

### Transcript Details

This is a transcript of an educational program accessible on the ReachMD network. Details about the program and additional media formats for the program are accessible by visiting:

<https://reachmd.com/programs/primary-care-today/doctors-guide-to-wild-oregano/10408/>

### ReachMD

www.reachmd.com

info@reachmd.com

(866) 423-7849

---

## Doctor's Guide to Wild Oregano

Dr. McDonough:

Let's face it. Many of our patients deal with summer allergies, a lot of the symptoms. They deal with the runny noses. They deal with the sneezing, the coughs, all those symptoms. We treat them every day. But one of the unusual things about these symptoms is that it could also leave a person looking like they were beat up. They get frustrated because they get the rings around the eyes, that so-called allergic shiner. Hi, I'm Dr. Brian McDonough. Welcome to Primary Care Today on ReachMD. My guest today is Dr. Cass Ingram. Dr. Ingram deals with this on a regular basis. He actually is going to talk with us today about the ugly truth about summer allergies and how we as physicians can deal with it, some suggestions that he has for treatment, and also some unusual ideas too that might be helpful.

Dr. Ingram, welcome to the program.

Dr. Ingram:

It is a real pleasure. We'll get the word out, no doubt about it.

Dr. McDonough:

Tell me a little bit about, first of all, your interest in this and your background. Why are you interested in allergies and in dealing with them?

Dr. Ingram:

Well, from Iowa corn land, I had the most horrible hay fever, intolerable, you know, filling the trash can with Kleenex and rhinitis and then the eyes and the dripping and the sneezing, and it's just too

miserable; but also, practicing somewhat alternative medicine and more naturalistic medicine, I was always looking for some sort of cause for these diseases, cause for sinusitis, bronchitis, and I stumbled upon the fact that bronchitis and sinusitis, as well as postnasal drip, which we also think of in allergy season, as well as rhinitis, is usually fungal. That kind of throws a shockwave into our system, because we think it's the pollen.

Dr. McDonough:

Right, we've been all conditioned and taught that it's pollen, but certainly, we are learning over time about the role of fungi and how they can be problematic.

Dr. Ingram:

Mold spores, they are looking for something warm, fuzzy, moist and dark. What better than the human respiratory tract? So here is the discovery, and it's talked about in *The Cure is in the Cupboard* and also the newest book out on the subject. The discovery is that you do not have to have any of these seasonal irritations, because there's a baseline fungal infection in the sinuses, in the paranasal area along the bronchial tract from these mold spores, and then when you inhale the pollens and the dust, you get hyper-irritation. When Mayo took those 220 people—and it was a conundrum because surgery and antihistamines were not working for these chronic sinusitis cases—and they found that 200 of the 220 had multiple infections by black mold, brown rust mold, penicillium mold, cladosporium, not much candida, but all of these molds, so they were like, "Well, what do we do now, wash it out?" (laughs)

Dr. McDonough:

Right. They went in and they did this... And by the way, in case you're wondering,

Dr. Cass Ingram is a nutritional physician. He graduated from the University of Northern Iowa. He got his medical degree from the University of Osteopathic Medicine and Health Science in De Moines, Iowa. That was back in '84, has been practicing ever since, and written over 20 books on healing and also on natural healing.

So your approach is a little different in some respects, but you also bring the traditional approach of medicine as well, kind of combining them.

Dr. Ingram:

Well, this is it, so that you have the histamine production. We know that, and people give antihistamines, but what I'm saying is that the fungus is causing the irritation and then leading to the histamine release, so if you dry the membranes, you're not going to get too far, because that's what antihistamines end up doing, but if you kill the fungus—that's what's unorthodox, I guess, what I'm saying—then the disease process, I mean, it just goes away.

Dr. McDonough:

Now, are these most people, Dr. Ingram? Is it the rare exception? What are you finding in the work you've done?

Dr. Ingram:

Most, like 95% of people with allergic rhinitis, allergic sinusitis, chronic sinusitis, acute sinusitis, chronic bronchitis, airway reactivity syndrome, asthma, and 95% have fungal infection of the epithelial tissues. The whole lining is infected. And that's when we discovered... In this case we're talking about the oil of wild oregano. And now there's a sinus spray that has spice extracts. It's called Sinu Orega, which makes sense. But when we started giving this to people, bang, 30-year, 20-year case of allergic rhinitis is decimated. It's not magic. It killed the fungus with the natural antiseptics.

Dr. McDonough:

Now, those natural antiseptics, first of all, have they been studied? Have you looked at them yourself, other people looked at them and seen the results over time?

Dr. Ingram:

I've done about 8 studies on it, and they are published in some of the bigger journals, like *Molecular Biochemistry*. And what happened when we did that study with Harry Preuss at Georgetown University, this was candida, so the candida was infecting the mice, so we gave amphotericin B, we gave nystatin, and they did pretty good, but the mice were sickly. So you gavage in the fungus. The fungus takes over the body. It infects the liver, the kidneys, the blood, all that. The mice are going to die, right, on the control?

Dr. McDonough:

Mm-hmm.

Dr. Ingram:

So the antibiotics did good, but the oregano oil did better. Here's why. The oregano oil also saved the lives of the control mice over a 30-day period cleaning out the candida, but the mice's immune system was better than the ones who were taking the medication. They were more robust because it's a natural thing and the body can deal with oil of oregano. There's a toxic load from amphotericin. We all know that.

Dr. McDonough:

Sure.

Dr. Ingram:

The other study that I did that was very important in terms of pathogens was we took viruses: the cold,

flu and bird flu virus, infected embryonic cell cultures, then added in tiny amounts of oil of wild oregano and other. We tried some cinnamon, sage, cumin and oregano together. There's a product that happens to have all that in it. And we got 100% to 99.7% destruction of the flu virus, cold virus—and even the bird flu virus, but it took, you know, a lot more dose. But the fact is, not only did we wipe out the virions, but the viruses refused to regrow as long as you kept a bit of oil of oregano. So it is a germicide, but so is oil of thyme. You know, thyme oil is in Lysol, after all—99.9% of all germs are killed by spraying the air—so you're just taking a natural form of what's in these industrial products and you're taking it from basically spices that grow in the mountain.

Dr. McDonough:

You're listening to Primary Care Today on ReachMD. My guest is Dr. Cass Ingram, author of *Doctor's Guide to Wild Oregano*. We're actually talking about allergies. It's funny you mentioned amphotericin B. I know way back, years ago in the '80s when I was in med school at Temple, we had some really tough cases, people with fungal infections in the lungs. I remember amphotericin being in those cases. It might help, but boy, you got toxic levels and you had those issues. And, certainly, if someone has sinusitis and those sorts of things...

Dr. Ingram:

You don't want to get kidney damage for sinusitis.

Dr. McDonough:

Exactly. You'll put up with the sinusitis, exactly. So, how exactly is it given if it's something that somebody was interested in?

Dr. Ingram:

All right, so let's say you're listening to this. The original oil of oregano on the market is really high quality, and it comes from the mountains of Turkey, and you can actually take that every day. Since that time there have been a lot of imitations. That's how popular this is. But that one is known as Oreganol P73. That's what we used in the studies. Now, that's taken as drops sublingually for the ideal action. You take 2 to 5 drops. And it's very hot, right? Oil of oregano, you're taking 1,000 pounds of oregano and distilling it down to 10 pounds, or something, of oil. Take 2 or 3 drops under the tongue 2 or 3, 4 times a day for allergies, for eye swelling, for allergic itch, for drippiness and postnasal drip, and it's very effective. If you want to do something else, you could put a bit of that on a Q-tip and slide it up the medial aspect—not the sensitive tragus but the medial aspect of the nose; you don't want to hit the outer edge—and there's no sensitivity there, and you can cook the fungus that way. You can also use it in a spray form. There's a spray on the market that contains clove oil, oregano oil, sage oil, and you just snort that in in a saline base. People take capsules, but it takes a little longer for that to

work out.

Dr. McDonough:

Now, when did they start studying oregano? I guess, like many of these natural substances, was it decades, centuries ago? When did people pursue...

Dr. Ingram:

Yes, it was in France. About 1980, Jean Valnet produced his book *Practice of Aromatherapy*, and the French had investigated the fact that oil of oregano, oil of thyme, were more effective than any group of antibiotics because they are germicides. They are killing viruses, bacteria, fungi and molds. Before that, there was some work in Turkey showing that it was a generalist fungicide—1977, **Balachian\*** and his group. The Turks have studied extensively. We've done some pretty good work. Our work has been remodeled by at least 40 investigators on the destruction of candida. There was a good study done by the Greeks showing that just 1 in 4,000—so that's 1 drop in 4,000—will sterilize septic water. Back in the Pasteur Institute, 1918, they found that oregano oil 1 drop per 1,000 would sterilize sewage water. But it got lost because of the antibiotics. Antibiotics became so utterly popular that nobody ever thought of the idea of taking a capsule of oil of oregano, you know. (inaudible crosstalk)

Dr. McDonough:

Well, I was reading about them and trying to look at side effects. I'm trying to figure out what side effects there might be. All I can really find in doing the research for this program, it might be an issue with somebody who has bleeding disorders, and there are questions about taking it in pregnancy or breastfeeding. They haven't really studied it.

Dr. Ingram:

My dad was on Coumadin, high-dose and then medium-dose, and I gave him 80 drops of the oil of oregano P73 as edibles. He was taking that with his bleeding tendency for many years. When he quit taking it—about a month after he quit—he stroked out and died, so, I mean, I never have found it to be... Even with PT times and Coumadin, I have never found oil of oregano to be interactive. It might extend the PT time, but it will not cause any kind of, like, clots or strokes or anything like that. Now, in pregnancy, it's a hot, spicy oil. I mean, I wouldn't hesitate to give my wife a couple drops a day so that she didn't pick up pathogens, but you don't need to do it. You can take it during breastfeeding. There's no doubt about that—small quantities, no problem.

Dr. McDonough:

What about lithium? The only other thing I saw was relationship potentially with lithium, people who are taking lithium.

Dr. Ingram:

But that's about the only drug, and I don't even know that that's... There's just not... You know, the problem you're facing is you're dealing with a spice, so whether it's cardamom, cinnamon, cumin, oregano, sage, there's just not a lot of interaction, and so you've got a high safety profile. Now, talk about another factor, which is liver and kidney, because somebody might listen to this program and say, "Gee, I'll get a bottle of high-quality oregano oil, I'll get some capsules, and I'll start taking them for sinusitis;" and, "Boy, his book says 3 capsules 3 times a day." Well, somebody might say that's a lot. Well, there was a study done on rats where they cut half of the liver out; then they added streptomycin. They wanted to poison the rest of the liver tissue. They thought that if they gave oregano oil it would prevent oxidative damage, and the investigators proved correct. They gave the oregano oil. The oregano oil caused the glutathione and the SOD and the catalase to go up, and the liver repaired itself in the middle of being cut in two.

Dr. McDonough:

Wow.

Dr. Ingram:

So, no, there's no toxicity. Here is the situation. If you do not get a proper quality, true wild oregano oil from the spice, don't be taking it internally. Don't be taking it daily. Do your research. Make sure it's from spice and you're okay.

Dr. McDonough:

Dr. Cass Ingram is our guest. I'm Dr. Brian McDonough. You're listening to Primary Care Today on ReachMD. And really, when I found out about you and the book you had written, we always like to look at different types of treatments that we may not have seen traditionally in medicine, as well as the traditional ones, and what I like is that you're combining the knowledge that you would have for some things with the new knowledge you picked up through years of experience. We only have about a minute to go. Anything else you'd like to share about this?

Dr. Ingram:

I just want to share with the listeners that the proof is in the pudding. And for yourself and your family, if you could get what we researched, some of the P73 material, maybe report back to the show. If you are suffering with this unrelentingly, why suffer? Just, perhaps, follow the book's advice, take a couple capsules twice a day, 5 drops twice a day, some reasonable amounts, and see if you can't get rid of these chronic... And there's no emergency medicine to this. There's no pathology. It's just miserable, right? It's bronchitis, sinusitis, allergic rhinitis, seasonal allergy.

Dr. McDonough:

Dr. Cass Ingram, thanks for taking the time.

Dr. Ingram:

There's also an antihistamine for anaphylactic shock, so look into that for the peanut sufferers, you see?

Dr. McDonough:

Okay. Dr. Ingram, thanks for joining us. I really appreciate you taking the time.

This is Dr. Brian McDonough. If you missed any of this discussion, please visit [ReachMD.com/PrimaryCareToday](https://ReachMD.com/PrimaryCareToday). You can download the podcast. You can learn more about the series. Thank you for listening and Being a Part of the Knowledge.