

Common Sense Medicine Research

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Areas of research we support:

Child centered Play Therapy North Texas State University is a leader in Child centered play therapy. Play is the language of the child and provided with the proper ‘toys’ and a safe space children can play out the challenges in their lives and get beyond them.

Cognitive therapy is the current leader in psychological research since it is shown to be successful over short periods. Child centered play therapy is not usually considered cognitive since it doesn't necessarily involve talking, seen by most as the only way to address the brain. They forget that play is language and can be used reliably when you understand the syntax.

Xylitol research Looking at the health benefits of xylitol is a central part of our research interest because it focuses on preventing problems, which is a lot less expensive than treating them. It's also just plain common sense, which is where we get our name.

Xylitol prevents tooth decay and we basically know how, but we don't know as much about its role in preventing gum disease and the inflammation that it causes, which is heavily implicated in triggering the vascular inflammation that leads to cardiac events, our number one killer.

Xylitol helps wound healing and superbug resistance in part because it handicaps their ability to hold on to us and infection is always present in wounds.

According to research being done at the University of Southern Australia xylitol helps cope with antibiotic resistant superbugs. The news clip from Channel 9 News in Australia describing their research is [here](#).

— How does xylitol decrease bacterial adherence? We hope to show that xylitol decreases adherence by competing at the binding sites where bacteria hold on to human host cells. If this proves out then xylitol will become a major tool in overcoming antibiotic resistance; resistance develops when bacteria are threatened (like with an antibiotic), but not when their adherence is compromised.

—Dental benefits in nursing home populations. Dental hygiene is a problem as a person gets older and less able or interested in brushing and flossing. Xylitol gum is demonstrated to be a reasonable way to preserve teeth in this aging population.

Nasal xylitol is where we began our study of xylitol. you can read about this [here](#). Our interest was driven by the need to prevent the learning problems that often follow ear infections when they are chronic and fluid in the middle ear handicaps a child's hearing. Ear infections in children are not innocuous and as the Finnish chewing gum study that I read about could prevent about 40% of them at a dollar a day, it made sense to me to put the xylitol where the bacteria were and in my practice more than 90% of infections were prevented costing pennies a day. Since then others have helped, some independently, and some we helped. The latest, where we helped a little, was done by a Washington D.C. ENT looking at chronic sinusitis. His findings were presented at the annual meeting of his medical society in November 2015. They show significant improvement in his patients using the xylitol spray just twice daily (but it took them two months). The only question asked from the audience was why not more often—we agree. The authors description is [here](#).

Common Sense Medicine scholarship was established at the Universidad Peruana Cayetano Heredia, in their public health division because they share our vision.

What we are looking for:

–We have been looking for someone interested in asthma to see what happens to that condition when the nose is clean. As we reported in The Clinical Practice of Alternative Medicine article included elsewhere on this site our early experience is that it goes away, but we need someone else to replicate that study. The result we found demands a change in the way we think about asthma that appears difficult for most researchers. Commonly we see asthma as an inflammatory condition of the airway characterized by bronchoconstriction so our treatment focuses on reversing the inflammation and the bronchoconstriction. But what if the inflammation is aimed at coping with the local irritant that triggers the asthma and the bronchoconstriction is aimed at preventing the irritant from getting into the lungs where the defenses are less robust? This view sees asthma as a defense and our current treatments as hobbling that defense, which is not a nice comment on our current viewpoint. The treatment we propose honors the defense and helps remove the irritant that triggers the asthma. If you are interested in looking into this, or know of someone who may, please contact us.