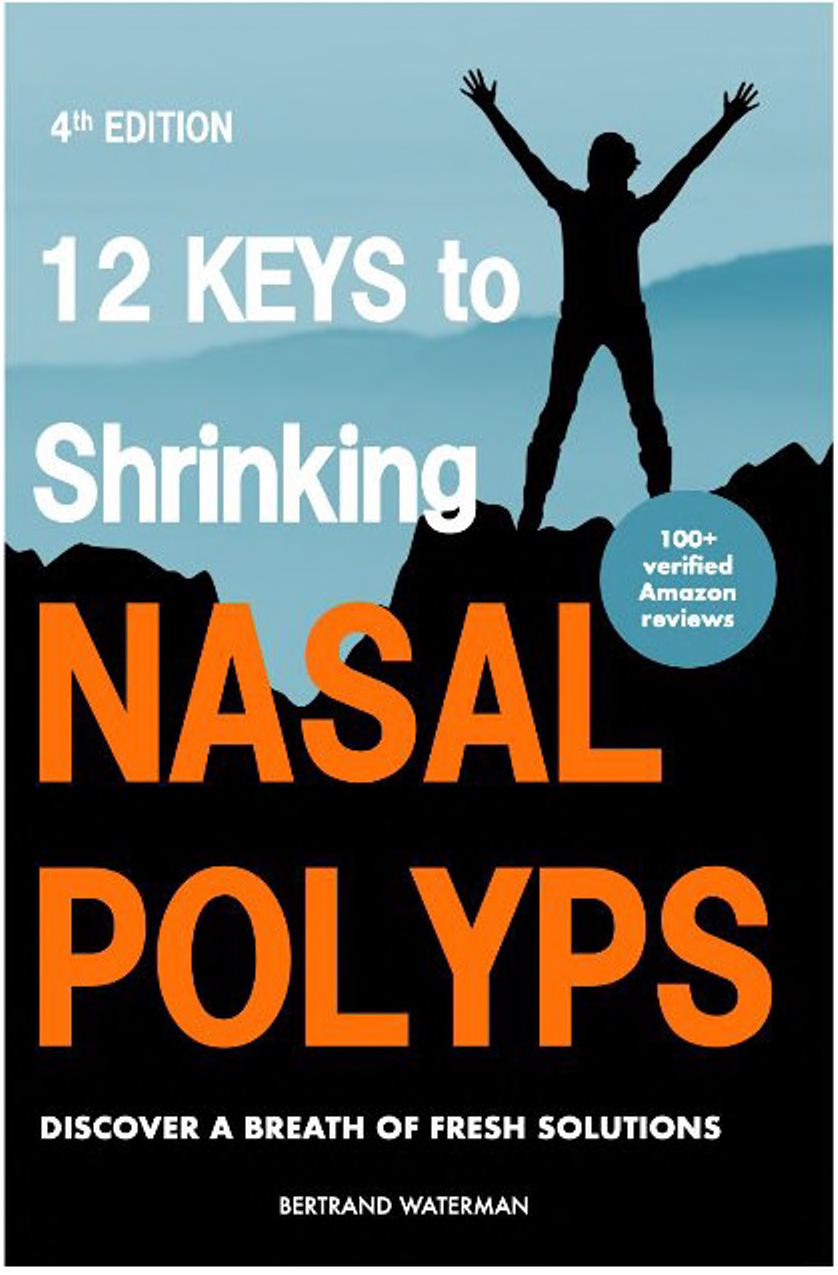
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THANKS

AS YOU KNOW, unmanaged nasal polyps can make life extremely difficult. I had challenging moments before solving my problem. I would like to thank my wife, kids and family for bearing with me during my difficult times.

Writing this book was a lot of hard work and an immense pleasure. I would like to thank all the people who contributed to this book, in one way or another.

The French medical system. If it does not necessarily offer better solutions to nasal polyps than in other countries, it educates people that health is a holistic approach. Thanks to this, I could realize that there was more to solving my nasal polyps than just taking drugs and having surgery.

The readers of my first blog. They shared with me the pain of living with nasal polyps and their quest for solutions. I realized my journey to solving for my nasal polyps was worth sharing. They motivated me to write the first French edition.

The readers who wrote 200+ reviews of the French edition. They inspired me to write this English edition and change the lives of more people around me for the better.

Finally, you. I know what it takes to keep looking for alternatives and solutions after years of challenging times, frustration and disappointment. I admire your perseverance. Now that you have found my book, you're off to a good start!

Bertrand.

DISCLAIMER

THIS BOOK PROVIDES useful information on the subjects discussed. This book is not meant to be used, nor should it be used, to diagnose or treat any medical condition.

This book is an actual patient's testimony based on a particular case and situation. References are provided for informational purposes about what the author is doing for himself. They do not constitute an endorsement of any products, websites or other sources for anyone else's situation. Although it strives to be truthful and honest, it may contain errors or omissions.

For diagnosis or treatment of any medical problem, always consult your physician. This book as a substitute for medical advice. It is imperative to consult an ENT physician every six to twelve months.

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INTRODUCTION

HAVING NASAL POLYPS can make our lives miserable. There is not much we need to say about stuffy noses and breathing difficulties, sinusitis and headaches, loss of taste and smell, and difficulty sleeping. We all know how difficult it is to live a normal life when we have nasal polyps. The thing is, physicians don't have time to tell us everything and nasal polyps have more consequences.

We can feel exhausted. The pressure inside our heads is often accompanied by a light, but continuous pain behind our eyes and at the base of your forehead. We have a congested head and a foggy mind and feel like we are not living in the moment.

We can feel lonely. People around us have trouble understanding how we really feel. There isn't much they can see except that we have a runny nose like everyone else. The fact that we may appear absent for good reasons may also make them uncomfortable.

We can feel old. We see people our age who have more energy than we do. The demands of our personal, family, social, and professional lives can be overwhelming. The tasks seems daunting, and we wonder if we are up to it.

We can feel depressed. Losing our sense of smell and taste also affects our perception of food, nature, and even attraction and sexuality. Depression and

sadness are medically associated with losing our sense of smell.

Practitioners should tell us about all of this. It is very real that having nasal polyps also make us feel lonely, old, and depressed.

But there is worse.

We have seen our ENT so many times. He prescribed nasal steroids spray or oral steroids and antibiotics, and sometimes antihistamine drugs. He said he would see us again in three or six months. He assured us that everything would be okay. But we are not okay. Possibly, our ENT told us that the drugs were not effective enough or that our steroids dosage is too high. We are at risk of serious side effects, and surgery is the only option. He assured us that everything would be okay. But we are not okay. Maybe we did not realize that our ENT doesn't know WHY we have nasal polyps.

We need to be very clear: in 2023, ENTs don't know the cause of nasal polyps and they cannot cure nasal polyps once and for all. All they do is ease symptoms or consequences with steroids, antibiotics, antihistamines, and surgery.

The idea of solving nasal polyps only by focusing on symptoms and without considering potential causes doesn't seem right. Unfortunately, it is not enough either.

Now what?

For more answers, we've probably turned to the internet. We have come across testimonials about 'the' solution to nasal polyps using essential oils or an exotic plant extract, or even worse, using a drug that is not for nasal polyps or whatever magic trick. Sometimes, we believe in a simple solution because we are desperate to solve this problem. As far as I know, there is no

miracle cure. If there were, pharmaceutical companies would have made it a small pill and a big business, and ENTs would have told us about it long ago.

But yes, there is more we can do

After struggling with nasal polyps for many years and having full surgery, I relapsed badly. But I declined to have a second surgery, and it was one of the best decisions I've ever made. After years of research and experiments, I feel great for more than fifteen years. In this book, I share everything I discovered and tested, and still use today.

Based on my many years of experience and research, I concluded nasal polyps are multi-factor and the solutions that work are not necessarily the same for everyone. To consider our nasal polyps problem solved, we will need to review a variety of solutions. We will also need to define a strategy to implement solutions that will work for us. This is what this book is all about.

We will want to read this book end to end to give us the maximum chance of succeeding. Here is what to expect as we read the book.

Assess our Current Situation

Whether we are new to nasal polyps or have had them for years, it's unlikely we know everything there is to know. We learn very little from physicians during our few minutes in their offices. It is common for us to look for specific information only when we are faced with a particular problem and not look further.

In order to take control of our recovery, we need a clear and broad understanding of nasal polyps and where we are now in our journey with nasal polyps.

We will learn how to get diagnosed properly. This will not solve everything, but it will certainly help and prevent big mistakes. Physicians often take short cuts when diagnosing nasal polyps.

Put our Foundations in Place

We now have a better understanding of nasal polyps and realize there isn't a quick fix. However, many of our symptoms can be alleviated and even resolved in many cases, and we need to look at the bigger picture.

As a start, we will focus on getting our foundations in place. These are solutions that can be implemented quickly and make us feel better within a few days or weeks.

Go for the Big and Easy Win

We have now implemented most of the key foundations. We feel better but most of us are likely not considering our nasal polyps problem entirely solved. We might still be experiencing symptoms that impact our quality of life or we might not have yet recovered our sense of smell. We need to do more.

Based on the traditional medical path, it should be time to consider surgery. But it is not. There is another solution that most ENTs will not discuss. However, they will encourage us to do it if we ask.

This solution is potentially the Slam Dunk we have been waiting for. If we do not play basketball, a slam dunk is something that is relatively easy to do and delivers outstanding results. Possibly, it may be the last thing we have to do to consider our nasal polyps problem solved. We will first explain how our sense of smell works, and we will dive into this solution.

Go down the Medical Path

For most of us, the solutions we have reviewed so far should deliver remarkable results if we implement them consistently for at least three months. It is now time to think very long term and about how we want to keep our nasal polyps at bay for the rest of our lives.

For some of us, we may still have challenges with our nasal polyps and it is time to consider what else we can do. In both situations, we have two options. We can go down the medical path, and maybe we have already done so, or we can go on the holistic journey. This is a personal decision and we will review these two approaches to make better informed decisions.

Our first step will be to examine the medical path to better understand the solutions and limitations. We will learn how to make the right and most informed surgery decision, which is a one-way decision.

Go on the Holistic Journey

Now is the time to explore the holistic journey. We will discuss the relationship between food, our digestive system and sinus inflammation. We will review the four key suspects and what we can do about them.

With the holistic approach, our goal is to minimize inflammation to the point where we require the smallest possible dose of steroids to keep nasal polyps at bay. In doing so, we will feel great every day, we will reduce nasal polyps or sinus infections outbreaks to the minimum, and we will minimize any long-term side effects and risks with steroids. We will have a healthier lifestyle and diet.

Food has evolved into an industry over the past 50 years. It causes many chronic

diseases. Our ENTs specialize in the nose and sinuses, but are unfamiliar with the food industry and nutrition.

Make a Plan and Take Action

We now know there are solutions to our problems. But to be better and not just hope to feel better, we need to act.

We need an action plan to get us started quickly with solutions that deliver results in just three weeks. We also need our action plan to help us sustain our efforts over several months as other solutions can take three to six months to deliver all their benefits.

There are several challenges that can get in our way of making the right plan and executing it. We will review them before discussing how to make a plan with solutions that work for us.

I look forward to hearing from you soon.

Bertrand.

PS: This book contains hyperlinks to additional resources to support you. Why not start by clicking bio.site/bertrandwaterman or scan the QR code below to say hello over email or follow me on social networks?

ASSESS OUR CURRENT SITUATION

WHETHER WE ARE new to nasal polyps or have had them for years, it's unlikely we know everything there is to know. We learn very little from physicians during our few minutes in their offices. It is common for us to look for specific information only when we are faced with a particular problem and not look further.

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UNDERSTAND NASAL POLYPS

"THE HIGHEST ACTIVITY a human being can attain is learning for understanding because to understand is to be free." — Baruch Spinoza

In the case of nasal polyps, there is no daily pill that dissipates all symptoms until the next morning. Unless we effectively manage nasal polyps, they can be present day and night, every day, and cause problems that significantly affect our quality of life.

The first thing we will discuss is how nasal polyps impact our lives. Next, we will discuss how physicians diagnose and treat our condition, as well as the standard medical treatment. Lastly, we will look at a wider perspective-- beyond simply a medical perspective-- by exploring a variety of topics in our search for recovery. First, let's talk about the impact nose polyps have on our lives.

A sickness that sneaks up on you without being noticed

You have undoubtedly experienced that our problems begin well before we are diagnosed as having nasal polyps. In the first few months, or even years, we may only suffer from occasional sinus inflammation and allergies, and we continue to live a healthy lifestyle.

As time passes, these problems become more frequent, especially in winter and

spring. Eventually, the sinusitis and allergic rhinitis episodes become so severe and frequent that our doctors begin discussing nasal polyps as a possibility. Our ENT inserts a small camera into our nostrils to check for nasal polyps. To confirm the presence and extent of nasal polyps, he sends us for an MRI, similar to a CAT scan. After examining our skull in black and white, the physician officially labels us as having nasal polyps.

However, why are diagnoses made years after first symptoms, when the disease is already well established? During the first few years, nasal polyps have similar, if not identical, symptoms to many other ENT conditions. Since an MRI is an expensive procedure, doctors rarely perform one unless they have a strong suspicion that the patient has nasal polyps. A MRI would be too costly for every case of ENT disease with chronic sinusitis and allergic rhinitis. Due to this approach, someone suffering from nasal polyps is only diagnosed when the disease is already well-established.

Different symptoms that are chronic in nature

Having nasal polyps prevents the sinuses from clearing out naturally, resulting in infections that sometimes have unpleasant odors.

The nasal mucosa is highly sensitive and easily inflamed. Mucus is secreted in quantities by the mucosa-- either thin and transparent, or thick and yellow/green. Each morning, we wake up with a crusty stuffed-up nose and have drainage in our throats.

Our nasal polyps and nasal mucosa swelling restrict our airways and make

breathing difficult, sometimes to the point of completely blocking our airways.

Our chronically inflamed nasal mucosa and clogged sinuses make us prime candidates for seasonal colds and springtime rhinitis.

We sometimes lose our sense of smell and taste due to swollen mucosa blocking the airways to the olfactory area.

We come across as "the sick one", both to ourselves and to others, when we blow our nose a hundred times a day, have a terrible breath, and seem exhausted.

Energy-draining condition

Nasal polyps are energy-draining and can cause semi-permanent fatigue. We are constantly fighting infections in our sinuses. As our nostrils are stuffed up, we cannot breathe well. As a result, we are easily winded, and sometimes we even feel a weight on our chest. When we suffer from migraines or mental fog, we turn our focus inwards and are unable to engage with others. We cough frequently due to the discharge that runs down the back of our throats. It is difficult for us to sleep and we feel restless.

For several months during the worst phase of my nasal polyps, I couldn't breathe through my nose. In addition to breathing through my mouth, I was waking up multiple times during the night coughing.

Morale-eroding illness

While our physician is willing to discuss previous problems and challenges, he or she lacks the time to explain how nasal polyps can contribute to sadness and even depression.

Fatigue and lack of energy can make us feel weak and older than we really are. In cases of severe nasal polyps, we lose taste and smell, if not the entire range of senses. It has been medically proven that deficient olfactory sensations related to food, nature, attraction, and sexuality can lead to depression. In addition, nasal polyps can create a feeling of pressure inside our heads. At the base of the forehead, behind the eyes, and in the occipital lobe in the back of the head, we experience a light but constant pain. Pressure can create feelings of entrapment and hinder our sense of well-being, disconnecting us from ourselves and others.

People around us often don't understand why we lack energy. There is no visible evidence of nasal polyps, so many acquaintances will assume we have a cold or a headache. We may appear absent, which is off-putting and adversely affects the people around us. This can lead to a feeling of being very alone.

Due to our daily symptoms, we may also feel older than we really are. We may be tempted to feel this way when we see people our age with full energy and vitality.

It is never easy to juggle all the obligations of personal, family, social, and professional life. When nasal polyps are added to the equation and energy is subtracted, we end up feeling less valuable and capable as we wonder if we are up to the challenge. There are certainly plenty of reasons to feel discouraged.

A lack of adequate medical care

Most of the time, we fail to realize that our physicians are not knowledgeable about the causes of nasal polyps. They cannot cure the

disease, only mitigate its symptoms. But, we can sense their options are limited.

Also, our physicians don't have time to support us morally, so we feel as if we are getting little to no support from them. Therefore, understanding the perspective of a physician is essential.

We will now discuss how physicians approach the issue before going into details about the disease itself.

A patient or a sickness

Western medicine emphasizes technical and technological excellence, often at the expense of a comprehensive approach to the patient. Most physicians rarely exchange information, and when they do, it's brief (think of a letter of recommendation from our ENT to our allergist). Holistic and integrative medical practices exist, but they are hard to find. There is a tendency for western medicine to focus solely on the disease rather than the patient.

The majority of the time, we see an ENT as our primary physician. By definition, an ENT focuses on the ears, nose, and throat. We may not always realize, however, that our physician is primarily a surgeon. It is vital to remember that the perspective through which our physician approaches us and our nasal polyps is based on his expertise and passion for surgery.

An ENT-specialized surgeon is likely to be uninterested in allergies, condescending toward homeopathic remedies, and likely to chuckle if we mention psychology or nutrition as possible cures.

Several factors contribute to this attitude. Physicians cannot be experts in multiple fields due to the extensive level of expertise required in each medical

specialty. The physician profession is also highly competitive, and most develop a craving for renown and recognition. Surgeons place themselves and their practices above general practice doctors, homeopaths, and nutritionists. But what about us, the patients?

Having a regular checkup with an excellent ENT physician is essential when suffering from nasal polyps. It's also important to realize that stopping there is not enough if we want to maximize our chances of recovering.

Relieving symptoms rather than curing causes

When we did not have serious health problems, nasal polyps can be a difficult disease to understand.

As an example, let's look at the flu that we all know. Flu is caused by a virus. The symptoms are a fever and soreness lasting for a week. The symptoms can be eased with drugs while our bodies fight the infection, and disappear after a week after the body destroys the virus. We are cured and will remain healthy until the next time we are exposed to the virus.

ENTs don't make it clear why nasal polyps are different. Nasal polyps have no known cause, and there is no virus associated with them. The inflammation of our nasal mucosa and the formation of polyps are only the consequences of something science does not yet understand. Multiple complex causes may be involved when it comes to nasal polyps, so we cannot blame our physicians for not understanding them. The problem is that physicians fail to explain that they can only ease the symptoms, but not cure nasal polyps once and for all.

Once the flu is cured, it's gone for good. In the case of nasal polyps, there is no definitive cure. When we visit our ENT during an outbreak, we think we are taking action, but in reality, it is already too late. We will need to pay attention daily to staying healthy and managing this chronic condition.

Considering all options

As our ENT refuses to admit that nasal polyps have no known cure, he will also not discuss any potential solution that has not been proven scientifically. Our physicians' approach is based on the concept of scientific proof, which is a keystone of the health industry.

A In order to examine potential solutions, one group of patients must receive the treatment while another group receives a placebo. The tests require hundreds of patients over several months and are expensive. This rational approach is helpful in proving both a solution's efficiency and innocuity. We can imagine that only those who expect to make a profit will conduct those studies.

Alternative solutions, such as eliminating dairy from our diet, are not scientifically tested because removing milk from a patient's diet does not generate any revenue. In cases where these solutions are scientifically researched and tested, they are typically buried by industries that advertise their products' health benefits in order to avoid losing money.

Voilà, a simple explanation as to why pharmaceutical drugs are the answer to disease, not diet changes.

Medical professionals, particularly surgeons, often talk about how insurance

premiums are increasing, which reflects the risk involved in performing medical procedures. A physician's decision is based not only on our condition, but also on the risks he may face. Thus, he will refrain from mentioning any possible solutions that are not scientifically proven. Everything must fall within the strict framework of the medical field and its scientific community. Adding this to the fact that specialized doctors fail to communicate with each other and focus on diseases instead of patients, we begin to understand why our ENT's solutions are insufficient.

I do not reject the entire system that structures our healthcare system. It seems that physicians are curing more and more patients. When it comes to managing nasal polyps, drugs can often be very helpful if not necessary.

Since I am a rational thinker, I can't disregard an entire array of solutions, statistically proven or not, just because they do not financially benefit anyone. Hence, I investigated homeopathy, essential oils, food intolerances, nutrition, and stress management, performing my own experiments and drawing my own conclusions about how they may relate to nasal polyps.

Nasal polyps and medical treatment

Following an overview of patients' and physicians' perspectives on nasal polyps, we will discuss the condition in greater depth.

A nasal polyp is a condition of the sinuses. Are you aware that our heads would be too heavy without sinuses? Or that they act as shock absorbers, like your car's bumper? A quick internet search will provide an anatomic description of the

sinuses if you are unfamiliar with their location.

Here is an overview of the ENT approach to treating sinus polyps in simple terms, as detailed step-by-step below:

- A miniature camera is inserted through the nose in order to determine the extent of the nasal polyps.

- Confirm the diagnosis by having the patient undergo an MRI, which will show where the polyps are located and how severe they are.

- Test the effect of anti-allergy medications like antihistamines for a few months to see if they reduce inflammation.

- Having the patient undergo a respiratory test with an allergist or lung specialist to check for asthma or to diagnose an aspirin-induced asthma condition known as Samter's triad.

- Having the patient take dental x-rays to determine whether their teeth's roots are touching and irritating their sinuses.

- Stop inflammation, reduce polyps, and free up the airways by treating acute outbreaks with steroids and antibiotics.

- Prescribe steroid nasal spray for the control of polyps and prevention of swelling.

- Encourage the patient to wash out his or her nasal passages every day using a nasal spray or other device.

- Assessing the effectiveness of these drug therapy treatments.

- If there is no positive response, suggest surgery. By removing the polyps from the sinuses and enlarging the nasal cavity, the surgery aims to improve breathing and allow better penetration of topical steroid sprays.

- Repeating surgery as necessary.

That's all there is to it. This list represents the treatments your ENT can provide; you might be familiar with some of them.

The overall picture is now clearer, and we can begin looking into some essential aspects of the diagnosis that are sometimes overlooked.

On the allergy front

The presence of nasal polyps is associated with allergies quite often. While they may not directly cause nasal polyps, they are a major cause of nasal mucosal inflammation.

A typical ENT treatment involves prescribing an anti-histaminic drug and then waiting to see how the drug affects the patient. In this case, the goal is not to determine which specific allergies exist, but rather to evaluate the result of a drug. Some ENTs may perform a blood allergy test on us before prescribing a medication. Doing this test, we will know if we are allergic, but not to what exactly.

If you haven't done these tests, I would encourage you to consult with your ENT specialist. If the reasons for not ordering an allergy test are made clear, then it may be acceptable to not do so.

Most ENTs stop here when investigating our allergies, but this is not enough. In the event that we test positive for allergies, we should consult an allergist and have further testing done in order to pinpoint what is causing our allergies. This will be beneficial to us in the long run as we'll be able to avoid the thing to which we are allergic rather than taking an anti-histaminic drug everyday.

Samter's triad and asthma

It is also possible to have asthma along with nasal polyps. This is something that our ENT should investigate to either diagnose or rule out Samter's triad (also called AERD), which is a combination of nasal polyps, asthma, and an aspirin allergy.

It is important to speak with our ENT physician if we suspect we have asthma. AERD must be diagnosed or ruled out as our exposure to aspirin, other NSAIDs, and even salicylates in food can significantly impact our health.

We should be referred to a lung specialist for a consultation, respiratory tests, and aspirin intolerance tests to establish this diagnosis.

Inflammatory bowel disease

The symptoms of gastroesophageal reflux disease (GERD), or acid reflux, are a burning and sharp sensation at the base of the esophagus. It can aggravate (if not be the cause) nasal polyps.

Despite the fact that many people with nasal polyps also suffer from acid reflux, ENT physicians rarely discuss or investigate this issue. Is this because it's a gastrointestinal problem outside their sphere of expertise? Is it because we fail to address the issue ourselves? Is this because a 10-minute visit does not allow for this discussion? Regardless of the reason, we need to discuss this with our ENT as soon as possible.

Dental problems

There is a possibility that dental problems can lead to nasal polyps. Most commonly, the problem occurs with the roots of upper

molars and premolars that are located immediately adjacent to the maxillary sinus floor. A tooth root or deep cavity can irritate the sinus floor and cause inflammation. Our ENT physician will recommend a dental panoramic x-ray in order to investigate this.

Another potential problem is heavy metal fillings and mercury in cavity fillings. Despite being only legally toxic in Sweden and Norway, there are worldwide concerns and debates about their toxicity. The main challenge with dental amalgams is that dentists are reluctant to remove them due to the risk of mercury leakage. It is most common for dentists to discourage us from doing it and instead attempt to convince us that dental amalgam is safe to use.

If we have many dental amalgams, we should do some research into their toxicity and how it might relate to our nasal polyps and other health problems. As soon as we're convinced that amalgams are related, we need to find a dentist who has investigated the potential benefits of removing them. These dentists may be hard to find, but they are also very helpful. They will be very knowledgeable about the issue, share their patients' experiences, and be able to explain its benefits.

Now that we have explored scientific medicine, let's look at other options. The discussion will cover topics that ENT physicians rarely discuss.

Steroid sprays and nasal cleansing

ENT physicians recommend that we clean our sinuses, but they don't always explain how to do it properly. Our daily routine can be made easier and more efficient by a variety of techniques and products. Steroids sprays as a long-term treatment

can result in serious side effects. Our goal is to use the least amount of effective dose while achieving maximum results. We will become experts.

Taking care of ourselves

In case of nasal polyps, catching a cold can have serious consequences. There are some preventive behaviors and tricks that can significantly reduce the risks. To avoid them, we will discuss everything we can do.

Fighting back when necessary

The effects of acute outbreaks can be severe both physically and psychologically. As that relates more to the patient than the disease, ENT physicians don't bring it up and leave us to experience the consequences.

By learning how to manage acute outbreaks more effectively, we can improve our wellbeing. Our goal is to get ready to fight back and find out what our first line of defense is for treating a variety of small ENT problems.

Reducing our stress levels

Medical research has established a link between anxiety and inflammatory conditions. Many people who suffer from nasal polyps are anxious, nervous, or stressed. As ENT physicians are not psychologists, they will never mention stress during a consultation. In simple terms, we'll discuss what we can do. Despite what we think, breathing is a skill we can learn! Yoga breathing techniques can provide relief and comfort. As we learn these principles of breathing, we will be able to put them into practice.

Food intolerances

My ENT told me after my invasive surgery,

"The surgery was successful, good luck in the future, and avoid wine, mustard, and aspirin! ".

As we discuss the most common food intolerances linked to nasal polyps in the chapter, I believe they may contribute to the disease's underlying inflammation.

Often, allergists are vague about food intolerances because they are not quite allergies. Getting rid of food intolerance is a crucial step toward reducing inflammation. In order to help you assess and address these problems, I will share everything I've learned about them.

Inflammation and nutrition

We constantly hear words like "farms", "fresh", and "delicious" in food marketing--terms that reflect our idealized view of food. Eggs molded by machines, like plastic, don't sound appealing to anyone, do they?

Food has become an industry in the last fifty years to an extent that is difficult to comprehend. It would be more accurate to use the buzzwords "processed", "additives", and "chemicals".

As trends and movements promote healthier eating habits, we have become more aware that food is the foundation of health, and a poor diet may cause illness. Although we all know it, we don't always pay attention to it.

Hippocrates once said, "Let food be your medicine and medicine be your food". Food quality plays a vital role in our general health as well as chronic nasal inflammation-- but ENT physicians do not discuss it. In this book, I devote a large section to this fundamental idea.

Considering everything we have just discussed, we should not be discouraged if

the problem appears to be much larger than we first thought. No, quite the contrary! The first step to solving a problem is understanding what we are dealing with; this allows us to get access to and understand an array of options!

We have now covered a broad overview of nasal polyps. Now that we understand the problem, what to expect from physicians, and what other options are available, we can move forward. Each chapter concludes with recommendations for practical actions to take.

In Summary / Take Action

- It is important to have a complete diagnosis made as early as possible: Some of the problems associated with nasal polyps are not discussed proactively by ENT physicians. It is important to list all of the other symptoms we may be experiencing, such as acid reflux, dental problems, asthma, allergies, stress, food intolerances, etc., and discuss them with our ENT as well as with other physicians, if necessary.

- As we deal with nasal polyps, we should pay attention to our breath, sleep, and digestive function and be more aware of how we are doing overall.

- It is important to keep a logbook: whenever we experience a symptom, we should note the date and describe how we feel, what we've eaten, etc. Over time, we will be able to identify patterns of symptoms.

PHYSICIANS' POWER AND LIMITS

"THE GREATEST OBSTACLE to discovery is not ignorance-- it is the illusion of knowledge." — Daniel J. Boors

As nasal polyps patients, we expect great things from our physicians. Some of them are clear and justified, while others are not. To understand what we should expect not only from physicians, but also from ourselves, we need to clarify these assumptions.

These expectations are, according to me, rooted in three areas:

High tech medicine

We rely on medicine for our quality and length of life, for the aging of our population, and for the solidarity of our society - but it comes at a cost. Medicine has become a high-tech industry in its own right. On a daily basis, our news sources talk about how medicine restores hearing to deaf people, restores sight to blind people, makes disabled people walk, etc. It is natural for us to assume that our "little" polyp problem can be cured easily. How is it that modern medicine, which can treat so many serious illnesses, would not cure nasal polyps?

Pills-land heaven

A country with a strong pharmaceutical industry can be proud of itself. However, we should also keep in mind that it can

impact how we perceive health, disease, and solutions as well.

Some people who are overweight do not want to stop eating their favorite comfort food even if it is full of saturated fat, and they do not want to watch one less episode of their favorite show to walk 40 minutes. They want an anti-cholesterol medication. It's a whole lot easier to take a pill than to change eating habits and start exercising. We are also taught in pharmaceutical commercials that people seem happy and active because they take their pills every day.

Without even realizing it, we come to expect drug prescriptions from our doctors. The physicians themselves speak of the pressure they face from patients who cannot imagine leaving a consultation without a prescription.

Although we are not all like that, our surrounding environment affects us more than we realize. Without even realizing it, we have come to expect medication to cure all of our diseases. The problem is that this expectation may lead to a lack of interest in other solutions. How may this expectation affect our ability to take ownership and responsibility for our health?

A patient's perspective

It wasn't our fault that we got sick. It is not fair that we have been plagued with this life-debilitating illness. That's right, it's unfair. This feeling of unfairness may lead us to expect that someone else should be responsible for our recovery instead of ourselves. Whenever we need medical help, we expect it to come from our doctors, they are knowledgeable, and it is their job to take care of us.

To caricature our expectations of our physicians: we want them to give us a mint-flavored drug that cures our nasal polyps, since lemons aren't our favorites. Even though this is an exaggeration, it's worthwhile to challenge our perspective on medicine.

Without clear expectations from our physicians, we may spend months or even years unable to progress on our road to recovery.

Proactivity is the key

Before we discuss each type of physicians in details, we will discuss something we should always keep in mind.

Living with a chronic condition can be a challenge, but it doesn't have to be a burden. We can stay healthy, happy, and in control of our lives by taking a proactive approach to managing our condition.

In the event that we get sick from the flu, we take care of ourselves only when we are sick by going to the doctor and receiving a prescription. When it comes to chronic conditions like nasal polyps, healing must be viewed from a different perspective. We should not wait until we experience serious complications to see an ENT and expect him to fix our problem. Proactive strategies involve taking an active role in managing our health, staying ahead of potential risks and taking measures to prevent them in the first place. We should take care of ourselves to prevent problems from occurring each and every day, including days when we feel absolutely fantastic.

Think of it like taking care of a forest to avoid wildfires. Proactive measures include trimming dead branches, clearing debris, and setting up firebreaks. As a result, we are able to prevent fires from occurring in the

first place, and we are much less likely to have a major forest fire that requires a last resort solution like an helicopter.

We are already proactive with our teeth every day. They are an important part of our overall health, so we must take the necessary steps to ensure that they stay healthy. We aren't making any effort and just waiting until we have a decay or pain to visit the dentist! We brush and floss our teeth twice a day, and we visit the dentist regularly. The same is true for chronic conditions like nasal polyps. We can take control of our chronic condition with the right proactive habits and mindset. It is crucial that we never lose sight of this perspective.

Physicians

It is vital for us to understand what physicians know about nasal polyps and their treatments in order to manage our physicians, our disease, and ourselves effectively.

Personally, I have seen a lot of physicians. I have been treating my nasal polyps for nearly twenty years. Through my research, I have explored different domains such as allergies and intolerances, nutrition, psychology, and homeopathy. As a result of moving several times, I have had to find new physicians. One of my friends is a physician who suffers from Samter's Triad. My surgery was performed by one of Europe's best ENT surgeons.

Over the years, I have had many discussions with physicians who all had different viewpoints. Among them, some were particularly pithy, some occasionally strange, and some were discouraging.

Over the last ten years, I have asked the same questions to every physician I meet. The following excerpts highlight some of the challenges we all face.

Me: *"Doc, I think I've had a problem with sulfites for several years, and I would like to have an allergy test to find out for sure."*

"A test for sulfite allergies?" he asked. *"I don't think that's possible. It doesn't exist!"*

I later found out my physician's answer was incorrect and showed a real lack of knowledge. There are tests for sulfites sensitivity, but most physicians are unaware of them.

When I was suffering from an acute outbreak, my new ENT physician prescribed steroids and antibiotics: the sledgehammer approach, meant to get me back on my feet quickly. After the seven-day treatment, I was in a terrible state. Not only did I not feel better, I was even worse.

ME: "Doc, I felt pretty bad after taking steroids. *Given how I felt, I wonder if the sulfites were a contributing factor. What are your thoughts on that? "*

Him: *"What? That's impossible! And I don't understand why you keep talking to me about sulfites!"*

Me: *"It's just that the steroid you prescribed me, which I've never taken before, contains sulfites. I spoke with the allergist you recommended, and he confirmed that he has had other patients with this problem..."*

In the face of his ignorance, this physician couldn't admit to himself that he didn't have an answer. Instead of saying he would investigate the sulfites intolerance, he simply said:

Him: *"Okay then... Well, I'll see you in one month."*

At my follow-up appointment with the allergist, I discussed this issue. The answer he gave was no better:

Him: *"It's a problem I see with other patients; I would advise you to write to the lab."*

Even though he confirmed the problem, he told me that I should write to the laboratory? Although I want to take responsibility for my illness, there are limits to what I can do.

The next time I saw my ENT physician, I discussed it with him. Throughout the conversation, he showed absolutely no interest.

From my perspective, I have learned a valuable lesson. I now know that most physicians have no clue whatsoever about sulfites sensitivity, so I will always request a different steroid. Like me, I'm sure you have a lot of similar stories.

To summarize, physicians do not know why we develop nasal polyps. They don't know how to cure them and can only ease their symptoms. Their interest in what might cause the problem is minimal.

Now let's discuss what we might expect from different types of physicians. These are personal opinions that can sometimes be blunt. My hope is that they will allow you to take a step back and form your own opinion. The opinions presented here are only relevant to nasal polyps.

Patient or client

In general, I have found physicians to be very dogmatic, if not pretentious, especially those who have worked at hospitals or clinics. Is it their medical education that shapes them this way, or does the medical field attract these personalities? Is it the

amount of knowledge they must absorb? Is it the job's emotionally-demanding nature that causes them to show detachment?

Due to physician attitudes and approaches, I prefer to think of myself as a client rather than a patient.

The majority of our physicians practice medicine, but do not conduct medical research. As a result, they only use what is already established and recommended; they do not search for new solutions.

There are few physicians who have real convictions, such as those who see a person, not just a condition, those who are humble enough to admit their limitations, or those who are curious about other disciplines.

General practitioners

It seems to me that general practitioners are generally automatic and brief in their consultations, and I am unsure of what they can contribute in our case.

However, they can be helpful in certain situations: if we are traveling and have an acute outbreak, seeing a general practitioner for a steroids prescription is faster and easier than going to a specialist.

Homeopathic physicians

There are some who believe in it, and there are others who remain skeptics. The purpose of this book is not to convert you to homeopathy. There are already many informative articles on the subject.

During my relapse, one of my friends who is an ER physician himself and has nasal polyps recommended that I consult a homeopath physician. Treatments in homeopathy are based on three elements: constitution, terrain, and causes.

Homeopathic treatment is individualized, like a tailored suit. A homeopathic physician determines our homeopathic profile by asking us unusual questions. Based on our answers, they classify us as Carbonic, Phosphoric, Fluoric, Muriatic, or Sulfuric Silicate.

Terrain: a homeopathy diathesis is the body's predisposed reaction to a given threat, and different patients experience different homeopathy diathesis. We will be classified as either a sycotic, a syphilitic, a psoric, or a tuberculinic.

Cause: A homeopathic physician will treat a patient's problem by treating the cause. The origins of nasal polyps, however, are unknown to homeopathic physicians just as they remain unknown to traditional physicians.

I remain somewhat skeptical regarding homeopathy's ability to deliver real results for nasal polyps, despite some remedies such as tuya purported to work. In my experience, they are effective for treating small ENT problems that need to be addressed right away (I will elaborate later).

Despite being a skeptic, I admit that my 30-45-minute discussion with my homeopathic physician was constructive. His explanation made me realize that nasal polyps have multiple causes: physical, biological, and emotional. Therefore, it is essential to address our health holistically. For me, this awareness alone helped trigger all of the actions that followed (and that I discuss in this book), leading to my eventual recovery.

ENT specialists

In general medicine, students with the least talent usually become general practitioners

after they graduate from medical school. The best students specialize, and the very best specialize in surgery.

As specialists gain expertise in one domain, they also tend to move away from other medical disciplines. Their interests and knowledge in other areas decrease the deeper they delve into a specific field. The more expertise in details they gain, the more they lose sight of the big picture.

I had many discussions with the ENT physician who monitored me when I was on the verge of a second surgery and searching desperately for alternatives. He was brilliant and already the clinic's head. However, I discovered that he was not knowledgeable about allergology. Moreover, he mocked nutritional medicine and homeopathy.

As a result of these experiences, I have come to realize that ENT physicians are, first and foremost, surgeons. Their job, skills, and interests revolve around surgery. An ENT surgeon will not hesitate to perform five operations in a row to remove nasal polyps if steroids are not helping. In his opinion, surgery is the best (if not the only) option. By focusing on drugs and surgeries for years, this perspective has been narrowed down.

In the case of nasal polyps, monitoring is essential. It is necessary to visit an ENT every six months or so, despite some challenges.

Quacks

In the midst of my vacation, the pollen that was irritating my nasal mucosa turned me into such a wreck that I was unable to breathe through my nose. In a small village,

I went to a general practitioner to get a prescription for nasal decongestant.

Having explained my nasal polyps condition and treatments, this particular physician launched into a tirade about nasal polyp causes. He discovered what caused nasal polyps: a series of temperature changes our nasal mucosa could not handle. This was of course only conjecture. I found this kind of talk to be extremely damaging and painful to hear.

It is important to trust your physicians, but we should also beware of those who boast and seem to know everything. Often, they are incompetent and don't care about us.

Becoming our own physicians

In the case of nasal polyps, trying to find a pharmaceutical cure alone is not an option. As individuals, we must take responsibility for our own health, become our own physicians and take ownership of our recovery. Physicians are familiar with hundreds of diseases, their symptoms, and recommended treatments. We only know nasal polyps, but on a much deeper level since we have lived with it for years.

We shouldn't misunderstand this last point: it doesn't mean we should avoid seeing a physician by going solo. We should place ourselves on the same level as our physicians when it comes to nasal polyps, and take an active role our treatment.

In Summary / Take Action

- It's not reasonable to expect our physicians to provide pharmaceutical cures. It is only a waste of time and energy to hold on to those expectations.

- We should take responsibility for our health and take an active role in our recovery.

- We should focus most of our attention on being proactive each and every day to avoid problems and complications in the first time.

- We should choose a homeopath as our general practitioner.

- We should take the role of coordinators, working with our general practitioner to find specialized doctors and asking them plenty of questions in order to avoid leaving any problems unattended.

- We should choose an ENT physician who is empathic and open to different disciplines to ensure we get a complete diagnosis. In case of nasal obstruction, loss of smell, or taste loss, we should contact an ENT immediately.

- There is a common "old-boy" network among physicians: they may refer patients to one another because they golf together, but that is not always in the patient's best interests. In cases where we need to consult other specialists, we should not rely solely on the recommendations of our physicians without researching first.

DANGEROUS DRUGS

"IF YOU FEAR nothing, then you are not brave. You are merely too foolish to be afraid."
— Laurell K. Hamilton

In this chapter, we will discuss some mistakes to avoid if we are in the early stages of our nasal polyps.

Nasal decongestant

These nasal sprays offer incredibly fast relief. Our airways open up in a minute; a simple spray and we can breathe better than ever before! The comfort that nasal decongestants bring is so intense that it can be tempting to use these drugs more than we should. But these drugs come with a warning: they are not to be used more than three to five times a day and for a few days only. If we use them more, the risk of ravaging our nasal mucosa is real, and that would only make our problems worst. A list of all nasal decongestant is available at www.drugs.com/drug-class/decongestants.html.

We should avoid playing with fire and always use nasal decongestants under the supervision of our ENT physician, even if they are available over the counter.

Steroids

Steroids are nice. Just two little tablets and our polyps have practically disappeared! I had a friend who loved steroids because it made her skin and hair look better than ever!

But let's be serious: steroids are powerful medicine. Yes, they are very helpful against acute nasal polyps outbreaks, but our physicians are very clear: we cannot take more than a few treatments a year. Beyond that, we could endanger our long-term health and end up with systematic problems that are much more severe than nasal polyps.

We should never take steroids without proper supervision. It's easy to purchase them online or to get several prescriptions from several physicians, but we would be doing more harm than good in the long run.

We should keep track of the dates we take steroids in a journal. It is an excellent way to measure our progress as our significant outbreaks become less frequent.

Last but not the least, the defeat drug

This drug is one that we create ourselves, one that is very powerful, and that we are all very familiar with: discouragement. When nasal polyps are at their worst, life loses its appeal. But there are numerous success stories about people who have managed to come through it. Our health is precious; we should listen to our symptoms, respect our bodies, and take care of ourselves. There is a light at the end of the tunnel, and we are going for it.

In Summary / Take Action

- If we have used or abused nasal decongestant and steroids without medical supervision, we need to first and foremost get our head out of the sand.

- We should make a list detailing our medicine intake, complete with dates, dosages, and names of medications.

- We should see our physician and tell him everything openly. He is not there to judge but to help us improve our health.

- We should read the rest of this book to see how we can get much better without taking shortcuts. We deserve it as much as anyone else.

PUT OUR FOUNDATIONS IN PLACE

WE NOW HAVE a better understanding of nasal polyps and realize there isn't a quick fix. However, many of our symptoms can be alleviated and even resolved in many cases, and we need to look at the bigger picture.

As a start, we will focus on getting our foundations in place. These are solutions that can be implemented quickly and make us feel better within a few days or weeks.

CLEAN OUR NOSE LIKE A PRO

"IT'S NOT HOW you pick your nose, it's where you put that booger that counts." — Tre Cool

I'll leave where you stuffed that booger up to you and will instead discuss everything you need to know about cleaning your nose and sinuses. Cleaning your nose properly and every day may seem trivial, but we will quickly see significant results if we do it right.

Various rinsing solutions

The salt concentration of a solution is crucial, regardless of whether we buy sprays or make our own. An isotonic solution has the same salt concentration as our bodies fluids or physiological saline and gently rinses our mucosa. A hypertonic solution contain more salt than our bodies and clean our mucosa more intensively by causing a water-discharge reaction. When we have blockages or crusts, it can help loosen thick secretions. Nevertheless, this water-discharge reaction also dehydrates and irritates our nasal mucosa. Because of this, we should not use it more than a few days in a row and only when an outbreak occurs, but never on a regular basis.

Different rinsing solutions

Whether we buy sprays or make our solution, the salt concentration of the solution is critical.

Isotonic solutions have a salt concentration equal to that of our bodies (this is the case with physiological saline, for example) and will rinse the mucosa gently.

Hypertonic solutions have a higher salt concentration than our bodies and will clean the nasal mucosa more intensively by provoking a water-discharge reaction. It will help loosen thick secretions which can be useful if we have blockages or even crusts. However, the hypertonic solution will also dehydrate and irritate our nasal mucosa by causing this water-discharge reaction. For this reason, we should not use it more than a few days in a row and only when we have an outbreak, but not as our ongoing daily routine.

Devices for rinsing

We will discuss the pros and cons of various nasal rinsing products and accessories. There are no medical insurance plans that cover any of them, but spending a few dollars every month has proven to be well worth it for me.

Saline sprays

Using a saline spray is a good way to get started with nasal rinses. There are a variety of seawater or saline solutions ranging in strength from infant and isotonic to adult and hypertonic (Sterimar and Simply Saline). As a result of the pressurization, the spray remains sterile and free of preservatives, but it is more expensive than non-pressurized sprays. The mist penetrates deeply into our nasal passages thanks to its powerful spray. There is no change in spray pressure until the bottle is empty. It is easy to transport without leaking due to the cap. A seawater

spray also contains mineral salts and trace elements that help heal your nasal mucosa, but they're more expensive.

A non-pressurized spray is similar to a pressurized spray, but there are some differences. The mist is not as delicate. Although they are cheaper than pressurized sprays, they are not a good long-term solution for us. The main problem is that they are not sterile by design. In the case of preservative-free products, they should only be used for a few days. If they can be used for more than a week, then they do contain chemical preservatives, which we do not want to spray on our nasal mucosa every day.

Over time, those sprays will become expensive since we should be rinsing our sinuses daily. There are other solutions that are better for our wallets and sinuses.

Neti pots

Neti pots originate from the world of yoga, where nasal irrigation is a traditional practice called Jala Neti. It involves the purification of the nasal passages (neti) with water (jala).

There are plenty of pots to choose from. I like NeilMed's version because it comes with pre-mixed packets to prepare rinsing solutions. That isn't a detail since it makes preparing an isotonic solution much easier.

The neti pot is filled with a solution of lukewarm water and a packet of premix solution. It is recommended to boil the water beforehand and let it cool. By placing ourselves over a sink, tilting our heads to the side, inserting the spout into one nostril, and letting the water flow naturally, we let the water drain out the other nostril. After half emptying the neti pot, we switch

sides and do the same thing with the other nostril. As we let the water flow through our nostrils, we should open our mouth so we can breathe comfortably.

My experience with this product is that it is less time- and resource-effective than alternatives, but it is still a viable option and much cheaper than sprays.

Modern pots

A modern pot uses the same approach as a Neti Pot, but is more convenient. My favorite is the Nasopure, which I own and highly recommend. We fill the flexible plastic bottle with lukewarm water and a rinsing solution packet. We can easily prepare the isotonic solution, and the nasal tip and container make it safe and easy to use.

In case you are unfamiliar with sinus rinses, I recommend this particular product. The Nasopure is inexpensive and easy to use, and even if we upgrade to Sinupulse (see below), we will be happy to have one whenever we are away from home.

Sinupulse

Over the past several years, I have been using this device daily, and I am extremely satisfied with it. This approach combines the advantages of all solutions previously discussed.

In appearance, this device is like a dental Waterpik. The device is equipped with a removable tank for preparing the solution, a variety of attachments that fit onto the handle, and a button to adjust the water pressure.

By combining pressure and the passage of a significant amount of water, 20 oz or 0.6 Liter, the Sinupulse removes

obstructions and thick mucus from nasal passages and the back of the throat.

The powdered saline mix is available in convenient single-dose packets and in more economical bottles. The powdered mix contains sodium chloride, sodium bicarbonate, potassium chloride, and calcium chloride. As a result, this combination is gentler on our mucosa membranes than pure salt alone.

Sinupulse is available in 110-volt and 220-volt versions. Initial costs are higher with Nasopure, but after a few years the difference levels out.

Lastly, we should consider adding a small kettle to our bathroom. This will enable us to boil water every evening in order to have chlorine-free, sterilized water at hand in the morning.

Common issues

The sensation of opening our blocked sinuses feels great, but we must remain careful, since our nasal mucosa has a fragile equilibrium.

If we have been doing sinus rinses with a hypertonic solution more than twice a day for more than two weeks, it is time to take a step back. Hypertonic high-saline rinses irritate the nasal mucosa and can cause a vicious cycle. As a result of the excess salt, our nasal mucosa becomes dehydrated, causing more discharge and more obstructions, causing us to rinse more frequently for immediate relief, which further irritates the mucosa. We must break out of this vicious cycle if we find ourselves in this situation. As a precaution, we should only rinse twice a day and only with isotonic solutions, as well as using homeopathic remedies in parallel to treat inflammation. It might also be worthwhile

to consider not rinsing for a couple of weeks. It might not feel good for the first week or two, but it will be beneficial in the long run. It is important to treat the nasal mucosa with respect and care.

We should only use hypertonic solutions when we have thick discharges or crusts for a limited period of time. As soon as the situation stabilizes, it's best to stick to isotonic rinsings.

We should not use a topical steroid spray immediately after rinsing. We still have some solution in our nasal cavity and sinuses after rinsing. Leaning our head forward and to the sides is the best way to remove remaining solution. Following rinsing, the nasal mucosa's tiny hairs begin to evacuate any remaining mucous or solution. Before we can use our steroid spray, we must wait 20 to 30 minutes for the process to complete.

In order to keep some of the magic between our spouse and us, I would recommend washing our noses alone and thoroughly cleaning the sink. Nasal rinsing is not a glamorous undertaking.

If you would like to know more about all of the products mentioned above, including their current and best price, look up "bertrand sinus rinse site:kit.com" or click kit.com/bertrandwaterman/do-quick-and-easy-sinus-rinses. It is a page where I maintain an updated product list as well as post any new updates.

In Summary / Take Action

- We should rinse our nasal passages every morning. To feel much better quickly, it is the best thing we can do. Did not enjoy the first time? Let's remember those kids who dare to put their head underwater for the

first time. It won't be long before we become accustomed to rinsing our sinuses.

- We should start with a spray for two weeks, and then move on to a Neti pot or Nasopure. When we start to see improvements with those, we might want to consider purchasing a Sinupulse. We can always use Naspoure when travelling.

- We should get started this week! I've put together a thoughtfully curated list of products to simplify your sinus rinse routine. Click bio.site/bertrandwaterman or scan the QR code bellow to explore the helpful resources available.

the risks associated with the long-term side effects of my steroid spray. It is important to remember to not stop this treatment entirely if we are feeling fine since we may relapse. Let's examine how we can improve our topical steroid spray's efficiency while reducing its dosage.

Manufacturer recommendations

It is worth reviewing them as they contain some interesting tips. As an example, Nasonex recommends:

Shake the bottle well before each use.

1. Remove the plastic cap (Figure 1).

Figure 1

2. Before you use Nasonex (mometasone furoate nasal spray) for the first time prime the pump by pressing downward on the shoulders of the white nasal applicator using your index finger and middle finger while holding the base of the bottle with your thumb (Figure 2). Do not pierce the nasal applicator. Press down and release the pump 10 times or until a fine spray appears. Do not spray into eyes. The pump is now ready to use. The pump may be stored unused for up to 1 week without repriming. If unused for more than 1 week, reprime by spraying 2 times or until a fine spray appears.

Figure 2

3. Gently blow your nose to clear the nostrils. Close 1 nostril. Tilt your head

forward slightly, keep the bottle upright, carefully insert the nasal applicator into the other nostril (Figure 3). Do not spray directly onto the nasal septum (the wall between the two nostrils).

Figure 3

4. For each spray, hold the spray bottle upright and press firmly downward 1 time on the shoulders of the white nasal applicator using your index and middle fingers while supporting the base of the bottle with your thumb. Breathe gently inward through the nostril (Figure 4).

Figure 4

Note: It is important to keep the Nasonex (mometasone furoate (nasal spray)) unit in an upright orientation (as seen in Figure 4). Failure to do so may result in an incomplete or non-existent spray.

5. Then breathe out through the mouth.

6. Repeat in the other nostril.

7. Wipe the nasal applicator with a clean tissue and replace the plastic cap.

Each bottle of Nasonex (mometasone furoate (nasal spray)) Nasal Spray contains enough medicine for you to spray medicine from the bottle 120 times. Do not use the bottle of Nasonex (mometasone furoate nasal spray) Nasal Spray after 120 sprays. Additional sprays after the 120 sprays may not contain the right amount of medicine, you should keep track of the number of sprays used from each bottle of Nasonex

(mometasone furoate nasal spray) Nasal Spray, and throw away the bottle even if it has medicine still left in. Do not count any sprays used for priming the device. Talk with your health-care provider before your supply runs out to see if you should get a refill of your medicine.

Personal tips

The Nasonex recommendations focus primarily on ensuring that the pump consistently delivers the same dosage. We will find that two or three pumps (not 10) are sufficient to prime the pump. Personally, I don't keep track of how many sprays I've used.

In my opinion, the most important tip is to breathe out through our mouths. Using this method, the steroid mist won't reach our throats and lungs and will only reach the needed areas. Therefore, we should avoid sniffing immediately after using the spray.

After rinsing our sinuses, we should wait 30 minutes before using our spray. By doing so, our mucosa will finish cleaning itself, removing any remaining blockages or discharges, and allowing our spray to penetrate deeper. We will end up expelling part of the medication if we do not wait 30 minutes, as the spray will not penetrate our nasal passages as well, and we will have to blow our nose to get rid of the remaining nasal discharge.

We should always rinse our sinuses before using our spray, even if we feel great. With a sinus rinse, we can eliminate small obstructions and optimize the effectiveness of our steroids spray, which is affected by even a millimeter of nasal obstruction.

To allow the mist to penetrate deeper, we can further open up the nasal passages with our fingers. We can use our index finger to draw the skin on our cheekbone sideways towards the outside of our face with the hand that is not holding the bottle.

It is important to be careful when inserting the spray tip into our nostrils so that it is in an appropriate position towards our nasal cavities, but not touching the wall between our nasal passages. It is important to reposition the tip if the mist is going straight into our septum.

To get a good fine mist, we should also press very firmly on the spray.

In Summary / Take Action

- Our goal should be to find the minimum dose that works for us. This is the best way to maintain a healthy nasal mucosa in the long run.

- After rinsing our sinuses, we should wait 30 minutes before using our steroids spray.

- When using our steroid spray, we should breathe out through our mouth..

- We should be meticulous and attentive when performing this daily task as it only takes thirty seconds. We easily spend two minutes to take good care of our teeth.

BE AWARE OF OUR NASAL CYCLE

"TO RECOGNIZE BULLSHIT, nose is better than ear." — Toba Beta

How are you doing today? More importantly, how is your nose? Do you know that your answer depends on the time of day? You have probably noticed that, at any given time, one of your nostrils lets air pass better than the other, and this changes over time.

This phenomenon is called the nasal cycle. Understanding this phenomenon is crucial to fully understanding how our nose works. In this way, we will be able to understand the relationship between our nose, our emotions, and our general health.

A nasal cycle occurs when the nasal tissues constrict (or swell) and deconstrict (or deflate). This cycle is pretty consistent for people without ENT problems. The mucosa will swell on one side and symmetrically deflate on the other, allowing one nostril to let more air through than the other. Day and night, this side-to-side alternation occurs every one to five hours. Most people are not aware of this cycle because they breathe through both nostrils at the same time.

Nature always has a reason for everything, so you might wonder what the benefits of this cycle are. One of the nostrils allows air to pass quickly into our olfactory area to identify certain smells, while the other nostril allows air to move slowly to

detect other odors. Overall, it makes our sense of smell more efficient than if the air was going through both of our nostrils at the same speed.

In addition to ENT specialists, neurobiologists study the nasal cycle as part of their study of the brain, the nervous system, and their interaction with the rest of the body. Neurobiologists, for example, study hormones' role in emotions, which is quite fascinating. In addition to regulating sleep, hunger, thirst, and hormone release, the hypothalamus controls the nasal cycle.

If we have a deviated septum, the passage from one nostril is narrower than the other, disrupting the nasal cycle. Whenever our lining swells on this narrow side, the air passage may be disrupted or completely blocked.

Knowing how the nasal cycle works, there are a few things we should pay attention to. Our nasal cycle is influenced by the temperature and humidity of the air. When the air is dry, such as on an airplane or in the mountains, it becomes apparent. The nasal cycle is also influenced by certain hormones. There are several reasons why this subject is still relevant even though I lack scientific and medical information on it:

First of all, we can better understand our condition and progress by becoming more aware of the influence of hormones. It is possible to feel great in the morning and terrible at night. Would that mean that none of our efforts are working and we aren't making any progress? The answer is no. We are comparing two different times of the day when our hormone levels differ. As a result, our mucosa will be in a different state of congestion. Therefore, we shouldn't

compare how we feel in the morning with how we feel at night. The best thing to do is to compare how we feel this morning versus the previous morning, or how we feel this evening versus the previous evening. It will give us a better understanding of our condition's development.

The second reason why we should educate ourselves about hormones is related to physical activity and sports. Most of us have experienced an improvement in our breathing abilities after a workout or even after sexual activity. These activities release large amounts of hormones. For me, there is a clear connection between these activities and my nose's health. Exercise stimulates the immune system and relieves stress, both of which are beneficial to the state of our nasal mucosa.

A third reason is that it might explain the connection between stress levels, emotions, and nasal mucosa. Hypothalamus is a part of the brain that responds to stress, releases hormones, and controls nasal mucosa cycle. As our survival instincts' command center, it detects odors, danger, and stress and releases hormones that cause us to react in a survival-related manner.

In Summary / Take Action

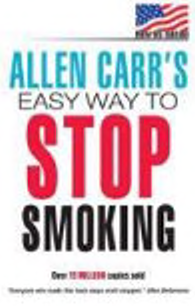
- We should not confuse our nasal cycle with symptoms of nasal polyps.

- We should pay attention to the nasal cycle.

- We should compare how we feel at similar times of the day when assessing our condition.

the middle of the night, for the rebellious and defiant attitude, or for the party scene that I participated in for a few years... I had already attempted to quit three times, for periods ranging from three months to a year. As a result, I considered myself hopelessly addicted.

I knew that I had to quit when my nasal polyps relapsed. I didn't know how to do it. Then a friend told me about a book that had sold over 15 million copies:



For the price of a pack of cigarettes, I purchased this book and read it while smoking. I finished the last page, smoked one more cigarette, and quit smoking. It's been over 20 years since then.

The only thing I had to do was buy a book. No visit to a physician or guru, no nicotine substitutes, nothing! It took me just one day to quit smoking, and although the next two weeks were challenging, I never felt deprived or compelled to compensate, nor have I gained weight.

I was free of tobacco in both my body and mind. It was an incredible experience. Even now, it seems strange to think that I used to smoke!

I am not the only one who stopped smoking after reading this book. A total of 3,000 reviews have been posted on Amazon, and the press mentions the following:

"Allow Allen Carr to help you escape painlessly today." —Observer

"*A different approach. A stunning success.*" —Sun

"*I was exhilarated by a new sense of freedom.*" —Independent

Our belief that quitting smoking is tough is correct when we are smokers. This sounds like climbing the Himalayas. It's a goal so ambitious, we find a variety of excuses not to start. It is especially true when we are suffering from nasal polyps and feel like we have hit rock bottom.

The truth is that our brains want nicotine so badly that they trick us. The truth is that quitting is actually easier than what our brain makes us believe. Until we free our minds of nicotine addiction, we will not realize how clouded our judgment was. Looking back on our climb up the Himalayas, we'll see it was only a molehill we had to conquer.

I highly recommend reading this book, checking out reviews, and giving ourselves a chance to quit. The cost is substantially lower than a pack of cigarettes, and if you're a skeptic, you can smoke while reading!

According to the author, his book works best for certain personality types. Regardless of whether the content of the book resonates with us, we can find a method suitable to our personality type. We should remain curious about those around us who have stopped smoking and ask them questions. Their stories could inspire us and provide us with a viable method suited to our personality type.

As soon as we quit smoking, we will feel much better. Our energy level will increase as well as our physical condition. By regaining our motivation and strength, we can defeat nasal polyps.

In Summary / Take Action

- We are tricked into thinking that quitting cigarettes is difficult by a nicotine-addicted brain. It takes quitting to realize that it is much easier than we thought. Breaking free from nicotine is something we should be confident about.

- By quitting cigarettes we will be confident in our ability to change, as well as inspired to take responsibility for our own health.

- We should question those who have quit around us. We should give their method a try if we find their stories inspiring. If a method resonates with us, we should trust our instincts.

- We should visualize what we'll gain from quitting. Getting healthier in itself is a great reward, but we should also be thrilled about how much money we'll save!

- If we smoke, we should get the book now: http://amzn.to/2qsDJN4

PROTECT OURSELVES

"PROTECT YOUR GARDEN. Some come as weeds disguised as flowers." — Erica Alex

Pollen, Dust, and other Particles

As with any dust or particle, pollen will irritate our nasal mucosa, even if we're not allergic to it. Pollen levels in the air vary depending on the plants in our area, the wind, and the season. By visiting websites such as www.pollen.com, we will be able to monitor pollen activity.

This could help us realize that some of our outbreaks are caused by a high pollen count or by a specific pollen. It may be worthwhile to consult an allergist about this finding. We should do one more sinus rinse in the evening on high pollen days. During the day, we may need to apply an additional spray.

It is important to protect ourselves when engaging in house cleaning activities or DIY projects that involve dust and particles.

Dust masks are handy for sanding and dust cleaning, and they are inexpensive:

Whenever we paint or use solvent-containing products, we should wear more advanced masks. The cost is around $30:

Last but not least, our nasal mucosa might be hypersensitive to a few specific substances. For me, these substances are acetone, nail polish remover, and diesel exhaust. As I walk down the street and a truck speeds by, my nose starts to string, and I have learned to hold my breath.

Dry air

Air can be extremely dry in certain places, such as on a plane, in the mountains, or in the desert. In addition, we often find dry air in our cars and offices when we have air conditioning on.

At first, dry air can feel like it's improving our condition. It allows us to breathe easier because it appears to retract our nasal mucosa.

The improvement is only temporary. In reality, dry air dehydrates our nasal mucosa. It's happened to me that I've needed a couple days for my nose to recover after a long flight, and I've also had nosebleeds after three or four days in the mountains or desert. Due to dust, the desert is one of the harshest conditions.

When we are exposed to dry air, we need to protect our nasal mucosa. We should only use AC when necessary, and use an isotonic spray as needed to keep our nasal mucosa hydrated. If a flight is longer than three hours or if a mountain or desert trip is longer than two days, I use a spray.

People with the cold

"A family is a unit composed not only of children but of men, women, an occasional animal, and the common cold." — Ogden Nash

As I walk down the street on a cold January day, I run into my friend Alex. As

we shake hands, I ask how he is doing. I'm not disappointed with the answer:

"Holy cow, I caught one of those nasty colds. I have a fever of at least 104, plus a sinus infection."

Since shaking his hand, I'm wondering if I've scratched my nose already...

When we have irritated nasal mucosa, we are more vulnerable to winter colds. For us, the cold does not last three or four days as most people do, but rather two or three weeks. Colds can even result in nasty sinus infections, so avoiding them is of utmost importance during the winter.

Although I might seem paranoid, I do the following during the winter:

- Be cautious around people who are coughing and blowing their noses, especially in enclosed spaces or public transport.

- Use my jacket to hold door handles.

- Every time I get home and whenever I have the chance, I wash my hands.

- Kindly decline any local customs like hugging, shaking hands, or kissing on the cheek (or I ask people whether or not they are sick before doing these)

It sounds like common sense, but depending on our culture and where we live, it could come across as rude or paranoid. Southern countries consider it impolite not to kiss someone's cheek, even when they are sick! In the UK or the US, people shake hands only the first time they meet, and friends hug instead of kissing. In Asian countries, people with a cold or the flu wear masks to prevent spreading it!

I live in a place where it is rude not to kiss someone on the cheek. However, I accept that offending someone for one minute

is nothing compared to having a mucous nasal swollen for two weeks. Whenever I find myself in those situations, I explain that I am highly susceptible to colds. I usually find my friends and colleagues to be understanding and respectful.

It's always interesting to watch the reactions when it's me with a running nose and declining to kiss or shake hands. People from southern countries believe that I am rejecting them, whereas people from Nordic countries appreciate and recognize that I am protecting their health.

In Summary / Take Action

- We should be proactive when exposed to dry air, pollen, dust, and particles. We should moisturize and clean our nose regularly, as well as protect it with an appropriate mask.

- We should understand that protecting our health is a priority. Should we obey a local custom or spend two weeks taking antibiotics and steroids for a sinus infection?

- Our answer to the previous question must be 100% certain. We deserve to be healthy more than people deserve a kiss or a handshake.

- We should always be kind to people when we decline their kisses or handshakes. It works wonders to explain things in a nice way accompanied by a smile.

- We should get started this week! I've put together a thoughtfully curated list of products to protect ourselves. Click bio.site/bertrandwaterman or scan the QR code bellow to explore the helpful resources available.

BE PREPARED TO FIGHT BACK

"MY CHANGE OF heart isn't about flaking out; it's about fighting back." — Jasmine Warga

We have experienced and will continue to experience outbreaks big and small. We all catch colds sometimes, no matter how careful we are. A little cold can degenerate into a serious problem when we have nasal polyps.

A small outbreak occurs when our nasal mucosa becomes inflamed and irritated, resulting in a runny nose and clear discharge. Within a week or two, a relatively small outbreak can become significant.

A significant outbreak occurs when our nasal polyps are surging, causing us to be unable to breathe correctly, or when our sinuses are infected and producing yellow discharge.

I have allowed these outbreaks to demoralize me for far too long. In order to avoid taking steroids, I tried to resist them as long as possible. Throughout the day, my condition varied; I was better in the morning than in the evening (remember the nasal cycle). I wanted to "forget" about the previous painful day while embarking on an equally bad one. Even though I felt terrible and depressed, I was doing almost nothing to improve my situation. The only thing I hoped for was that tomorrow would be better than today. It was possible for me to survive two weeks with this poor

mindset until I eventually needed steroids and antibiotics.

Having just one or two outbreaks every winter meant that we spent a month feeling miserable. We can do better than that!

If we feel well, we tend to forget about our nasal polyps, while we should be prepared to fight off any outbreak as soon as possible.

To prevent any ENT infection from getting out of hand, the plan is to immediately treat it with gentle, practical, and simple methods. We should do all that we can to make the outbreak as short and painless as possible. We will enjoy seeing outbreaks space out more and more as we improve our condition and take actions. We need to develop a plan together so that we can be prepared for the next outbreak.

For every outbreak, there is a light at the end of the tunnel. Our outbreak will end faster the better our morale is and the faster we take action.

We should pay close attention to our nose and sinuses. Runny noses, swollen mucosa, and even people getting sick around us are warning signs that we need to take action.

In an outbreak, we need to focus on activities that are not hard on us, but that also leave us feeling accomplished and fulfilled. As an example, reading a book is better for recovery than willing to go running or gardening.

When dealing with an outbreak, it's crucial to act quickly. Devices and products can help without the negative side effects of drugs.

The right mindset

Sinus rinses

We should rinse twice a day. For a few days, we may want to use a hypertonic solution, but we should return to an isotonic solution if our nasal mucosa gets irritated.

Nose vents

Originally, nose vents were designed to prevent snoring. When we have breathing problems, they can help us sleep better. Getting better sleep will help us feel more energized, and the additional airflow and oxygen will help us fight off sinus infections.

Essential Oils

In their cute little bottles, essential oils smell good and appear harmless. But be careful, they are powerful. When fighting minor colds, essential oils should be our first line of defense.

For small outbreaks, we can use essential oils in the form of dietary supplements like Myrtol 300 (a blend of eucalyptus, sweet orange, myrtle, and lemon). With one capsule at breakfast and one at dinner, we find it effortless.

In the case of more significant outbreaks, we can use two essential oils in the bedroom before we go to bed.

- Eucalyptus Radiata. There are many species of eucalyptus. We will make sure to choose the radiata one. It is anti-infectious, antibacterial, antiviral, anti-catarrhal, expectorant, mucolytic, anti-inflammatory. This is recommended for allergies and respiratory illnesses, acute or chronic inflammation of the nasal mucosa (rhinitis, sinus infection), prevention of winter infections (flu, colds), strengthening the immune system, and coughs.

- Black spruce or Picea mariana: It is anti-infectious, antifungal, antiparasitic, air-born antiseptic, anti-inflammatory, and sometimes described as a natural steroid. It is recommended for infectious coughs, sinus infections, profound fatigue, and exhaustion.

To get started, we'll keep it simple with steam inhalation. The first step is to boil water in a bowl (a large bowl or shallow dish will work) and then add five drops of essential oil. We then put a towel over our heads and breathe over the container for ten minutes. It is important to remain cautious since steam can be very hot.

We can also diffuse essential oils in our bedroom using the ultrasonic diffuser. Ultrasonic diffusers do not use heat, so essential oils are not denatured. On Amazon, you can find a wide variety of models. The following one has an automatic shutoff timer, looks good, and is affordable:

Last but not least, we can use an essential oil spray on our clothes or on our pillows, especially when we are traveling. We should remember that essential oils are powerful and shouldn't be sprayed directly on our skin.

Light up nasal passages

With this high-tech tool, we can surprise our spouse by transforming our nose into an eye-catching bedside lamp! In more serious terms, we will examine light therapy devices that are relatively popular in northern Europe but are less prevalent elsewhere.

The devices are marketed specifically to those suffering from ENT allergies or hay fevers. The National Library of Medicine has published research about light therapy devices at www.ncbi.nlm.nih.gov/pubmed/15969309 and www.ncbi.nlm.nih.gov/pubmed/9109708. There are clear benefits for allergic rhinitis, but nasal polyps have not yet been studied.

Since my nasal polyps condition included inflammation of my nasal mucosa, which allergy sufferers frequently experience, I purchased one. My ENT recommended I use it. These devices do not cure nasal polyps, but they are helpful during minor or significant outbreaks. In just a few days of using my device twice a

day, I can feel my nasal mucosa retracting and my breathing improving.

Amazon sells products between $20 and $300 in North America. The best deal is on the following product:

Bioelectronic Device

The Tivic ClearUP is an innovative bioelectronic technology device designed to provide effective relief from sinus-related issues.

This portable device utilizes advanced technology to address sinus pain and congestion without the need for drugs or invasive procedures. It operates by leveraging the body's natural electricity to target and reduce symptoms of inflammation associated with sinus problems.

Using ClearUP is a straightforward process. We simply glide the device gently over the areas experiencing congestion. We can experience relief for up to six hours. It takes a consistent usage of two to four times daily over a span of two to four weeks to experience the maximum relief. Tivic Health, the manufacturer of ClearUP, stands by the effectiveness of the device and offers a 60-day risk-free trial.

The Tivic ClearUP is not a magic device that solve nasal polyps problems, but it can help alleviate symptoms. Its convenient size and drug-free approach make it an interesting option to regain comfort, improve breathing, and alleviate our sinus-related symptoms.

Adding homeopathy to the mix

Despite the popularity of homeopathic remedies, not everyone believes in them. We should use the following information to add them to our first line of defense in case we do (or if we are tempted by the idea). There are no side effects associated with homeopathic remedies, they are relatively cheap, convenient to transport, and they are easy to take. By using them, we can take care of minor ENT issues before they escalate into crises.

With so many remedies, complicated names, and rules for taking them, homeopathy can quickly become confusing. Initially, we will focus on ENT-related problems.

To be prepared for any emergency, we should buy these seven or eight essential remedies all at once. The cost should be around $40, and we can ask our pharmacist for a free small storage box.

When we notice a cold, a swollen mucous membrane, or nosebleeds, we can pick out the appropriate remedy:

- For yellow blockages: Hydrastis Canadensis 9C.

- For yellow-green discharge: Kalium Bicromicum 9C.

- For irritating, yellow discharge: Mercuris Solubilis 9C.

- For mixed yellow discharge and blood: Phosphorus 9C.

- For non-irritating, yellow discharge: Pulsatilla 9C.

- For watery, clear discharge: Allium Cepa 9C.

- For nosebleeds: Sanguinaria canadensis 9C.

- For acid reflux: Iris Versicolor 9C.

Our pharmacist will guide you on how to take these remedies. In a nutshell, melt three pellets under the tongue 30 minutes before eating or drinking, and repeat on the hour throughout the day. As you see improvement, spread doses further apart, reducing the dosage to three times per day. Wait until you are fully recovered before stopping.

In Summary / Take Action

- We should preventively prepare for the next outbreak, as it will eventually occur.

- The sooner we act, the more likely we are to avoid taking steroids and antibiotics.

- We should have essential oil capsules, as well as light therapy devices or a bioelectric device, along with our sinus rinse gear.

- It is best to start by inhaling steam and only buy a diffuser after we are convinced that it is worth it.

- It is best to keep things simple when it comes to homeopathy by focusing on those 7 to 8 remedies that solve our most common ENT issues.

- We should get started this week! I've put together a thoughtfully curated list of

products to be prepared to fight back. Click bio.site/bertrandwaterman or scan the QR code bellow to explore the helpful resources available.

GO FOR THE BIG AND EASY WIN

WE HAVE NOW implemented most of the key foundations. We feel better but most of us are likely not considering our nasal polyps problem entirely solved. We might still be experiencing symptoms that impact our quality of life or we might not have yet recovered our sense of smell. We need to do more.

Based on the traditional medical path, it should be time to consider surgery. But it is not. There is another solution that most ENTs will not discuss. However, they will encourage us to do it if we ask.

This solution is potentially the Slam Dunk we have been waiting for. If we do not play basketball, a slam dunk is something that is relatively easy to do and delivers outstanding results. Possibly, it may be the last thing we have to do to consider our nasal polyps problem solved. We will first explain how our sense of smell works, and we will dive into this solution.

RECOVER OUR SENSE OF SMELL

"EACH DAY HAS a color, a smell." — Chitra Banerjee Divakaruni

We may be wondering if we can regain our sense of taste and smell at this point.

It is fundamental because these senses are integral to a person's everyday life, and their absence can result in depression. We experience what we miss when we take steroids and recover both senses for two or three weeks until they disappear again. A majority of ENT physicians are pessimistic about the likelihood of taste and smell returning to normal. We will discuss why and what to expect from our senses.

The first thing we need to understand is how those senses work. The tongue and nose are responsible for our sense of taste. We can detect five basic flavors with our tongue: sweetness, sourness, bitterness, saltiness, and savoriness. All other mechanisms take place in our nose, as odorant molecules are released when we chew food and reach our olfactory receptors.

A swelling in our nasal mucosa blocks the passage to our olfactory receptors, making it impossible for the odorant molecules to reach them.

Even after surgery, ENT physicians are pessimistic about the possibility of recovering our sense of taste and smell since surgery barely addresses swelling in

our nasal mucosa. They consider that the passage to our olfactory receptors will remain closed.

Despite the difficulties we've encountered, we're more optimistic about the recovery process. We have already discussed various ways to care for our nasal mucosa. We will begin identifying and addressing the possible causes of our swelling and inflammation in the next part of this book.

Our sense of smell and taste will not return after two days like when we take steroids. We will be able to achieve this when our mucosa has been stabilized. When our mucosa is not swelling frequently, it will retract and open up the passage to our olfactory receptors.

In Summary / Take Action

- At first, we will only occasionally be able to smell and taste again. It will become increasingly common until it becomes a part of our daily lives. On occasion, our nasal mucosa will swell up and we might lose it again.

- This will take some time, so we should be patient. As we work toward managing our nasal polyps, regaining our sense of smell and taste will be a significant milestone.

- Regaining our senses will be a wonderful reward if we are able to identify and address the possible causes of inflammation. This is what we will discuss in the next part of the book.

CHANGE FOR STEROIDS RINSES

"CHALLENGING THE STATUS quo takes commitment, courage, imagination, and, above all, dedication to learning." — Marshall Ganz

Now that we know why cleaning our nose should be a daily habit and how to make our steroid spray as efficient as possible, we will discuss an alternative approach that is much less known but can deliver fantastic results.

Before we dive into the details, I want to warn you. This chapter alone might change our lives for good. Most people will be blown away by the results in just 2 or 3 weeks. While this is fantastic, we should not close the book after this chapter and only rely on this technique moving forward.

First, we need to remember that with steroids, we should always seek the minimal effective dose to minimise the risk of potentially serious side effects over the long term. We will only be able to use the minimal effective dose of steroids if we also lower or eliminate the sources of our inflammation as we will discuss later in the book.

Second, whenever we use steroids sinus rinses or nasal sprays, we should always consult our ENT regularly to monitor our overall health and our nasal mucosa.

Lastly, as we enjoy the likely outstanding and exhilarating results of this technique,

we will never forget the first and second points above.

Now that we understand the potential and the limits of this technique, we will discuss how to use it, how it's backed up by medical research, and why ENTs do not propose it more often.

Budesodine sinus rinses

The technique involves cleaning the nose and sinuses with an isotonic solution mixed with a steroid solution called Budesonide respules (generic name).

Budesonide Respules are prescribed to treat and prevent asthma in adults and children. The solution is inhaled using a nebulizer machine. Depending on where we live, Budesonide respules might be an official prescription for sinus rinses and we can get them from our general practitioner. However, it might only be an off-label prescription and we can only get them from our ENT.

The benefit of this technique is that steroids can reach deeper into the sinuses than with a spray, making them more effective at targeting inflammation. In contrast, nasal sprays deliver steroids directly to the nasal passages, but only reach the upper part of our nose.

Now that we are already experts at cleaning our noses, adding Bunesodine to the process is very easy. We will watch two videos on the Youtube channel from "Stanford Otolaryngology — Head & Neck Surgery" named “Saline rinse demonstration” and “How to put Budesonide into your saline nasal rinse”.

During the rinse, I learned from an ENT that we should open our mouths to avoid the solution getting into our mouths. This

may increase the risk of local side effects. For the same reasons, we will rinse our mouth after finishing the sinus rinse.

As we experiment with this technique for 3 months, we will likely find that it is much more efficient than our nasal spray. We should always try to get to the minimal effective dose. In my own experience, I could go from one nasal steroid spray puff every two to three days to one Budesonide rinse per week, and regularly hold on to it for two weeks at a time.

Yes, it is as simple as that and it will likely change our lives in just two or three weeks. So why are we only learning about it now?

Medical research

There are several studies done by prestigious researchers to back up this technique including Stanford University School of Medicine:

- The Laryngoscope 2017: "Is Topical High-Volume Budesonide Sinus Irrigation Safe?"

- International Forum of Allergy & Rhinology 2016: "Safety analysis of long-term budesonide nasal irrigations in patients with chronic rhinosinusitis post endoscopic sinus surgery"

- Advances in Pharmaco epidemiology & Drug Safety 2014: "High Volume Sinonasal Budesonide Irrigations for Chronic Rhinosinusitis: An Update on the Safety and Effectiveness"

- The Journal of Allergy and Clinical Immunology 2009: "Pilot study of budesonide inhalant suspension irrigations for chronic eosinophilic sinusitis"

- Archives of Otorhinolaryngology-Head & Neck Surgery 2009: "The Effect of

Nasally Administered Budesonide Respules on Adrenal Cortex Function in Patients With Chronic Rhinosinusitis"

Overall, the researchers concluded that Budesonide sinus rinses are an effective treatment for nasal polyps, are safe for long-term use, and may be an alternative to more invasive treatments such as surgery. They suggest that further studies should be done to determine the long-term safety and efficacy of Budesonide sinus rinses for treating nasal polyps.

Why ENTs do not propose it more often?

If this technique is so efficient, why do ENTs not propose it more often? That is a fascinating question! We can only speculate here but it might be a combination of the following:

First and foremost, the studies mentioned above are observational studies, and not double-blind studies against a placebo. This is very important because evidence-based medical research only recognizes double-blind studies. Usually, promising observational studies pave the way for double-blind studies. But, for Budesonide rinses, there was only one double-blind study published in 2011 by Rotenberg in Laryngoscope 121:2702-2705. It concluded that the effectiveness of Budesonide rinses was not superior to saline rinses alone. Since it was the only double-blind study, its conclusion became the reference for Budesonide sinus rinses. The first concern is that this study was only with patients with Samster's triads and right after an ethmoidectomy surgery, which is different from patients with nasal polyps over the long run. The second concern is that we might never see another double-blind study on Budesonide

rinses, and it has to do with money. Double-blind studies are very expensive to conduct and Budesonide is a public domain drug since the patents protecting Pulmicort Respules expired in 2018. The pharmaceutical industry will not invest in a costly study on a drug that does not generate much revenue anymore.

Second, the dose of steroids provided by a nasal spray is consistent and less prone to errors than a Budesodine rinse. This is an important consideration for ENTs because the dose of steroids administered is key to the effectiveness of the treatment and to limit long term side effects. The spray bottle device is designed to deliver the exact same amount of steroids each time. The only way to increase the dose is to take more puffs. With a Budesonide rinse, the dose of steroids delivered can vary depending on the volume and concentration of the Bunesodine and how long a patient holds on to the solution into its sinuses. ENTs might not want to spend the time to educate their patients on how to do proper Budesonide rinses.

Last, many ENTs prioritize their patients' convenience and only prescribe steroids nasal spray. They do not prescribe sinus rinses because they think they are too complicated for patients. But, for patients who understand the benefits of saline sinus rinses and do them daily, adding Bunesodine from time to time is very easy.

In Summary / Take Action

- We should experiment with Budesonide rinses for three months if our nasal polyps are not adequately controlled with steroid sprays and daily saline rinses, and if we are on the edge of surgery.

- We should do it with the support of our ENT who will monitor us, especially if we have other health conditions.

- We should never rely only on Budesonide rinses over the long term. We should pursue the goal of getting to the minimum effective dose of steroids. We can only do it if we also address the potential sources of our inflammation as we will discuss later in this book.

- As we enjoy the likely outstanding and exhilarating results of this technique, we should never forget the two points above.

TAKING STEROIDS

"THE ONLY REASON I took steroids was for my health purposes. I did not take steroids to get any gain for any strength purposes." — Mark McGwire

When sport athletes are caught taking steroids, most of us consider them to be cutting corners and cheating. In our own quest for relief from nasal polyps, it is tempting to focus on solutions that deliver swift results. One such option is steroids. But like athletes, taking too much steroids is like cutting corners. We will not cheat on our health.

Steroids are powerful anti-inflammatory medications for nasal polyps. They provide short-term relief during outbreaks and help with long-term control. However, it is crucial to realize that relying solely on steroids without considering long-term consequences can be risky. Excessive and prolonged exposure to steroids can lead to a range of serious side effects, some of which are much worse than nasal polyps.

Therefore, it is essential to think long term, be clear on our ongoing exposure to steroids and their long term risks. We should discuss it with our ENT and practitioner, and implement alternative solutions to minimize our reliance on steroids. Ideally, we should continuously strive to minimize our steroids exposure.

When treating nasal polyps with steroids, there are three methods: nasal spray, sinus rinses, and oral tablets. Each

method carries its own considerations, including steroid dosage, long-term exposure, and potential side effects.

Nasal sprays and sinus rinses: They deliver steroids directly to the affected area, reducing inflammation and improving symptoms. Nasal sprays and sinus rinses expose us to lower steroids doses than oral tablets. Using nasal sprays or sinus rinses twice a day is a lower exposure than taking one oral tablet treatment in a year. But, it is essential to follow the prescribed dosage strictly as excessive use can result in nasal dryness, irritation, damage to the nasal tissue, and hoarseness and fungal infection in the mouth. We also need to consider the very long term as we may use nasal sprays or sinus rinses for the rest of our lives. They might expose us to systemic effects like oral steroids.

Oral Tablets: We have all taken oral steroids tablets during nasal polyps outbreaks, likely alongside antibiotics. Our ENTs typically prescribe 20mg to 40mg a day for five to seven days, and they do it three or four times a year maximum. If our nasal polyps are not effectively controlled, they will recommend surgery as taking more steroids may cause long term risk. If our practitioner prescribes more steroids, like 80mg a day for five days every month, we should seek for a second opinion, these are high dosage that can have serious long term risks.

When we take oral steroid tablets, they affect our entire body, making them more likely to cause side effects. The short term side effects can include fluid buildup leading to swelling in the lower legs, high blood pressure, mood swings, memory problems, behavioral changes, and other psychological effects such as confusion or

delirium, upset stomach, weight gain in the belly, face, and back of the neck. Over the long term, additional side effects may occur, such as eye problems like glaucoma or cataracts, high blood sugar levels which can trigger or worsen diabetes, increased vulnerability to infections especially from common bacteria, viruses, and fungi, bone fractures and thinning of bones (osteoporosis), fatigue, loss of appetite, nausea, muscle weakness, thin skin, bruising easily, and slow wound healing.

For all these reasons, we will want to actively pursue the goal of minimizing outbreaks that almost always require oral steroids. We will also want to find the minimal effective dose for our nasal spray or sinus rinses.

In Summary / Take Action

- While steroids can offer temporary relief, it is crucial to consider the long-term implications of their use.

- Taking too much steroids and burying our heads in the sand is like cutting corners with our health and cheating ourselves. We will not do that.

- We will never shop around multiple practitioners to get multiple steroids prescriptions. We will always share how much steroids we take with our general practitioner and ENT.

- We will seek a second opinion if our practitioner prescribes more than three or four oral steroids treatments per year.

- We will read the book entirely to understand how we can minimize our exposure to steroids.

FULL SURGERY, THE SOLUTION?

"SURGEONS CAN CUT out everything except cause." — Herbert M. Shelton

Sooner or later, the day will come. Our ENT physician explains that drugs are no longer effective and surgery is now the best option. ENT physicians will recommend surgery when there are too many outbreaks requiring steroids that can have serious side effects. Additionally, they may recommend surgery if we complain too much about breathing difficulties and fatigue.

After a year of antihistaminic treatments, my nasal polyps had reached stages three and four. My research led me to find one of the very best ENT surgeons in Europe, and he was amazing. But I knew so little about nasal polyps and surgery procedures, and I would do it differently now.

We should clearly understand the risks and other options before deciding to undergo nasal polyps surgery. The challenge is that we aren't in the best mental state when making this decision, so we should form our own opinions beforehand. Through my own experience, I will share everything I learned.

Non-invasive and invasive surgeries

When it comes to nasal polyps surgery, there are two different approaches.

The most common type of surgery is an invasive procedure performed under general anesthesia:

A polypectomy involves removing the polyps.

A turbinectomy enlarges the nasal cavity by removing the turbinate bones.

An ethmoidectomy involves opening up the ethmoid sinuses in one cavity in order to increase the size of the nasal cavity as a whole.

A septoplasty improves nasal airflow by adjusting the deviated septum.

After surgery, polyps are analyzed to determine their exact nature. We spend around ten days in the post-op period, and the worst part is taking off the nasal dressings.

Alternatively, you can go for a local anesthetic-induced polypectomy in your ENT office. The procedure is non-invasive since it does not cut into the nasal bones or mucosa, nor does it alter the nasal and sinus cavities.

ENT physicians generally favor invasive surgery. ENT physicians who are advocates of non-invasive surgery have a different perspective on the treatment of nasal polyps; they recommend a similar approach to the one described in this book.

It's crucial for us to make a conscious decision when it comes to invasive or non-invasive surgery because there are tremendous consequences down the road.

Risks and benefits

Back then, I did not have the knowledge I have today when I chose to undergo invasive surgery. In my mind, surgery was the only way to improve my condition. Additionally, I believed it would be a

definitive solution to my problem, and if I dared to take the risk, I would reap the rewards. The situation improved for a few years, but then it deteriorated again.

I view surgery in a whole new light now that I have learned so much about nasal polyps. Every patient should understand the implications of an invasive procedure.

There is no doubt about the benefits:

- It provides immediate respiratory relief. As a result, we will be able to sleep, breathe, and be energetic again.

- Because our sinuses now have the ability to clean themselves, other symptoms are reduced. As a result, we should have fewer colds and sinus infections.

- It allows topical steroid sprays to penetrate deeper into our nasal cavity, reducing inflammation and polyp growth.

- It may help us regain our sense of taste and smell.

From this perspective, invasive surgery sounds great, but the benefits only address symptoms and their consequences, not underlying inflammation.

As with any surgical procedure, there are risks involved, and our ENT physician will be legally required to disclose them. We will need to consider:

- General anesthesia like for any other surgery.

- The surgery area is very close to the optic nerves.

- Empty nose syndrome. A surgery that is too invasive changes the airflow in our nasal cavities dramatically. It is extremely rare, but the consequences are severe, and there is no way out.

- We may not be able to recover our sense of smell and taste.

Our ENT is not legally required to disclose other risks, but they are more prevalent and should be considered very seriously as well.

Relapse risk. An ENT physician will likely discuss the relapse rate one or two years after surgery, which is around 30%. Although they present this statistic as a good result, I view it as a huge risk. Moreover, it is much harder to get data on the relapse rate three or five years after surgery. These statistics are difficult to find probably because they are not advantageous. It would not surprise me if there was a 50% chance of relapse after five years. Five years may seem like a long time, but it goes by much faster than we expect. Having not addressed the underlying inflammation could result in a 50% chance of being in a worst situation in five years. A second, even riskier operation might be required.

Each operation is a little more dangerous than the last. Once, my ENT physician, one of the best in Europe, quietly said, "I don't like to come back in there". With the nasal cavity now abnormal, the surgeon will have a harder time finding specific fixed points.

- Each surgery traumatizes the nasal cavity and sinuses. The more surgeries we have, the greater the risk of inflammation, which is a fuel for nasal polyps. Therefore, if the first surgery relieves us for seven years, the second may relieve us for only five years, and the third may relieve us for only two years.

Invasive surgery does not cure nasal polyps for the long run. Unlike our belief, a surgical procedure like this is not a reward

for those who are courageous enough to undergo it. To prevent polyps from growing again, we will need topical steroids. We will still have to use steroids and antibiotics if they do. The reality is that the invasive surgery we are considering may worsen our situation, and there is no turning back.

An alternative approach involves a non-invasive surgery, which has similar benefits:

- It provides immediate respiratory relief. As a result, we will be able to sleep, breathe, and be energetic again.

- The sinuses can now clean themselves, alleviating other symptoms. It should be easier for us to avoid colds and sinus infections.

- The procedure only requires local anesthesia and has a shorter recovery period.

- Since it does not cause trauma to the nasal cavity or sinuses, it does not trigger inflammation.

There is a major drawback to noninvasive surgery, which is that nasal polyps are likely to grow back within a few months.

What is the real benefit of this procedure? It's a way of getting better quickly and buying us some time to start treating our condition holistically.

Taking a decision when backed into a corner

We now understand the importance of deciding whether to undergo surgery, and the differences between invasive and non-invasive procedures. The challenge is that we have to make that decision under tremendous pressure.

Perspectives on Surgery

As I reflect on the months that followed, I am glad that I said "no" to a second surgery. Other readers are just as happy.

Sandine: "During times of discouragement, it seems so easy to schedule a surgery: thank you for stressing that surgery is not a solution in and of itself. My ENT physician told me a year ago that if it becomes very problematic for you, I can operate, but there are substantial risks that it can return even more. Therefore, she advised me against this option and suggested that I try to handle the situation better by myself, without, however, giving me any keys.."

Celine: "Since then, the polyps have receded. Almost two months after the diet, I saw my ENT physician again, and a miracle happened: no more surgery insight. A shift took place. Polyps have been significantly reduced."

Corinne: "I was in stage four on the verge of surgery! It was wonderful to re-discover my sense of smell and breath at night! I also reduced my milk consumption. Gluten seemed to have no effect on me."

Laurent: "After suffering from nasal polyps for over twenty years and undergoing two surgeries, I began looking for alternative treatments when I discovered Bertrand's book. This book confirmed what I had recently anticipated: there are other options besides surgery and traditional medicine."

In Summary / Take Action

- Invasive surgery should only be used as a last resort. Don't be fooled into thinking surgery is the best solution or that those who take risks always succeed. This is not

a definitive solution, but it is a definitive decision.

- Having this book in hand, we should give ourselves at least six months to explore all other viable options before deciding on surgery. Even after surgery, we will have to make some changes to prevent a relapse. Making those changes before surgery might improve our condition and enable us to avoid surgery altogether.

In cases where we feel awful, it is best to consult with an ENT doctor who can perform non-invasive surgery. It is the only surgery that has no consequences. It will give us some relief and time to explore other options. Our next chapter discusses noninvasive surgical options.

- We should explore all options and avenues discussed in this book. If we think it is impossible to change our diet, we should reconsider that belief. It's much easier to stop eating dairy than to undergo invasive surgery.

- If we just had an invasive surgery, we should focus on reducing our risk of relapse to prevent further surgery in a few years.

PONDER NON-INVASIVE SURGERY

"CUTTING OUT BAD habits is far more effective than cutting out organs." — Herbert M. Shelton

As we have come to understand nasal polyps better, it is time to put what we have learned into practice. We will be doing everything we have discussed so far for the next four to eight weeks: rinsing our sinuses daily, optimizing our steroids spray use, quitting smoking, and experimenting with budesonide rinses.

After 4 to 8 weeks, we should feel much better. We should be motivated and excited to continue our path toward addressing the potential causes of our inflammation now that we are aware that there are ways to manage our nasal polyps effectively. It is also important to remember to be patient. Since our nasal polyps have been growing for years, it will take several months before we see all the results of our actions.

Our nasal polyps may be at a stage where we feel better, but not energized enough to keep following this path. In order to get out of our nasal polyps-induced rut, we need a boost.

It is possible to get a boost by talking to our ENT physician about everything we're doing and asking him to prescribe steroids and antibiotics. If we follow-up with budesonide rinses, the vast majority of us should be doing great.

But, for a minority, it might not be enough and another, more significant boost is to consider undergoing surgery for a fresh start. Surgery is not a definitive solution, as we've already discussed. Invasive surgeries pose challenges, such as worsening sinus inflammation or triggering nasal polyps to grow back more vigorously after surgery. It is not a way to cut corners over the long term as we will have to manage our nasal polyps even after an invasive surgery to reduce our risk of relapse. Non-invasive surgery, however, does not have all of the drawbacks of invasive surgery and can provide us with the boost we need.

A non-invasive surgery consists of removing the polyps without touching the sinus cavities or the nasal mucosa. This procedure is simple and can be done in the office under local anesthesia. Fortunately, this procedure is not painful and will allow us to resume normal operations within a few hours.

A non-invasive surgery will improve our breathing immediately. We will be at lower risk of infection and our sinus rinses and steroid sprays will be more effective.

This procedure should give us the boost and energy we need to get back on track. The major disadvantage of a noninvasive surgery is that our nasal polyps will grow back within a few months if we do not take proactive measures to heal our inflammation. As long as we continue to manage our nasal polyps properly and address the potential causes of inflammation, we should not find ourselves in this situation.

In the beginning, noninvasive surgery was used to help people with nasal polyps. Using manual tools, the Lasso technique

is an old technique. In addition to being lengthy and uncomfortable, it may also be painful. Old ENT physicians are the only ones who perform this procedure. Our discussion will focus on two modern methods: lasers and microdebriders.

Lasers

Professor Charles Freche introduced ENT laser surgery in 1976. There have been many developments in laser technology since then, including:

- CO2 Lasers (10,600 nm) are used for laryngeal surgery.

- Neodymium-YAG Lasers (Neodymium-doped Yttrium Aluminum Garnet at 1,640 nm) are used for vaporization.

- KTP Laser (Potassium Titanyl Phosphate at 532 nm) - or doubled YAG - are used for vascular lesions.

- Holmium-YAG Lasers (Holmium-doped Yttrium Aluminum Garnet) at 2,100 nm) are used for breaking down cartilage and bone.

- Diode Lasers (diode laser or semiconductor laser at different wavelengths) are versatile and can be used for multiple procedures.

When it comes to this relatively new field, ENT physicians have different opinions. Their opinions are based not only on the benefits of the technique, but also on the cost of the instrument due to the high cost of lasers. We all know that health has a price, whether we like it or not. Many people consider lasers a breakthrough technology while others believe they are a technique that is not worth the money since their results are comparable to that of conventional tools. In order to make sense

of this in our situation, we must thoroughly understand it.

The overall consensus regarding lasers in invasive surgery is that they do not offer significant advantages over standard tools. ENT physicians are often in favor of invasive surgery, but they are not keen on using lasers to do it.

In terms of noninvasive surgery, lasers have not been extensively studied. Few ENT physicians who support non-invasive surgery have used lasers and published their findings. In some cases, ENT physicians using lasers go beyond simple polypectomy procedures as an alternative to invasive surgery. Only a small minority of ENT physicians practice this method, and it is not supported by as much research and study as conventional methods are.

These are the results published by a physician who treated nasal polyps with a diode laser. The procedure described is not a simple polypectomy but also involves a procedure on the nasal mucosa. The procedure is not non-invasive, but rather an alternative to conventional invasive surgery.

"Since 1999, we have treated 360 patients with Diode laser, of whom 50 % had non-operated polyps, and 50 % had operated polyps with or without penicillin allergy. The criteria used in our analysis:

Patients who combine recovery of smell, a permeable nose (subjectively and on rhinomanometric examination), the disappearance of discharge and retracted polyps on the ceiling of the nasal cavity are regarded as Very Good.

Patients who have a permeable nose that is dry but without recovery of smell are regarded as Good.

Overall, immediate results:

"Since the year 1999, we have treated 360 patients - 68 % VG - 25 % G - 6.4% were failures or patients not reviewed.

Out of 180 patients not operated on: - 67.6 % are VG - 24.1 % are G.

Out of 180 patients operated on: - 57.4 % are VG - 38.9 % are G.

Out of 56 Fernand Widal: - 45.7 % are VG - 51.4 % are G.

The immediate results are spectacular, but of course, they are not sustainable in all patients. The Relapses:

Out of 180 patients not operated on: - almost 25 % relapse - less than 9 % relapse within a year - and over 16 % relapse after one year.

Out of 180 patients operated on - nearly 50 % relapse - 31 % within a year - 19 % beyond a year. Note that there are more relapses of polyposis already operated on.

Finally, Fernand Widal disease gives the worst results with - 74 % relapse - but 26 % are able to remain stable more or less beyond one year."

In the US, some research see some benefits to laser surgery:

"Comparison of results of laser and routine surgery therapy in the treatment of nasal polyps: 102 patients with nasal polyps receiving YAG laser surgery or routine surgery were followed up for 18-36 months. The postoperative recurrence rates were 40.6 % (24/54) and 66.6 % (32/48) respectively for the patients of the two groups. Laser surgery is marked by less bleeding, no postoperative packing of the nose and lower postoperative

was "light" in 61 cases (90%). There were no complications encountered."

The conclusion is as follow: "The vacuum-powered microdebrider is a safe, effective, and well-tolerated instrument to resect non-fibrous nasal polyps in the outpatient setting."

The procedure is quick, almost painless, and doesn't cause inflammation. It is important to note that our physician will only be able to treat polyps which are easily accessible.

Finding the right ENT Physician

I believe there is no significant difference between removing polyps with a laser and with a microdebrider. The two options are both great when we want to get a quick boost in managing our nasal polyps. I personally would consider this option if I were relapsing today.

The challenge will be finding an ENT doctor who will agree with our method of treating nasal polyps, and who will perform a simple in-office polypectomy using whatever tool he feels most comfortable with.

If we decide that we want a simple polypectomy, we need to be prepared to argue our case with our ENT physician. When an ENT physician performs a surgery, he aims to provide his patients with years of relief. Regardless of whether our ENT physician discusses some of the topics presented in this book, such as food or sulfites intolerance, he will remain convinced that only drugs and surgery can deliver results. It would be pointless to perform a non-invasive surgery that would only provide temporary relief. Our goal is to convince him that we need time to address the possible causes of the inflammation,

which is why we are looking for a non-invasive surgery.

An ENT physician equipped with a microdebrider can discuss the procedure with ease since the device is designed only for in-office polypectomies.

An ENT physician who is equipped with a laser might not find a simple polypectomy sufficient and instead recommend an invasive procedure. If we want him to perform the simple procedure, we should be prepared to explain our perspective and reasoning.

In most cases, our general practitioner can assist us in finding a suitable ENT physician.

As soon as this procedure is complete, we will feel much better and enjoy its benefits. However, we should not forget about our condition; non-invasive polypectomy only provides temporary relief.

In Summary / Take Action

- In case we have not seen any progress after 8 to 12 weeks of implementing the first recommendations (rinsing our sinuses daily, using steroids spray effectively, quitting smoking, experimenting with budesonide rinses) and nothing has changed, we should consider a non-invasive surgery.

- By working with our general practitioner, we should be able to find an ENT physician for a laser or microdebrider polypectomy in-office.

- After the procedure, we will feel a lot better, but we must continue on our path to recovery.

CONSIDER NEW BIO THERAPIES

"THE DOCTOR OF the future will give no medicine, but will instruct his patients in care of the human frame, in diet, and in the cause and prevention of disease." — Thomas Edison

Why did I add the above quote to this chapter about a pharmaceutical innovation? Before we discuss this new drug, I would like you to think deeply about the following.

Our health is about us as people, not just patients or customers. Our health is not a responsibility we should hand off to the pharmaceutical industry. Our health is not just about taking a pill that magically fixes a problem. With every drug there is a price to pay, financially in some countries, and with the potential risks and side effects in any countries. This is especially true if we have to take a drug for the rest of our lives.

Our health is our own responsibility. It is a holistic approach to how we live, eat, and take care of ourselves. This is even more so for nasal polyps because none of the drugs available including this new one can cure the disease. They only ease the symptoms.

We will now discuss Dupilumab, what are the criteria for getting a prescription. We will also discuss the potential side effects, and if this is an option we can and should consider for ourselves.

Dupilumab

Dupilumab (generic name) or Dupixent (brand name) is a new biotherapy for treating conditions like severe asthma, eczema, nasal polyps or Samster Triad. It was first approved by the FDA in the United States in 2017 for eczema. It was approved in 2018 for moderate to severe asthma, and in 2019 for chronic rhonosinusitis with nasal polyps.

Dupilumab blocks the IL-4Ra pathway. This prevents the production of cytokines, proteins that cause inflammation. By blocking the IL-4Ra pathway, Dupilumab reduces inflammation in the sinuses and nasal passages. This can reduce the severity of nasal polyps and Samster Triad symptoms.

Dupilumab is administered via subcutaneous injection every 2-4 weeks. It is available as a single-dose pre-filled pen and a single-dose pre-filled syringe for use by adults and adolescents aged 12 years and older.

Dupilumab is very expensive. For patients in the United States without health insurance, the monthly full cost for two injections is around $5,000, or $60,000 per year. While the cost of the drugs themselves and public and private healthcare coverage varies greatly by country, Dupilumab is an expensive treatment. It is not a solution available to everyone with nasal polyps or Samsters triad. It might make more sense if we think about the total cost from the perspective of the healthcare public systems or private insurances. They are comparing the one-time cost of surgery ($50,000 to $100,0000) to the recurring cost of Dupilumab ($60,000 per year, $600,000 for ten years, and $1.2M for 20 years). These

costs are based on the United States, but the reasoning applies to any countries where Dupilumab and surgery costs would be less.

Criteria

As with any medication, there are certain prerequisites to meet before a patient can be prescribed Dupilumab. But let's be clear, with the costs we just discussed, we will not have Dupilumab just because we ask for it. We need to understand the prescription criteria and if we can or cannot get Dupilumab.

If we cannot obtain Dupilumab, we should consider ourselves lucky. It means we do not have aggressive asthma or nasal polyps, or both. We can likely get much better by implementing the other solutions discussed in the book. If we cannot get Dupilumab, there is no point complaining about the system or this and that. We will only lose time and energy that we should instead apply to all the other options in the book.

Let's review these criteria. First, a patient must have severe asthma or chronic rhinitis with nasal polyps that are not adequately controlled with other treatments. This means we had at least one surgery in the past, we take oral steroids 2 or 3+ times a year, and our nasal polyps are still not under control. If we thought about getting Dupilumab to avoid undergoing a first surgery, it is not a realistic option.

Second, a patient must undergo a screening process to determine whether they are a good candidate for the medication. During this process, a physical exam, laboratory tests, and medical imaging may be conducted. Taking Dupilumab may also carry risks, which the physician needs to assess based on our

lips, mouth, tongue, or throat, fainting or feeling lightheaded, fast pulse or dizziness, fever or hives, joint pain or general ill feeling, itching, skin rash, or swollen lymph nodes, nausea or vomiting, or cramps in our stomach area.

Other rare and serious potential side effects includes eye problems such as eye pain or changes in vision like blurred vision. If we have asthma, another potential side effect is an inflammation of blood vessels and we should seek immediate assistance if we experience rash, chest pain, worsening shortness of breath, tingling or numbness in our arms or legs, or persistent fever. Finally, some of us may experience difficulty walking or moving due to joint symptoms.

In Summary / Take Action

- Dupilumab is an innovative treatment for asthma, nasal polyps and Samster's triad. It is the first therapy of its kind and has been shown to reduce symptoms associated with severe forms of these conditions. It is generally well tolerated and has few side effects.

- Dupilumab is not for patients with mild forms of asthma or nasal polyps. There is no point complaining about the system if we cannot get Dupilumab. We are lucky to not have aggressive nasal polyps or asthma, and to have many more options than having a drug injection every 2 weeks for the rest of our lives. We will be better acting on everything else we discuss in this book.

- If we think we meet the criteria for Dupilumab, we should consult with our ENT.

GO ON THE HOLISTIC JOURNEY

NOW IS THE time to explore the holistic journey. We will discuss the relationship between food, our digestive system and sinus inflammation. We will review the four key suspects and what we can do about them.

With the holistic approach, our goal is to minimize inflammation to the point where we require the smallest possible dose of steroids to keep nasal polyps at bay. In doing so, we will feel great every day, we will reduce nasal polyps or sinus infections outbreaks to the minimum, and we will minimize any long-term side effects and risks with steroids. We will have a healthier lifestyle and diet.

Food has evolved into an industry over the past 50 years. It causes many chronic diseases. Our ENTs specialize in the nose and sinuses, but are unfamiliar with the food industry and nutrition.

LOWER OUR STRESS

"ANXIETY DOES NOT empty tomorrow of its sorrows, but only empties today of its strength" — Charles Spurgeon.

On the tenth floor of a hotel, I am in a room. In the event of a fire, how do I escape? What is the location of the emergency exit? Do my bed sheets extend far enough to allow me to climb out the window?

While walking down the street, I keep an eye on every passerby, every cyclist, and every dog. My attention is focused on anyone who might pose a threat. I am aware of every vehicle, of its trajectory and its speed.

I am always on the lookout for potential threats. I am always on guard. I am ready for anything. There is a Jason Bourne here! Okay, that might be just my imagination. Nonetheless, I am constantly bothered by a small, nagging stress.

It took me some time to come around to dealing with my psychological state for good reasons--one thing at a time--and for bad reasons--what can my psychological state have to do with this illness? Over time, specific facts caught my attention repeatedly. Consequently, I realized that inflammatory diseases are often associated with anxiety and stress.

My friend, an ER physician with severe nasal polyps and Samter's Triad, shared his research with me. Since the beginning of time, our nose has been a danger-sensing

organ. People who are constantly on the lookout for danger and always on edge have this organ on continuous alert.

My wife regularly pushed me to address this issue. As a result, she helped me more and more open up when I am tempted to rationalize my stress levels as unimportant and give up.

In an effort to break free of nasal polyps, and knowing that my progress in other areas was well underway, I decided to get started one day.

I wanted to understand why I was always anxious and on the lookout for danger. With the assistance of two therapists, I underwent rapid behavioral treatments, including hypnosis and sophrology. To understand the cause of my anxiety that was buried deep in my subconscious, it took me only two series of eight sessions. As soon as I faced those underlying issues, the deeply buried knots that had caused me years of stress and anxiety started to unfold, and my life got a lot easier. I felt a great relief when I was able to free myself from the weight buried in my subconscious.

The experience convinced me that addressing our psychological state is also an important component of recovery. The benefits of lowering our stress levels extend to our overall health, including the prevention of nasal polyps!

When it comes to working with a therapist, most of us have a barrier. We do not think that our emotions deserve to be healed like our eyes or our knees. There is no way anyone can understand what we are going through because our situation is too complicated and too personal. It will take years of effort to see results. As we have

only seen therapists in movies or studied old figures from the field in classrooms, we have no idea what to expect. The thought of opening a Pandora box that we won't be able to close scares us. We are afraid that therapy will make us reconsider our lives and accomplishments, as well as the people we love.

Despite the fact that we are all different, a lot of psychological problems are common and widespread. We all have challenges with our parents and family, with love and pain, or with dreams and frustrations.

Despite the blow to our egos, fixing those problems is more like changing our Chevy's oil at Midas. A therapist knows how to treat them just as well as an auto mechanic knows how to change the oil in our cars.

Practicing breathing techniques can help lower our stress almost anywhere. You might be thinking that you stopped needing to learn how to breathe thirty seconds after you were born. It is true that breathing is a reflexive function that we perform automatically, although the medical approach to breath is a little more detailed. Is there anything else we need to know?

Breathing in yoga is more than just an automatic process. It is crucial to our physical, mental, and emotional health. "Prana" is a branch of yoga devoted entirely to breathing. The act of breathing is also an essential part of meditation. As we learn the benefits of breathing, we will learn how to make it a conscious and healing activity.

When we were children, we all had naturally healthy breathing. As we grow up, we tend to breathe less effectively using only the upper part of our chest. We can improve our health by becoming

- Repeat from the beginning and continue for five to ten minutes.

Victory or ujjayi breath

Using this technique, we redirect our attention to the continuous sound of air flowing through our nostrils and how it helps to develop concentration.

Practicing it is an excellent way to balance the mind. People who suffer from sleep apnea can benefit from this exercise that strengthens respiratory muscles and enhances gas exchange.

Exercise: Seat yourself in a comfortable position that you will be able to maintain without tension for at least five minutes. Inhale and exhale through your nose slowly and regularly. Lightly contract the glottis (to locate this zone, swallow some saliva--it's in that part of the throat that the glottis is located). This breathing is carried out in the back of the throat, creating a hiss reminiscent of the sound made by an ocean wave, which is where its other name, "ocean breath," comes from.

Abdominal breathing

The technique relieves tension and calms the body. It leaves the mind calm and revitalized.

Exercise: Lay on your back with your knees flexed and your feet spread hip-width apart. Inhale slowly and deeply through your nose. Be aware of the movement of your abdomen by placing your hand on your stomach. Make sure your exhales are longer than your inhales. To prolong your exhales, contract your abdomen while exhaling. Spend a few minutes concentrating on the air entering and leaving your nose, and the inflation and contraction of your abdomen.

Cleansing breath

Ideally, this technique should be practiced on an empty stomach. In addition to toning the abdominal muscles, it helps with digestion, improves energy and vitality, stimulates brain activity, and enhances mental clarity.

Exercise: Sit on your knees and place your right hand on your abdomen and your left hand on your left knee. Concentrate on the movement of your abdomen. Breathe through your nose. At the end of an inhale, firmly and quickly tighten your abs to chase the air from your lungs. The air rises naturally and is expelled through your nose. Immediately after, relax your abdominal muscles and normally inhale through your nose. Repeat three to five times at your own pace. Once you are comfortable, try picking up the pace so that your lungs fill naturally after contracting your abdomen.

Breath of fire

This technique is well-suited for people who are trying to overcome an episode of depression or lethargy.

Exercise: like the previous exercise, this technique is best practiced on an empty stomach. While standing, feet hip-width apart, flex your knees slightly and place your hands on your hips. Inhale and exhale slowly. When you exhale, contract your abdominal muscles. Continue to contract them even when your lungs are empty. Contract them as much as possible until you are forced to breathe. Repeat several times.

In Summary / Take Action

- We must address our anxiety in order to progress in our healing. The best way to

find a therapist is to ask our friends and physicians for recommendations.

- We have nothing to lose, and everything to win. There is no point in waiting any longer. Regardless of our age, we need to begin this journey.

- Breathing exercises can help us relax and calm our minds and bodies.

- At the very least, we should practice alternate nostril breathing every morning and evening for five consecutive days.

- Every time we can, we should practice our favorite breathing technique. Perfect occasions include waiting in line or being stuck in a traffic jam instead of picking up our phone.

SINUSES AND DIGESTIVE SYSTEM

"LET FOOD BE thy medicine and medicine be thy food!" — Hippocrates, Greek physician

A meal can be a moment of pleasure, a reminder of a memory, or an expression of culture. Eating also involves introducing chemical molecules into our bodies. Food has long been a concern and a topic of discussion, but now we understand how food impacts our health. As well as my nasal polyps, I also suffered from digestive problems.

Scientists and physicians are increasingly focusing on our digestive system when treating inflammatory diseases. Their focus is on the intestinal immune system and the porosity of the intestinal wall. Generally speaking, nasal polyps are an inflammatory disease caused by the body's response to some form of aggression.

Intestines are part of the digestive system that follow the stomach and extend into the colon. It is approximately 25 feet long and is responsible for most of the food absorption.

An intestine's primary function is to act as a barrier between the inside and outside of the body. As a filter, the intestine allows proper nutrients to pass into our system while preventing toxic elements from entering. Second, the intestine plays a role in immunity. Approximately 70% of

4 KEY SUSPECTS

"I LURCHED AWAY from the table after a few hours feeling like Elvis in Vegas - fat, drugged, and completely out of it." — Anthony Bourdain

When it comes to food sensitivity, things can get complicated. The four suspects when it comes to nasal polyps are lactose, gluten, sulfites, and salicylates. We are probably familiar with the first two, while the last two may be new to us. Sulfites are chemical compounds widely used in beverages, food, drugs, and cosmetics. Salicylates are natural compounds found in specific vegetables and fruits, as well as synthetic compounds found in medications like aspirin.

Do not assume that we will have to evict all food and beverages as we read through the following pages. Generally, we have intolerances rather than allergies. It is a significant difference because we only need to lower our intake below the threshold of what our body can handle on a daily basis, and not completely eliminate it like an allergy would require. Last but not least, we likely have only one main sensitivity to deal with. Identifying the right one is the challenge.

We will develop a methodical strategy for identifying and confirming which of those four key food sensitivities are contributing to our problem after discussing those four key food sensitivities. Furthermore, we will see how we can

help our digestive tract recover from food sensitivity.

We sometimes use the terms allergy and intolerance in our everyday conversations, but they have very different meanings from a medical perspective. It is important to clarify that before we explore these four key food sensitivities.

An allergy occurs when the immune system reacts negatively to a specific food or component present in a particular food. As soon as an allergen enters our bodies, our immune system releases antibodies that bind to antigens and deactivate them. Most allergic reactions are mild. It is sometimes possible to suffer from anaphylactic shock, a violent and potentially fatal reaction.

Unlike an allergy, an intolerance involves other metabolic mechanisms instead of triggering our immune system. Although the symptoms are similar to those of allergies, their severity will vary depending on our threshold and the level of accumulation of the harmful substance. The manifestation of the symptoms of an intolerance can be delayed up to 48 hours. It makes the diagnosis of an intolerance much more difficult than that of an allergy.

An intolerance is often due to a deficiency of a specific enzyme, such as lactase for lactose intolerance, or a problem with the enzymatic pathway of a certain enzyme, such as an absence of a cofactor. A positive note is that intolerances rarely lead to anaphylactic shock.

Although many physicians are familiar with allergies, and specialized allergists have many tests to diagnose them, there is a minority who are familiar with intolerances.

We must get involved if we want to make a breakthrough with our food sensitivity. In order to succeed, we must apply some methodology and effort, but we will be rewarded for the rest of our lives.

Lactose overview

Now let's discuss milk, or "Good Milk", as one of my friends likes to call it. There are many aspects that make milk unique among foods. Firstly, it serves as our very first food in the form of breast milk or baby bottles. With its white color and ties to childhood, milk evokes a comforting sense of purity. As a result of its calcium content, milk is also often associated with strength. Similarly to apple pie, milk is an American tradition linked to rural values.

As a food, milk plays an important economic role, from the producers to the industrial processors. Dairy is a global industry with enormous profits. Each year, the world produces nearly 700 million tons of cow milk, which is enough to fill 1.3 million Olympic pools. In 2016, the top 20 milk companies generated revenue exceeding $170 billion, which was twice as much as Google.

Consider the steadily increasing use of cheese in American food products, subsidized by a government looking for new outlets for the massive dairy industry, to illustrate milk's economic value. As if that wasn't enough, check out the media coverage of milk and milk producers. “Got milk? Have you ever seen carrots get this much attention? It is no coincidence that milk appears in various types of media, which reinforces and even creates a positive image for the industry.

However, "Good Milk" might not be as good as we've been told. More people than

ever before are questioning the impact of milk on our health, and they've come up with some compelling arguments.

Nature requires all mammals, including humans, to breastfeed their newborns only until they are weaned, and then never again. The only mammals that drink milk after weaning are humans, despite the fact that the lactase enzymes that digest milk diminish as we grow older.

In large quantities, we consume cow's milk, which differs greatly from human breast milk in composition.

Postwar implementation of the National School Lunch Program in the U.S. made milk widely available to schoolchildren and contributed to the perception of milk as beneficial and a staple part of one's diet. We now know that political motivations at the time were more about supporting the agricultural industry than encouraging healthy eating.

Since ultrapasteurization technology was invented, milk consumption in human foods has increased dramatically; we now consume ten times more milk than 60 years ago.

There are a number of misconceptions surrounding calcium. It is a simple fact that the human body does not absorb calcium well from milk. Calcium can be found in sufficient amounts in fruits and vegetables, which the body is able to absorb more easily. Populations that do not consume any animal milk, such as many Asians do not suffer from calcium deficiency.

We have now dispelled some myths associated with milk, so let's have a closer look.

In what food

In most cases, people who have a problem with milk are intolerant to lactose, the sugar in milk. There are a variety of plant-based milks, such as almond and rice milk, as well as soy yogurt and ice cream, that do not contain any lactose.

Dairy products like milk, yogurt, cheese, ice cream, butter, milk powder, cream, and other dairy products made from cow, sheep, and goat milk all contain lactose in similar quantities.

Depending on how a dairy product is made, the percentage of lactose varies considerably when it comes to lactose intolerance. During the fermentation process, bacteria break down lactose; the more bacteria involved in the process, the less lactose is present in the final product. If milk contains around 6% lactose, mozzarella cheese has 3%, and parmesan cheese has a negligible amount.

There are also many surprises in the processed food industry. It may be that what appears to be cheese or yogurt is actually another product processed without any bacteria or fermentation, and that it therefore contains a higher percentage of lactose. Fat-free products deserve special attention.

Lactose is also used in many processed foods or even in pills as a filler. In addition to milk, butter, and cream, processed food producers also use casein, caseinate, whey, and lactose.

Symptoms

Lactose intolerance is evidently characterized by an adverse reaction to lactose-containing products.

Due to poor absorption in the small intestine, lactose makes its way to the colon where bacteria metabolize it, causing gas production, which in turn causes abdominal symptoms. The metabolization process causes osmosis, which triggers an influx of water to rebalance the system, causing diarrhea.

One to two hours after ingestion, symptoms include abdominal bloating, cramps, flatulence, diarrhea, nausea, and noise in the intestines.

We all have a threshold, which means that even those who suffer from lactose intolerance can ingest a certain amount of lactose without experiencing symptoms.

What physicians say

More than 10,000 years ago, we were all intolerant of lactose after infancy, and it was only through cattle domestication and changes in diet that some populations developed tolerances for lactose, resulting in genetic mutations that were passed down from generation to generation.

Lactose intolerance rates vary significantly around the world, based on cattle domestication and milk consumption. Lactose intolerance affects 10% of the population in the US and Northern Europe. This number can reach as high as 95% in parts of Asia and Africa. Globally, approximately 65% of people are intolerant to lactose and do not experience any health issues because of low or nonexistent dairy consumption. Therefore, lactose intolerance is, as proved by numbers, the norm for humans.

The cause of milk allergies is milk proteins, not lactose. We won't discuss milk allergy here since it is a very specific problem that, if it is relevant to your health,

you would have been aware of it before reading this book.

When someone has milk intolerance, it is not milk that causes them problems, but lactose. The immune system is not involved in lactose intolerance, and symptoms are dose-dependent, meaning that everyone has a threshold level before symptoms appear.

There can be a genetic basis to lactose intolerance, so the body cannot produce enough lactase as a result of faulty genes. This is called a primary lactase deficiency. In addition, the small intestine can be injured, resulting in a secondary lactase deficiency. We should consult with our physician to determine what is causing our lactose intolerance. Lactose intolerance may even be reversible if the cause of the injury to the small intestine is treated.

Sulfites overview

My problems with sulfites started more than 25 years ago, before I even knew I had nasal polyps. I had frequent heartburn after drinking cheap white wine and unexplained digestive troubles despite several medical examinations. I had no idea what sulfites were at the time. Whenever I ate shrimp, I went to the bathroom within 15 minutes, and assumed it was because the shrimp weren't fresh, not because they were generously soaked in sulfites! The famous surgeon who did my surgery in 1998 advised me to avoid wine and mustard-- without mentioning sulfites.

Only after years of research did I discover that sulfites are present in other drinks, foods, drugs, and even cosmetics. As a result of this newfound knowledge, I

realized how sulfites might have caused my nasal polyps in the past.

The health authorities have only recently begun to recognize the dangers of sulfites, and information about them is becoming easier to find, making it more difficult to understand.

There is no doubt that wine contains sulfites, which is true. However, many of us assume that sulfites are only found in wine, which is incorrect. This misinformation is primarily caused by the wine industry controlling much of the conversation about sulfites. Their strategy appears to be to draw attention to sulfites, while creating doubt about their toxicity. By doing this, they can avoid discussing all the other chemicals used in wine. This faulty narrative is also due to our tendency to demand stories of traditions and want to hear about health benefits of wine. Listening to heartwarming stories isn't an option when you suffer from nasal polyps. Factual information is essential.

We won't keep talking about wine because we all know that it contains sulfites. Instead, we will discuss other foods and drinks that contain sulfites.

In what food

Sulfites extend way beyond wine and it is not as simple as switching our glass of wine for a frozen fruit smoothie. The food industry widely uses sulfites because they are useful, practical, and versatile. In food, they are used as additives to perform the function of preservatives or bleaching agents. Unless their level is more than 10 mg/kg, or 10 mg/L, they are not required to be listed as an ingredient or an allergen. They are also used as processing agents during manufacturing, such as to control

No	Food Category	Max Level
09.1.2	Fresh mollusks, crustaceans, and echinoderms	100 mg/kg
09.2.1	Frozen fish, fish fillets, and fish products, including mollusks, crustaceans, and echinoderms	100 mg/kg
09.2.4.2	Cooked mollusks, crustaceans, and echinoderms	150 mg/kg
09.2.5	Smoked, dried, fermented, and/or salted fish and fish products, including mollusks, crustaceans, and echinoderms	30 mg/kg
9.4	Fully preserved, including canned or fermented fish and fish products, including mollusks, crustaceans, and echinoderms	150 mg/kg
11.1.1	White sugar, dextrose anhydrous, dextrose monohydrate, fructose	15 mg/kg
11.1.2	Powdered sugar, powdered dextrose	15 mg/kg
11.1.3	Soft white sugar, soft brown sugar, glucose syrup, dried glucose syrup, raw cane sugar	20 mg/kg
11.1.5	Plantation or mill white sugar	70 mg/kg
11.2	Brown sugar excluding products of food category 11.1.3	40 mg/kg
11.3	Sugar solutions and syrups, also (partially) inverted, including treacle and molasses, excluding products of food category 11.1.3	70 mg/kg
11.4	Other sugars and syrups (e.g., xylose, maple syrup, sugar toppings)	40 mg/kg
12.2.1	Herbs and spices	150 mg/kg
12.2.2	Seasonings and condiments	200 mg/kg
12.3	Vinegars	100 mg/kg
12.4	Mustards	250 mg/kg
12.6	Sauces and like products	300 mg/kg
14.1.2.1	Fruit juice	50 mg/kg
14.1.2.2	Vegetable juice	50 mg/kg
14.1.2.3	Concentrates for fruit juice	50 mg/kg
14.1.2.4	Concentrates for vegetable juice	50 mg/kg
14.1.3.1	Fruit nectar	50 mg/kg
14.1.3.2	Vegetable nectar	50 mg/kg
14.1.3.3	Concentrates for fruit nectar	50 mg/kg
14.1.3.4	Concentrates for vegetable nectar	50 mg/kg
14.1.4	Water-based flavoured drinks, including "sport," "energy," or "electrolyte" drinks and particulated drinks	70 mg/kg
14.2.1	Beer and malt beverages	50 mg/kg
14.2.2	Cider and perry	200 mg/kg
14.2.3	Grape wines	350 mg/kg
14.2.4	Wines (other than grape)	200 mg/kg
14.2.5	Mead	200 mg/kg
14.2.6	Distilled spirituous beverages containing more than 15% alcohol	200 mg/kg
14.2.7	Aromatized alcoholic beverages (e.g., beer, wine and spirituous cooler-type beverages, low alcoholic refreshers)	250 mg/kg
15.1	Snacks - potato, cereal, flour or starch based (from roots and tubers, pulses and legumes)	50 mg/kg

Symptoms

Sulfite sensitivity is the subject of many debates. What we know for sure is that sulfites rarely trigger our immune system, making the risk of anaphylactic choc extremely rare. Besides that, physicians aren't sure how sulfites affect our metabolic process.

Physicians who are knowledgeable about sulfites report the following symptoms:

- ENT symptoms: difficulty breathing, asthma attacks, rhinitis and nasal congestion, nasal polyps.

- Gastrointestinal symptoms: sudden diarrhea and various digestive problems.

- Other symptoms: headaches and migraines, cramps, chronic fatigue, fibromyalgia, skin problems such as eczema and skin rashes.

- Exceptional symptoms: cardiac arrhythmias, tachycardia.

For a few reasons, linking our sulfites intake with our symptoms is challenging

with sulfites. The first issue is that we have no idea how much sulfites we ingest every day. Second, sulfite potency is related to pH, meaning that symptoms will vary depending on what foods we eat at the same time. Thirdly, symptoms can appear anywhere from 20 minutes to 48 hours after consumption.

Moreover, we are further confused by our assumption that only wine contains sulfites. When we drink wine and do not experience any symptoms, it is easy to rule out sulfites as an allergen. As a matter of fact, this particular wine may not contain enough sulfites to exceed our daily limit. Furthermore, we assume that sulfites are not at play when we do not drink wine but still experience symptoms. The fact is that we have exceeded our sulfite threshold by consuming other foods.

What physicians say

Unless they specialize in allergies and have studied sulfites specifically, physicians are unlikely to know much about sulfites. They might even dismiss sulfites as a potential problem by claiming there is no such allergy and there are no tests for sulfite sensitivity. Many physicians are unaware that sulfites are used as a preservative in drugs.

As a result of our physician's ignorance, we might put off addressing sulfites for years, losing an opportunity to identify the cause of our illness.

Unlike any of the other food sensitivities mentioned here, we will need to be knowledgeable about sulfites in order to consult with our doctor and get his support. The good news is that, even though many physicians are unaware, sulfite sensitivity

can be confirmed with medical tests. We will discuss them shortly.

Gluten overview

During the past decade, gluten intolerance has become the most common food intolerance. Media outlets tend to follow trend waves such as the gluten-free diet rather than pursuing in-depth investigations when people are trying to lose weight. In health magazines, gluten was and still is a good headline candidate. The gluten-free food industry has grown substantially in recent years, and companies that manufacture these products invest a great deal of time and energy promoting gluten-free eating.

The result is an overflow of information that confuses us more than anything else. Beyond the marketing and headlines, we need to delve deeper into gluten intolerance.

The role of gluten in celiac disease has been medically proven, but everything else is open for debate and needs further study.

Going gluten-free may just make people healthier and digestively better because they consume less processed food and carbohydrates. Before summer, it's easy to follow a gluten-free diet to supposedly flatten our stomachs. It's another matter to understand which allergens affect us and to modify our diet accordingly for life.

Our focus should be on determining whether gluten is causing problems for us.

In what food

Gluten is a protein with binding properties that, for instance, allow dough to retain its shape while being elastic. Gluten can

be found in wheat, barley, rye, and their declinations such as kamut or tricitale.

A large portion of Western food is made from grains that contain gluten. The fact that gluten is an additive in so many processed foods also makes it hard to avoid gluten entirely.

Symptoms

Gluten sensitivity can cause a variety of symptoms, making it difficult to link symptoms with gluten consumption. Here are all possible symptoms:

- ENT symptoms: asthma and rhinitis.

- Intestinal symptoms: bloating, abdominal discomfort or pain, constipation, diarrhea, nausea, aerophagia, acid reflux, aphthous stomatitis.

- Extra-intestinal symptoms: a headache, brain fog, fatigue, fibromyalgia, muscle and joint pain, leg or arm numbness, eczema, skin rash, atopic disorders.

It is easy to find reasons to suspect that we may be intolerant to gluten, as we can see from the list above. Considering what's at stake in terms of food, it's important to investigate further and determine whether gluten is truly harmful.

What physicians say

Gluten-related disorders refer to a variety of diseases caused by the body's reaction to gluten. Some of these are true allergies, while others are celiac disease or "non-celiac gluten sensitivity".

Wheat allergy: a medically recognized allergy to wheat. Gluten and other compounds found in wheat trigger our immune system. If the symptoms are similar to those experienced with celiac and

non-celiac gluten sensitivity, they usually appear a lot faster.

Celiac disease: a medically recognized condition that impacts around 1% of the world population. Celiac is a gastrointestinal disease that causes lesions to the intestine. Several organs can be affected, and non-gastrointestinal symptoms can be exhibited as skin lesions known as dermatitis herpetiformis. The lesions can be seen on the elbows, knees, buttocks, ankles, or scalp. There is also the possibility of celiac disease being completely asymptomatic. Despite the fact that specialized physicians can diagnose celiac disease successfully, most people who suffer from it remain undiagnosed and do not receive appropriate treatment, even when they present with severe symptoms.

Gluten sensitivity: the term "non-celiac gluten sensitivity" or NCGS is used when people experience symptoms similar to celiac but improve on a gluten-free diet. It is only after celiac disease has been ruled out that we might be considered non-celiac gluten sensitive. NCGS is estimated to affect between 0.6% and 13% of the population. This range is pretty broad, which shows how little we know about this condition. There are regular debates within the medical community about what exactly constitutes a non-celiac gluten sensitivity. Studies on this condition are contradictory, which indicates the need for more research.

Non-celiac gluten sensitivity is our primary concern, which physicians may have trouble diagnosing since gluten sensitivity has become somewhat of a hype in recent years. We will soon explore what we can do about carrying out a proper medical investigation.

- Nuts: almonds, broad beans, macadamia nuts, peanuts, pine nuts, pistachios.

- Beverages: champagne, coffee, grape juice, liquors, red wine, riesling, rum, tea.

Symptoms

The list of symptoms associated with a salicylate intolerance is somewhat extensive, but we might only experience chronic sinus inflammation and nasal polyps:

- ENT symptoms: asthma, sinusitis, nasal polyps, sneezing, excessive phlegm, tinnitus, persistent cough.

- Gastrointestinal symptoms: abdominal pain, diarrhea or constipation, vomiting, reflux, nausea, bloating and discomfort.

- Other symptoms: hives, rash, headache, fever, cystitis and increased frequency of urination, muscle cramp, and twitching, joint pain, inflammation and arthritis, swelling, fluid retention.

What physicians say

Physicians primarily look at salicylate sensitivity through AERD. Despite that, health professionals have conducted interesting studies on salicylates.

The reaction to salicylate is non-immune mediated. Only very few people may experience an allergic reaction when taking aspirin.

Aspirin sensitivity is not associated with sensitivity to natural salicylates found in foods. During aspirin desensitization procedures, patients take significant doses of salicylates daily in the form of aspirin.

For those reasons, physicians do not recommend following a low salicylates diet.

This would mean eliminating many fruits and vegetables, making it unhealthy in the long run.

Although we may consider the salicylates in our food as a potential cause of inflammation, we should also consider the persuasive arguments against it. Salicylates are beneficial for people with asthma and nasal polyps when taken daily in the form of aspirin in order to desensitize them, and removing salicylates from our diet will not have a positive effect on our long term health.

Since people with asthma and nasal polyps are more sensitive to salicylates than those with only nasal polyps, there are almost no reasons to avoid them.

In Summary / Take Action

- Most likely, we only need to take care of one main sensitivity.

There is no need to cut out all the foods and beverages mentioned above.

- As far as changing our diet or avoiding particular foods is concerned, we will not rush to make a decision. It will only make us more concerned about anything and everything we eat.

- Finding out which foods are causing us problems is our first priority. Our next chapter will take us through a step-by-step process for identifying our food sensitivities.

TAKE IT STEP BY STEP

"I AM A slow walker, but I never walk back." — Abraham Lincoln

In light of what we now know about common intolerances that may trigger sinus inflammation, how should we proceed?

Over time, we may have become used to our digestive problems, but we must recognize that they are not normal and are likely due to a food intolerance. Due to the similar symptoms of our four primary suspects, identifying which one is the problem can be difficult. The purpose of this chapter is to provide a systematic approach to identifying and treating our food intolerances.

We won't deny it can feel overwhelming at first. It may take time to identify which foods are causing us problems, and changing our diet might be difficult. The majority of us will need assistance in tracking our progress, as well as medical tests for each potential food intolerance and guidance on changing our diets. We should assess our needs and seek out a nutritionist or allergist if necessary. In addition, we might want to ask our physician if he can help us in this process. It may be better to find another physician if we believe he lacks the time or resources to do so.

Food diary

The first thing we should do is start a food journal to keep track of what we

eat and how we feel. By keeping a food diary, we can prove to our physician that we are serious about our food intolerances and motivated to identify patterns and correlations between our symptoms and food intolerances. Over a period of three months, we should keep a record of our meals and accompanying symptoms.

A food diary can be a small notebook where we keep lists: Monday, 02/27: Breakfast (coffee, oatmeal, milk) > bloating. Lunch (chicken caesar salad) > no problems. Dinner (steak, french fries, salad and lemon dressing) > moderate diarrhea, runny nose after dinner. We can also use a smartphone application like MySymptoms:

When using our food diary, we should be perseverant and systematic as trends and patterns will take a few weeks to emerge. Within a few weeks, we will be able to determine the type of food that correlates with our symptoms and determine whether those foods contain one of the four suspects previously discussed. When we do not see any trends ourselves, we should share our food diary with our physician who might be able to assist us.

We should log our food and symptoms for at least two weeks before we start investigating the four suspects one by one.

It's great to keep a food diary to narrow down suspects and self-diagnose our intolerances, but it's important to keep in mind that only a medical test can prove it. By performing these tests, we can confirm or dismiss our suspected food intolerances one at a time.

Choosing the right order

The following recommendations are general suggestions that we may want to discuss with our physician to make sure they are tailored to our specific situation. If we have nasal polyps and asthma, we should start with salicylates as 25% of people with asthma and nasal polyps are intolerant to aspirin. Next, we should focus our attention on lactose, sulfites, and gluten in that order. In the case of nasal polyps, we should begin with lactose, followed by sulfites, salicylates, and gluten.

For each of these suspects, the sequence will be to identify a potential problem at home, do a medical test, remove the suspect from our diet for a few weeks, and confirm the results. Whenever we are unsure about our strategy or methodology, we should consult with our physician. It is not a sprint; it's a marathon-- or maybe just a 5k. It takes time to identify suspects, schedule medical tests, change our diet, and, finally, observe results. Our investigation of all four suspects should take about six months, assuming that we will need to investigate them all.

Identifying a food intolerance can be as simple as taking a medical test that gives us a yes or no answer, but test results might be more nuanced and require further experiments. It might seem counterintuitive, but removing a suspect to see what happens is not the

best experiment. The best experiment is reintroducing the suspect after a period of exemption and observing if symptoms return. We may need to repeat these experiments a few times. We will proceed as follows for each of the four suspects:

- Review our food diary and figure out which foods tend to cause us problems, and whether they contain lactose, sulfites, salicylates, or gluten.

- We can perform home experiments by eating one of those foods for a day or two (with foods we know are not at risk of containing the other suspects) and paying close attention to how we respond.

- Record these experiments in our food diary (food and symptoms).

- Discuss the experiments with our physician and determine how we might conduct medical tests.

- In the event that the test results are positive, we should remove the suspect for two weeks and then reintroduce it.

- If the test results are negative, we can move on to the next suspect.

We should only conduct home-based experiments if we already consume the four suspects regularly. Those who avoid gluten, lactose, wine, or dried fruits should consult with their physicians before starting home experiments.

Focus on lactose

We will start with lactose, unless we have asthma or nasal polyps for a few reasons: it's easy to identify what foods contain lactose, digestive symptoms will appear quickly after consumption, and a simple medical test can confirm lactose intolerance.

the hydrogen levels in our breath after ingestion of substantial amounts of lactose. The hydrogen breath test is the most accurate lactose intolerance test for adults.

- Stool acidity test: lactose intolerant people have acidic stool, with a pH below 5.5. It is often used in infants when it is difficult to perform a hydrogen breath test.

- Additionally, intestinal biopsy and genetic testing can be performed to reach a definitive diagnosis.

In order to determine which test is best for us, we should speak with our physician.

If we test positive for lactose intolerance, we should reduce or eliminate lactose from our diet. We should move on to our next suspect, sulfites, if the tests come back negative.

Reduce or eliminate lactose

As we now know why lactose will likely make our symptoms better, we should begin an extended experiment. A two-week lactose-free diet might not be enough to greatly impact our ENT symptoms, but it should impact our intestinal symptoms. We will reintroduce lactose after two weeks and pay close attention to our symptoms. We might want to repeat this experiment a couple of times. When we know for sure that our symptoms improve when we cut out lactose, we need to consider how we will change our diet accordingly.

Lactose intolerance is not the same as a milk allergy, so we do not need to avoid all animal milk products. Even if we have a lower level of lactase than other people, we are able to process a certain amount of lactose. We refer to this level as our threshold.

Depending on the way dairy products are processed, lactose content varies greatly. In addition, we can incorporate many lactose-free alternatives into our diet without having to drastically change our habits.

We want to strike a balance between our tolerance for lactose, how much lactose is in certain foods, and how easily lactose-free equivalents can replace foods that we prefer.

Here are dairy products with their average dose of lactose per typical serving to give us a better sense of the situation:

Food	Serving size	Lactose in g
Whey	150 mL	7.1
Cow's milk	150 mL	7
Sheep's milk	150 mL	6.6
Goat's milk	150 mL	6.3
Buttermilk	150 mL	6
Soured milk	150 g	6
Kefir	150 g	5.4
Yogurt	150 g	4.8
Milk powder	10 g	3.5
Mozzarella	100 g	3.3
Cottage cheese	30 g	1
Mascarpone	30 g	1
Cream cheese	30 g	0.9
Sour cream	25 g	0.9
Coffee creamer	15 g	0.8
Cream	15 g	0.5
Butter	20 g	0.1
Most hard cheeses	30 g	0
Clarified butter or Ghee	20 g	0

From this list, we can tell that we will have to eliminate milk and yogurt from our diet, along with ice cream, lattes, and milk chocolate. In the event that we engage in physical activity and consume whey protein supplements, we should replace them with lactose-free whey isolate.

Keeping our eating habits while reducing milk, yogurt, and ice cream should not be too difficult since the food industry offers lactose-free alternatives.

First, there are milks with reduced lactose or even lactose-free milk. Generally,

these types of milk are marketed as "easy to digest" rather than "lactose-free", so it's important to read their labels carefully. There are also plant-based milks that do not contain any lactose. A variety of milks are available, including almond milk, soy milk, rice milk, coconut milk, and more, which can be used in the same ways as regular milk. It should be fine to eat hard cheese and butter. Depending on our sensitivity, we may be able to eat other cheeses. For ice cream, we should turn to sorbets and vegan options.

Getting rid of milk from our diet is a great step, but we should also be aware of processed foods that contain lactose as an additive. There will be no clear indication of lactose on the label, but it will be present with additives such as casein, caseinate, whey, lactoserum, milk solids, or modified milk. While we can't give general rules about actual quantities of additives in typical processed foods, we should be cautious when the additives are listed high on the list. The higher on the list, the higher the quantity.

In many countries, milk is among the top 14 allergens not because of lactose intolerances, but because of allergies to milk proteins. Most milk by-products contain milk protein, and milk itself will be listed on the allergen list even if it is not used as an ingredient. As an example, the allergen list will mention milk if butter is an ingredient.

It is common for products manufactured in an area that processes milk to list milk on the labels, even if the products themselves do not contain any milk. This step is taken to protect allergic people from cross-contamination from products made at the same facility. As lactose intolerants, we do not need to avoid possible traces of milk

since we are not at risk of anaphylactic reactions.

We should be fine to eat foods that have milk on the allergen list but do not have ingredients such as lactose, milk, butter, cream, casein, caseinate, whey (but not whey isolate), or lactoserum.

Many pills contain lactose. As an additive, our pharmacists will not alert us because it is not an active medical ingredient. Whenever we have doubts, we should ask our pharmacist for clarification.

In most cases, we should not need to take lactase supplements since there are so many other ways to dramatically reduce our lactose intake. However, they are available and worth mentioning. In most countries, lactase supplements are available without a prescription. They will help our bodies digest lactose easier. As they are sensitive to acidity, they should not be taken before ingesting any food, nor should they be taken too late afterward either, since they will have to reach the small intestine before dairy products are absorbed. It will take some testing to find the right dose and timing. We might find it easier to slightly change our habits by switching to dairy-free or low-lactose alternatives.

We have now reviewed all the ways we can reduce our lactose intake. Additionally, some doctors recommend eliminating dairy products and milk entirely from our diet. A popular example of this nutritional approach is the Paleo diet, which advocates against milk and dairy products due to their inflammatory properties.

Focus on sulfites

As soon as we have determined if we are lactose-intolerant or not, we need to move

on to sulfites, because it is easy for us to identify foods that are high in sulfites, we know what symptoms they can cause, and we have medical tests available to prove our intolerance.

Sulfites home experiment

The first step is to consume two glasses of white wine. Those who don't drink wine should consume five to seven dried apricots (orange colored apricots do contain sulfites). In the next 15 minutes to 12 hours, we should pay close attention to headaches, digestive problems, and ENT symptoms. As sulfite levels tend to vary and symptoms can be delayed by several hours, we should repeat this experiment several times.

As we drink wine, we should know from experience that some wines may trigger our symptoms while others may not. The reason is that sulfite levels in wines vary greatly; one can have 30 mg per glass, while another only has 7 mg. Therefore, if we wish to confirm a sulfite intolerance, we should choose a wine that has caused us problems before.

We should perform this test four or five times over two weeks since the symptoms of sulfites can vary depending on other factors such as the Ph of the food we eat with the sulfites.

If we experience obvious symptoms, we should not go on a low sulfite diet for two weeks and then reintroduce sulfites.Since sulfites are hidden in many foods and drugs, we cannot successfully avoid sulfites for two weeks as we did with dairy. We would be at risk of drawing a wrong conclusion.

cause a reaction, but we can't differentiate between an allergy, in which the immune system is involved, and a sensitivity, in which the exact mechanism is unknown.

In this "sulfite challenge test," I swallowed metabisulfites every 30 minutes until I reached a total of 200 mg, comparable to the amount found in a bottle of wine. During each intake, my nasal mucosa was examined with an endoscopic camera, my lung capacity was tested to screen for potential bronchial reactions, and my blood pressure and heart rate were monitored to prevent allergic shock.

My nasal mucosa only slightly reacted to sulfites after three hours, and I experienced no severe respiratory reactions. As a result, the physician concluded that I was only mildly sensitive to sulfites within three hours of ingestion. It almost disappointed me. The following morning, however, I awoke with a horrible migraine and a blocked nose. I knew right away that it was due to the sulfites that I had consumed the day before, and concluded for myself that I am highly reactive to sulfites within 24 hours of ingesting them.

In order to determine which test is best for us, we should consult our physician. In the event that we test positive for sulfite sensitivity, we must reduce or eliminate sulfites from our diets. In the event that we test negative, we should move on to the next suspect, salicylates.

Reduce or eliminate sulfites

We should focus on avoiding sulfites for at least one month before investigating our next suspect. It takes longer for this process than it does for lactose since we will hardly be able to avoid all sulfites to begin with, and a small daily dose can

maintain inflammation without causing visible effects at first.

Since sulfites appear in so many products without always being declared, reducing our daily intake is difficult. Our goal should not be to avoid 100 percent of sulfites, but rather to lower our intake below our threshold. Ordinary people should not exceed 50 mg a day as defined by the World Health Organization. Experts in the food industry claim sulfite concentrations in food can reach 5000 mg/kg without producing any noticeable taste. Those who are mildly sensitive to sulfites should not exceed 25 mg per day, those who are moderately sensitive should not exceed 12 mg per day, and those who are extremely sensitive should not exceed 5 mg per day.

In order to put that into perspective, one small glass (12.5 cl) of a typical wine contains approximately 6 to 8 mg of sulfites. One small glass represents 38% of our maximum daily dose if we are slightly sensitive, 75% if we are moderately sensitive, and 187% if we are extremely sensitive. Our daily sulfite consumption can add up very quickly; we can easily cross our threshold. Eventually, we will have to keep track of the sulfites in our foods, beverages, drugs, and cosmetics.

Sulfites have names, in the form an INS code like INS c220 or E220 in Europe, and functions:

-E220 for sulfur dioxide: antioxidant, bleaching agent, flour treatment agent, preservative.

-E221 for sodium sulfite: antioxidant, bleaching agent, flour treatment agent, preservative.

-E222 for sodium hydrogen sulfite: antioxidant, preservative.

-E223 for sodium metabisulfite: antioxidant, bleaching agent, flour treatment agent, preservative.

-E224 for potassium metabisulfite: antioxidant, bleaching agent, flour treatment agent, preservative.

-E225 for potassium sulfite: antioxidant, preservative.

-E226 for calcium sulfite: antioxidant, preservative.

-E227 for calcium hydrogen sulfite: antioxidant, preservative.

-E228 for potassium bisulfite: antioxidant, preservative.

-E539 for sodium thiosulfate: antioxidant, sequestrant.

It is important to read labels carefully and avoid these names and codes. Also, we should download a Canadian document by looking up "hc-sc.gc.ca sulphites" on the internet. This document describes what sulfites are, what problems they can cause, and what foods should be avoided in priority. When reducing our exposure to sulfites, I recommend using this source of information as a guide.

It is crucial to avoid sulfites in our food and beverages, which are the primary sources of sulfites. However, we should also pay close attention to our drugs. To find out what inactive ingredients are in medications, we can access the FDA's database at www.accessdata.fda.gov/scripts/cder/iig/index.Cfm. Using the keyword "sulfite," we can discover which categories of drugs contain sulfites and how much sulfites they contain. Due to their status as "inactive ingredients", doctors and pharmacists rarely pay attention to sulfites in drugs. This means that we must be extremely proactive by mentioning that we

are allergic to sulfites and asking them to check the entire ingredient list of the drug to ensure that it does not contain sulfites.

Focus on gluten

In the case of lactose or sulfites intolerance, we must change our diet for three months and assess our results before investigating gluten. Instead of focusing on ENT symptoms, we should focus on digestive symptoms. To reduce inflammation and experience significant improvements in our ENT symptoms, we must improve our digestive tract. It is only after three months, if we have not seen improvements in our digestive symptoms, that we should consider investigating gluten intolerance. Those not intolerant to lactose or sulfites should immediately consider gluten.

Gluten intolerance is more difficult to investigate than lactose or sulfites, so we should give it three months' attention.

Medical test for gluten sensitivity

There are several diseases related to gluten, and each involves a different response from our bodies. A wheat allergy test will be straightforward, but testing for celiac and non-celiac gluten sensitivity will be more difficult.

Wheat allergy is tested with a standard allergy test.

Celiac disease testing is more complex. As part of our evaluation, our doctor will review our symptoms and family history, administer a genetics serology test, probably perform an intestinal biopsy, and lastly, have us follow a gluten-free diet to see if we respond. All of these procedures can only be performed by a physician who specializes in celiac disease and other gastrointestinal disorders. There

are many celiac patients who do not receive a diagnosis because they do not see a qualified physician.

Non-celiac gluten sensitivity testing is even more challenging since we must first rule out celiac disease by conducting all of the tests outlined above. We could be misdiagnosed if we are not adequately tested for celiac disease.

In the absence of a wheat allergy or celiac disease, it can be difficult to get a quick medical proof of gluten intolerance. Many people self-diagnose gluten intolerance by cutting gluten from their diet and observing the effects on their symptoms. The symptoms might improve as a result of lower carbs and processed foods rather than gluten sensitivity, resulting in a false diagnosis.

By tracking gluten intake and symptoms, going on a gluten-free diet for two weeks, and reintroducing gluten and tracking symptoms, we can improve this method. As with milk, we should repeat this process several times. It will allow us to determine whether gluten is an issue for us. We should consider our personal investigation a valid short-term approach, knowing most physicians under diagnose celiac disease and debate non-celiac gluten sensitivity.

In order to determine which test is best for us, we will consult with our physician.

Reduce or eliminate gluten

Whether we have celiac disease, non-celiac gluten sensitivity, or wheat allergy, the solution is to follow a gluten-free diet. Wheat allergy and celiac patients should strictly follow gluten-free diets because even minor amounts of gluten

can trigger their symptoms. A non-celiac gluten sensitivity may allow us to eat gluten-containing foods, depending on our individual sensitivity.

It is important to keep in mind that we must eat gluten to be examined for celiac disease before starting our gluten-free diet.

Since gluten is found in many typical western dishes and is commonly used as an additive in processed foods, following a gluten-free diet may seem challenging. In spite of this, the gluten-free diet has become so popular that an entire industry has developed around gluten-free foods, making the experiment much easier than we thought.

For people with celiac disease or wheat allergies, avoiding gluten strictly is the only way to dramatically improve symptoms. Non-celiac gluten-sensitive people do not have such clear-cut symptoms as celiac gluten-sensitive people.

Choosing a gluten-free diet that's good for our bodies and our wallets means eating foods that are naturally gluten-free, like fruits, vegetables, meat, poultry, fish, dairy products, beans, legumes, and nuts. We should also consume gluten-free grains such as rice, soy, potato, beans, oats, etc. It is possible to drink juices, wines, sodas, and distilled liquors. Although we have many options, we need to prepare our own meals and avoid most processed foods. There are many gluten-free alternatives to cereal, pasta, pizza, and bread available, but they are often expensive. When shopping for groceries, we should look for the "gluten-free" label.

Oat comes up on lists of gluten-containing foods not because it contains gluten, but because it is cross-contaminated

Seignalet in France, who strongly advocates against wheat.

Focus on salicylates

Salicylates should be our last suspect unless we have asthma and nasal polyps. While intolerance to aspirin can be tested, intolerance to salicylates in food cannot. Salicylates can be found in varying amounts in a wide variety of healthy fruits and vegetables. There is no medical evidence that avoiding salicylates in food helps aspirin-sensitive individuals. Prior to exploring salicylates in food, we should focus on intolerances to lactose, sulfites, and gluten.

Medical test for salicylates sensitivity

A medically supervised aspirin provocation test is the only way to diagnose salicylate intolerance. This test may be helpful if we have nasal polyps and asthma, so our doctor can finalize the diagnosis of AERD. Our physician may not offer this test if we only have nasal polyps, but if we've had acute reactions to aspirin medications in the past, we should discuss it with him or her.

This test should only be performed by medical professionals, and we should never do it at home. Our physician will closely monitor our reactions as we receive increasing doses of aspirin during the test. Test results will reveal whether aspirin triggers asthma and ENT symptoms and at what dose. These results will be used by our physician to begin a desensitization procedure, which we will discuss shortly.

Reduce or eliminate salicylates

If we only have nasal polyps, we should avoid aspirin and other NSAIDs and discuss alternative treatments with our physician

and pharmacist. If we have asthma and nasal polyps, we should also avoid these drugs and talk with our physician about doing a desensitization procedure. We shouldn't cut salicylates from our diets in either case. There is a lack of evidence that doing so has any benefits, but it certainly has many drawbacks.

Aspirin and NSAIDs, such as ibuprofen, are commonly used to treat headaches, fever, pain, and inflammation. Aspirin itself is found in a wide range of drugs. For prescription drugs containing aspirin, we should discuss alternatives with our physician, and for over-the-counter drugs, we should consult our pharmacist.

We might want to consider doing an aspirin desensitization procedure. In order to ease our asthma and sinus symptoms, our physicians will recommend a specific dose of aspirin to take every day. The majority of people report improvements in breathing, smelling, and nasal polyp recurrence. We should never try a desensitization procedure on our own and always consult with our physician.

We might conclude that we are sensitive to synthetic salicylates after we have done a provocation test, avoided drugs containing aspirin and other NSAIDs, completed aspirin desensitization, and experienced positive results-- but these results might not be good enough. For a few weeks, we might experiment avoiding salicylates in our food to confirm our sensitivity, even though physicians discourage a low salicylate diet long term.

The best source of information can be found in "Salicylates in foods by Anne R. Swain 1985". This study quantified salicylates in 333 foods:

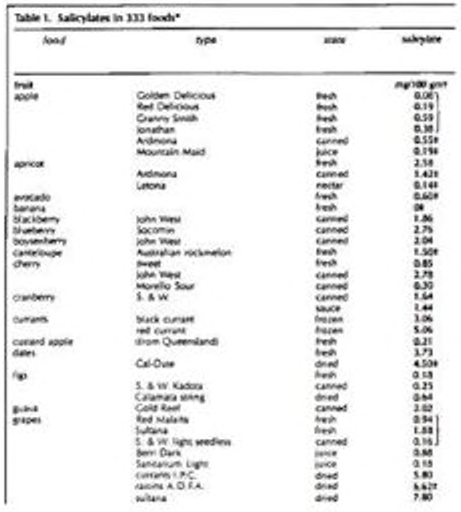


Table 1. Salicylates in 333 foods*

food	type	state	salicylate
			mg/100 gm
fruit			
apple	Golden Delicious	fresh	0.06†
	Red Delicious	fresh	0.19
	Granny Smith	fresh	0.59
	Jonathan	fresh	0.38
	Ardmona	canned	0.55†
	Mountain Maid	juice	0.19†
apricot		fresh	2.58
	Ardmona	canned	1.42†
	Letona	nectar	0.14†
avocado		fresh	0.60†
banana		fresh	0†
blackberry	John West	canned	1.86
blueberry	Socomin	canned	2.75
boysenberry	John West	canned	2.04
canteloupe	Australian nectarelon	fresh	1.50†
cherry	Sweet	fresh	0.85
	John West	canned	2.78
	Morello Sour	canned	0.30
cranberry	S. & W.	canned	1.64
		sauce	1.44
currants	black currant	frozen	3.06
	red currant	frozen	5.06
custard apple	(from Queensland)	fresh	0.21
dates		fresh	3.73
	Cal-Date	dried	4.50†
figs		fresh	0.18
	S. & W. Kadota	canned	0.25
	Calamata string	dried	0.64
guava	Gold Reef	canned	2.02
grapes	Red Malaita	fresh	0.94
	Sultana	fresh	1.88
	S. & W. light seedless	canned	0.16
	Berri Dark	juice	0.88
	Sanitarium Light	juice	0.18
	currants I.P.C.	dried	5.80
	raisins A.O.F.A.	dried	6.62†
	sultana	dried	7.80

The experiment should be temporary. If the results are excellent, we should consult our physician and a nutritionist about reducing salicylate intake safely. Last but not least, we should be aware that in addition to drugs and food, other products such as household cleaners, perfumes, exfoliants, conditioners, preservatives, anti-dandruff, and anti-acne agents may also contain synthetic salicylates.

In Summary / Take action

- It is critical that we test all four suspects in a systematic manner.

- Investigating these food intolerances will take time, so we should be patient.

- The time we spend now will pay off for the rest of our lives; once we have identified our primary intolerance, we will be able to greatly improve our condition for the rest of our lives.

- Our main practitioner can help us determine what type of help we need. To assist us with this process, we should consult an allergist and a nutritionist.

- We should get started this week! I've put together a thoughtfully curated list of books to help addressing these four food sensitivities. Click bio.site/bertrandwaterman or scan the QR code

bellow to explore the helpful resources available.

sulfites to control fermentation. Secondly, milk-based fermented foods contain significant amounts of lactose, which we might want to avoid. The good news is that there are plenty of DIY solutions available.

We can make fermented foods at home. There are plenty of recipes on the internet for pickled vegetables, which look great in a glass jar and can be added to a variety of dishes. Sauerkraut (or kimchi, the traditional Korean version) can also be made quickly, but it is less useful than pickled vegetables. We can even start our own kombucha mother and make this fermented drink for a fraction of the cost.

Probiotics can also be taken as dietary supplements, and there are millions to choose from. A probiotic's active element is called the strain, which is determined by the type of bacteria and yeasts present. Lactobacillus strains (plantarum rhamnosus bulgarious, salivarius brevis, acidophilus, paracasei casei) and bifidobacterium (bifidum, lactis) are some examples. Our intestinal flora may be affected by these strains in a different way. In terms of probiotics, there is no such thing as a one size fits all or a probiotic that fits nasal polyps.

Every individual has a specific intestinal flora made up of 500 to 1000 bacteria that is unbalanced in its own way. Finding the right probiotic requires trying different ones and observing our digestive functions. We might also want to consult a practitioner who has extensive knowledge of the effects of the different strains and can recommend specific probiotics.

Upon closer examination, we may notice that probiotics in capsules often contain maltodextrin, which can be a source of sulfites. A tablet containing one gram of

maltodextrin would contain only 0.1 mg of sulfite at a maximum concentration of 100 mg/kg. It is a negligible amount and shouldn't cause any problems.

In Summary / Take action

- We should consider probiotics to help with our digestive functions.

- We should not start taking probiotics before identifying our food intolerances. It could improve our situation, but it could also make it harder for us to identify our intolerances.

- We should see probiotics as a boost, not as an excuse to avoid cutting unhealthy foods.

- To find the right probiotic, we should do some research and testing.

ANTI-INFLAMMATORY FOOD

NOW THAT WE have figured out what our primary food intolerance is, we have cut out the foods that trigger it from our diet. Within a few weeks, we'll have experienced the benefits of this diet change and realized what a big impact food can have on our health.

Why change

Having gained a deeper understanding of the impact of food on our health, perhaps we should change our diet more significantly.

But changing our diet is hard, even when we know it could heal our nasal polyps. Our eating habits are solidly entrenched in our culture and our memories; they offer ways to reward ourselves; they can foster happiness and help us deal with frustration; they are vital components of familial and societal activities; they are a way of showing who we are; they are a massive target for companies in the food industry.

We might think that changing our diet is a short-term solution to a specific problem, involving restraint and deprivation. Imagine what it would be like if changing our relationship with food for the rest of your life was enjoyable? To begin exploring this topic, we should look at different perspectives.

Is our diet supposed to be a way for us to cope with unpleasant situations and spend our days anticipating the consequences of

our last meal? Or do we want food to be a way for us to celebrate and respect our bodies as we live our lives to their fullest potential? Once we are able to resonate with the second option, changing our diet becomes enjoyable. In order to change our diet, we need to listen to our bodies and provide them with the nutrients they require. It means treating our bodies as if they were our most valuable possessions. It means showing our bodies that we love and respect them. It means celebrating the magic and joy of being alive.

Because of the way our healthcare system is organized today, practically no one profits from good health while a lot of people make money off of sicknesses and diseases (doctors visits, drugs, hospital stays, etc.). A farmer selling carrots or a fisherman selling sardines does not have the funds to conduct scientific studies on their products' health benefits. As people become more aware of this unbalanced societal influence, they will want to learn more about the changes we are making about food. By changing our diet, we will not only benefit ourselves, but also the people around us.

What kind of diet

The presence of nasal polyps is a sign of chronic inflammatory illness that may contribute to other symptoms as well. People usually achieve a low inflammatory diet through the so-called hypo-toxic, primitive, or paleo diet. Here's how it works.

Our bodies must break down chemical molecules in food in order to absorb them. Enzymes are the tools our bodies use to perform this function. Our bodies use enzymes to break down complex food molecules into small nutrient molecules

results from chronic passage of leukocytes carrying waste to the surface.". When patients follow a hypo-toxic diet, polyps usually melt away like snow in the sun." - Jean Seignalet, Diet or the Third Medicine, Ed François Xavier de Guibert, Paris 2004, p.537.

Dr. Seignalet's approach and the Paleo diet share similar principles, but differ in their application, especially regarding cooking techniques.

In Summary / Take Action

- We should be open to the benefits of a healthy diet as it is one of the best ways to stay healthy.

- When we change our diet due to stress and pressure, we often fail.

- When we change our diet because we enjoy it and respect our bodies, we are more likely to sustain it.

- We don't use low-quality oil in our cars because we know it is harmful over time.

- Likewise, we must be mindful of what we put into our bodies, even more so that we can replace our cars but we can't replace our bodies.

- We should get started this week! I've put together a thoughtfully curated list of books to help transition to low inflammatory food. Click bio.site/bertrandwaterman or scan the QR code bellow to explore the helpful resources available.

MAKE A PLAN AND TAKE ACTION

"YOU DON'T HAVE to be great to start, but you have to start to be great." — Zig Ziglar

We are almost at the end of the book and likely feel relieved because we now know there are solutions to our problems. But to be better and not just hope to feel better, we need to act.

We need an action plan to get us started quickly with solutions that will deliver results in just three weeks. We also need our action plan to help us sustain our efforts over several months as other solutions can take three to six months to deliver all their benefits.

There are several challenges that can get in our way of making the right plan and executing it. We will review them before discussing how to make our plan.

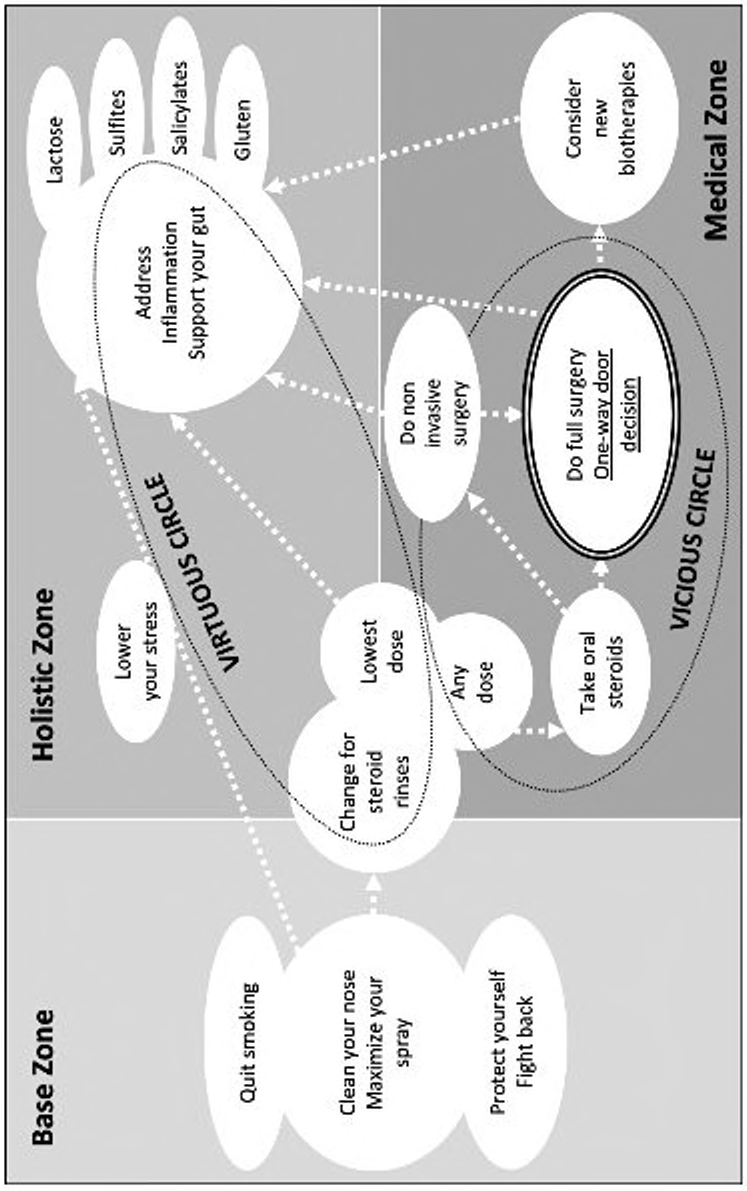
Our first challenge is feeling overwhelmed by all these options and solutions. We are visiting our ENT whose focus is on drugs and surgery. We are wondering on the internet and social networks, reading about tricks that are supposed to work miracles. And we just read this book. All together, these are many recommendations about what to do and not to do, what is right and what is wrong. Some recommendations might even contradict each other.

We cannot jump from one idea to another every week or month. We need to firm our beliefs and have a direction we

can follow for several months. To alleviate this challenge, we will be critical about any information and evaluate the source's credibility. It's not because we hope for a simple trick to solve our nasal polyps that we should trust anyone who promises it. We should trust our practitioners with a clear understanding of their focus and limits, and we should trust this book grounded in experience. We should be extremely cautious about any solution that looks like a miracle.

Our second challenge is that when we learn or discuss solutions with others, we can get confused if what is right for them might or might not be right for us. We are each at a different stage in our nasal polyps journey. We might be very early. Ideally, we are reading this book because we just got diagnosed and want to understand everything about nasal polyps. Alternatively, we might have been fighting nasal polyps for twenty years relying only on drugs and surgery and are desperate to find other solutions. In addition, we might have different degrees of moderate, severe, or even aggressive nasal polyps. We might also have asthma and Samster's triad.

Consequently, when talking about or reading about a solution, we will always consider how our own nasal polyps journey compares to the other's. This book is likely the most relevant source to give a clear picture of all the stages and solutions of a nasal polyps' journey and help us understand where we are. Other patients, especially when communicating on social networks, will mostly talk about themselves and discuss what is of interest to them in their current situation. Very few actually care about us and try to make recommendations based on our own



Our overarching goal is to progress on this map up to a stage where we will manage our nasal polyps to the point they are not in the way of our lives while minimizing our long-term risk. We will then consider the problem solved.

Considering the problem solved, it is personal and depends on the severity of our nasal polyps. After implementing the base zone actions, some may consider the problem solved and this is great. They might have moderate nasal polyps that they address early on and their lifestyle does not require them to run 42 kilometers every month. Most of us reading this book however will likely have to do more than stay in the base zone. It is likely we have already done more, but with limited results.

Each bubble on this map is a step toward our goal. It is an action we can take and a decision we have to make. Each action

eventually get there one day. If we take too much steroids and do not consider the problem solved, our next step will be to get full surgery. We should not expect to get biotherapy unless we have had at least one surgery. A full surgery provides relief in the short term and enhances the effectiveness of steroids. However, it is unlikely to be the end of our journey as it does not cure the problem once and for all. Full surgery is a one-way decision that might increase the risk of triggering inflammation and pushing us deeper into the vicious circle of having to undergo multiple surgeries, unless we take other actions. So why not take other actions toward the holistic zone before surgery?

The holistic zone is where we are heading if we pursue the goal to find our minimal effective dose of steroids in our rinses. We should pursue the goal to reach the virtual circle where we address and minimize inflammation and limit long-term risks associated with steroids. Every time we take a step toward the medical zone, we should take all subsequent steps toward the holistic zone. We should exhaust them all before proceeding with another step in the medical zone. We will then avoid the risk of being cornered and having no other option than surgery. We will spare no effort to stay out of the vicious circle. The virtuous circle of the holistic zone is the place we want to be for the rest of our lives.

What if we are reading this book after having had one or more surgeries, and we still do not consider our problem solved? We are clearly in the vicious circle and are left with two options. First, we can proceed to the next medical step and consider the new biotherapies if it is available in our country and paid for by our healthcare or if we

can afford it. This is a valid option if we do not believe in another approach to our health than drugs and accept their potential side effects and long term risks. Our second option is to implement all the steps of the base and holistic zones at the same time. The key here is that we have to take it full on and apply all these solutions over a short period of time. This will enable us to get out of the vicious circle as quickly as possible. We will be able to pull back on some of these actions only when we are out of the vicious circle for six to twelve months. In addition to implement all of these actions more or less at the same time, our key priority will be to identify and address our main inflammation trigger as fast as we can. We will be systematic in our approach to the four suspects and get the help of our general practitioner or nutritionist.

Hundreds of readers have reviewed this book on Amazon, Facebook, and the book's website. They emphasize the importance of finding their priorities. Each traced their own path on the map.

Laure: *"After following your instructions for a month, my stuffy nose of four years has cleared up! I keep doing what's been working: daily sinus washes with rhino horn and salt, half an hour of waiting, then nasal steroids. Thank you for making me feel better!!"*

Isabelle: *"By surfing the Internet, I discovered that I am not the only one who has these problems, and I came across this book by Bernard Waterman. Although I tried several things, a change of diet ultimately proved necessary. As a result of significantly reducing my dairy intake, I occasionally regained my sense of smell without taking steroids! It's not over yet, but Bertrand advises not to give up."*

Anne-Marie: *"I had the opportunity to talk to my ENT physician through Bertrand's advice and was surprised to hear him discuss sulfites and suggest a test. My belief is that he would not have asked me to perform this test if I hadn't initiated this dialogue."*

Marie Paule: *"Thank you so much for your book. The book offers a lot of advice. After using a Lota to clean his nose, my husband has been doing much better. He just saw his ENT physician, and surgery is not on the table for the time being."*

Celine: *"I've been eliminating sulfites, gluten, and lactose from my diet. Then I found out how much fun it was to clean my nose twice a day. In addition to nasal polyps, I also have endometriosis and steatosis. My polyps have decreased since then. I saw my ENT doctor again two months after changing my diet, and he declared that I would not need any further surgeries."*

Corinne: *"The Actisoufre spray has been a great help to me. I rinse in the morning and in the evening, and I alternate when I feel better. The only thing I use is a steroid spray every morning and evening. At stage four, I was about to undergo surgery! I regained my sense of smell and my ability to breathe at night! I also reduced my intake of milk. I did not seem to be affected by gluten. Nevertheless, I often find my nose is linked to my belly (bloating and heaviness) without being able to pinpoint a direct cause."*

I hope these readers have inspired you. With this diagram, we should draw our own journey and get started with what motivates us. All of the recommendations made throughout this book are summarized below:

Assess your Current Situation

- It's not reasonable to expect our physicians to provide pharmaceutical cures. It is only a waste of time and energy to hold on to those expectations.

- We should take responsibility for our health and take an active role in our recovery.

- We should focus most of our attention on being proactive each and every day to avoid problems and complications in the first time.

- We should choose a homeopath as our general practitioner.

- We should take the role of coordinators, working with our general practitioner to find specialized doctors and asking them plenty of questions in order to avoid leaving any problems unattended.

- We should choose an ENT physician who is empathic and open to different disciplines to ensure we get a complete diagnosis. In case of nasal obstruction, loss of smell, or taste loss, we should contact an ENT immediately.

- There is a common "old-boy" network among physicians: they may refer patients to one another because they golf together, but that is not always in the patient's best interests. In cases where we need to consult other specialists, we should not rely solely on the recommendations of our physicians without researching first.

Dangerous Drugs

- If we have used or abused nasal decongestant and steroids without medical supervision, we need to first and foremost get our head out of the sand.

- We should make a list detailing our medicine intake, complete with dates, dosages, and names of medications.

- We should see our physician and tell him everything openly. He is not there to judge but to help us improve our health.

- We should read the rest of this book to see how we can get much better without taking shortcuts. We deserve it as much as anyone else.

Put our Foundations in Place

We now have a better understanding of nasal polyps and realize there isn't a quick fix. However, many of our symptoms can be alleviated and even resolved in many cases, and we need to look at the bigger picture.

As a start, we will focus on getting our foundations in place. These are solutions that can be implemented quickly and make us feel better within a few days or weeks.

Clean our Nose Like a Pro

- We should rinse our nasal passages every morning. To feel much better quickly, it is the best thing we can do. Did not enjoy the first time? Let's remember those kids who dare to put their head underwater for the first time. It won't be long before we become accustomed to rinsing our sinuses.

- We should start with a spray for two weeks, and then move on to a Neti pot or Nasopure. When we start to see improvements with those, we might want to consider purchasing a Sinupulse. We can always use Naspoure when travelling.

- We should get started this week! I've put together a thoughtfully curated list of products to simplify your sinus rinse routine. Click bio.site/bertrandwaterman or scan the QR code bellow to explore the helpful resources available.

Maximize our Spray's Benefits

- Our goal should be to find the minimum dose that works for us. This is the best way to maintain a healthy nasal mucosa in the long run.

- After rinsing our sinuses, we should wait 30 minutes before using our steroids spray.

- When using our steroid spray, we should breathe out through our mouth..

- We should be meticulous and attentive when performing this daily task as it only takes thirty seconds. We easily spend two minutes to take good care of our teeth.

Be Aware of our Nasal Cycle

- We should not confuse our nasal cycle with symptoms of nasal polyps.

- We should pay attention to the nasal cycle.

- We should compare how we feel at similar times of the day when assessing our condition.

Quit Smoking

- We are tricked into thinking that quitting cigarettes is difficult by a nicotine-addicted brain. It takes quitting to realize that it is much easier than we thought. Breaking free from nicotine is something we should be confident about.

- By quitting cigarettes we will be confident in our ability to change, as well as inspired to take responsibility for our own health.

- We should question those who have quit around us. We should give their method a try if we find their stories inspiring. If a method resonates with us, we should trust our instincts.

- We should visualize what we'll gain from quitting. Getting healthier in itself is a

- It is best to start by inhaling steam and only buy a diffuser after we are convinced that it is worth it.

- It is best to keep things simple when it comes to homeopathy by focusing on those 7 to 8 remedies that solve our most common ENT issues.

- We should get started this week! I've put together a thoughtfully curated list of products to be prepared to fight back. Click bio.site/bertrandwaterman or scan the QR code bellow to explore the helpful resources available.

Go for the Big and Easy Win

We have now implemented most of the key foundations. We feel better but most of us are likely not considering our nasal polyps problem entirely solved. We might still be experiencing symptoms that impact our quality of life or we might not have yet recovered our sense of smell. We need to do more.

Based on the traditional medical path, it should be time to consider surgery. But it is not. There is another solution that most ENTs will not discuss. However, they will encourage us to do it if we ask.

This solution is potentially the Slam Dunk we have been waiting for. If we do not play basketball, a slam dunk is something that is relatively easy to do and delivers outstanding results. Possibly, it may be the last thing we have to do to consider our nasal polyps problem solved. We will first explain how our sense of smell works, and we will dive into this solution.

Recover our Sense of Smell

- At first, we will only occasionally be able to smell and taste again. It will become increasingly common until it becomes a

part of our daily lives. On occasion, our nasal mucosa will swell up and we might lose it again.

- This will take some time, so we should be patient. As we work toward managing our nasal polyps, regaining our sense of smell and taste will be a significant milestone.

- Regaining our senses will be a wonderful reward if we are able to identify and address the possible causes of inflammation. This is what we will discuss in the next part of the book.

Change for Steroids Rinses

- We should experiment with Budesonide rinses for three months if our nasal polyps are not adequately controlled with steroid sprays and daily saline rinses, and if we are on the edge of surgery.

- We should do it with the support of our ENT who will monitor us, especially if we have other health conditions.

- We should never rely only on Budesonide rinses over the long term. We should pursue the goal of getting to the minimum effective dose of steroids. We can only do it if we also address the potential sources of our inflammation as we will discuss later in this book.

- As we enjoy the likely outstanding and exhilarating results of this technique, we should never forget the two points above.

Go down the Medical Path

For most of us, the solutions we have reviewed so far should deliver remarkable results if we implement them consistently for at least three months. It is now time to think very long term and about how we want to keep our nasal polyps at bay for the rest of our lives. For some of us, we may still

have challenges with our nasal polyps and it is time to consider what else we can do. In both situations, we have two options. We can go down the medical path, and maybe we have already done so, or we can go up the holistic journey. This is a personal decision and we will review these two approaches to make better informed decisions. Our first step will be to examine the medical path in order to better understand the solutions and their limitations.

Taking Steroids

- While steroids can offer temporary relief, it is crucial to consider the long-term implications of their use.

- Taking too much steroids and burying our heads in the sand is like cutting corners with our health and cheating ourselves. We will not do that.

- We will never shop around multiple practitioners to get multiple steroids prescriptions. We will always share how much steroids we take with our general practitioner and ENT.

- We will seek a second opinion if our practitioner prescribes more than three or four oral steroids treatments per year.

- We will read the book entirely to understand how we can minimize our exposure to steroids.

Full Surgery, THE Solution?

- Invasive surgery should only be used as a last resort. Don't be fooled into thinking surgery is the best solution or that those who take risks always succeed. This is not a definitive solution, but it is a definitive decision.

- Having this book in hand, we should give ourselves at least six months to explore all other viable options before deciding on

surgery. Even after surgery, we will have to make some changes to prevent a relapse. Making those changes before surgery might improve our condition and enable us to avoid surgery altogether.

In cases where we feel awful, it is best to consult with an ENT doctor who can perform non-invasive surgery. It is the only surgery that has no consequences. It will give us some relief and time to explore other options. Our next chapter discusses noninvasive surgical options.

- We should explore all options and avenues discussed in this book. If we think it is impossible to change our diet, we should reconsider that belief. It's much easier to stop eating dairy than to undergo invasive surgery.

- If we just had an invasive surgery, we should focus on reducing our risk of relapse to prevent further surgery in a few years.

Ponder Non-Invasive Surgery

- In case we have not seen any progress after 8 to 12 weeks of implementing the first recommendations (rinsing our sinuses daily, using steroids spray effectively, quitting smoking, experimenting with budesonide rinses) and nothing has changed, we should consider a non-invasive surgery.

- By working with our general practitioner, we should be able to find an ENT physician for a laser or microdebrider polypectomy in-office.

- After the procedure, we will feel a lot better, but we must continue on our path to recovery.

Consider New Bio Therapies

- Dupilumab is an innovative treatment for asthma, nasal polyps and Samster's triad. It is the first therapy of its kind and has been shown to reduce symptoms associated with severe forms of these conditions. It is generally well tolerated and has few side effects.

- Dupilumab is not for patients with mild forms of asthma or nasal polyps. There is no point complaining about the system if we cannot get Dupilumab. We are lucky to not have aggressive nasal polyps or asthma, and to have many more options than having a drug injection every 2 weeks for the rest of our lives. We will be better acting on everything else we discuss in this book.

- If we think we meet the criteria for Dupilumab, we should consult with our ENT.

Going on the Holistic Journey

Now is the time to explore the holistic journey. We will discuss the relationship between food, our digestive system and sinus inflammation. We will review the four key suspects and what we can do about them.

With the holistic approach, our goal is to minimize inflammation to the point where we require the smallest possible dose of steroids to keep nasal polyps at bay. In doing so, we will feel great every day, we will reduce nasal polyps or sinus infections outbreaks to the minimum, and we will minimize any long-term side effects and risks with steroids. We will have a healthier lifestyle and diet.

Food has evolved into an industry over the past 50 years. It causes many chronic diseases. Our ENTs specialize in the nose and sinuses, but are unfamiliar with the food industry and nutrition.

Lower our Stress

- We must address our anxiety in order to progress in our healing. The best way to find a therapist is to ask our friends and physicians for recommendations.

- We have nothing to lose, and everything to win. There is no point in waiting any longer. Regardless of our age, we need to begin this journey.

- Breathing exercises can help us relax and calm our minds and bodies.

- At the very least, we should practice alternate nostril breathing every morning and evening for five consecutive days.

- Every time we can, we should practice our favorite breathing technique. Perfect occasions include waiting in line or being stuck in a traffic jam instead of picking up our phone.

Sinuses and Digestive System

- We should pay close attention to our bodies and further investigate our symptoms if we have digestive problems.

- We need to realize that digestive problems are not normal, even if we've become accustomed to them.

- We should make our digestive track's wellbeing a priority to improve our nasal polyps condition over the long run.

4 Key Suspects

- Most likely, we only need to take care of one main sensitivity.

There is no need to cut out all the foods and beverages mentioned above.

- As far as changing our diet or avoiding particular foods is concerned, we will not rush to make a decision. It will only make

- To find the right probiotic, we should do some research and testing.

Anti-Inflammatory Food

- We should be open to the benefits of a healthy diet as it is one of the best ways to stay healthy.

- When we change our diet due to stress and pressure, we often fail.

- When we change our diet because we enjoy it and respect our bodies, we are more likely to sustain it.

- We don't use low-quality oil in our cars because we know it is harmful over time.

- Likewise, we must be mindful of what we put into our bodies, even more so that we can replace our cars but we can't replace our bodies.

- We should get started this week! I've put together a thoughtfully curated list of books to help transition to low inflammatory food. Click bio.site/bertrandwaterman or scan the QR code bellow to explore the helpful resources available.

CONCLUSION

BEFORE READING THIS book, we went in circles about all the problems caused by nasal polyps. If we just got diagnosed, it was about learning we had a serious condition. If we already struggled for years, it was about the burden on our lives and that there was no solution.

Now that we have read this book, we can obsess about the many solutions available. We have everything we need to make a solid plan and act, and nasal polyps will not be a problem anymore. We can become our own miracle.

The good news is that we are not alone on our journey. We can join a community of fellow sufferers who, as readers of this book, are very well informed and have interesting discussions. We can share experiences and support each others.

We can also join the book readers' exclusive list to receive occasional updates and communications.

Lastly, we can send Bertrand a message about what we think of this book and our results.

Click the link or scan the QR code below to join a fellow reader's group, subscribe to the exclusive reader's list with the password "lighthouse", and send a message.

I look forward to hearing from you soon.

Bertrand.

bio.site/bertrandwaterman

ABOUT THE AUTHOR

DURING MY TEENAGE years, I had occasional sinus problems supposedly related to my intense windsurfing practice. But at 28, I was diagnosed with nasal polyps. At the age of 32, I underwent full surgery at the American Hospital in Paris, France under the care of a renowned physician.

At 37 years old, I was at my peak. I am married and father of 2. I have a great job. I spend my free time windsurfing and surfing. But I had a wake-up call. My relapse was severe. I suffered from stage 4 nasal polyps again and crashed. For 6 months, I was sleep-deprived and lost 22 pounds. The only option was another surgery.

I decided against a second surgery and relied on my tenacity and critical mind to explore other options. I devoured hundreds of documents in French and English. I avidly learned from ENTs and practitioners and challenged them to identify the limits of their approach to nasal polyps.

Thanks to my decision and hard work, I took control of my nasal polyps to the point where I consider the problem solved. Over the past 15 years, I have enjoyed a healthy and intense life. I hope this book will help you take better care of yourself, solve your nasal polyps problem, and enjoy your life.

Click the link or scan the QR code below to send me an email or follow me on social networks.

Bertrand.

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