which you should limit or avoid altogether. Limit your intake of tuna and swordfish to no more than twice a week. These are predator fish and often contain mercury due to their polluted feeding areas. High consumption can lead to a buildup of mercury, a toxic heavy metal, in your body.

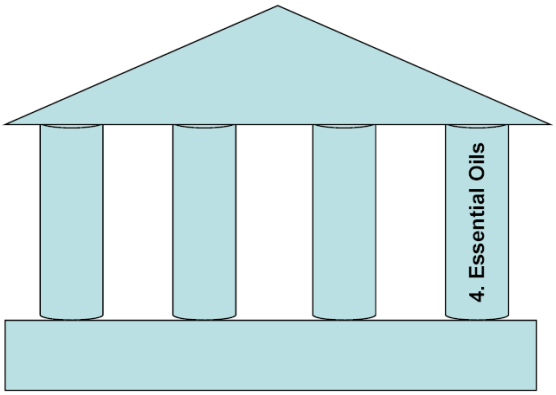
Fortunately, there is a wide variety of other kinds of non-predator **fish that are healthy to eat. These include Salmon (Alaska wild), Cod, Halibut, Rainbow Trout, Striped Bass, Pollock, and Tilapia**, among others.

A great resource for more information is the **"Seafood Watch"** on the **Monterey Bay Aquarium's website**, at: http://www.mbayaq.org. This site has handy printable pocket-guides you can keep in your wallet or purse, which are based on

the region of the country you are in, and which list the specific types of seafood available in your area to select and to avoid.

The Fourth Pillar: Essential Fats

Just like there are good and bad "carbs", **there are also good and bad "fats/oils."** Meaning good as in healthy, and bad as in unhealthy/toxic!



The Good Fats/Oils: The "Omega" 3, 6, and 9 oils are essential nutrients that our bodies need, but don't make, and we therefore have to obtain these through the foods we eat. Every cell in your body is composed of a lipid (meaning 'oil') membrane, including the cells of your brain, heart, eyes, and blood vessels, as well as the cells that make your skin, hair, and nails. If you fail to have a regular sufficient intake of Omega oils, which your cells depend upon for replenishment, then each of these body parts that your cells comprise will suffer and become unhealthy.

Extra virgin olive oil is one of the very few oils in most supermarkets which have any health benefits, since "extra virgin" means the oil has gone through very minimal processing or refinement. It therefore has some of the healthy Omega oil components still intact within the oil. Sprinkling this oil lightly on salads is a great thing you can do for your health, in addition to taking an Omega 3, 6, and 9 essential oil supplement each day, which I'll discuss below.

The other common vegetable oils, also known as cooking oils, which are found on typical supermarket shelves (e.g., corn, sunflower, safflower, canola, peanut, etc) have all gone through extensive processing and over-refining, which has stripped away most of their important Omega oil components as a result. Therefore, these oils are just another form of "empty calories." We instead need to turn to a daily supplement in order to get the proper amount of the vital Omega oils we need for our bodies.

It is absolutely critical that you take an Omega 3, 6, and 9 essential oil supplement regularly, preferably each day, to get your proper intake of this all-important nutrient group. These supplements contain essential oils derived from

"cold pressed" seeds (e.g., flax, sesame, evening primrose, etc.) and in some cases, derived from the livers of certain fish, including Cod; or from the plankton-like "Krill" which comes from the sea.

Based on my research, the brand-name supplement **"Udo's Oil"** is perhaps the best and most reliable source of these highly important antioxidant nutrients. An alternative good choice is "Now Brand Omega 3, 6, 9 Organic Liquid."

"Udo's Oil" can be found in the refrigerated section of Whole Foods and other health food stores. A serving of one tablespoonful a day can provide tremendous overall benefits, including healthy skin, hair, and nails, along with healthy heart and brain functioning. Use daily for best effect!

The Bad Fats/Oils: Try to **minimize your intake of animal fats**, whether in the form of dairy, eggs, or meat. An excessive intake of animal fats**,** which contain the harmful "saturated" fat and cholesterol, is dangerous and is linked to many of the common chronic diseases that plague our society, including heart disease, stroke, autoimmune disorders, and cancer. **Always make low-fat food choices when it comes to any meat or dairy product which you purchase and consume.**

A warning about 'trans fat': This man-made synthetic food product is made from certain vegetable oils, and has been determined to be **extremely unhealthy** by medical researchers, since long-standing data links it with an increased risk of clogged arteries and heart disease.

'Trans fat' goes under the guises of several different names, likely because some food manufacturers don't want consumers to notice this ingredient in their products, given the growing awareness of its dangerous health risks. Here is a list of the various names that 'trans fat' goes by: "**hydrogenated oil**", "**partially hydrogenated oil**", **"hydrogenated or partially hydrogenated corn/soybean/ sunflower/ safflower/palm kernel/coconut/etc oil"**, "**artificially saturated oil**", and "**artificially saturated fat**." If you see any of these terms in the ingredients list of a food product (and there are many out there), it is unhealthy for you and you should minimize or avoid its use.

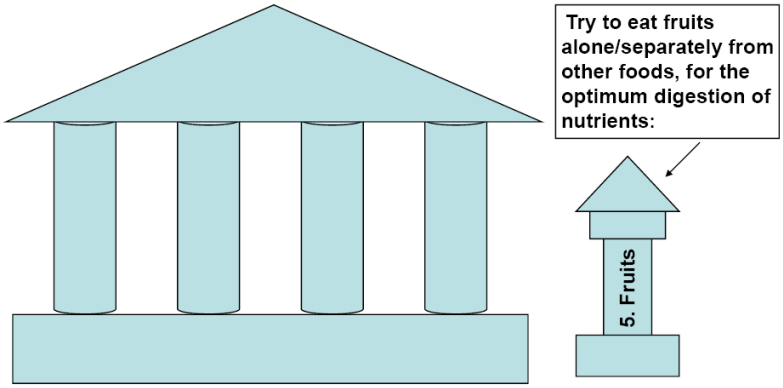
'Trans fat' is often found in many common snack foods such as crackers and candy bars, as well as different packaged baked goods found along the supermarket isles. Also, 'trans fat' is an ingredient in many margarines. Ironically, we used to think that margarine was preferable to butter, since it was lower in calories. Medical science now knows this to be incorrect! Studies have shown that 'trans fat' markedly raises the LDL (bad) form of cholesterol and increases the risk of heart attacks. Therefore, **stay away from hard or spreadable margarines, and instead choose either liquid margarine (in the squeeze bottle form) or butter.**

Also, be aware that many *fast food* restaurants notoriously use hydrogenated oil (aka 'trans fat') to fry and prepare their foods, such as French fries, since it has a longer storage shelf life than regular liquid vegetable oil, and therefore is cheaper to use. Whenever possible minimize your intake of fried foods from these places.

And keep an eye on the labels of baked goods from supermarket bakeries - which are notorious for using hydrogenated oil in their products! Finally, if you need more convincing and want more evidence of the toxic effects of 'trans fat'/hydrogenated oil and the harm it can do to your body, go rent and watch the movie "Super Size Me"!

A word on frying: You should rarely deep fat-fry foods, but it's acceptable if you choose to occasionally pan-fry or stir fry some foods now and then. Of course, baking, broiling, steaming, or grilling are all FAR healthier cooking choices, compared to frying. Olive oil is not good to use for frying foods, since all the healthy components of olive oil are destroyed when it's used in frying. And as I pointed out before, the common cooking oils have minimal nutritional value. Certainly don't use lard (which is pig fat) or margarine, which are both very harmful to your health, for the reasons which I explained above. When you do chose to fry any foods therefore, use a small tab of butter, or even better, just use a small amount of water in the pan - you'll get a fine frying effect with absolutely no added calories!

The Fifth Pillar: Fruits



There's actually a fifth pillar of health which is the **Fruits** food group. However, I place it off to the side as a reminder to **eat fruits separately from other foods**. For example, eat fruits in between meals as a healthy snack. The reason for this is because some researchers have found that fruits are best digested when they are alone in the stomach, without other foods. Also, our intestinal absorption of important nutrients found in some other foods is apparently less efficient when fruits are eaten together along with these other foods. Many fruits are chock-full of anti-oxidants and other important nutrients, and fruits which you should eat regularly include **organic apples, pears, bananas, cantaloupe (melons), blueberries, strawberries, blackberries, raspberries, lemons, and limes**.

Other Tips on Digestion:

There are several things you can do to improve the digestion of the foods you eat, so that you'll be sure to get all the nutrients contained in the healthy foods you eat.

a. First of all, it's important that you **chew your food thoroughly**. Each bite of food ideally should be chewed 20 to 30 times.

b. Chew and **eat your food slowly**, and give each meal your full attention whenever possible. Minimize the times that you eat while you're in a rush or doing other things.

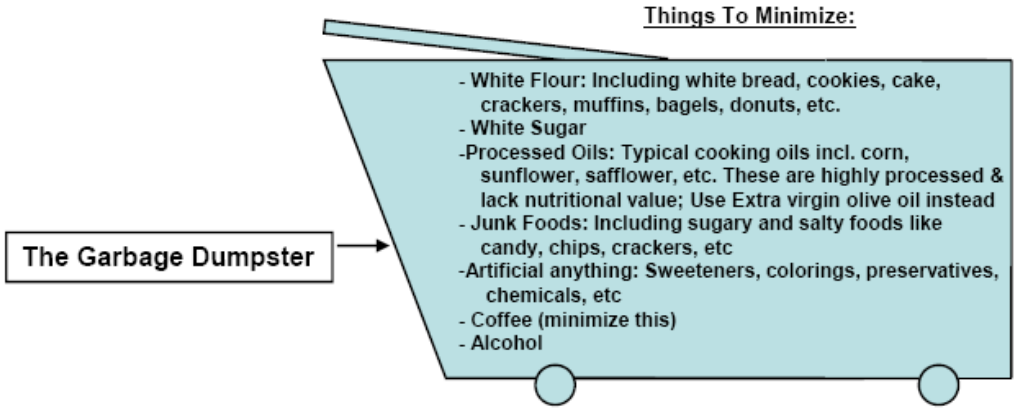
c. **Avoid drinking fluids with your meals**, since doing so dilutes the stomach acid and interferes with digestion. Instead, drink water and other fluids in between your meals. I try to drink a ½ liter of water about a half hour before my meals, in addition to drinking plenty of water at other times throughout the day.

d. Eating **small, frequent meals** during the day is preferable to eating large meals at infrequent intervals throughout the day. Ideally, we should strive to eat a

small, healthy meal (of around 300 to 400 calories) or a healthy snack about every 2 or 3 hours. And if you do so, avoid snacking in between these times, since your body needs this time interval to fully digest the food which you last ate.

The Garbage Dumpster: Things to Minimize in your Diet

Just as a temple serves as a visual aid for remembering what foods are good to eat, a different image I use to remember what foods to minimize, and avoid, is that of a **garbage dumpster!**



So, what kinds of things go in the mental garbage dumpster, so that we're reminded to minimize them in our diet? Well, one good rule of thumb is to **minimize things that have been taken from nature and refined and processed, and therefore striped of all their fiber and vital nutrients!** As I spoke of earlier, this includes **anything made with white flour**, such as white bread, cookies, cake, crackers, muffins, bagels, donuts, etc. A healthy alternative to white flour products are baked goods that are made with 100% whole wheat flour.

Also, **white sugar**, which is an overly refined version of the sugar cane plant, belongs in our "mental garbage dumpster." Sweeteners which are better alternatives to white sugar, due to their smaller degree of processing, include raw brown sugar, pure maple syrup and fructose, which is a natural sweetener extracted from fruit. Stevia (which comes from an herb) is also a natural sweetener that is a healthier alternative to white sugar. Certainly try to minimize any use of saccharine and aspartame which are artificial non-food creations, whose long-term adverse health effects are unknown, at best.

Other foods that should be **minimized** are the **three main groups of junk foods**. These are: **A. processed flour & corn based snack foods** such as pretzels and crackers (which also commonly contain the dangerous "trans fat" in the form of

hydrogenated oils); **B. the sugary junk foods** such as candy, chocolate bars, cookies, donuts, cake, pop tarts, etc.; and **C. the greasy fried junk foods** such as potato chips and corn chips, nachos, French fries, onion rings, fried chicken, fried fish, and all other sorts of fried foods. Some far better alternative choices are **chicken that is baked or rotisseried (preferably free-range and organic), as well as fish that is baked or broiled. These are far healthier for you than their fried versions!**

Artificial Anything: Other things to minimize in your diet include artificial colorings and artificial sweeteners, as well as preservatives and other chemical additives. **Strive to make natural, whole, unprocessed foods,** which mother nature intended for us, **the main theme of the foods that you eat on a regular basis**, since these are the things that we know are healthy for you. **With this as a goal, you'll find that "artificial" anything begins to lose all of its appeal, fast!**

Lastly, **alcohol** is a **toxin** and should be used infrequently, if at all. Additionally, **coffee** is **acidic** in nature and should be minimized, when possible. The caffeine content of coffee has not been shown to be necessarily harmful, and it can provide a nice boost of mental and physical stimulation, when needed.

However, it's best to strive to reduce your use of coffee when possible, since the processing which coffee beans undergo to make coffee eliminates any significant nutritional value. Besides, there are much healthier alternative drinks you could have instead, like a cup of heart-healthy green tea, or a cup of nice pure water with some fresh-squeezed lemon in it, or even a green drink (e.g., wheat grass).

A Further Word on Green Drinks

One of the healthiest things that you can do for your body is to **add a "Green Drink" to your daily regime,** which I've mentioned a few times before. Green drinks contain ground-up grasses, such as **wheat grass** and barley grass, and can include sprouted grains, chlorella, and other green vegetables.

Wheat grass and other components of green drinks cleanse, detoxify, and alkalize your body. This is vitally important in the increasingly "toxic" society that we live in here in the U.S., as well as in many other industrialized countries.

Green drinks also infuse your body with easily absorbed vitamins, minerals, amino acids, phytonutrients, and antioxidants. Phytonutrients and antioxidants are plant-based compounds that medical studies show reduce your risk of heart disease, neurological disease, and even cancer.

Other benefits of green drinks can include improved skin, hair, and nails, reduced cholesterol, weight loss, elimination of free radicals, sharpened mental acuity, improved vision, increased stamina and energy, and a greater sense of well being.

Of course drinking fresh-ground wheat grass juice is best, but it's not very practical to do on a regular basis for most people, who don't have the time to grow or press their own wheat grass at home.

Fortunately there is a great alternative, in the form of the healthy powdered green drink versions that are widely available now. These contain grass juice which has been dried and turned into a powder that you can easily mix with water. Just mix a scoopful or a teaspoonful in a bottle or cup of water, and drink! I have one every day.

There are many good brands of green drinks available, including "Emerald Greens", "Green Magma", and "Tony Robbins Inner Balance," to name just a few.

Getting accustomed to green drinks takes time, and it is an acquired taste. If you haven't gotten used to drinking a green drink regularly, I recommend starting out with "Emerald Greens" brand green drink (it's a powder you mix with water). Emerald Greens is sweetened with natural apple pectin, which gives it a more pleasant taste than some of the other wheat grass powders.

A lot of times people will ask me if "green tea" is considered a "green drink." Actually, not per say. Green tea has no wheat grass in it, but instead, it is made with herbs. **Nonetheless, green tea is very healthy for you**, since it is thought to be high in "anti-oxidants." Anti-oxidants, which are also found in all fruits and vegetables, promote healthy arteries and reduce heart disease, stroke, and cancer risks.

A word on Vitamins

For a variety of reason, taking **a daily vitamin & mineral pill** (either chewable or non-chewable tablet) **is a good idea for most people**, and is recommended by most nutritional experts. Taking a daily multi-vitamin can help to supplement any important nutrients that we may not be getting enough of in our regular diets. There are many reputable and reliable brands out there, but of course there are some which are not! Some of the brands that I respect and can give high recommendations for include "NOW," "Nature's Plus," "KAL," "Solgar," "TwinLabs," "Nature's Way," "Country Life," and "Rainbow Life." Many of these brands use outside, independent laboratories to test their products, and provide reports to the public. As a result, you can generally be assured that what is claimed on the list of contents and ingredients on the outside label is truthful and accurate.

A Note for Vegetarians/Vegans about Vitamin B-12: As you're aware, eating a variety of vegetables, fruits, whole grains, nuts, beans, and legumes gives us all the protein, vitamins, minerals, and other phytonutrients which our bodies need to stay healthy.

The only exception, however, is vitamin B-12, which is not found in plant-based foods. Vitamin B-12 is an essential nutrient that our bodies need but don't make, and we therefore have to obtain it through the foods we eat.

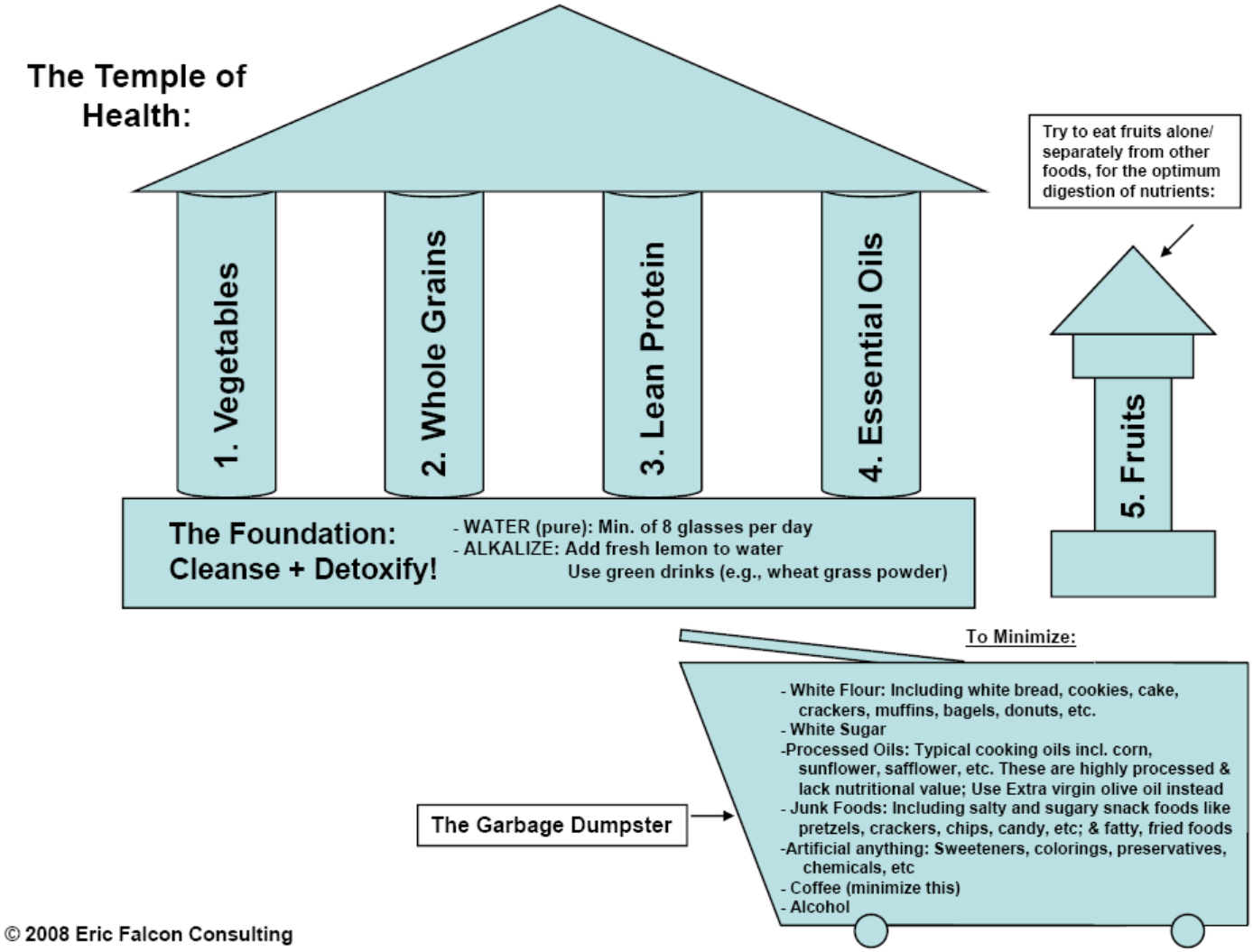
People who eat meat get their vitamin B-12 through the consumption of animal food products. Actually, vitamin B-12 is made by a particular type of bacteria that lives in soil. Vitamin B-12 is found in meats because most animals harbor this bacteria in their intestines; they acquire it from the small amounts of soil which usually contaminate the foods they eat. The bacteria produce vitamin B-12 in the guts of animals, and this then ends up in their bodies and muscles, which becomes meat that humans eat.

If you're a vegetarian or vegan, it's important to be aware of this important vitamin, and to not neglect your vitamin B-12 intake. **Fortunately, vitamin B-12 is easily obtained by taking a daily Multi-Vitamin, or by using daily servings of vitamin B-12-fortified rice milk, almond milk, or cereals. Therefore, meat intake is not necessary for this purpose.**

Regular Aerobic Exercise

Attempt to get at least 4 - 5 days per week of aerobic exercise (40 minutes each day, recommended). Aerobic exercise entails jogging or swimming, and can also include the use of an exercycle, Nordick track, rowing machine, etc. Reading or watching a video is a great way to stave off boredom and stay time-efficient while on an exercise machine. Also, dance and aerobics sessions, either in a group class or at home with the use of a DVD or TV show, are great alternative forms of aerobic exercise.

YOUR BODY = THE TEMPLE



CHAPTER 13

SICK AND TIRED NO MORE! NATURE'S 18 SUPER STAR FOODS FOR REJUVENATING AND REVOLUTIONIZING YOUR LIFE AND HEALTH

Throughout my years of reading and studying in the fields of nutrition and health I've noticed that there are certain foods that appear again and again in various books, articles, and other media which tout their beneficial effects.

I began compiling a list of these foods which I would see mentioned repeatedly and I also began to include them in my diet. I've experienced many noticeable health benefits, with the use of each one of these, including increased degrees of physical energy and mental clarity.

I've termed these "nature's super star foods" because the vitamins, minerals, phytonutrients, enzymes, fiber (in most), and other natural compounds they contain serve to cleanse, detoxify, fight cancer, clean out clogged arteries, promote mental sharpness, and promote overall good health.

1. Avocados

2. Cucumbers

3. Raw Almonds

4. Melons (particularly Cantaloupe)

5. Blueberries

6. Broccoli

7. Kale

8. Wheat Grass

9. Lemons

10. Limes
11. Collard Greens
12. Mustard Greens
13. Brussels Sprouts
14. Turnips
15. Bean Sprouts
16. Acai Berry
17. Herbal Teas
18. Green Tea

CHAPTER 14

FEELING CLEAN AND CLEAR WITH NASAL SINUS IRRIGATION, DONE THE RIGHT WAY!

Regularly flushing out your sinuses and nasal passages with warm salt water (saline) is an excellent way to clear and prevent sinus blockages and infections.

I've found that irrigating and cleansing the sinuses and nasal passageways with a mild salt water solution in the daytime, is a helpful step in breathing better at night while asleep.

And the great news is that it's a natural approach, with no side-effects!

Now, **sinuses** are hollow chambers that connect to the back of our nasal passage by small openings. The major sets of sinuses reside behind the cheeks and in the forehead, on either side of the nose.

Sinuses help us to add resonance to our voice when we speak. **Unfortunately, they are lined with mucous membranes that easily become irritated and infected.**

Mucous and other debris then builds up in our sinuses, and can cause pain, headache, 'post-nasal drip,' and even bad breath!

Furthermore, sinus congestion also contributes to nasal stuffiness, which can worsen symptoms in patients who snore or who have other sleep-disordered breathing conditions.

Flushing out your sinuses with a simple solution of warm water and salt can help to dissolve mucous, and the flushing action helps remove infectious debris from your sinuses and nasal passages.

All you need for this simple procedure is a **large cup**, **some warm water**, **salt**, and a **bulb syringe**.

(Bulb syringes are available at most drug stores, often in the baby care section. Ask the pharmacist or clerk for help in finding one.)

Fill a large cup with warm water and mix in 1 - 2 heaping teaspoons of salt (the water should taste salty). Then, draw some of the mixture up into the bulb syringe.

Stand over a sink and squirt the saltwater into a nostril of your nose in such a fashion that you are able to spit some of the saline out of your mouth. This suggests that you are doing an adequate job of irrigating the entire nose. Aim the stream of saline as though you are trying to squirt the back of your head, NOT the top of your head. It is acceptable to carefully breathe the saltwater directly into the nose.

Try tilting your head slightly in different directions, such as slightly back, and then from side to side, to be sure the saltwater gets into each of your sinuses.

For best results, try the following:

Keep your head tilted slightly back and to the left side. Instill a large quantity of saltwater into your left nostril. You may be able to feel the saltwater filling up the sinus passages on the side your head is tilted toward. Allow the saltwater to SIT in your sinuses for a minute or so. Then you can tilt your head forward and spit out the fluid.

Now, repeat this same procedure on the right side. **Be patient and don't give up.** You'll get the hang of this and improve with practice. **(The results will be well worth the effort!)**

Continue the whole process until you have used up at least half of the saltwater in the cup.

You can perform this procedure up to one or more times each day, for maximum benefit.

If you have a baby who is experiencing nasal congestion from a mild cold, you can use an eyedropper to place several drops of saltwater solution into each nostril.

This will help flush through mucus blockages, and the residue will wash down the back of the throat. Commercial nasal saline drops, along with a dropper, are also available for this purpose at most drug stores. (Of course, as always, consult a medical provider.)

The benefits of nasal saline irrigation are three-fold:

1. Saltwater is a solvent. It cleans mucous, crusts and other debris from the nasal passages.

2. It decongests the nose and sinuses. Because of the salt concentration in the water, fluid is pulled out of the membranes. This shrinks the membranes somewhat, which improves nasal air flow and opens sinus passages.

3. It improves nasal drainage. Studies have shown that saltwater cleansing of the nasal membranes improves ciliary beating so that normal mucous is transported better from the sinuses through the nose and into the throat. (Cilia are the tiny moving hairs that line mucous membranes.)

Further info: The amount of salt which you should add to the water will depend on your tolerance. **The aim is to approximate the 'salinity,' or salt content, of sea water.** When you start the nasal flushing, **if you feel irritation and burning it means you probably added too much salt.** Therefore, add a little more water for dilution and try again. Experiment with this as needed, until you are comfortable with the solution. Also, to make the solution less irritating, you can add one teaspoon of Arm & Hammer Baking Soda (pure bicarbonate) to the mixture.

If saltwater irrigation is new to you, feel free to use simple table salt to mix up your solutions. As you become more accustomed to this process however, you'll want to use a purer form of salt, such as **either canning, pickling, or "sea salt," as these have few to no additives.**

Common table salt contains additives which can include iodine, preservatives, and even sugar. **Iodine can actually be beneficial, as it has an antibacterial effect.** If you use one of the purer forms of salt, buy a small bottle of iodine and add a few drops to your saltwater solution, if you desire this extra effect.

Once you start enjoying the benefits of nasal saline irrigation, you may want to try **a more advanced method**. This will allow you to get even more saltwater back into your sinus passages for greater effect.

The "Advanced Method":

First, you'll need to obtain **a large plastic basin (such as a plastic dishpan)** and **some towels.**

Place a towel on the floor next to the side of your bed. Next, **prepare a large cup of warm saltwater solution**.

Take a large gulp of the saline solution into your mouth, set the cup aside, and **sit in the middle of your bed.** Now, **lay back quickly across your bed**, onto your back, and **allow your head to hang back over the edge of the bed. (Your head will be upside down, at this point.)** Align yourself so that your head is hanging over the towel you've placed on the floor.

As you lay back, with your head hanging upside down, you'll notice that the saltwater will work its way back up into your nose and sinuses. Again, as described above, tilt your head in different angles, so the saltwater can get into each of your different sinus passages. Turn your head all the way to the right and hold. Then turn your head all the way to the left and hold. Hold each angle for 20 seconds or so. This way the saline will be allowed to dissolve mucous as it sits in your sinuses.

After a bit, you can sit up and spit out the used solution into the basin, which you should keep nearby. Get another big gulp of saline in your mouth and lay back and repeat the procedure.

Note: Leave the towel on the floor under where your head is, so that it catches any saltwater that may drip out of your nose or mouth, as you are leaning back over it on your bed.

Continue this whole process until you have used up at least half of the saltwater in the cup.

You can perform nasal saline irrigation as little or as often as you'd like...such as once per day, once per week, or just a few times a month.

However, the more often you perform and practice this, the better you'll get at it, and the more benefits you'll experience!

In addition to all of the above, you may also want to consider the use of a device known as a "neti pot" to cleanse your sinuses and nasal passages. Neti pots have been in use for hundreds of years in India and are well-known in the yoga community. You can purchase ceramic neti pots at many health food stores, and they often come with a small insert which describes their use. There are also many on-line resources which discuss the use of a neti pot. One new site which advertises a popular modern-day version of a neti pot is: http://www.sinucleanse.com.

CHAPTER 15

THE SINGLE MOST CRUCIAL THING TO DO DURING COLD AND FLU SEASON

Is a dry, scratchy throat bothering you? How about a nagging cough, or a cold that just seems to linger on...? Well, most of us know about the importance of drinking extra amounts of water and plenty of other fluids when we're sick. But have you also heard about the importance of a little device called a humidifier?

During fall and winter the humidity level in the air reaches its yearly lows. The central heating units found in most homes and offices further removes moisture from the air. So, the air that most of us breathe in the late fall and winter is very dry and arid. In fact, the relative humidity may drop to as low as 10% - drier than the air of the Sahara Desert. Most people experience problems when the relative humidity drops below 25%. (A comfortable humidity level should be no higher than 50%.)

It's no wonder that the number of respiratory illnesses like colds and the flu drastically increases during this time period. The passages that line the inside of the sinuses, nose, and throat function to remove dirt and germs from our upper respiratory tracts. They depend upon **moisture** in the air to function properly. In the artificially dry environment of winter, our mucous secretions become thickened and move through our nasal passages slower than normal. As a result, germs get to hang around in our nose and sinuses and cause the infections we commonly know as colds and the flu. These germs can also eventually produce conditions like sinusitis and inner ear infections.

One of the solutions to this problem is humidification! Everyone should obtain a steam vaporizer humidifier to use during the winter months. By putting moisture back into the air with a humidifier, our mucous secretions are able to thin out again, so they can remove the germs responsible for colds and the flu. Our recovery time from these illnesses also becomes much shorter. By keeping humidity in the air on a regular basis, we can also markedly reduce the likelihood of further respiratory illnesses from occurring.

There are three main types of humidifiers: evaporative humidifiers, steam vaporizer humidifiers, and "cool mist" vaporizers. There are some pros and cons to each type, which I'll review below.

An **evaporative humidifier** is filled with water and placed in the corner of the room, and it fills the air with moisture over time. The advantage it has over the steam and cool mist vaporizers, is that the water container on the evaporative humidifier usually does not have to be changed as frequently (usually every 12 to 24 hours, compared to every 6 to 10 hours with vaporizer). Also there are no hot components to cause a burn risk to small children.

A **steam vaporizer humidifier, such as a Vicks vaporizer,** concentrates moisture in the form of steam, allowing you to stand over the steam vapor and breathe it in directly. This can have a very soothing effect on the sinuses and the back of the throat, particularly during an acute period of illness. You can also put the steam vaporizer in the corner of the room, or at your bedside (preferred), and allow the moisture to fill the room, just like you use an evaporative humidifier. **Steam vaporizers are the best type of humidifier to use when suffering from a cold, sore throat, or the flu.**

Steam vaporizer humidifiers need to be refilled with water more frequently than the evaporative humidifiers, however, as mentioned above. Also, steam vaporizers may pose a hazard risk to adventurous toddlers, so sure to keep them out of reach of children.

On a technical note, often times it is necessary to add **ordinary table salt** to the water in steam vaporizer humidifiers, in order for them to work properly. I often start by adding approximately five tablespoons of salt to my steam vaporizer. Then, if I still don't get a strong steady trail of steam coming from the vaporizer, I will add a bit more. (Of course, be sure to follow the manufacturer's instructions.)

Thirdly and last, there is the **"cool mist" vaporizer**. This type of humidifier puts out a concentrated mist of water. The mist output is cool to the touch, and there are no hot components to cause a burn risk to small children. Cool mist vaporizers however are known to cause a "white dust" to settle on furniture and things around the room, when used for more than a few hours. In addition to

being unsightly, these "white dust" particles can cause some people to experience throat irritation and other symptoms, and so **"cool mist" vaporizers are probably best avoided.**

Tips for Optimizing Your Humidifier Use

For best results, keep your steam vaporizer humidifier going in the bedroom throughout the night while you sleep when you experience a cold or the flu, and be sure to keep the bedroom doors and windows closed as much as possible. This allows the moisture to stay within the room, and not dissipate out into the hallways. When you go to bed at night, you'll benefit from the moisture that accumulates in the bedroom, and you'll be able to breathe it in all throughout the night as you sleep.

Also, if you place the steam vaporizer humidifier next to the edge of your bed, you can lay on your side, close to the edge of your bed, and breathe the steam in directly. As mentioned, this can have a very soothing effect on the sinuses and the back of the throat, and this will help greatly to break up and relieve nasal congestion.

For additional benefit, you can periodically stand over a warm humidifier and breathe the steam vapors. Alternatively, there's the **"hot shower method."** Turn on the hot water in your shower stall and sit in the bathroom with the door closed. Eventually, warm steam will fill the room and you'll begin to feel its soothing effects on your throat, nose, and sinuses. Read a book or relax and breathe in the steam over the course of about 20 minutes.

If you have a small child with a cold or the flu, you can allow him/her to read or play on the floor while you both breathe in the steam which is coming from the shower stall. Usually a 15 to 20 minute session per evening is sufficient for relieving congestion and assisting with the healing process when you're sick from a cold or the flu.

When you're using a humidifier, it's important to properly follow the operating and cleaning instructions which come with your humidifier. Do no let standing water sit around in your humidifier when it is not in use. Either empty the unused water, or keep your humidifier running until the water it contains has completely

evaporated, and the unit has dried itself out. This will prevent the possibility of bacteria or fungal elements from ever growing inside of the unit. Humidity levels outside and inside the house rise again in the Spring and Summer, so keep your humidifier stowed properly during these months.

Finally, know when to seek help. Among other concerns, the following should prompt a visit to see a physician: wheezing, trouble breathing, inability to swallow liquids, persistent coughing or sinus drainage beyond two or three weeks, and a stiff neck, particularly when accompanied by a fever, or a feeling of lethargy.

CHAPTER 16

FEELING CONNECTED AT THE CORE: ENERGY FOR YOUR MIND AND SPIRIT

Since **you are more than just a physical body** it is also critical that you take care of your **mind and soul**, as well, for optimum energy and vitality. There are many ways to do this. One of the most important ways is to take periodic breaks from your usual routine and get out into nature. Go walking, hiking, jogging, camping, boating, etc. out in **woods, forests, lakes, mountains, and along the ocean's edge.**

Also, minimize your exposure to media that promotes mental turmoil and spiritual disharmony, such as many kinds of talk-radio shows and television shows, as well as violent movies.

It's okay to read the headlines of the paper and stay aware of current events, but do you really need to absorb all of the gory details of the latest murders, bombings, robberies, crime-sprees and other toxic events in the newspaper or on the radio or TV news?

A regular mental diet of these things can lead to increased amounts of daily stress as well as increased
tensions (i.e., arguments) at home and work, and may even be a main contributor to insomnia, if you have this problem.

Whenever possible, substitute your mental input of violent and toxic media reports with **stimulating music, inspiring thoughts, and audio CD programs of motivational speakers.**

Also, **daily prayer** and **meditation** should be a part of everyone's life - it can do nothing but good things for you. Pick up a few books on these subjects and educate yourself, then get started! Finally, consider adding some form of **yoga, Tai Chi** and/or **Qigong** to your weekly schedule. These simple, beneficial ancient practices will not only re-energize you but will also improve your physical flexibility and balance. This may contribute to the healing of chronic ailments, as well as bring enhanced mental and spiritual balance, along with feelings of contentment, into your life.