

How DMSO Heals the Eyes, Ears, Nose, Mouth and Throat

Analysis by [A Midwestern Doctor](#)

November 22, 2024

STORY AT-A-GLANCE

- › Vision support – DMSO can help improve vision, treat conditions like macular degeneration, retinitis pigmentosa, cataracts, and may even restore sight in some cases. It also soothes eye strain and reduces irritation
- › Ear health – DMSO effectively addresses various ear issues, including tinnitus, hearing loss, airplane ear, and infections such as otitis media
- › Sinus relief – Known for relieving sinusitis, DMSO also treats other nose and throat infections, offering comprehensive sinus health support
- › Dental applications – In dentistry, DMSO prevents gum bleeding, promotes oral cleanliness, and accelerates healing after dental surgeries
- › Safety and instructions – This article provides evidence of DMSO's safety for these uses

DMSO is a phenomenally effective medicine that can treat a wide variety of common, debilitating, or incurable conditions, which allowed it to rapidly take the country by storm (as both the public and the medical community saw its results and rapidly embraced it).

Unfortunately, this was unacceptable to the FDA and for decades, [the agency went to incredible lengths to suppress it](#) (e.g., it actively defied Congress for over 16 years¹), eventually making DMSO become a Forgotten Side of Medicine.

Note: *Extensive data shows that DMSO is a very safe substance with negligible toxicity.*²

In turn, I've now received hundreds of unbelievable reports from readers (which can be read [here](#)) of what DMSO did for them – many of which are almost identical to what people reported fifty years ago before the FDA buried DMSO.

For context, the majority of those reports were for the most common uses of DMSO, such as chronic pain, headaches, acute injuries, and arthritis (discussed further [here](#)).

However, as explained [here](#), DMSO is also immensely valuable for a variety of circulatory and neurological disorders (e.g., varicose veins, hemorrhoids, Down Syndrome, and Parkinson's), and likewise, [DMSO frequently helps many autoimmune conditions](#). Today, I will focus on another area where DMSO has incredible therapeutic potential.

Cause or Effect?

There are two common ways to view medical conditions – as a specific disease process of a particular part of the body or as a manifestation of a systemic issue. Neither approach is entirely correct, as in some cases, you need one more than the other, but our medical system is very much biased towards the former.

This, I argue is because it makes medicine easier to practice (e.g., a specific set of symptoms goes with a specific drug rather than having to go the extra mile to figure out what is causing a nebulous set of symptoms), and in part because it makes it possible to sell far more patentable medicines (as by viewing each symptom as a different disease, far more diseases exist to market products for).

Unfortunately, that mindset also frequently lends itself to a situation where modern medicine "treats the symptoms rather than the cause."

In our experience, the specific manifestations of a chronic disease are a result of a pre-existing weakness in the body being the first spot to give out after a stressor is put on the entire body (e.g., one of the most common initial symptoms individuals with Lyme disease or COVID vaccine injuries experience was a pre-existing site of minor inflammation or an old scar becoming highly inflamed).³

Similarly, I believe this paradigm answers a critical question medicine never quite addresses – why do some people get so sick from the same thing that others quickly shrug off?

In turn, I've searched for the forgotten areas of medicine that commonly underlie various seemingly unrelated disease processes. For example, microcirculation is critical for health and can create a myriad of symptoms depending on where it's cut off.

However, since microcirculation is not easy to measure, our focus instead has gone to blood pressure – **which while sometimes useful for determining circulatory health, often is not**. In turn, I've provided a variety of strategies for improving the microcirculation (e.g., **improving the physiologic zeta potential**) as I've seen it frequently improve or eliminate a wide range of challenging symptoms that go far beyond just the cardiovascular system.

Note: *All the previous also holds true for the cell danger response⁴ – a defensive mechanism cells go into where their mitochondria shut down **that can only be treated by finding a way to coax the mitochondria out of it.***

DMSO is also a systemic agent that has the ability to address some of the common root causes of disease. Because of how dramatically **it helps injuries, arthritis, and chronic pain**, those are its typical uses. However before long, many patients on DMSO would report some other chronic issue they never thought could improve would also begin getting better.⁵ These reports caused the early pioneers of DMSO to begin researching other novel uses of DMSO.

Here, I will look at the variety of remarkable benefits that have been observed for DMSO for conditions within the head. These results, I believe are a product of DMSO:

Being able to increase microcirculation and treat circulatory or neurological disorders⁶ (e.g., strokes, traumatic head injuries, spinal cord injuries, and dementia or mental disability).

Being able to re-awaken cells that were dormant or on the verge of dying due to a previous stressor.⁷

Being able to increase parasympathetic activity.⁸

Having strong anti-inflammatory properties.⁹

Having antibacterial properties.¹⁰

Being able to easily pass through biological membranes without harming them¹¹ and spread throughout the body (while also carrying anything mixed with it into the body).¹²

DMSO and the Eyes

Many DMSO users have noticed that their vision improved while they used it for something else (e.g., see these three reports I received^{13,14,15}), which in turn inspired physicians to study its effects on the eyes, particularly the higher doses that could be achieved by directly applying it to the eyes.

Eye Safety

In one study, it was noted that while DMSO tended to distribute evenly throughout the body it was briefly present in higher concentrations in the eyes (e.g., at the cornea after 2 hours it was 2.2 times higher than the blood in rabbits and 4 times higher in rats).¹⁶

Conversely, when rats eyes were exposed to DMSO, DMSO rapidly cleared from the eyes,¹⁷ likely functioning as a diuretic for the eyes in the process. When the safety of putting DMSO directly into the eyes, it was found that no toxicity occurred but:

- In animals, it slightly lowered interocular pressure and increased urination by roughly 14.6%.¹⁸
- High concentrations of it could cause temporary irritation, burning, and tearing but never damaged the eyes.¹⁹
- Applying DMSO to the eyes could cause a temporary "glare" or "blur" effect, often accompanied by an increased sensitivity to light, or photophobia. When this cleared, their vision was better than it had been prior to DMSO.²⁰

Note: *DMSO has also long been used to preserve corneas,²¹ which further suggests that DMSO is relatively nontoxic to the eyes.*

Eye Inflammation

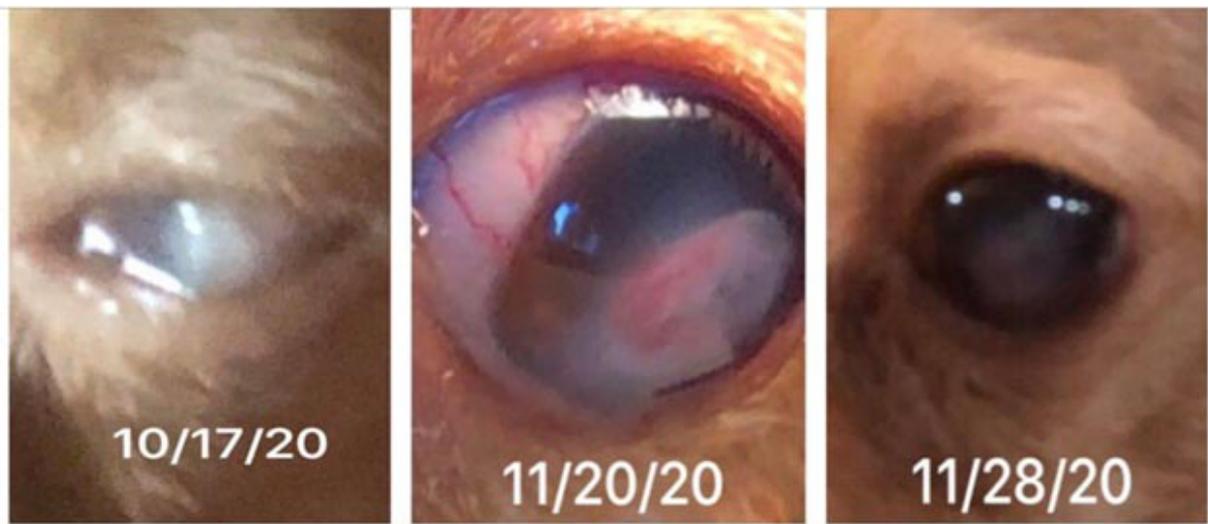
One study applied topical DMSO to the eyes of 108 patients (for a total of 157 eyes) at a higher concentration than others used, with no adverse effects being observed (including in those with pre-existing glaucoma or cataracts).²²

There, 4 severe cases of episcleritis (which had previously failed to respond to the use of corticosteroids) all responded to DMSO topically, and 4 cases with chronic corneal edema all exhibited some improvement on this regime (along with other types of eye inflammation such as conjunctivitis, keratitis, and uveitis).

Of the 43 participants whose detailed results were listed in detail, 3 had improved vision (including one who was blind prior to DMSO treatment).

One study induced uveitis (inflammation of the middle layer of the eye) in dogs, and found that subsequently giving DMSO decreased intraocular pressure and fibrin production²³ — suggesting DMSO has therapeutic value in this condition.

Similarly, I received a report of a dog that developed an eye ulcer from a scratch, making the dog blind, and a veterinarian wishing to remove the eye to spare the dog from further suffering. The owner however, went against the vet's advice, and after a month of applying DMSO, it was cured and the dog's sight returned.²⁴



Retinitis Pigmentosa and Macular Degeneration

Retinitis pigmentosa (RP) refers to a group of genetic disorders that cause gradual vision loss (starting in the periphery).²⁵ It results from rod cells in the eyes not secreting a substance that prevents cone cells in the eye from dying (through apoptosis). It affects 1 in 4,000 people and is thought to be incurable, with the exception of one subtype of RP (comprising between 0.3% to 1.0% of cases), which has a \$850,000 gene therapy that works about half the time.²⁶

Since RP is "incurable," it immediately caught a few doctors' attention that their patients with RP had their vision improve while receiving DMSO for something else.²⁷ This prompted a preliminary 1973 investigation²⁸ and a larger 1975 study²⁹ which found of 50 patients with RP or macular degeneration, applying DMSO to their eyes:

- Improved the visual acuity of 22
- Improved the visual field of 9
- Improved dark adaption of 5
- Only 2 continued to worsen

Compelling case reports also support DMSO's value for vision. For example, Stanley Jacob (the world's leading DMSO researcher) treated:³⁰

- A man who had been blind for more than 30 years after having dynamite explode in his face who started seeing flashes of light after applying DMSO to the head.
- A man who lost sight in the right eye (along with other functions of the eye like focusing) and gradually lost it in the other after an almost fatal impact by an automobile while skating down the road.

After trying DMSO for hair loss, he noticed a sensation in the back of his right eye, so Stanley Jacob decided to try applying DMSO to that eye, eventually settling on a high concentration (that stung for several minutes, caused tears, and left the eyes bloodshot for about 20 minutes). After this, sight rapidly returned to the right eye.

*"Ophthalmologist Norbert J. Becquet, M.D., reported that he had great success using DMSO in treating cataracts and other eye problems. 'I've treated two hundred patients in the last year for macular degeneration, macular edema, and traumatic uveitis ... In using DMSO, glaucoma drugs are potentiated, including those required for treating wide-angle glaucoma. But DMSO alone is better for macular degeneration.'"*³¹

Finally, an author who worked with many doctors using DMSO reported that they found applying DMSO to the eyes seems to help with a variety of vision issues and eye pain, and that typically, there will be a stinging sensation for 30 to 40 seconds after applying DMSO to the eyes, after which the eyes typically feel better than before treatment.

Likewise, he also cited a Los Angeles doctor who had several patients who were able to read fine print more easily after only one week of applying DMSO to their eyes.³²

Note: *That author also frequently applies DMSO to his own eyes when they feel tired and notice an immediate and rapid improvement.*³³

DMSO and the Ears

To establish the safety of DMSO in the ear, a study gave the eardrums of 10 volunteer prisoners five drops of 50% DMSO (in water) or 60% DMSO (in glycerin) three times per

day for 74 days for over an hour each time. No toxicity occurred.³⁴

Tinnitus

Like macular degeneration, most of the treatments I have come across that help tinnitus also improve circulation to the affected sensory organ. Additionally, I have seen many signs suggesting tinnitus is linked to excessive sympathetic activity (which DMSO mitigates by being an acetylcholine esterase inhibitor³⁵).

Numerous anecdotal reports support the use of DMSO in tinnitus (e.g., one author reported on a clinic in New York City that treated a number of tinnitus patients with DMSO, who in most cases immediately responded to DMSO and were permanently cured within a month³⁶).

The only published study on this gave fifteen patients with tinnitus of unknown origin a spray containing DMSO and a few other drugs (e.g., lidocaine) for a month, after which all significantly improved for at least a year.³⁷

TABLE 2
PRINCIPAL SYMPTOMS AND PROGRESS OF PATIENTS WITH SUBJECTIVE
TINNITUS OF UNKNOWN ORIGIN AFTER ONE MONTH'S TREATMENT WITH
DMSO INTEGRATED WITH ANTI-INFLAMMATORY AND VASODILATORY AGENTS*

Symptom	Number of Patients	Complete Recovery	Lower Intensity of Symptoms	Only Occasional Symptoms
Tinnitus	15	9	2	4
Dizziness	10	5	2	3
Vertigo	5	5	-	-
Insomnia	15	8	7	-
Otalgia	3	2	-	1
Headache	11	7	1	2
Hypacusis (sensorial-neural highs)	6	-	3	-
Discrimination	2	2	-	-

*The average temperature of tympanic membrane before treatment was $36.08 \pm 0.4^{\circ}\text{C}$; after 1 month's treatment it was $37.9 \pm 0.6^{\circ}\text{C}$.

Note: At a 1974 symposium, that author also presented a paper on how DMSO could be used to treat hearing loss (another condition I believe results from impaired blood flow).³⁸ A friend of Stanley Jacob also shared with me that Jacob often had success treating hearing loss with DMSO and likewise, one reader reported improved hearing as a "side effect" of drinking DMSO.³⁹

Airplane Ear (Aerotitis)

Some individuals have immense difficulty tolerating altitude changes (to the point their eardrums can rupture),⁴⁰ which in some cases follows an infection that inflames the Eustachian tubes, making them unable to open and accommodate the pressure changes created by increased elevation (which can be extremely painful – I know people who stopped flying because of it).

In 1967, a former president of the Aerospace Medical Association⁴¹ reported that DMSO could treat aerotitis and aerosinusitis by spraying into their noses.⁴²

DMSO and Head Infections

One ENT doctor observed that DMSO would often significantly calm inflammation from an infection in the head (including severe ones that were difficult to treat with antibiotics).⁴³ However, the improvement often only lasted for 2 to 4 hours.

However, when he mixed DMSO with an antibiotic, it frequently eliminated the infection in a dramatic fashion (e.g., the eardrum of an otitis media patient would begin shrinking in 10 to 15 minutes) – especially if the infection was treated early and not a chronic case. Unfortunately, because of how rapidly the symptoms often improved, it often caused patients not to follow up when they needed to for the subsequent treatment. He compiled all of his cases here:⁴⁴

TABLE 2
SUMMARY OF CASES

Diagnosis	Mode of treatment	No. of patients treated	Complete remission of symptoms	Partial remission of symptoms	Unchanged
Furuncular otitis (and infected eczematous otitis)	DMSO	119	2	16	11
	DMSO + ANTIB.		26	53	11
Otitis media (40 acute, 27 chronic)	DMSO	67	1	—	3
	DMSO + ANTIB.		26	26	11
Furunculosis of the nose (and infected nasal eczema)	DMSO	35	4	3	1
	DMSO + ANTIB.		12	12	3
Tonsillitis and Pharyngitis (acute) (acute and chronic)	DMSO	119	4	24	16
	DMSO + ANTIB.		16	48	11
Stomatitis aphthosa	DMSO	34	5	4	2
	DMSO + ANTIB.		8	15	—
Neuralgiform headache	DMSO	109	29	54	26
Temporomandibular arthropathy	DMSO	15	5	8	2
Injuries	DMSO + ANTIB.	13	9	4	—
Various disorders	DMSO	19	2	15	2
90% DMSO		530	149	282	99
Antibiotics were mainly terramycin and erythromycin			28.1%	53.2%	18.7%

A similar Russian study gave DMSO (often mixed with an antibiotic) to 69 children with otitis media (who improved rapidly) and 17 with maxillary sinusitis, which in more severe cases took 4 to 8 days to resolve (with the majority of treatments lasting long term).⁴⁵

Note: One ENT shared that if he mixed DMSO with a local anesthetic (which DMSO both potentiates and makes able to enter the body without requiring an injection⁴⁶), he could effectively anesthetize the ear drug prior to puncturing it (e.g., in 157 cases, 80% experienced no pain, and 20% only had slight pain).⁴⁷

Sinusitis

DMSO has often been observed opening blocked nostrils within a few minutes due to its antibacterial and anti-inflammatory effects, which allow it to reduce swelling in the

sinuses and promote the healing of inflamed tissue.

Because of this, when Merck sent out guidance in 1965 to their investigators on what they had learned from treating approximately 4,000 patients for up to 18 months, while discussing sinusitis it stated: "A dilute solution to the nasal mucosa has resulted in the discharge of a great deal of infected material from the sinuses and relief of pain."⁴⁸

Similarly, in addition to the previously mentioned Russian study, a large DMSO study happened to include 7 female patients (aged 43 to 66) who had sinusitis for 1 week to 9 months and received DMSO. Of them, 5 had an excellent response and 2 had a good response to DMSO.⁴⁹

DMSO in Dentistry

Many people find DMSO to be an excellent mouthwash or toothpaste, and when DMSO is used on the gums, they are much less likely to bleed. Additionally, DMSO can often relieve pain from a toothache until a dentist is seen, and pain in the oral cavity can be alleviated by swilling the mouth with a DMSO drink solution.

Likewise, some dentists in practice find DMSO (or DMSO combined with an antibiotic) very helpful for pain, infections, and swelling in the mouth, as well as for saving teeth that are starting to loosen from periodontitis. In turn, three authors have reported on dentists using DMSO in their practices:

- Stanley Jacob discussed a Portland dentist who specialized in restorative work and found that applying DMSO after a dental procedure consistently eliminates the pain from intrapulpal inflammation that some patients often experience after dental work (even in those who have undergone a full day of restorative work).⁵⁰
- Another author reported other dentists use DMSO in a similar manner (e.g., for pain, infections, and swelling issues or after teeth extractions — where it is either applied to the gum or outside on the cheek or on the jaw next to the extraction site) and frequently combine it with other medications (e.g., antibiotics).⁵¹

- Another author reported that pioneering dentists are dropping DMSO into empty tooth sockets after extractions, especially those for wisdom teeth, as it stops post-extraction swelling.⁵²

Research supports DMSO's value in dentistry includes:

- A 1969 Polish study of 32 male and female patients with periodontal disease (19 of which were severe and often into the bone). After 7 to 10 treatments, compared to controls, they had "remarkable improvements" (e.g., a total elimination of pain, decreased bleeding, and jaw healing).⁵³
- An author who spent 10 years demonstrating the value of DMSO in treating pulpitis in monkeys and humans (e.g., in one study he found it improved 85% of cases compared to 50% of placebo).^{54,55,56,57,58,59}
- Russian research that found DMSO (alone or mixed with another drug such as an antibiotic) treated peritonitis and pulpitis.^{60,61,62,63}
- A 1983 Bulgarian study that found 15% DMSO mixed with a herbal extract treated periodontal disease.⁶⁴
- Two Russian studies that found DMSO (when combined with another drug) treated chronic inflammation of the salivary gland.^{65,66}

Conclusion

As this series has shown, DMSO's ability to address such a wide number of seemingly unrelated diseases suggests that our current focus on treating disease with pharmaceutical drugs that suppress target enzymes may be misguided, particularly since those results often can only offer temporary improvements (or none at all) and are accompanied by significant toxicity.

Fortunately, as our existing treatment paradigm becomes more and more financially unsustainable, the political will to reconsider more straightforward treatments which address the actual root causes of illness are gaining increasing appeal.

From my perspective, the cultural shift we are experiencing is truly extraordinary, as many of the subjects I write about that now elicit widespread interest, only a few years ago would garnish almost no attention. This cultural shift is long overdue, and I am incredibly grateful it is finally happening.

Author's note: This is an abridged version of [a longer article](#) that goes into greater detail on the research mentioned here, as well as the specific approaches used to apply DMSO to each part of the head. That article and its additional references can be read [here](#) (along with [a companion article](#) discussing DMSO's life-changing utility for a variety of musculoskeletal injuries and chronic pain conditions and [an article](#) on DMSO's utility for autoimmune and contractile disorders).

A Note from Dr. Mercola About the Author

A Midwestern Doctor (AMD) is a board-certified physician from the Midwest and a longtime reader of Mercola.com. I appreciate AMD's exceptional insight on a wide range of topics and am grateful to share it. I also respect AMD's desire to remain anonymous since AMD is still on the front lines treating patients. To find more of AMD's work, be sure to check out [The Forgotten Side of Medicine](#) on Substack.

Sources and References

- ¹ [The Forgotten Side of Medicine, October 27, 2024](#)
- ^{2, 5, 9, 11, 12, 35} [The Forgotten Side of Medicine, October 12, 2024](#)
- ³ [The Forgotten Side of Medicine, September 10, 2023](#)
- ⁴ [The Forgotten Side of Medicine, June 24, 2023](#)
- ^{6, 7} [The Forgotten Side of Medicine, September 15, 2024](#)
- ^{8, 46} [The Forgotten Side of Medicine, September 29, 2024](#)
- ¹⁰ [The Forgotten Side of Medicine, October 20, 2024](#)
- ¹³ [The Forgotten Side of Medicine, October 14, 2024, comment](#)
- ¹⁴ [The Forgotten Side of Medicine, October 12, 2024, comment](#)
- ^{15, 39} [The Forgotten Side of Medicine, October 13, 2024, comment](#)
- ¹⁶ [Ann N Y Acad Sci. 1967 Mar 15;141\(1\):85-95](#)
- ¹⁷ [Ann N Y Acad Sci. 1975 Jan;243\(1\):151-154](#)
- ¹⁸ [Ann N Y Acad Sci. 1967 Mar 15;141\(1\):347-80](#)

- ¹⁹ [Journal of Applied Toxicology, \(1984\) 4\(3\), 155-160](#)
- ^{20, 27, 29} [Ann N Y Acad Sci. 1975 Jan 27;243:485-93](#)
- ²¹ [Br J Ophthalmol. 1967 Jan;51\(1\):13-30](#)
- ²² [Ann N Y Acad Sci. 1967 Mar 15;141\(1\):392-402](#)
- ²³ [Am J Vet Res. 1989 Nov;50\(11\):1877-82](#)
- ^{24, 47} [The Forgotten Side of Medicine, October 31, 2024](#)
- ²⁵ [Wikipedia, Retinitis pigmentosa](#)
- ²⁶ [CNBC, January 3, 2018](#)
- ²⁸ [DMSO in ophthalmology:1973 \(pp. 32-33\)](#)
- ^{30, 48} [Amazon, The Persecuted Drug: The Story of DMSO](#)
- ³¹ [Amazon, DMSO: The New Healing Power](#)
- ^{32, 33, 36, 51} [Amazon, The DMSO Handbook for Doctors](#)
- ³⁴ [Annals of Otology, Rhinology & Laryngology. 1966;75\(1\):208-215](#)
- ³⁷ [Ann N Y Acad Sci. 1975 Jan 27:243:468-474](#)
- ³⁸ [A's Substack, October 30, 2024](#)
- ⁴⁰ [J Am Osteopath Assoc. 1990 Oct;90\(10\):926-8](#)
- ⁴¹ [Wikipedia, Aerospace Medical Association](#)
- ⁴² [Aerosp Med. 1967 Jun;38\(6\):629-30](#)
- ^{43, 44} [Ann N Y Acad Sci. 1967 Mar 15;141\(1\):451-456](#)
- ⁴⁵ [The Journal of Otology, Rhinology, and Laryngologie \[sic\], 01 Jul 1969, 29\(4\):65-66](#)
- ⁴⁹ [Ann N Y Acad Sci. 1967 Mar 15;141\(1\):572-85](#)
- ⁵⁰ [Amazon, DMSO: The True Story of a Remarkable Pain-Killing Drug](#)
- ⁵² [Amazon, DMSO: Nature's Healer](#)
- ⁵³ [Czasopismo Stomatologiczne. 1969 Nov;22\(11\):1005-1010](#)
- ⁵⁴ [Revue Mensuelle Suisse D'odonto-stomatologie. 1968 May;78\(5\):480-489](#)
- ⁵⁵ [Revue Mensuelle Suisse D'odonto-stomatologie. 1968 Oct;78\(10\):987-996](#)
- ⁵⁶ [Revue Mensuelle Suisse D'odonto-stomatologie. 1967 Aug;77\(8\):659-679](#)
- ⁵⁷ [Revue Mensuelle Suisse D'odonto-stomatologie. 1971 Oct;81\(10\):1011-1023](#)
- ⁵⁸ [DDZ. 1966 Apr 22;20\(8\):248-56](#)
- ⁵⁹ [Revue Mensuelle Suisse D'odonto-stomatologie. 1969 May;79\(5\):645-650](#)
- ⁶⁰ [Stomatologiia \(Mosk\). 1981 May-Jun;60\(3\):28-30](#)
- ⁶¹ [Stomatologiia \(Mosk\). 1981;60\(4\):33-5](#)
- ⁶² [Stomatologiia \(Mosk\). 1987 Mar-Apr;66\(2\):26-8](#)
- ⁶³ [Stomatologiia \(Mosk\). 1987 Jul-Aug;66\(4\):18-9](#)
- ⁶⁴ [Stomatologiia \(Sofiiia\). 1983 Nov-Dec;65\(6\):25-30](#)
- ⁶⁵ [Stomatologiia \(Mosk\). 1988 Nov-Dec;67\(6\):12-4](#)
- ⁶⁶ [Stomatologiia \(Mosk\). 1993 Jul-Sep;72\(3\):32-4](#)