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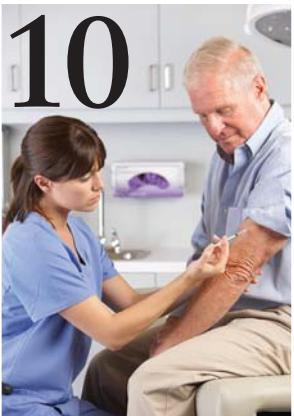
March/April 2019

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OK, it sounds kind of gross, but is there anything to the current craze for washing out one's sinuses with a neti pot? The ancient Indian remedy comes under scrutiny with surprising results.



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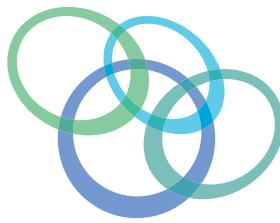
Local chef and home brewer Brandon Miller suggests a cool and delicately flavored soup to welcome in the joys of springtime.

On the Cover:

Participants in the Saturday morning "Body Pump" class at Carmel Valley Athletic Club really know how to get their weekend off to a great start.

Photo by Paul Miller

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EDITOR'S NOTE



greetings!

HAPPY SPRING! After months of rain and what was, for us, frigidly cold weather — even the ducks and geese were wearing layers of down — spring has finally sprung. Ash Wednesday didn't fall until March 6 this year, and Easter is April 21, so if your internal calendar's a bit wonky, it's with ample reason. Good thing that the daffodils by Bernardus and the bright purple carpet in Pacific Grove go by the seasons and not dates on a wall!

Aging should be like that. You should only have to say you're as old as you feel, and Healthy Lifestyles is here to help you keep that mental age as low as possible. For instance, just a few minutes in your local pharmacy can prevent 10 days of shingles misery — and possibly more. And did you know a valve in your heart can be replaced in a brief procedure that'll have most folks back home the next day?

If you've ever seen anyone using a neti pot to clear their sinuses, your first thought (after "ewww") was probably, "Does that even work?" The surprising answer is in *Sorting it Out*. *Everyday Hazards* gives some insight into home modifications that can allow you or a loved one to stay in the home as long as possible, while this issue's *ProFile* will let you see the heart of a local cardiologist.

The Lighter Side explains why badges for adult achievements are a good idea, and The Kitchen is just redolent with the smell of cauliflower gazpacho from chef Brandon Miller at II Grillo. Enjoy the soup, enjoy the sunshine — and have a happy springtime.

Elaine Hesser
Editor



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A BETTER WAY TO FIX A HEART

By ELAINE HESSER

REMEMBER THAT time the doctor told someone they needed a heart valve replacement and they could go for a walk later the same day and play a round at Pebble Beach after just a few weeks? No? Well, CHOMP has some news for you.

Lisa Nelson, the registered nurse who heads up the hospital's transcatheter aortic valve replacement team, reported that they've done 24 valve replacements with that new procedure since the first one in December 2017, and all of them have been successful.

A brief anatomy review may help at this point. Blood comes into the heart, gets pumped out to the lungs and receives oxygen, then returns to the heart, which forces it back out to the body through the aortic valve. That valve is located at the exit from the left ventricle — the lower left chamber of the heart — and after the blood is pushed out

of there, the valve snaps shut to keep it from flowing backward.

With a healthy heart, the blood goes on its merry way, nourishing the rest of the body through about 100,000 miles of arteries, veins and capillaries. And this happens 60 to 100 times a minute for a normal adult.

However, Nelson said, as we age, calcium starts to build up on the valve's "leaves" or "petals" — the three

flaps that open and close — and make it hard for them to do their job. In time, blood starts seeping backward through the heart's chambers and can even impinge on the lungs, making a person short of breath. Left unattended, the backup may move to the legs, which swell up as a result. In addition, insufficient blood leaving the heart and going to the brain can cause lightheadednesses.

"There's not a pill you can take for severe aortic valve stenosis" — the technical name for the condition — Nelson explained. It has to be physically corrected. In the past, that meant opening up a person's chest, taking out the old valve and putting a new one in. It involved a three-hour surgery and four to six weeks of not driving. A patient also had to be careful how they used their arms for a long time to allow the chest bones and muscles to heal.

Not only that, but some people just aren't good candidates for the surgery, whether because of an accompanying condition like chronic obstructive pulmonary disorder or kidney disease or just because of age. High-risk patients like those were the first to be able to try the new procedure and their outcomes were good.

Testing has been done for people at intermediate risk for open-heart surgery and it's being checked out for people who are at low risk. Nelson said the data on the last group should be coming out later this year.

Nelson likens the transcatheter aortic valve replacement to Thanksgiving dinner — a lot of preparation and a lot of cleanup, but a short main course. A *whole*



Lisa Nelson



MISERABLE, PAINFUL AND PREVENTABLE

A look at shingles

By ELAINE HESSER

THOSE COMMERCIALS for the shingles vaccine can scare the living daylights out of you. The virus creates an ugly, painful-looking rash that keeps people from golfing and swimming and a host of other things. But is it really that bad?

The answer is definitely, "Yes," according to Dr. Martha Blum, an infectious disease specialist with Montage Health. "You might start out feeling run down, tired and feverish one to two days before it shows up,

and then feel burning, itching or pain. The rash comes from the nerve endings in the skin." Next, the skin erupts in blisters that scab over.

Blum said the outbreak typically "evolves over a week," and can be painful enough that the patient may need prescription painkillers. And once shingles gets going, the only way to fight it is with an antiviral drug that can reduce its course by a day or two, but only if it's prescribed early enough. Other symptoms may



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include fever, headache, chills and an upset stomach.

People try applying different things to the skin to reduce the pain, like cool baths, capsaicin cream and lidocaine cream, but Blum said there's no proven topical remedy.

"That's why early diagnosis and treatment are so important," she said.

Shingles — or herpes zoster, which is its technical name — is caused by varicella zoster. That's the same virus that causes chickenpox. Kids nowadays can be vaccinated against chickenpox, but most adults remember it as a disease with lots of tiny blisters all over the body.

Once chickenpox has run its course, the virus goes dormant — what Blum called a "quiescent state" — and the immune system simply ignores it. But if that system gets worn down by poor health or stress, the virus can re-emerge as shingles. And it can even recur.

Unlike chickenpox, shingles doesn't usually cover the whole body. It's often isolated to the back and torso, although Blum said that if it appears on the face, forehead or cheek, there's a risk to the eyes or ears — that's why it's important to seek medical help early.

Even if treated, the Centers for Disease Control notes that the pain can continue for months or even

SHINGLES cont. on page 12

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Healthy *Lifestyles* II

SHINGLES cont. from page 11

years in some cases, in a complication called postherpetic neuralgia.

And all of that is why it makes sense to be vaccinated against shingles. The CDC and its Advisory Committee on Immunization Practices say you should seek out the vaccine at age 50. There are two on the market right now — Zostavax and Shingrix. The latter, which

was just approved about a year ago, requires two shots anywhere from two to six months apart.

Blum said the main difference between the vaccines is that Zostavax contains a live, though weakened, virus. That means it's not a good idea for anyone whose immune system is compromised or depressed. Shingrix is made from proteins taken from varicella zoster and is safer and longer-lasting.

How likely are you to get shingles? Blum said about one in three people will get it, so vaccination is your best bet. "Medicare covers it, and it's generally cov-

ered by insurance for younger people," she said.

Joanna Oppenheim, a family doctor with Primecare, said that in her experience, the shingles vaccine was a fairly easy sell. "Most people do get it. They have a lot of information about how horrible shingles is, and everyone knows someone who's had it," at least among her senior patients.

"Not only do one in three people get it, but it's one in two people over age 80," she said. And, echoing Blum, she added, "Once you have it, there's not much you can do about it."

Oppenheim said that based on feedback from her patients, the Shingrix vaccine is a bit more painful than a tetanus shot, "but still better than getting shingles." She noted that most of the people she's talked to got their shots in their local pharmacies. Since insurances differ, however, checking their coverage will help people choose the most affordable option.

"It's hard as a doctor to watch someone suffer from something that could have been prevented," she said. ☀



Martha Blum



Joanna Oppenheim

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The Lighter Side

Badges? We'd love some – and a sash to sew them on, please.

By ELAINE HESSER

ONE OF the best things about being a scout (boy or girl) is earning badges.

For every level of scouting, there was a handbook. In the Girl Scouts of my day, one progressed from Brownie to Junior, then Cadette and Senior. Once you "flew up," as they called it, from Brownie to Junior you got a green uniform and a sash to show off the cloth patches — badges — you'd earned.

In 1971, my Junior Scout handbook listed badges for things like Cook, Hospitality, Housekeeper, My Camera, and Personal Health. Each had a one-page checklist of tasks that had to be accomplished and initialed off by a leader before the badge was bestowed on the scout, usually during one of the weekly meet-

ings. My mother, the genius seamstress, would then sew my badges on my sash.

Nowadays, of course, badges have been updated to include things like Space Science Investigator, Digital Movie Maker and Entrepreneur, but I was thinking that health and fitness might be a lot more fun if we could earn grownup badges. Here's a suggested sampling, along with proposed require-

LIGHTER SIDE cont. on page 26





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team of physicians and specialists has meetings to make sure the procedure is right for the patient. Images are taken of the heart, measuring to see what size valve is needed, and making sure the route through the blood vessel is clear and large enough.

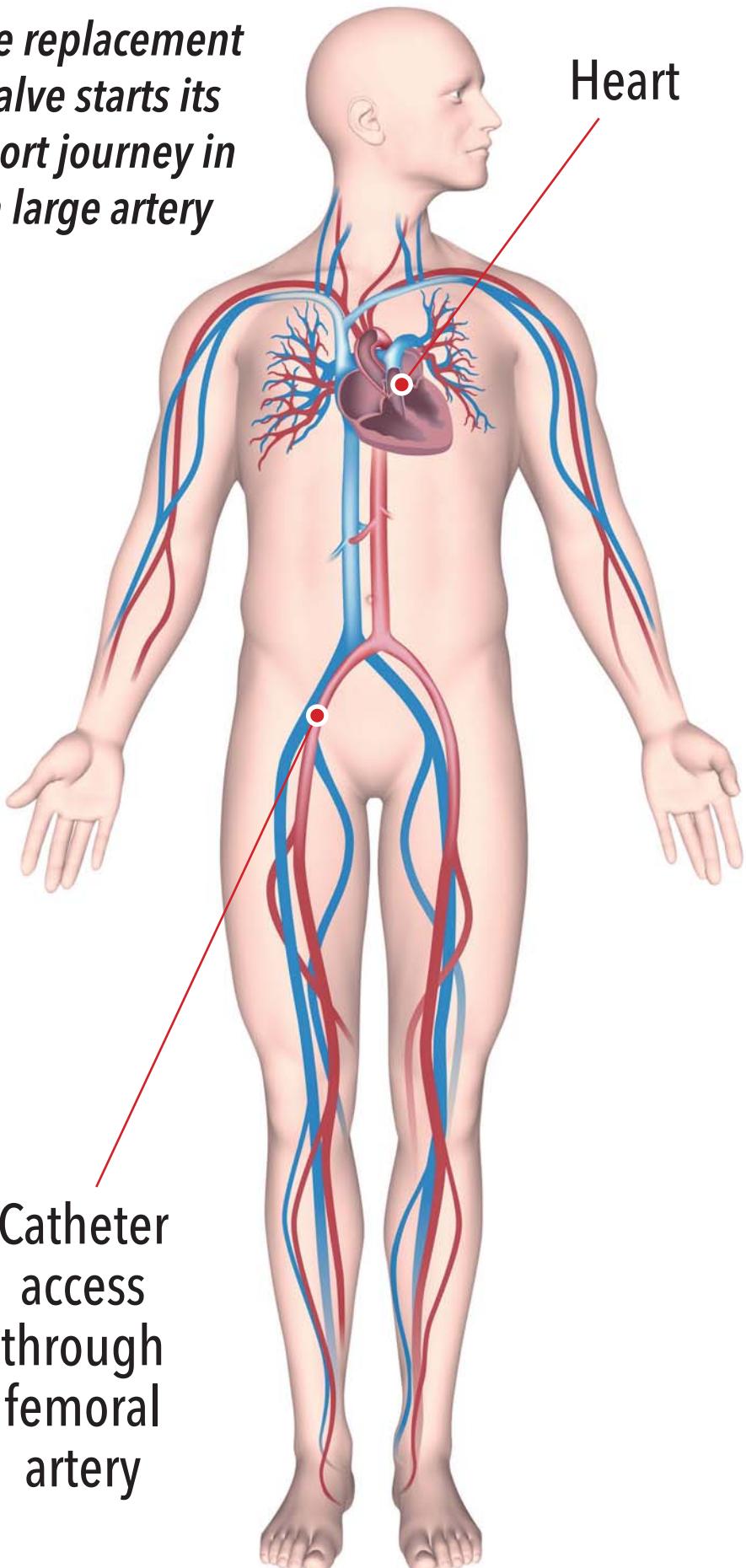
Then comes the relatively brief process of inserting a catheter about the size of a small pen with the new valve, through a small hole in the femoral artery in the groin area.

Using sophisticated imagery including an X-ray and ultrasound, the doctor guides the valve to the heart, pushing it gently into the existing aortic valve, where it “nests.” The old valve remains, anchoring it in place. From anesthesia to recovery, the average time for the procedure is 45 minutes to an hour. The insertion itself takes only five to seven minutes of that time.

By that evening, after about six hours of bed rest, the patient is already walking. They spend a night in the intensive care unit for observation and leave the next day. There's almost no pain — just minimal discomfort at the insertion site. People are told to “take it easy” for a few days. After seven to 10 more days, there's a follow-up visit, and supervised cardiac rehabilitation and exercise start after two weeks. An ultrasound at the 30-day mark makes sure everything's working well.

During that visit, Nelson said, it's rewarding to hear things like, “I mowed my whole lawn without stopping,” or “I'm not scared to go out and live life.” Rewarding indeed. ☺

The replacement valve starts its short journey in a large artery





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Pro FILES

David Clark, M.D.

By SALLY BAHO

DR. DAVID CLARK is a remarkable cardiologist who, for more than half a century, has been actively involved in the technological advances that modern medicine brought to the heart. In fact, he wrote the first textbook on coronary angioplasties in 1989.

His career began in a university, but his work ethic was instilled at a much younger age. He grew up in Bradford, a town in northwest Pennsylvania, and when he was 12 years old, his dad told him they were going for a ride, "I thought, 'Oh boy! We're going to get ice cream,'" he said. His father drove him to a state office and got young Clark a work permit.

He told him, "Get a job, son." So, he had a paper route and then worked at Johnson's grocery, where he could have all the ice cream he wanted...but he had to buy it.

Clark attended Syracuse University and Rochester Medical School, but the weather in upstate New York was dreadful. His roommate —

from California — arranged for a summer internship at Stanford, where his father was the head of anatomy. Clark worked under Dr. Rose Payne and Dr. Norman Shumway, the head of hematology and a pioneer in cardiac surgery, and soon found his passion was also for the heart. He applied for an internship in surgery at Stanford and was accepted, "I went in for my internship on July first and didn't leave the hospital until the 15th," he said. That grueling pace wasn't going to work for him, so he switched internships from surgery to internal medicine. His work with a cardiologist



David Clark

made for a much more reasonable lifestyle — and he got to take care of hearts, which made him happy.

Clark joined the United States Public Health Service to keep from being drafted, and was detailed to Malawi from 1966-1968. "We wanted to eradicate tuberculosis there," he said. And that he and his team did, although not without a few speed bumps along the way. Upon finishing his tour in Malawi, he was promoted to Director of Health for the Peace Corps for Africa, stationed in Washington, D.C., and when that was all done, he went back to Stanford to finish the rest of his fellowship from 1968 to 1972.

Upon completing the fellowship, he opened a practice in Monterey that he still has today. It's managed by his wife, Terice. "I couldn't live without her," he said. He also began going to King City once a week or so as part of the Regional Medical Program, a taxpayer-funded effort that brings specialists to areas without them. He continues this practice to this day.

As a cardiologist, Clark performed a lot of angiograms — diagnostic tests that use X-rays to take pictures of the arteries of the heart to see if they are blocked or narrowed with plaque. "At that time, all we could do with an angiogram was tell if there was a blockage or narrowing in the artery, and if we found a block, we told patients maybe why they had pain, but we couldn't fix it. We would tell a patient 'Don't exercise too hard,' but that was it," said Clark.

Technological changes

The advent of coronary bypass surgery revolutionized cardiology and that problem. The first bypass was performed in 1967 by an Argentine, Dr. René Favoloro. "That made things different, because we could find a blockage with the angiogram and then bypass it surgically," said Clark.

PRO FILES cont. on page 30

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Healthy *Lifestyles* 19

Everyday Health Hazards

How to make homes safer for seniors so they can stay there longer

By SALLY BAHO

OUR HOMES are our sanctuaries. They're where we relax, have meals, share time with family and enjoy a lifetime of memories. But as years go by, our homes could become hazardous. "As we age, our vision, balance, and reflexes degrade and our cognition may become impaired, so our judgment isn't so wonderful. So, we have an environmental need to simplify and make movement around the home and outside easier and with fewer hazards," explained John O'Brien, CEO of Central Coast Senior Services. The organization provides personalized services with the mission of allowing elders to live in their own homes as they age, safely and with dignity. People want to stay in their homes as long as possible, so minimizing the risk of mishaps is critical.



John O'Brien

One example is transitions — those steps between rooms and different floor surfaces, or over raised edges (called curbs) around the shower, that most of us take for granted. Lewis Builders in Carmel is the only local design/build firm that is a Certified Aging-in-Place Specialist recognized by the National Association of Home Builders.

John Lewis, one of the owners, explained, "I was educated to design and build homes to allow people of any accessibility to live independently. What I'm passionate about is prevention." Lewis' team goes into people's homes and does a basic consultation about everyday hazards, transitions,

uneven surfaces, poor lighting, etc.

John's partner, Scott Julian, specializes in equipment for accessibility: wheelchairs, bed lifts, elevators and grab bars, among others. After the initial assessment, the firm recommends adjustments to make a home the safest place for its occupants. Central Coast Senior Services also provides assessments, reviews and recommendations. The group offers long-term care planning and its employees include personal attendants, social workers and nurses.

"Lighting is very important," said Lewis. "A lot of old houses have the lights positioned poorly so maybe the light is at your back when you are cooking — using sharp knives or hot pans — so having lights properly installed is important," explained Lewis. Another quick fix Lewis suggested is installing LED lights, as they last 50 times longer than traditional incandescent bulbs. This is not only more convenient and economical, but there's less need to get on ladders to change light bulbs frequently.

O'Brien offers this advice for adult children: "start talking among the siblings about when — not if — Mom or Dad needs help." If you start to see unexplained bruising, you might hear all kinds of seemingly logical explanations. Sometimes someone will tell you she has never fallen because she catches herself every time. That's why it's smart to look out for our beloved elderly as they touch things — wall, chairs — when they walk somewhere. This is to steady themselves, and it's good, but it may be a sign that it's time to get rid of those throw rugs, or install another set of railings on the stairs. O'Brien also warned about common chemicals, including caustic materials like bleach. If not used or cleaned up properly, they could hurt anyone — but the potential is even greater for people with deteriorating eyesight and reflexes.



John Lewis

HAZARDS cont. on page 22



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When someone has fallen, it usually means he has been almost falling for a while, and maybe didn't want to say anything about it — not only out of embarrassment, but also to avoid troubling his loved ones. And frankly, he's afraid they will take action that he won't like — like removing him from his home. But as Lewis and O'Brien pointed out, that may not be necessary with a few simple changes.

Below is a basic list of things you can do around the house to make it a little safer.

- Wear shoes with nonskid soles
- Do not climb on chair or ladders
- Get rid of throw rugs
- Keep electrical cords off walkways
- Make sure your house is well-lighted
- Have grab bars put in the bathtub, shower and toilet areas
- Have handrails installed on both sides of stairways
- Have sidewalks and walkways repaired to ensure even surfaces
- Have a curbless shower installed



BEFORE

AFTER

This dark, crowded kitchen (left) was one of Lewis Builders' projects. In the finished room (above), a streamlined design makes everything brighter and easier to get to.



BEFORE

Even though it had grab bars (right), the bathroom setup shown here wasn't optimal. Lewis Builders installed a curbless shower (below) with low, built-in shelves, among other improvements.



AFTER

If your home needs major re-outfitting or you want a professional opinion, call Lewis Builders or Central Coast Senior Services for an assessment. ☀

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SORTING IT OUT:

Neti pots and nasal irrigation

By SALLY BAHO

YOU MAY have heard of a neti pot, but if you haven't, it's a small teapot-like device with a long spout, used to rinse nasal passages with a saline (saltwater) solution. The pots are available in most drugstores, as are over-the-counter prepackaged spray bottles of saline used for the same purpose. There are a lot of ways to irrigate the nose and many circumstances

under which you might need or want to. Let's explore.

First of all, nasal irrigation — be it with a neti pot or a saline spray bottle — is the act of flushing the nasal cavity, through one nostril and out the other, of mucus and debris. Saline solution is used because if you use plain old water, the tissues in your nose will absorb it, and that is precisely what you are trying to avoid (it will also sting like heck). Saline solution, on the other hand, pulls out mucus or excess water.

According to Dr. Joel Jacobson, an ear nose and throat doctor in Monterey, you can use neti pots to help with allergy symptoms, when you have a sinus infection, after sinus surgery and as a vehicle to deliver medicine. He explained, "For allergies it's common because it flushes

out the nasal cavity. Just mechanically getting rid of allergens. But the next breath you take you are introducing allergens again." Dr. Whitney Rossbach, an allergist in Monterey, echoed Jacobson's opinion, "nasal irrigation is not going to heal allergies but it might wash out a small number of allergens ... considering where we live, that's not enough if you have a pollen



Joel Jacobson



Whitney Rossbach

allergy." So, those who suffer from allergies may find temporary relief from using a neti pot, but it — or any form of nasal irrigation — is not a cure.

Irrigation does play a role in clearing infections. There is some evidence that using a neti pot to flush them out will help remove infected particles and excess mucus, and expedite healing.

After Jacobson performs surgery for chronic sinusitis, he flushes out the nasal cavity. The surgery might involve removing unwanted tissue, polyps, or correcting a deviated septum — the thin strip that divides the inside of your nose into two cavities. Sometimes it can be shifted and may obstruct airflow, impede breathing, or block the sinuses from draining. Jacobson recommends patients use a neti pot or spray bottle after surgery because it keeps the passageways clear and prevents scarring.

Neti pots and spray bottles may also be good delivery systems for topical medications such as steroids and antibiotics, or to prepare for taking such medicines. Rossbach recommends them as an additional therapy if somebody is really congested, before using a nasal spray such as Flonase. Serious congestion keeps the medicine from reaching the tissue it needs to. Using a neti pot to flush out mucus 10-15 minutes before using nasal spray can help.

Rossbach says there is some potential benefit to

SORTING cont. on page 30





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Power Abs — Complete 100 sit-ups within five minutes, or do 10 in two minutes with a Maine Coon sitting on your chest.

Forward Folds — In two weeks, bend over and stretch while collecting at least 10 lost wallets within city limits and turning them in to the police department. This badge will be awarded after verification appears in the Police Log.

Arms of Steel — Borrow one of Steve Dallas' hot dog carts and push it around town for six hours daily, five days straight, while avoid-

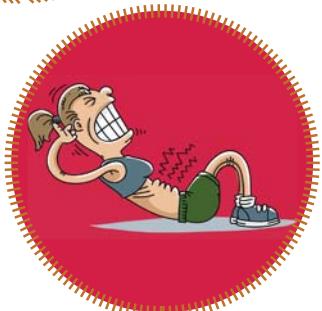
ing every restricted area and all other push carts. Citations will disqualify you from earning the badge.

Smooth Operator — Combine tomato juice, kale, pineapple, collard greens and dark chocolate cocoa powder in a blender and drink 8 oz. daily for six months. If you make a face, the time period starts over.

Shady Champ — In less than 20 minutes, prepare for an afternoon walk on the rec trail. Your finished ensemble must include UV-blocking clothing, a hat, appropriate eyewear that blocks UV rays and sunscreen on every inch of exposed screen. When finished, get checked out by a dermatologist and correctly explain what "SPF" means.

Napper — Successfully take a snooze while your neighbor noisily tears down the property he just bought so he could put up a new house. To complete the badge, you must also have napped through any planning commission meetings regarding the new residence, plus one city council discussion about Flanders Mansion.

Now, about that sash — anyone know a genius seamstress? ☺



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THE Kitchen

CAULIFLOWER GAZPACHO

OK, EVERYONE calm down. Yes, there's cream in this recipe. But because it's a small amount, each diner only gets a portion of it approximately the size of that little restaurant-sized plastic cup of half-and-half you put in your coffee. This cold soup recipe comes to us from Chef Brandon Miller of Il Grillo, and it exemplifies the kind of cooking he's known for — it's a serious flavor bomb packed into a reasonable portion size — as opposed to something suitable for a Mongol horde. Oh, and it's pretty, too.

INGREDIENTS

Serves 4

Soup:

- 1 tablespoon olive oil
- 2 tablespoons fresh thyme leaves, removed from stem and chopped
- 1/2 cup diced leek, white part only
- 1/2 head cauliflower
- 1 cup peeled and diced Yukon gold potatoes
- 2 cups vegetable or chicken stock
- 1/4 cup cream

salt & pepper to taste

Garnish:

- 1/2 cup olive oil
- 1 teaspoon smoked chili powder

Put olive oil in a medium saucepan over low heat. Add leek, thyme, cauliflower and potato. Cover and cook until tender, stirring frequently. Add stock and season with salt and pepper. Puree in blender (or with a stick blender) carefully and return to heat. Bring to a boil and add the cream at the very end. Adjust salt and pepper if necessary. Chill before serving. For the garnish, stir oil and chili powder together and set aside while soup chills.



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ABOUT THE *Chef*



Brandon Miller
frequent favorite at Pebble Beach Food and Wine) in Napa Valley.

CHEF BRANDON Miller was born in San Francisco, where he started life in the kitchen at the Pacific Heights Bar & Grill in 1984 and went on to work at Fog City Diner. After that stint learning from renowned chef Cindy Pawlcyn, he found a home with Michael Chiarello (a

In 1990, Miller set off to explore Europe. After his return and a turn at Campton Place in San Francisco, he plunged into Mediterranean cuisine at Lulus Bis, where he was appointed chef. He took that experience to Paragon — another S.F. hotspot — and later brought it to the Monterey Peninsula, where he's been cooking for more than 20 years in spots like Stokes Adobe and Mundaka.

Now he's happily ensconced at Il Grillo, but when he's not on the line you can find him growing hops, making his own beer and running around loose with the seven French bulldogs that share his home. ☾

In October of 1977, Clark attended an American Heart Association meeting where Dr. Andreas Grüntzig — a German cardiologist living in Zurich — presented the results of his first four coronary angioplasty cases. Those involved the widening of a blocked coronary artery with a balloon to allow increased blood flow.

"Normally at medical meetings when people report their findings there are a handful of claps," explained Clark, "but after this, the room was silent and then everyone stood and gave an ovation." At the cocktail party following, Clark approached Grüntzig and asked how he could learn from him. Matter-of-factly, Grüntzig told him to be at the main entry hall of the University of Zurich Hospital on the first of January. The students would be on holiday and Grüntzig would have time to spend with Clark. Clark and Terice booked a flight and reported on the first of January in Zurich and as promised, Grüntzig was waiting for them. They spent a week learning how to perform coronary angioplasties.

From 1980 to 1985, Clark regularly visited various parts of Asia, teaching doctors to perform angioplasties. In those years he went to Singapore, Hong Kong, and Malaysia and would stay for a week at a time. Just as he had gone to Zurich to learn the angioplasty a few years prior, now he was traveling to other parts of the world — this time to teach. Like him just a few years prior, doctors there knew how to do angiograms but not angioplasties. He also went back to Stanford as a clinical professor of medicine while maintaining his practice in Monterey. "At that time Stanford had only done less than 100 angioplasties. The year I arrived, they gave me two fellows and we did over 500," explained Clark, "That was probably the most exciting time of my life."

Clark served as the director of the cardiac catheter lab at the Heart Center at Salinas Valley Memorial Hospital when it first opened about 30 years ago. He has two daughters, one of whom is an internist in Burlingame and another who is a lawyer in Los Angeles. He is an avid golfer — he's played in 19 AT&T Pro-Ams — and loves his three dogs.

In 2010 Clark stopped doing angioplasties and stopped driving to Stanford weekly. Now he works on prevention and non-invasive procedures, like stress tests and echocardiograms.

Of the new valve replacement discussed in this issue (see p. 8), he said with a proud smile, "That's an extension of the original Grüntzig angioplasty." He is happy to continue to watch the technology grow to continue to improve the heart. ☀

using a neti pot and there's a very low amount of risk.

Although he said, "Not very many good studies have been done supporting benefit for neti pots," he added it's worth a try if you're suffering from rhinosinusitis, which is medical-speak for any inflammation of the sinuses and nasal cavity.

For those whose noses constantly drip because of allergies, perfume, smoke or when eating, Rossbach said he has found nasal irrigation with either a neti pot or spray helps.

What about negative side effects?

"Rinses may over-dry and irritate, like washing your hands too much," Jacobson explained.

Using too much saline solution could make some people's nasal cavities dry out and ironically bring on congestion. Rossbach explains that this is akin to something called surfers' sinusitis, a condition experienced by those who spend a lot of time in the ocean. The excess salt and drying out may make some people feel more congested. Another thing Rossbach recommends is using sterile or boiled water in your neti pot to avoid bacteria and infections. Instructions enclosed with some pots recommend running them through the dishwasher periodically to sterilize them, and replacing them a few times a year.

Ultimately, neti pots can be "beneficial to some patients and given the low side effect profile, people suffering rhinosinusitis should try it but if they don't see results, seek medical treatment," said Rossbach. It also depends on why you want to use the neti pot. If it's to clear your nasal cavity and doesn't irritate your nose, it is a personal preference. In other cases — if you have chronic allergies or are scheduled to have sinus surgery — your doctor may direct you to it. ☀



Dr. Rossbach listens to a patient's lungs.



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