

Nasal Breathing is a Key to Recovery from CIRS — Here's Why:

Starting with exposure to mold and staph—

The downstream structural effects of blocked nasal passages at night:

CIRS / MARCoNS / OSA Cascade at night ...over the months and years:

staph> mold> reduces or blocks nasal passages> mouth breathing> teeth grinding to open the airway> Upper Airway Resistance (UARS)> or OSA> dry mouth> dental erosion> jaw moves backward further restricting airway> TMD elevated cortisol in AM> Poor sleep> poor lymphatic drainage poor immune function> adrenal exhaustion. Reduced O₂

GERD Cascade at night:

GERD both comes up from the stomach and restricted nasal passages also siphon up stomach juices into the nasal passages GERD erodes esophageal lining> more collapsable Cricopharyngeal bar from GERD... Sinus infections...

>Is there a link between GERD and MARCoNS?

>There is a link between dry mouth and cavities, so this a way for dental MARCoNS to occur.

CIRS/ O₂ Cascade during day:

Mold/dust/ allergens> deters a full inhale> erratic breathing> subtle hyperventilation> sympathetic dominance> acidification> “Airway Restriction anxiety” bad breathing habits are formed and are reinforced> reducing O₂ leading to reactive airway/ asthma/ chemical sensitivities

Microbiome/Airway cascade (partial):

CIRS... Mast Cell... Poor gut health/ upstream effects: Indigestion> GERD> H pylori> LES blowout, &... Poor Gut function> IBS> pressure on ileocecal valve> SIBO, &... Values blow out all along the long hollow tube> biofilm> parasites

Head Posture Cascade:

Smaller airway>head tilts forward in an attempt to increase O₂> sympathetic dominance Osteoarthritis> less mobility> less likely to exercise> more lymph congestion...

Gut and Brain:

Lymphatic Fluid in Brain/Neck does not drain as well with head forward position which tightens and restricts scalenes. Vagal connection?> Motility issues?

...Daytime mouthbreathing from Sinusitis caused by GERD/ OSA via loss of tongue position

All of the above are vicious circle cascades that dovetail into one another!

It is critical that one be able to breathe through the nose day and night. Here's why:

The tongue must stay up at the roof of the mouth in order to pump the cranial fluids.

If the nose is uncongested, the mouth naturally stays sealed shut with the tongue slightly suctioned to the roof of the mouth and nasal breathing occurs easily.

A sleep apnea study showed that college students who had their noses blocked all had apneas during sleep. If you can't breathe through your nose during the night, you aren't getting the Nitric Oxide to deliver the correct amount of O₂ to the lungs. >Another avenue to increase capillary hypoperfusion?

If your nose is congested— your mouth opens— the tongue loses its natural suction to the roof of the mouth— and is free to fall back into the airway to occlude it. This loss of “Lip Seal” in turn

causes apneas as the tongue blocks the airway. Every time this happens— the adrenals have to fire to open the mouth. No rest! Waking cortisol is high.

If this is under events 5 per hour and under 10 seconds in duration each time— it is called Upper Airway Resistance syndrome.

It is only called Obstructive Sleep Apnea (OSA) when apnea events occur over 5 times per hour for 10 seconds or longer.

So— you can have events every other minute all night long for 9 seconds (UARS) —and wake unrefreshed — yet you fail to meet Medicare Guidelines for OSA treatment with CPAP devices.

Keeping your nose uncongested is one of the big keys to health—everything is connected. Think of your sink that has sediment in the strainer at the top— but the leak is below— its too much pressure that blows out downstream. The airway is designed to function with a certain diameter and certain pressure— as is the entire digestive and eliminative track. Congestion and stagnation are what is going on— creating the swamp conditions where the biotoxins and pathogens flourish. Focusing in getting O2 in and Lymph moving are 2 keys to recovery from CIRS— (in addition to the Shoemaker protocol and careful attention to gut flora) (Weston Price nutrition principal for optimal cranial size. The Size 32 Cranium vs modern man's

What can help? Night: You MUST be able to breathe through your nose

Sleeping sanctuary— mold free yes— but free of all allergens! This is critical.

Video yourself at night— sleeping with your mouth open?

Then elevate torso w/ a GERD pillow, side sleeping pillow, Breathe Rite strip.

Shoemaker / CIRS / MARCoNS protocols No food or alcohol before bed.

Address Digestive issues to prevent reflux. Digestive enzymes...

Improve diet— this is a great reason to clean it up. Quality fats!

GMO's cause digestive issues. Eliminate junk foods.

Address any sleeping breathing issues: Dr/DDS

Epecially important is that kids be able to breathe through the nose at night> or facial changes

What can help? Daytime Structural Corrections:

Parasympathetic breathing> 1-2 breathing (longer exhale) (Take up humming, whistling)

You heal when you are in Parasympathetic— not in Sympathetic

(I created a good tool: increased my PFT for 3 yrs over baseline: like 40 yrs younger)

Yoga: open up tight ribcage/ tight hips = more O2 in. Yoga and body rolling move lymph.

Learn to belly breathe— wake up belly breathing. Reduce all stressors

Osteopathy to open ribcage, neck and move the glymphatic fluid. Rebounding.

Restorative Yoga with weight traction and 1-2 breathing... (like a mediation)

Weight training with stretching to strengthen the back and neck ...Pilates for Core.

Alexander Technique to improve posture and better lymph circulation. Skin brushing.

Any mild to moderate exercise daily— ie: walking in therapeutic shoes— long strides.

Walking lengthens hip flexors— “its the hip flexors which pull you into old age”

For CIRS pts: Do not exercise any faster than you can breathe through your nose!

NeuroQuant: Improvements in the Hippocampus after PAP therapy (Dr Joseph Borelli)

More References: The best site on the internet for sleep and breathing problems:

DrStevenPark.com (He might be willing to speak at the CIRS conference?)

See his free e-book: “How to unstuff your stuffy nose”

Dr Jeffrey Rouse interview on UARS/TMD/Anxiety

<http://doctorstevenpark.com/?s=rouse+dds&submit=Search>

Dr Raymond Silkman on Facial Structure parts 1 and 2:

<http://doctorstevenpark.com/?s=silkman&submit=Search>

Dr William Hang at FaceFocused.com (Thanks to him for the Size 32 Cranium)

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