Singer's Guide to Respiratory Health

A practical guide for singers and families

Written by Linda Eng
B.M., M.Ed., Singer & Vocal Coach
www.greatperformancesstudio.com
© 2025 by Linda Eng, All Rights Reserved

You don't have to catch colds all the time. Learn how to take care of your respiratory tract and voice, in sickness and in health.

Have you noticed that you or your child seem to have more frequent bouts of respiratory illness than others? This may show up as nasal congestion, frequent runny or bloody nose, a sore throat, hoarseness, or involvement of the lower respiratory tract in the form of coughing, with or without fever. Frequent respiratory illness can be especially challenging for singers! Fortunately, there are often root causes beyond simply labeling these episodes as recurrent colds or allergies.

In my role as a voice instructor to hundreds of students of all ages, as well as a singer and performer myself, I have encountered some people who catch colds very frequently (sometimes several times a year), and plenty of people who seldom do. I am a former frequent cold sufferer myself. The advice I give below is based on my professional and personal experience as well as my extensive research, which I was able to use to successfully improve my own respiratory health. **This article addresses one large area of respiratory health:** rhinitis's impact on the mucosal membranes of the upper respiratory tract, which are the body's mainline of defense against airborne illness. **Other health conditions not addressed here should be ruled out by a doctor.**

Here is an important re-frame: the actual root cause of *frequent* upper respiratory infection may be compromised mucosal membranes due to factors discussed here. Viruses and bacteria easily exploit these compromised mucosal tissues, and you can then become a frequent cold sufferer. Frequent colds can be the *result* of the underlying condition. At times, an antibiotic may be prescribed for bacterial infection.

Always take antibiotics when recommended by your doctor. However, an antibiotic won't treat the root cause of frequent upper respiratory illness, which is most likely to be mucosal membrane health.

A trip to the pediatrician or general practitioner for cold symptoms results in advice focused only on that particular illness. Unfortunately, generalists rarely look back at long-term patterns of illness or push for a deeper diagnosis unless prompted to do so. **This is why it is important to ask specifically for referrals to both an ENT (ear, nose, and throat doctor) and an allergist in the case of long-term, frequent catching of respiratory illnesses.** In my personal experience, these referrals are often not offered unless you explicitly request them. **See an ENT and an allergist, not only a GP.**

Once at the **ENT**, structural issues such as a deviated septum, enlarged adenoids or tonsils, irritated mucous membranes, etc. can be evaluated. However, this is often the extent of an ENT's role, and ENT physicians do not always recommend allergy testing or referral to an allergist. An **allergist** can order a routine blood draw to determine the presence or absence of true respiratory allergies. This is a critical step in diagnosis. Only an allergist can determine whether symptoms are due to **allergic rhinitis** or a more common (and often under-diagnosed) condition called **non-allergic rhinitis**, or something else. It is important to understand that the possibilities are not limited to colds or allergies; there is a third category called **non-allergic rhinitis**.

Non-allergic rhinitis simply means that the nose reacts sensitively to irritants as though it were allergic, even though there is no systemic allergic response. The body's reaction can look *nearly identical* to allergies, which is why these two conditions are difficult to distinguish without testing. A simple blood test is the definitive way to make this diagnosis. A diagnosis of **non-allergic rhinitis** means take better care of your respiratory mucosal membranes, often resulting in improved overall health and fewer respiratory illnesses. **Non-allergic rhinitis** is also called vasomotor rhinitis and is diagnosed **in both children and adults.**

Medications for **non-allergic rhinitis** may include Ipratropium Bromide nasal spray, which is prescription non-steroidal. It can be used effectively at a quarter of the standard dosage to calm the mucosal membranes of the nose for non-allergic rhinitis sufferers. (At its regularly prescribed dosage, it may be extremely drying to the nasal passages for some people.) For some, this can interrupt the repeated cycle of irritation that leaves the membranes more susceptible to bacteria and viruses, leading to frequent illness. Ipratropium Bromide may be more effective for adults than for

© 2025 by Linda Eng, All Rights Reserved

children.

In contrast, a diagnosis of **allergic rhinitis** can lead to appropriate allergy-based treatments, which are very important for true allergy sufferers. Both allergic and non-allergic rhinitis may also respond to **nasal corticosteroids** such as Veramyst© or Sensimist© (children's doses) and Flonase© or Nasacort© (adult doses). These medications can be helpful for reducing **swelling** along the nasal passages, which can impact tone of voice. They can be used intermittently with mild effectiveness. Importantly, they are not directly drying *to the vocal cords*. However, they are **drying** to the nasal mucosal membranes and can cause loss of sense of smell after frequent or long term use, so they should be used sparingly and under medical guidance. On their own, they do little to prevent frequent colds from occurring if the problems are environmentally pervasive and/or due to non-allergic rhinitis. Additionally, **allergic rhinitis** responds to systemic, pill anti-histamines such as Loratadine (Claritin©), Loratadine being less drying to the vocal cords than many other anti-histamine pills in my personal experience. **Non-allergic rhinitis** can sometimes also respond to Loratadine during a flare-up of symptoms, even despite a diagnosis of allergic rhinitis. *A word of precaution: there are other anti-histamine pills that can cause voice loss.* Therefore, singers should avoid taking strong, systemic allergy pills if they have not been diagnosed with **respiratory allergies**.

Finally, **the respiratory environment in the home plays a major role in overall health.** It is an essential factor to a healthy respiratory system. Many people downplay the importance of the in-home air that they breathe, but this should not be underestimated!

At-home strategies that support healthier breathing

- Sleep with a cool-mist **humidifier** nightly, year-round, in dry climates.
- Use an **allergen pillow cover** between the pillow and pillowcase.
- Place an **allergen mattress cover** on top of the mattress.
- Vacuum carpets **at least** once per week, especially if there are shedding pets.
- Use **electrostatic allergen filters** in return air ducts (these are reusable and can be rinsed clean).
- Keep **saline nasal spray** available to rinse nasal passages after dust or dirt exposure.
- Notice if certain scented **candles** exacerbate symptoms, and if so, eliminate them. The same goes for other strong scents.
- Wear a mask during pollen season if you're outside for an extended period.

© 2025 by Linda Eng, All Rights Reserved

Additional daily health supports

• Get sufficient, **regular sleep** nightly. This is non-negotiatable. Your body repairs itself during sleep.
• Avoid frequent loud talking and shouting which strain the voice; employ healthy singing technique.
• Take a **daily immune-support vitamin**.
• **Hydrate** well with **water** daily.
• **Limit or eliminate caffeine**, which can be drying to the voice for many people, especially those with more delicate vocal folds.
• **Reduce overall sugar intake and avoid sugary drinks**, as sugar promotes inflammatory immune responses.
• Develop an **exercise routine**. Strong cardiovascular health and muscle tone are proven to support immune function.

Strategies when feeling sick to reduce illness severity and duration

• **Breath warm steam.** Boil water, turn off the burner, place a towel over your head, and inhale warm steam alternating through the nose and mouth for 5 minutes; repeat during the day.
• **Gargle warm salt water several times daily.** **Stir 1/2 teaspoon of table salt into 8 oz of very warm water, not lukewarm or hot. Saline gargle has been proven to interrupt the ability of virus and bacteria to proliferate in the throat, and it washes away irritants. The warm saline promotes osmosis in the tissues that it touches, also reducing swelling and pain. (The folk remedy is spot-on correct!)**
• **Take max of 15–30 mg of zinc daily** at the onset of illness only; excess zinc (and other vitamins) can cause side effects such as excessive thirst.
• **Forgo your regular exercise routine** while your body fights infection. Aerobic exercise can further inflame the bronchial passages.
• **Hydrate with water and/or non-acidic, un-caffinated tea such as ThroatCoat© or cinnamon tea. The warmth can be soothing.**
• **Stay warm.**
• **Get extra sleep.**
• **Take vocal rest if your voice is strained. Avoid all whispering, talking and singing unless you must.**

© 2025 by Linda Eng, All Rights Reserved

Conclusion

If you experience frequent respiratory illness several times a year, I recommend evaluation by both an ENT and an allergist. The health of the respiratory mucosal membranes is the body's first line of defense against illness. When these membranes are irritated, susceptibility to infection increases. There are medications that can sooth the mucosal membranes and/or reduce allergy symptoms. The air inside the home, heavily influenced by carpets, pillows, mattresses, and air filters, can have a dramatic impact on symptoms. Once an infection does occur, there are often effective ways to reduce its severity and support recovery. Take care of your respiratory system, and your voice will thank you!

© 2025 by Linda Eng, All Rights Reserved