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Nose, Eye, Throat & Urinary Infections: Old Fashioned Simple, Safe and Effective Cures!

by Anthony di Fabio
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Introduction

Looking back over three-quarters of a century, I can remember many with chronic sinusitis, some suffering so terribly for so long that they at last must resort to surgery to open up nasal passages -- and afterward -- their serious problems resulting from over-zealous surgeons.

I haven't the vaguest idea how many people are afflicted with this aggravating condition, but it is certainly large enough to support a large array of patented nostrums, skilled surgeons, and a visible percentage of the ever-present antibiotic industry.

I've suffered from severe hay fever since age 5, and sometimes, at the peak of the pollen season, I also catch a cold.

About 5 years ago (1996) I had such an incident, and slowly thereafter an infected sinus increased in severity, bothering me day and night. Such became the nature of my sinus infection that, in the event of a cold, one would be hard-pressed to distinguish between the two, sinusitis and nose-stopped koryza.

As a patient-practitioner of complementary and alternative medicine -- one who was fully healed from so-called incurable, crippling rheumatoid arthritis -- one who was taken off of crutches because of pain caused by bone hitting bone in the right knee joint -- and other former afflictions -- I wasn't about to submit myself to traditional medical practices except as a last resort.

Traditional Medical Practices

Traditional medical practices considers sinusitis as a condition most commonly occurring as a consequence of upper respiratory affection or allergic rhinitis.

Pain is most often described as a steady pressure and may be severe in the anterior face or behind the eye. Typically the pain is exacerbated by hanging the head down. In my case the pain wasn't

severe, but rather very pestiferous with inability to ever breathe through the nose, and constant drainage both inside and outside -- almost like standing in the middle of a ragweed patch in the fall of the year.

Although presumably sinusitis is the result of one of many microbial or fungal infections in a place that is dark, moist, and roomy, most uncomplicated cases result from *Streptococcus pneumoniae* or *Hemophilus influenzae*.

A course in appropriate antibiotics may very well solve the problem, provided the antibiotics can be delivered directly to the site of infection, thus sprays, injections, creams, et. al.

Traditional medicine breaks "sinusitis" into various sub-categories that may or may not lead to a first treatment trial. Such trials may encompass a 7 to 10 day course of corticosteroids to enhance the delivery and activity of antibiotics.

For severely immunocompromised, or for those who fail to respond to common antibiotics, a sample of mucosa is taken by puncturing the maxillary sinus. Cultures are grown from these samples and differing antibiotics are selected.

Aspergillus infection can occur in the maxillary sinus, particularly in diabetics or in chronic sinusitis.

According to "Chronic Sinusitis Caused by Fungus" in *Townsend Letter for Doctors & Patients* (June 2000, p.21), chronic sinusitis affects about 37 million people and is apparently an immune response to fungus. In a study conducted by the Mayo clinic, researchers led by Dr. Jens Ponikau concluded that "fungus is likely the cause of nearly all of these problems." It's not an allergic response alone, but rather an immune reaction. This, they said, explains why antihistamines have failed in helping many with sinusitis.

"Traditional" Complementary/Alternative Medical Practices

"Traditional" alternative medicine may recommend acupuncture, chiropractic subluxations, or neural therapy (Huenke). Besides the need for expert sleuthing, neural therapy given twice weekly takes between 1 and 6 treatments. Acupuncture may require many treatments over an extended period.

Why haven't I mentioned the other 15,000,000 or so forms of complementary and alternative medicine? Why did I skip your favorite?

Well, I did try a goodly fraction of them -- such as intravenous hydrogen peroxide treatment, ozone colonics, autogenous urine vaccine, and herbal mixtures -- and still suffered from sinusitis. Besides, this is not a treatise on "Alternative Medical Treatments that Might Work for Sinusitis," but rather, a short description of what did work in my case.

Partial Healing

Sinusitis continued to get worse throughout several years of trials and travels until I'd visited Louis J. Marx, M.D. in Ventura, California, as a result of reading his book *Healing Dimensions of Herbal Medicine* (see <http://www.arthritistrust.org>). I'd also read good reports about one of his treatments for Lyme arthritis disease in *Townsend Letters*, and was favorably impressed by his willingness to help folks, though no financial benefit accrued to his favor. (See "Lyme Disease: Arthritis by Infection," <http://www.arthritistrust.org>.)

While it obviously takes money to support a practice so that one can heal others, true healers tend to help where they can, irrespective of non-payments. Jack Blount, M.D., for example, sent two free prescriptions that got me well from crippling rheumatoid disease in 6 weeks, although he also treated about 17,000 arthritics most for pay. A "true healer's," emphasis in other words, is on wellness, not on money, although money is important for the survival of all. (See "Rheumatoid Arthritis: Two Case Histories," <http://www.arthritistrust.org>.)

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/www.arthritistrust.org.)

My visit to Dr. Marx reinforced my opinion. This man had no receptionist. His office was terribly small by the standards of medical practice, consisting of two tiny rooms, two desks, some chairs and filing cabinets.

Through use of kinesiology Dr. Marx determined the herbal combination best suited for my condition. Dr. Marx uses only the very best herbs, properly prepared, and makes up his own combinations.

I was totally amazed at how little was his bill!

On arriving home in Tennessee, and using up his mixtures as drops for some weeks, I wrote to Dr. Marx telling him that I seemed to obtain no benefit. Immediately he sent another batch of herbs with a slightly different combination. No invoice, just the mixtures and further instructions. Of course, I called back to ask for the price, and it was quite minimal.

This second combination brought about my first major sinusitis relief, and while I wasn't "cured," symptoms were indeed improved. The symptoms did go up and down, some days being worse than others, but overall, more liveable. I wrote to Dr. Marx and told him of my improvement.

This is a good example of designing a treatment to fit the patient's needs, as might also be the case with the use of electrodermal screening in any one of its modern forms. Had I continued with Dr. Marx sinusitis may have decreased over the next several months, but distance is often a barrier to continued treatment.

A Simple, Safe and Effective Treatment That Worked

About three and a half years later, while visiting with Gus J. Prosch, Jr., M.D. on another matter, I happened to mention that my sinus was really acting up today.

Dr. Prosch said, "I'll be right back. I'm going to get rid of your sinus for you by using a remedy that an old country doctor taught me years ago!"

The following treatment did, indeed, knock out the sinus condition, taking in all about 6 weeks of self-applications. While it may not apply to all sinusitis, it surely did for me, and apparently has worked for many patients in the past or it wouldn't have survived word of mouth transmission for so many generations:

Dr. Prosch came back with a bottle of something, and two cotton swabs on a stick about six inches long. A cotton ball had been unrolled and started as a wrapping on the cue tip about 1-1/4" from the end of the cotton tip. That cotton, from the cotton ball, was wound around the stick toward the cotton tip until there was about 1-3/4 inches of wound cotton at the end of the six inch stick. Two of these were dipped into a fluid and then inserted up each nostril just as far as possible, my head, of course, being laid back flat on an examination table.

Dr. Prosch timed exactly six minutes, and then withdrew the soaked cotton. During the next 20 or 30 minutes I drained an ugly, reddish-brown mess from my sinus, hawking up some, blowing some out the nostrils, and spitting some from the mouth.

After that, he gave me 2-1/2 ounces of a different fluid for home use, stating that I should use 2 to 3 drops in the nostrils twice a day, and then as needed.

My sinus was improved for the next week or so, but it actually took about 6 weeks of the new drops before I could say, unequivocally, that I no longer suffered from chronic sinusitis.

Wow!

What a grand relief! -- and so very simple, with ingredients available from any compounding pharmacist!

So, what were the ingredients in these "miracle drugs"?

Formula for Sinus Swabs

1. Mild silver protein powder (argenal powder), 12 grams
2. Eucalyptol oil, 4 ml
3. Water 50/50 aa qs ad 120 ml glycerine (water and glycerine in 50-50 mixture up to 120 ml)

Formula for Sinus Nose Drops

1, 60% Aloe Vera concentrated whole leaf juice (The nature of the Aloe Vera is critical. New Life Nutraceuticals has supplied a good product for this purpose, which is not to imply that others have not also done so. New Life Nutraceuticals, PO Box 996, Boca Raton, FL 33429; 800-282-7216)

2. 40% DMSO, 99.9% pure from any pharmacy supply

3. Use 3 to 4 drops in each nostril tid-qid (3-4 times a day). Put the drops in one nostril, then wait a few seconds for the slight sting to pass. Then put the drops in the other nostril.

Eye Infection

Speaking of Jonathan Wright, M.D. --- ! He's another of the "golden men" -- to use a James Michener phrase!

I must share this next adventurous anecdote.

I married a beautiful Filipina lady mutually met via internet. On my third of five trips to the Philippines, my wife was just recovering from an eye infection, which I caught before my three week visitor's visa expired. My eyes constantly watered, and small pits were being "eaten" in them, making seeing and life miserable.

The Philippino allopathic doctor pronounced a virus infection, but his drops were useless, and so I returned to the United States eyes watering worse than ever, and pits increasing in number.

The allopathic eye doctor who had served my family for more than 35 years also pronounced a virus infection, saying, "I'm going to give you some drops that are only good for Herpes virus. We know of nothing else that works against viruses, and so this will only work if you have a Herpes infection."

These drops were also totally useless -- and my apparent increasing blindness progressed implacably.

In some desperation, I faxed Jonathan Wright, M.D., who answered by fax as follows:

"Have your compounding pharmacist make the following solution:

"Vitamin A (from Aquasol A) -- 2,500 IU/cc

"Vitamin C (from IV solution) - 250 mg/cc, pH adjusted

"1 or 2 drops in each eye Q3 - 4H

"It's very hyperosmolar so will sting. If necessary reduce Vit C to 125 mg/cc."

Dr. Wright's written note indicated that this treatment would knock out most bacterial or viral infections!

Within a matter of days my eyes began to clear up, and within a week most of the pitting was gone. By the end of two weeks my eyes were clear of pits and excessive watering had ceased.

Naturally one would want to share this great treatment with his primary eye doctor. Right?

So, on my next visit I tried, indeed, I did try to explain the source of my wonderful recovery.

The eye doctor was absolutely enthusiastic. He was convinced that his herpes viral drops had worked, and refused to listen to anything whatsoever about Vitamin C and E, nor did he hear me when I explained that I'd given up his drops long ago.

To this day, in his notes, made in my file record, he shows that his herpes drops had miraculously (I guess) cleared up my eye infection, although he knew not the source of the infection.

He waxed so excited that day that it would have been a dirty shame to break through his dream-world with truth!

Also, I didn't have the energy that would have been required to invade and turn his preset conditioned mental attitude.

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Urinary Infection

My wife and I suffered simultaneously from what appeared to be a similar urinary infection: very difficult to urinate, very frequent periods of trial urination, much pain.

My eldest son, who is an M.D., prescribed an antibiotic which seemed to work for both of us, but apparently didn't get all of the germs because, after a brief interval, all symptoms returned to both of us.

Wayne Martin several times described a treatment for general infections long used by Gus J. Prosch, Jr., M.D. (*Townsend Letters for Doctors & Patients*: "IV Hydrochloric Acid for Untreatable Bacterial Infections," January 2000, p.115-116).

Some years earlier one of my daughters had been repeatedly treated by a considerable number of antibiotics for a sore throat and ear infection, to no avail. I sent her to Birmingham, AL to Dr. Prosch, and one injection of dilute hydrochloric acid was all it took to bring about remission of her condition.

Knowing that Dr. Prosch had wonderful success using HCl IVs, my son, Tony Chapdelaine, M.D. and I began reading the book *Three Years of HCl Therapy* written by W. Roy Huntsman, published in 1935, and given to us by Dr. Prosch. (See <http://www.arthritis-trust.org>.)

We put together a 1:1500 solution of injectable HCl, and my son injected 10 ml into my veins.

Within a day I was well, although he insisted I continue taking the antibiotics until they were gone.

Meanwhile, my wife, who did not have the injection, is on a stronger antibiotic given by a urologist, and, one week later, she still suffers, but daily less.

No one seems to know all of the things that very dilute HCl injections do inside the veins, but surely it stimulates macrophages and leucocytes. Rumors of adverse reactions are simply false!

Sad Note

Until recently Dr. Chapdelaine had been working as chief clinical medical officer in a public health clinic. However he's always been interested in complementary/alternative medicine, even at the beginning of his medical school training. During his TB clinic he would frequently run into antibiotic resistant TB germs. When I asked why he didn't use HCl on them, his reply was, "I am not allowed to use anything that is not accepted by the public health clinic."

So very sad to know that one can easily halt a disease, but must remain powerless to effect a cure under the heavy thumb of organized beaurocracy!!!

Booklet

What a wonderful resource booklet these three treatments would make. And how much more wonderful and exciting if all great doctors got together and shared knowledge in some-such permanent format?

James Carlson, D.O. of Knoxville was a most effective non-surgical sports medicine practitioner. I begged him repeatedly to write up his procedures and discoveries. He was always too busy getting patients well. It was a very sad day for himself, family and patients when he had a cerebral stroke, and had to give up his practice. It was equally sad for all those practitioners who could have built upon his discoveries and methods.

There are many healers who, over their lifetime, have collected effective and safe alternative treatments, but who have not documented them for others to use, or to build upon.

Burton Goldberg's book, *Alternative Medicine: The Definitive Guide* (Future Medicine Publishing, Inc.), is a magnificent start in documenting some of what constitutes complementary/alternative medicine, but it covers but a tiny fraction of what practitioners

know and do. (See <http://www.arthritis-trust.org>.)

Although a handful of physicians, such as Jonathan Wright, M.D., Julian Whitaker, M.D., Alan Gaby, M.D., Robert Jay Rowan, M.D., and William Campbell Douglass, II, M.D. have done so to greater or lesser extents, it's past time for all healers to document remedies that work.