Chapter 2 - Ears, Nose, and Throat Symptoms

Ears, Nose, and Throat Symptoms

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A) Ear Symptoms

1. Causes of ear symptoms
The ear is composed of the pinna, the structure on the side of our head that serves to gather the sound waves and focus them into the canal; the ear canal containing small hairs and wax; and the eardrum, a membrane that picks up the sound waves and activates the mechanism in the skull that transforms sound waves into electrical impulses. The space between the eardrum and the skull is known as the middle ear. It is connected to the back of the throat via a small tubular structure, the eustachian tube. Various maladies may cause symptoms related to the ears.

B) Earaches

1. Middle ear

Earaches arising from the middle ear are very common, especially in children. They are caused by infections and/or allergies that cause the eustachian tube to swell and close, causing fluid and pus to accumulate in the space behind the eardrum.

This is a very common cause of fussiness, pain, and high fevers in babies and children. Unless this is treated adequately, hearing loss may occur from chronic fluid accumulation, or by destruction of the eardrum due to recurrent acute and chronic infections. Spread of these infections into the mastoid cells of the skull behind the ear may lead to serious infections and life-long draining ears. Infections of the middle ear may sometimes spread to the brain causing meningitis or brain abscesses.

Earaches also occur when the pressures in the middle ear fail to equalize or the eardrum is injured while doing such activities as flying, diving, or following explosions.

2. Ear canal

Earaches may also occur from problems in the ear canal. These are usually caused by injuries to the skin lining the canal while trying to clean the canal of wax and debris, or during attempts
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to remove foreign objects.

3. Swimmer’s ear

Bacterial and fungus infections often develop when the moisture content in the canal is high, as occurs in swimmers and, sometimes, in persons living in tropical climates.

4. Pinna

Infections may also occur in the outer ear (pinna) that may cause severe pain. The pinna has a soft ear lobe made up of fatty, fibrous material. Injuries and infections of this portion of the ear are usually not serious and may be resolved with usual measures. The remainder of the pinna is composed of cartilage, covered by a thin layer of firmly attached skin. Infections in this portion of the ear are very painful and serious, since infections may destroy the cartilage and deform the ear. Injuries are the most common cause of infections of the pinna. Ear piercing in the cartilaginous portion of the ears carries a very significant risk.

5. Treatment of earaches

a. Middle ear

Antibiotics are quick and effective in controlling middle ear infections, relieving pain and preventing long-term complications in the middle ear and mastoids. While antibiotics may be lifesaving for acute, middle ear infections at times; frequent use of them without correcting the cause of the recurrent infections contributes to fluid buildup and hearing loss. Herbs with antibiotic properties may provide the same effects without some of the risks of pharmaceuticals; however, it is much better to prevent recurrent infections than to have to treat them repeatedly.

You can do this by applying all the principles of

HEALTH SMART

(Section VI, chapters 1 - 10).
Warm oil dropped into the canal provides pain relief (Ex. Warm olive oil with garlic—Section XI, chapter 1, N).

Warm compresses or poultices may be helpful (Section XI, chapter 1, U).

Eliminate tobacco and all other kinds of smoke from the environment.

Eliminate dairy products. (Cow's milk is probably the most common contributor to middle ear problems in children.) Use a suitable plant-based replacement instead (Section VI, chapter 5B, K, L, M). Breast milk is still the best milk for babies. Use only soy formulas designed for babies when using formula rather than breast milk.

Avoid all “junk” foods, juice, sugar drinks, sodas, etc. Replace with HEALTH SMART foods (Section VI, chapter 2A).

Earaches caused by flying, diving, or explosions require equalization of pressures in the middle ear. Yawning, chewing and/or swallowing often help. One should avoid flying or diving while congested with a cold or allergies. Herbal lozenges containing peppermint or eucalyptus oil may be helpful. Over-the-counter decongestants taken 30 minutes before takeoff and landing may be another way to prevent trouble.

b. Canal

Earaches caused by impacted wax (Section VIII, chapter 13).

Ear drops, made of vinegar or equal parts of vinegar and pure alcohol, applied several times daily will help to clear up the infections of swimmer’s ear. Applying this mixture each time, after swimming, will help to prevent recurrence.
As an alternative, one may use 5% vinegar applied as a cotton wick placed within the ear canal, changing it every 24 hours as needed. (Do this by taking a small piece of a cotton ball, tease it into a strip about one inch (2–3 cm) long, saturate with medication, and with a Q-tip handle or other fine instrument, thread the cotton into the canal.)

Boric acid drops or wick (make by adding 2 teaspoons of powder to 1/2 liter of water).

Povidone iodine drops or wick.

Garlic oil drops (garlic in olive oil—Section XI, chapter 1, N).

Warm compresses and warm poultices are beneficial (Section XI, chapter 1, U).

Pain management (Section V, chapter 14 and Section III, chapter 1, F).

Most infections of the ear canal will respond to local treatment measures, but when they do not rapidly respond, herbal or commercial antibiotics and pain relievers may be beneficial for pain relief and prevention of complications.

c. Pinna

Alternating hot and cold compresses will help relieve pain, reduce swelling, and control infection (Section VII, chapter 7, Q).

Warm poultices may be very useful (onion, garlic, charcoal, flaxseed, etc.) (Section XI, chapter 1, U).
Herbal or commercial antibiotics are important for infections involving the cartilage of the ear if local measures fail to give rapid improvement (Section XI, chapter 1, K) (Section VII, chapter 9, Y, 5, a).

6. Foreign bodies in the canal (Section VIII, chapter 4, B)

7. Indications for professional help

High fever, seizures, change in level of alertness, pain in the neck, and difficulty bending the head forward are signs of possible extension of the infection to the brain (meningitis). This requires emergency professional help.

Worsening of pain, fever, or other symptoms—in spite of the above measures—are indications for professional help.

Hearing loss following earache may suggest fluid. Drainage of this is sometimes indicated to preserve hearing.

C) The mouth (oral cavity)

Please see dental section for care of teeth related problems.

1. Symptoms related to the structures of the mouth

Conditions of the oral cavity are too numerous to mention, but one may often obtain a clue of their significance by careful observation of the symptoms they produce. The following symptoms
and suggested causes merely represent some of the more common disorders.

2. Ulcerations and sores

Painful blisters followed by ulcers may occur on the lips or within the oral cavity.

D) “Cold sores”

Cold sores are painful fluid-filled blisters caused by the herpes simplex virus, type 1. Initial infection often begins in early childhood as sores in the mouth. Once infected, a person will harbor the virus throughout life, only to cause recurrent symptoms at times when the immune system is under stress, i.e., fever, injury, etc. Subsequent ulceration most commonly occurs on the lips or on the skin surrounding the mouth and each recurrence is in about the same area as previous ones. Recurrences usually begin with discomfort in the area where in a day or so blisters will form. The fluid in the blisters is highly contagious—both by direct contact and through eating utensils, etc., at the time when the blister ruptures. Symptoms include severe pain and cosmetic embarrassment.

A very similar virus causes painful lesions in genital areas and around the anus. It is spread by sexual contact. In fact, either virus can occur in either location. They may also involve the eye—creating a serious risk of visual loss—and as very painful infections on fingertips. Once infection develops, symptoms may last 8–12 days until healing occurs. Recurrent flare-ups are common, are triggered by many forms of physical and emotional stress, and are usually not as severe as the original infection.

Herpes viruses are very contagious, both for self-inoculation and for spreading to others.

In severely immune suppressed patients, as in AIDS, the whole body may become infected with the virus.
1. Treatment of cold sores

Topical agents for pain relief (witch hazel, camphor, phenol, tannic acid, herbal lemon balm, etc).

Avoid sunburn.

Secure diet of foods high in nutritional value.

Ice applications for 30–45 minutes at the first indication of recurrence may shorten the course (Section VII, chapter 7, P).

Prescription antiviral agents given at the time of first sign of recurrence seems to shorten the course, but do not usually prevent it completely.

Lesions usually heal in 10–14 days.

Prevent secondary infections: Keep clean. Use antiseptics as needed.

2. Prevention of herpes simplex infections

Avoid contact with infected persons.

Avoid promiscuous sex.
Reduce incidence of recurrence by avoiding stress and maintaining a healthy immune system by applying the principles of HEALTH SMART (Section VI, chapters 1–10).

3. Indications for professional help

Anti-viral medications are available for severe infections.

Involvement of the eye is a definite indication for professional help (Section V, chapter 7, C, 10).

Occurrence in severely immune suppressed patients, like AIDS.

When suspected in a pregnant woman, and for her newborn infant (infected in the birth canal) C-Section is sometimes indicated to avoid infecting the baby.

When symptoms are severe and non-responsive to the above measures.

E) Canker sores

Canker sores are the most common cause of pain and ulceration in the mouth. Recurrence is common. Many different things appear to trigger them including such things as physical trauma to emotional stress. Often there is only one, but multiple lesions are not uncommon and can involve the whole oral cavity. They can cause excruciating pain, especially if multiple. The cause is not known, but it is believed they represent an autoimmune (allergy to self) process. The lesions resolve spontaneously, usually in 5–7 days.

1. Treatment of canker sores
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Treatment is directed at relieving the pain. It includes such things as analgesics, antiseptic mouth washes, nutritional support with foods high in B complex, vitamin C, zinc, etc. Lactobacillus granules or cultures (yogurt, etc.) are sometimes recommended. One is usually advised to avoid highly acidic foods that irritate the mouth.

When only one or two ulcers are present, direct application of a baby aspirin to the ulcers won’t improve healing, but often relieves the pain. Topical anesthetics: Commercially available, viscous lidocaine may be very effective for severe pain not relieved with other agents (See Section VII, chapter 9, Y, 1, for herbal suggestions).

F) Stomatitis, inflammation of the oral cavity

Many microorganisms are capable of causing infections in the oral cavity, some of which can be severe and very debilitating. Bacterial infections may cause ulcerations, inflammation with pain and swelling of the mucosa (lining), and sometimes the formation of membrane-like (pseudo-membranes) coating of the mouth and throat. Yeast infections, usually with Candida, may be severe at times. It is usually recognized by the appearance of curdled milk adherent to a red and inflamed lining of the mouth. Yeast infections occur in infancy and go by the name of “thrush.” In adults, yeast infections commonly follow the use of antibiotics and things that suppress the immune system.

Numerous other conditions can cause inflammation within the mouth. These include, but are not limited to, such things as reactions to medications, nutritional deficiencies (especially B Complex and vitamin C), various autoimmune (allergies to self) processes, chemicals, foods, etc.

1. Treatment of inflammation of the oral cavity

   It has been aptly said, “cleanliness is next to godliness.” Frequent mouthwashes and careful oral hygiene are useful in containing the symptoms and may hasten healing—for mouthwashes with analgesic and with antibiotic properties (see Section VII, chapter 9, Y, 1, 5) (Section XI, chapter 1, L).
It is important to try to discover the cause of the symptoms so that appropriate treatment may be given.

**HEALTH SMART**: practices will invariably improve overall health and consequently, improve healing of oral inflammation and infections (Section VI, chapters 1 – 10).

Lactobacillus granules or cultures.

Boric acid 2% solution as mouthwash.

**G) Malfunction of the salivary glands**—minor and major

Saliva is produced by three sets of major saliva-producing glands and many minor glands. The largest of the major salivary glands, known as the parotid glands, are located behind the angle of the lower jaw, and just below the ear on each side. Another pair of glands, called the submandibular glands, is located just under the mid-portion of the lower jaw. The third pair, the sublingual glands, lay just under the tongue. In addition to these, there are small saliva producing glands (buccal glands) situated in the mucosal lining of much of the oral cavity. Together, these glands produce about one liter (quart) of saliva daily. Saliva produced in the parotid glands is composed primarily of an enzyme, amylase, useful for digesting starches. The buccal glands produce mucus that keeps the oral cavity moist, lubricated and healthy, and the submandibular and sublingual glands produce both kinds of secretions. Mucus is secreted continuously, more while awake than while sleeping. Amylase, on the other hand, is produced in response to the thought, smell or taste of food, the touch of food, or smooth objects in the mouth. Ingestion of poisons often causes salivation, as does nausea and vomiting from other causes.

1. Causes of salivary gland symptoms
The most common cause of salivary gland symptoms used to be the mumps virus. In western societies, this is now contained by childhood immunizations. Other causes of salivary gland disorders include bacterial infections, autoimmune disorders, stone formation in the drainage ducts, and cancerous and non-cancerous growths.

2. Symptoms of salivary gland disorders

Pain and swelling are the most common symptoms of infections. Infection of the parotid gland most frequently occurs in persons sick or debilitated from other disease and most often develops when oral hygiene is neglected. Acute infections of the parotid gland can be severe and life-threatening.

Stones and chronic inflammation of the salivary glands often cause pain and swelling while eating, especially of citrus and other saliva stimulants.

Tumors and cysts of the glands often first present as a “lump” and do not cause other symptoms until far advanced.

Chronic inflammation of the salivary glands often accompanies autoimmune diseases like rheumatoid arthritis. Glands often become swollen and saliva production reduced, causing dryness of the mouth. Pain is not usually a significant problem. Radiation therapy given for cancers of the head and neck may also damage the salivary glands, resulting in dryness of the mouth. Since salivary mucus is important in maintaining the health of the oral cavity, loss of mucus production may have a harmful effect on both the mouth and the teeth.

3. Treatment of salivary gland disorders

Viral infections are generally self-limiting, requiring only health promoting lifestyle practices (Section VI, chapter 1 - 10).
Bacterial infections may be life-threatening and require aggressive treatment. Hot packs or hot and cold treatments (Section VII, chapter 7, Q), poultices (Section XI, chapter 1, U), and careful oral hygiene is always beneficial. Herbs with antibiotic properties may be useful (Section XI, chapter 1, K) (Section VII, chapter 9, Y, 5).

Tumors and cysts of the salivary glands require prompt professional evaluation and care, since cancers are not uncommon and may be aggressive.

Symptoms of autoimmune disorders involving the salivary glands (dry mouth) may be improved by using lemons or limes before and during meals, and by optimum control of the primary autoimmune disease, including careful adherence to the HEALTH SMART principles (Section VI, chapter 10).

4. Indications for professional help

Whenever the above symptoms and problems fail to respond rapidly to the simple measures described, professional help is indicated. All tumors and cysts of the mouth require professional evaluation.

H) Disorders of the tonsils and adenoids

The tonsils are located on both sides of the back of the oral cavity. They are most prominent during childhood and enlarge during viral and bacterial infections. Their function is to support the immune system and assist the body in developing short-term and long-term protection against infectious diseases. In addition to the two tonsils, there exists a ring of similar lymphoid (immune) tissue surrounding the back of the throat (oral and nasal pharynx). The portion of
lymphoid tissue located in the nasopharynx (back of the nose) is known as the adenoid tonsils.

1. Cause of symptoms related to the tonsils and lymphoid tissue

These tissues enlarge when working to fight infections of the nose and throat. They themselves may also become infected—acutely and chronically.

Acute infections, whether viral or bacterial, may cause swelling, pain in the throat, and sometimes sufficient swelling as to interfere with breathing and swallowing.

Chronic infections may also cause swelling and pain and may trigger frequent episodes of acute inflammation. Children who have very enlarged adenoids may not be able to get sufficient air through the nose to meet their needs, requiring them to breathe through the mouth. On occasion, acute and chronic infections of the tonsils lead to the formation of abscesses in the throat that can be life-threatening.

Tumors may also involve the tonsils and adenoids.

2. Symptoms of disorders of the tonsils and adenoids

Pain (sore throat), difficulty swallowing and/or breathing, mouth breathing, fever, and generalized illness often occur with infections of the tonsils and adenoids.

When abscesses occur, pain is excruciating—often radiating into the ears and down the neck and sometimes causing the muscles on the involved side to tighten up (trismus). Excessive salivation and drooling may occur because of inability to swallow the saliva. High fevers and generalized body aches and pains are common.
3. Prevention of disorders of the tonsils and adenoids

Most disorders of the tonsils and adenoids are completely preventable by health promoting lifestyle practices as outlined in *HEALTH SMART* (Section VI, chapter 1 - 10).

Poor nutrition and other health habits are primarily responsible for both the acute and chronic disorders of these tissues.

4. Treatment of tonsil and adenoid symptoms

Gargles with warm saltwater (or other agents), beginning with the first sign of sore throat, will often prevent, or at least lessen, the severity of infections of the throat and tonsilar tissues. These may be repeated several times daily until symptoms improve (Section VIII, chapter 8).

Steam inhalation may similarly reduce the viral and bacterial infections at a time when the microorganisms are multiplying in the nose and throat (Section VIII, chapter 3).

Good pain relief may be obtained with heating compresses applied to the neck (Section VII, chapter 7, R).

Elimination of all “junk” food and drinks and replace them with nutritious foods and frequent drinks of plain water.

Adequate rest and other *HEALTH SMART* practices will encourage rapid recovery (Section VI, chapters 1 – 10).

Abscesses, when suspected, need prompt and aggressive care by experienced professionals.
5. Indications for professional help

When simple home measures, as suggested, fail to provide prompt and adequate healing, professional help is indicated.

Abscesses of the throat may be life-threatening and require prompt professional help.

6. Treatment when professional help is not available

One may effectively treat peri-tonsilar abscesses by aspirating them using a syringe and needle. Using a syringe and a 20 gage (or larger) needle, carefully place the needle into the bulging portion of the abscess at the back of the throat. Aspirate the pus and remove the needle. It is important to position the patient so that in case the abscess ruptures and leaks pus, it may be spit out and not allowed to be sucked (aspirated) into the lungs.

Full doses of antibiotics should accompany other measures.

I) Pharyngitis—inflammation of the throat

Symptoms and management of “sore throat” are essentially the same as for tonsillitis as described above.

J) Disorders of the tongue

The tongue is covered with a rough surface that serves to move the food around for chewing and swallowing. There are also taste buds located at the sides and base of the tongue.
The lining of the tongue is composed of rapidly growing cells that are continually replacing worn out cells. In the event of illness, fever, mouth breathing, and other events that alter normal eating activities, the old cells may fail to slough off as normally occurs, causing them to accumulate and give the tongue the appearance of being covered with hair.

Some infections (scarlet fever) often, first, presents as a “strawberry” tongue.

Some vitamin and mineral deficiencies cause inflammation of the tongue with resulting swelling, redness, fissures, pain, and sometimes loss of sensation or paresthesias (abnormal sensations).

On other occasions, nutritional deficiencies and/or toxins may cause “metallic” or other altered sense of taste.

1) Tongue-tie

This is a condition present at birth in which the normal freedom of the tongue to protrude is hindered by a very short attachment in the floor of the mouth.

2) Treatment of tongue symptoms

Treatment of all of the common tongue symptoms may be managed by simple measures of good oral hygiene and attention to health promoting lifestyle practices as outlined in HEALTH SMART (Section VI, chapters 1 – 10).
3) Treatment of tongue-tie

Speech difficulties are often, but usually erroneously, attributed to tongue-tie. Tongue-tie seldom causes anything more than cosmetic problems. When, however, it is severe enough to cause trouble with either speech or eating, releasing it is a simple matter of cutting the fine attachments holding it. This is a minor surgical procedure that may be done by any skilled professional caregiver. (If professional help not available, hold the tip of the tongue upward, place the frenulum (filamentous attachment) on tension, and cut the filamentous portion of the attachment with a sharp knife, scissors, or other sharp instrument. Bleeding should be easily controlled with gentle pressure over the area. Be careful to cut only the filamentous structure, not the tongue itself.)

K) Tumors of the oral cavity

There are many types of growths, benign and malignant tumors, and various kinds of cysts that may occur in the oral cavity. Many of these are non-consequential and need no specific treatment. On the other hand, cancer of the mouth is especially common among smokers and chewers of tobacco and those that chew beetle nut and other addicting products. Recent studies indicate the use of marijuana and that oral sex contribute to the development of oral cancers.

1) Evaluating growths in the oral cavity

Most growths within the oral cavity that are covered with normal mucosa; are not ulcerated; are not painful; and are not rapidly growing in size, will not be cancerous. Cancer, on the other hand often presents as pain and ulceration that may come and go at first, but soon becomes continuous. Cancer is frequently preceded by leukoplakia (white plaques replacing the normal pink mucosal lining of the inside of the cheeks and along the gingival areas).
2) Treatment of tumors of the oral cavity

The use of all tobacco products, betel nut, and all other irritants must be promptly discontinued and good oral hygiene established.

3) Indications for professional help

Leukoplakia

All tumors of the oral cavity, whether appearing benign or malignant, deserve professional evaluation if they are causing symptoms or growing rapidly.

4) Angioedema of the throat

Sudden swelling of the throat due to an allergic reaction may be rapidly life-threatening.

5) Treatment of Angioedema (See Section III, chapter 15, B)

L) Cleft lip and cleft palate

Cleft lip and cleft palate are birth defects that require professional help to correct. Repair is important since these defects often create problems with eating and breathing. If the baby is unable to nurse because of cleft lip, spoon-feeding of the mother's milk may be necessary. The problem is more difficult when the palate is missing as well. Feeding through a tube placed into the stomach is usually necessary for these babies until surgical correction can be arranged (Section VIII, chapter 14).
M) Symptoms of the nose and sinuses

Everyone is familiar with the appearance of the nose from the outside, but not very many understand about the nose and sinuses on the inside. The inside of the nose consists of two triangular chambers through which air travels in its passage from the nostrils to the back of the throat and down the windpipe (trachea) to the lungs. The wall between these chambers is composed of rigid bone and more flexible cartilage. This construction gives flexibility that often serves to protect from fractures. On the back wall, there are three bony ridges (turbinates) that rise to protrude into the chamber. Also in this back wall there is a small opening on each side communicating with another cavity (the maxillary sinus) just behind the nose. There are two more small sinuses (ethmoid sinuses) located above the nose between the eyes, and two more large sinuses (frontal) located in the bone of the forehead just above the eyes. The nose and sinuses are lined with specialized mucus producing membranes. Just inside the nostrils are hairs that serve to filter out larger foreign bodies that might be prone to enter the nose. On the inside, the mucus membranes of the nose have smaller hair-like cilia that work to filter out smaller foreign material present in the incoming air. The bony ridges are positioned so as to create turbulence to the flow of air, a function that “throws” foreign material against the cilia covered mucus membranes entrapping it, and in the process warming and moisturizing the air in its passage to the lungs. Embedded in the mucus membrane over the bony portion of the septum are millions of tiny nerve sensors that detect an infinite number of odors, giving us the ability to smell. Small blood vessels are present in all of the membranes.

N) Nosebleeds

1) Cause of nosebleed (epistaxis)

Nosebleeds are a very common health problem and one that can sometimes cause great anxiety on the part of the patient, his/her family, and friends.

By far the most common cause of bleeding from the nose is erosion or ulceration of the septum separating the two sides of the nose. When due to allergies or “colds” (upper respiratory infections), mucus may dry out and form hard crusts that injure the delicate tissue covering the septum. Bleeding may occur spontaneously from such injury, but more often follows one “picking” the nose to remove the crusts. Similar crusting and erosion may occur on the bony structures (the turbinates) that control the flow of air through the nose serving to warm and filter the air (the turbinates), but this is much less common.
Contributing to the problem, especially in children, is the factor of malnutrition; not always the malnutrition that causes kids to develop swollen legs, big bellies and red hair, but the kind where colds are more common, the blood vessels more friable, and coagulation is functioning at less than its best (typical in children following the western lifestyle).

Malaria, typhoid fever, and other infections may also cause nosebleeds.

High blood pressure is perhaps the most common cause of nosebleeds occurring in adults. The bleeding site is not as predictable when caused by high blood pressure and may pose a much greater challenge to control.

Nosebleeds that occur repeatedly and are often difficult to stop are frequently the result of abnormalities of the blood or blood vessels themselves. Platelets are small particles in the blood that initiate creation of the plug that begins to stop the bleeding. When these are missing or malfunctioning—as often occurs following exposure to chemicals, medications, inherited defects, or other causes—it may be very difficult to stop the flow of blood. Similarly, when vital proteins and other clotting factors are deficient or absent as frequently occur with liver disease, bleeding may be profuse and recurrent.

Medications given to prevent blood clots interfere with normal coagulation mechanisms. When inadequately controlled, it is common for bleeding to occur, and not infrequently, from the nose.

Less common, but of great concern, is the bleeding that may occur in persons with various forms of leukemia and other malignancies. Recurrent nosebleeds that are difficult to stop ought to alert one to the possibility of these diseases.

2) Treatment of nosebleed

Since the most common site of bleeding is the septum, and the most common cause is erosion or ulceration, this is the place to begin when first confronted with a bleeding nose.
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Here’s how: The person with the bleeding nose must first blow all of the blood and clots from the nose; then gently press the nostrils together and hold them for ten minutes (Use a timepiece so as not to discontinue pressure too soon.) (Squeezing too tightly will temporarily stop the bleeding but will not allow the body to plug the holes!—"gentle" is the word!).

Once the bleeding has been controlled petroleum, or similar jelly ought to be applied to protect the area from drying out, giving it opportunity to heal—and, of course, “picking” must stop.

For this and all other causes of nasal bleeding, careful attention to lifestyle practices as presented in *HEALTH SMART* is essential for both short and long term control. *This is crucial so as to restore the body and the nose to good health (Section VI, chapters 1 & 2A)*.

Medications suspected of interfering with platelet function (aspirin and many other) must be stopped.

*Malaria and other infections must be treated with proper, effective therapy (Section IV, chapter 5, D).*

*Blood pressure must be brought under control (Section III, chapter 3, B).*

Nasal packing: This is sometimes lifesaving in patients bleeding from deep in the nose where finger pressure cannot reach. Packing is usually done with petroleum-covered gauze. It requires tools and skills not usually available outside of a professional medical setting. When this is not available, a small plastic bag or balloon may serve the function.

Gently insert the plastic bag or balloon into the nose, working it all the way back, but not down into the throat. Once you are satisfied with the position, tie a syringe filled with air to the balloon with a strong string and gently inflate the balloon with the air in the syringe, increasing the
pressure until the bleeding is just barely controlled. Once control of bleeding is established, leave the inflated balloon in place for at least 24–48 hours before removing. (Caution: be very careful to secure balloon to the face with tape so that it cannot be sucked (aspirated) into the throat.)

Note: If bleeding is caused by high blood pressure, lower the pressure in the balloon as the blood pressure comes down.

3) Indications for professional help

Professional help is indicated when the above measures fail to control the bleeding—whatever the cause.

Professional help is also indicated when there is suspicion of other serious disease—malaria, typhoid, liver disease, etc.

O) Deviated septum

Normally the septum is in the middle of the nose and gives it form and symmetry. Following injury, the septum may be deformed or displaced to one side. This may cause deformity of the nose and may obstruct the free flow of air through the nose.

Rarely, infections (syphilis used to be common), tropical parasites, and tumors may involve the septum and cause deformity.

1. Treatment of deviated septum

Treatment is not necessary unless there is significant obstruction to free flow of air, or unless
the deformity to the nose is a serious cosmetic problem.

Deviated septum can usually be prevented by carefully and promptly straightening the nose following trauma and protecting it while healing.

2. Indications for professional help

If there is any question about a tumor or of nasal deformity occurring following an injury to the nose, professional evaluation is indicated.

P) Obstruction of nasal passages

The most common causes of nasal obstruction are colds (upper respiratory infections) and allergies (hay fever). Both of these conditions cause swelling of the membranes and production of excessive amounts of mucus. Polyps are soft, bluish-colored growths within the nose having the appearance of grapes. They represent an exaggerated response to allergy in some people with hay fever.

Foreign bodies are another common cause of obstruction of the nose, especially in children.

Cancer and other tumors of the nose are rare, but do occur.

Sleep apnea is a form of airway obstruction that may affect airflow through the nose, but it is more often a problem with the soft palate and the throat.
1. Treatment of nasal obstruction

Relief of nasal obstruction is dependent upon adequate treatment of the cause, i.e., colds (Section IV, chapter 5, A), allergies (Section III, chapter 15, C) (Section VIII, chapter 10).

Foreign bodies can usually be removed by forceful blowing with the opposite nostril pinched shut. If unsuccessful, attempts may be made to gently grasp them with a tweezers. Good lighting and visibility and a cooperative patient are essential for this to be successful.

Some foreign bodies may be removed with glue on a stick (Section VIII, chapter 4, C).

2. Indications for professional help

When the above measures are unsuccessful, professional help may be necessary. General anesthesia may rarely be necessary to remove foreign bodies from the nose of children.

Q) Sinusitis

Sinusitis (inflammation of the facial sinuses) is commonly associated with colds and allergies. Because of the inflammation, the draining sinus openings may be swollen shut. As a result, in severe infections, the sinus cavities may be filled with mucus and/or purulent, infectious material.

1) Symptoms of sinusitis
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Symptoms include pain in the face, headaches, airway obstruction, and if severe, fever and other general complaints.

Infection of the sinuses usually makes them tender. Mild pressure applied with the finger over the cheekbones, between the eyes or just above the eyebrows will generally be painful if infection is present.

2) Treatment of sinusitis

In the acute phase, application of heat is the most rapid and most effective way to relieve pain and discomfort. A simple hot pack, a hot-water bottle, or an infra-red light often works wonders (Section VII, chapter 7, Q).

Colds and allergies triggering the sinusitis must be properly managed (Section IV, chapter 5, A) (Section III, chapter 15, C).

Optimum lifestyle practices as described in HEALTH SMART are the most effective way to prevent and manage both colds and allergies (Section VI, chapters 1–10).

When nasal secretions are deeply colored and obviously infected, anti-infective agents may be indicated (Section VII, chapter 9, Y, 5 and section XI, chapter 1, K).

Nasal irrigation with warm saline solution (Most people do not tolerate plain water) 3–4 times daily may be very effective in cleaning the nasal passages and sinuses (Section VIII, chapter 10).

Note: A bulb syringe may be used to squirt warm saline into the nose for washing. Many people find they can snuff the saline from the hand or a small basin with good results.
Recent studies in animals indicate the possible benefit of honey (irrigation) in treating cases of antibiotic resistant chronic sinusitis (by penetrating the bacterial biofilm).

3) Indications for professional help

When the above recommendations fail to relieve the symptoms, professional help is indicated.

**Note:** Sinus infections can lead to infections in the brain (meningitis). When high fever and headache or stiff neck are associated with sinusitis, consultation is indicated.

Chronic or recurrent sinusitis is sometimes most effectively treated with surgical procedures to improve drainage.

R) Bad breath and disturbances of sense of smell

Many people have problems with “bad breath.” Others sometimes smell bad odors themselves, apparently coming from their nose. Still, others sometimes lose their keen sense of smell.

“Bad breath:” The mere passage of air through the nasal passages, throat, and lungs exposes it to all kinds of odors that may be present in those locations. It is only natural that some of those odors be picked up and carried in the breath.

1) Causes

Chronic, low-grade infections associated with inflamed mucus membranes and/or dry mucus collections in the nose or sinuses are probably the most common causes for persistent bad
breath.

Decaying teeth, gingivitis (inflamed gums), infected tonsils, and other oral problems are common causes of bad breath.

Especially in children—but sometimes in others—retained foreign bodies in the nose cause a bad odor to the breath.

Smoking universally causes bad breath, though the smoker does not always realize it.

Many foods contain volatile aromatic oils that enter the airways and “flavor” the breath. Garlic, of course, is one of the more common ones.

A number of different medical conditions and illnesses may lead to bad breath. High urea levels in the blood of persons with kidney failure may cause breath smelling like old urine. Persons with diseases causing partial or complete obstruction of the digestive tract sometimes absorb odors that are given off in the air we exhale. Even tension and anxiety may sometimes cause drying of the mucus membranes and production of malodorous breath.

Cancers of the nose and throat are often accompanied by bad breath.

2) Treatment and prevention of bad breath

Prevention and treatment of bad breath generally necessitates discovery and correction of the cause, both of which may sometimes be difficult.
go far toward relieving many of the causes of bad breath (Section VI, chapters 1 – 10).

Nasal irrigations with saline upon arising from sleep and possibly several times daily may be useful (Section VIII, chapter 10).

Parsley is said to be useful in improving bad breath.

Good oral hygiene and dental care will improve bad breath of that origin.

3) Indications for professional help

Professional help may sometimes be necessary to find the cause of bad breath and/or to treat the cause.

4) Bad breath that is smelled by the patient

Occasionally people smell their own breath as very disgusting or offensive when indeed their breath is no more odorous than that of other normal people. This may sometimes be caused by actual abnormalities of the brain or nerve cells of the sense of smell, but most of the time is created by psychological tricks one’s mind plays on the person. It most commonly develops in the days or months following some high stress situation. While it may be severe and cause one to go from physician to physician trying to find someone who will “take me seriously,” it is usually self-limiting over time.

5) Treatment
Professional consultation may sometimes be helpful. By doing certain basic tests, some patients may be convinced of the true nature of their condition and find relief thereby. More often, counseling is indicated and should be encouraged.

Stress management may be useful (Section V, chapter 12).

S) Anosmia (loss of sense of smell)

Some loss of the sense of smell is common with colds and hay fever, brought on by inflammation of the sensors in the nose. This is generally self-limited and improves as the condition causing it improves.

Severe injuries to the nose and face can damage the sensory organ and result in loss of smell.

Strokes, tumors, and other conditions within the skull may damage the nerves of nerve centers of the brain controlling smell, resulting in loss.

1) Treatment of anosmia

Sudden onset of loss of smell may be an indication for professional help in ruling out correctable causes within the nose or skull. This is especially important when loss of smell is accompanied by other neurological symptoms or signs.