If you have tried all kinds of nasal sprays and still have **chronic sinus congestion** that keeps coming back over and over again, that means you are not getting to the **cause** of your problem …
What is the cause of your sinus pressure?

That question is answered by no less than authority than the Mayo Clinic. With research beginning in the late 1990s, the Mayo Clinic clearly established that those with chronic sinusitis are actually suffering from a condition called EFR (— eosinophilic fungal rhinosinusitis). — What is EFR?

EFR is when your immune system overreacts to spores or fragments of yeast/mold/fungus entering your sinus membranes. The Mayo Clinic showed that one out of every six people have EFR — producing what is called a “superantigen response” when they inhale the amount of yeast/mold/fungal particles in even clean indoor air. If your sinus congestion has been unresponsive to treatment, then it is almost certain that you are one of the one in six identified by the Mayo Clinic.

The Mayo Clinic went on to show that not only do one out of every six people produce this excess immune system reactivity to yeast/mold/fungal inhalants, but fully 94% of all sinus congestion is caused by such a reaction. What the Mayo Clinic identified was not at all the same thing as a “mold allergy.” A mold allergy involves an entirely different part of the immune system — identical to hay fever or other “sneezy” types of allergic responses. No, EFR is a totally different type of immune system reactivity. EFR, unlike ordinary allergies, is a non-allergic hyper-immune activation triggered by yeast/mold/fungal spores and fragments contacting the nasal membranes.

The symptoms and conditions associated with EFR are systemic, not merely in the sinuses. Common conditions associated with EFR in addition to chronic sinus congestion include:

1. Asthma (eosinophilic bronchitis)
2. Eosinophilic esophagitis (often misdiagnosed as GERD)
3. Secondary bacterial sinus infections (that recur despite repeated antibiotics)
4. Chronic fatigue (occurs to some degree in 95% of EFR victims)
5. Fibromyalgia

The Mayo Clinic discovered that EFR is found in the one in six people who has a genetic defect (— of the variable beta chain helper T-cell receptor site). That defective T-cell (a special type of white blood cell) requires the presence of a fungal antigen to be activated. — That all sounds so technical, but all it really comes down to is that if you are one of those one in six people with EFR, you produce a superantigen hyper-activation of the immune system, meaning that even a couple of mold spores from the air will cause your body to produce more than 3,000 times as much immune system inflammatory chemicals than would a person with no EFR.

This 3,000 times the normal immune activation can cause fully 30% of your body’s total T-cells reaction to even a single mold/yeast/fungal spore or fragment. Occasional fungal particles in the nasal mucus occur in all of us, and yet for 5 out of 6 people are totally harmless. But in the one in six with EFR, yeast/mold/fungal fragments stimulate 3,000 times the normal production of 3 inflammatory chemicals — Interferon-gamma, Interleukin-5, and Interleukin-13. It is important to realize that this means 3,000 times the inflammation. That 3,000 times as much inflammation is systemic (not just local to the sinuses). The systemic effects mean that your tendency to EFR predisposes you to the 5 related conditions listed on the previous page. Those immune stressors are why it is absolutely imperative that you continuously flush your sinus membranes with BOOGEY BUSTER throughout the day.

Tragically, most doctors are unaware of the research done at the Mayo Clinic and continue to treat sinus conditions like yours with antibiotics to treat a bacterial “sinus infection” that is merely a secondary problem. Or, they will prescribe steroid sprays that only give temporary relief and actually make the problem worse in the long run. Remember — the Mayo Clinic shows that there is almost no such thing as a primary bacterial infection of the sinuses. Any bacterial infection is secondary to the primary yeast/mold/fungal pathology. Furthermore, research published in the European Journal of Immunology in 2009 shows that bacterial infections do not even produce mucus to congest the sinuses. The bacteria create painful inflammation of the sinus membranes, but the mucus is entirely produced by the primary problem — a reaction to yeast/mold/fungal contact. In other words …

if you have boogies — then you need Boogey Buster.

BOOGEY BUSTER is anti-Candida yeast, anti-fungal, anti-bacterial, anti-viral and anti-septic. Daily use of BOOGEY BUSTER will finally get to the cause of your sinus pressure.

On the next page is a list of references from the medical literature supporting the use of Boogey Buster to get to the cause of your chronic sinus congestion …