

Individual and National Goals

“Nature does not hurry, yet everything is accomplished.”

- Lao Tzu

Correct breathing volume is a holistic approach and is probably the single most positive influence you can have on your health during your lifetime. Bearing this in mind, it should be approached with good intent, discipline and determination.

Your over-riding goal is to reduce the volume of air that passes through your lungs to more correct physiological levels. You know you are achieving this when you begin to feel better and when your control pause is increasing.

The **two steps** necessary are:

1 Increased observation of breathing. Breathing is a twenty-four hour activity, so it is important to observe it periodically throughout the day. Pay attention to your breathing and ask yourself if it is gentle, calm, regular, silent and as still as if you are not breathing, or if it's noisy, irregular, uneven, raspy and loud. If your breathing sounds like the latter, then it's time to take steps to change it.

Activities such as eating, sleeping, stress, and physical activity affect breathing. By increasing your own awareness, you will notice many factors which increase your breathing. This may be your tendency to eat a huge meal, your stress levels at work, or it may be any one of other features of modern civilisation. After an Asthma Care Clinic workshop, each participant is amazed at how conscious he or she becomes of his or her breathing. This is a vital step in the right direction because an improvement can only be made with increased awareness and knowledge of breathing.

2 It will require considerable attention to reverse a bad habit which you have been unintentionally and unwittingly practising for all your life. Regular practice of breathing exercises is necessary to retrain the body to accept a reduced and healthier volume of breathing. It also helps you understand what it means exactly to breathe in a calm, gentle and regular manner.

For the first couple of months it is important to set aside time to perform breathing exercises. The reason for

this is that you will not make progress if all your exercises are completed while reading a book, watching TV or driving because your concentration will be divided between doing the exercises and whatever else you're doing at the time. However, following a number of months' practice, you will be entirely familiar with the concept of reduced breathing and so will be able to apply it in almost any place or situation.

What to expect

Everyone can expect a substantial improvement in their condition within a short period of time. Coughing, wheezing, breathlessness and disruptions during the night will decrease. This initial time-frame can vary from one day to a couple of weeks.

Over the first six months, you may experience a setback which can last for a couple of days. This can be due to a cleansing reaction or it may be simply the fact that all asthmatics have good days and bad days, depending on environmental conditions and exposure to triggers. During your setbacks, practice reduced breathing and continue to take your medication. Take your short-acting reliever medication as needed and don't put yourself through any distress.

After your setback, your control pause will revert back to what it was before the attack. If the setback is due to a cleansing reaction, your control pause will increase from the level it was at before the attack.

As an example, the following is a typical scenario. You have been practising reduced breathing for two months and you have achieved a control pause of twenty seconds. During the third month, you experience a setback. Your control pause reverts to ten seconds for two days. You continue to practice reduced breathing during your setback. After the two days have passed, your control pause increases to twenty-two seconds.

This pattern will continue for some time. You can expect a steady improvement with reduced symptoms, interspersed some good days and some bad days. As time goes on, the number and severity of bad days will decline, and your symptoms will have reduced dramatically.

When your control pause reaches twenty seconds, you may reach a plateau and find that it's difficult to increase it. After a period of time, depending on the severity of your asthma and your commitment to reducing your breathing, your control pause will pass beyond twenty seconds.

Personally, I made my best progress using physical activity and I believe that no person with asthma can make very much progress without it. For the first few weeks of practising breathing exercises, it is better to avoid intense physical activity, especially if you require a reliever inhaler first. asthma books

The older you are, the more time you should spend exercising but at a less intensive level. Ideally, an older person should commit himself or herself to walking for one hour a day while breathing through the nose. I remember once talking to an acquaintance who told me his mother was aged ninety-seven. Out of curiosity, I asked him what was her secret for long life.

“Well,” he replied. “Mam never smoked or drank; she always ate a small amount of food, mainly vegetables, and each day she walks from the house into town and back, a distance of about two miles.”

When your control pause reaches forty seconds, the amount of time you spend on exercises can be cut. By this time, carbon dioxide will be restored to the correct level and you will automatically breathe a healthier volume of air. Remember that under normal circumstances it is the level of carbon dioxide that determines your breathing and not oxygen. Your respiratory centre stimulates or relaxes breathing to maintain carbon dioxide at set levels. When carbon dioxide is set at a higher level, the volume of breathing will be calm, gentle and correct, to maintain this level. At this time, you will observe your breathing unconsciously, regardless of any activity you partake in. If you notice your breathing increasing at any time, you will also know how to reduce it.

Always remember that the factors that cause us to big breathe in the first place are still present in any modern society, and that it may not be possible to eliminate them entirely. We will continue to socialise, eat meat, drink alcohol, talk excessively, walk into stuffy environments and endure stress, for example.

However, because you will be more aware of your breathing and the effect that any of these triggers may have on you personally, their influence will be far less than before. Nevertheless, it is always beneficial to keep them in mind. If you allow your lifestyle to revert to drinking ten cups of coffee a day, eating a diet of processed food, doing no physical exercise and sleeping with your mouth open, then it will not be long before your carbon dioxide levels fall and your asthma symptoms return. asthma books

Why does breath correction not work for everyone?

Correction of breathing has a success rate of ninety per cent. This is a remarkably high figure considering that it is totally based on patient application. No therapy ever has a success rate of one hundred per cent, not even the most successful of medications.

There are three reasons why breath correction doesn't work for the other ten per cent of those who try it: laziness, a view that they don't have enough time for the exercises, and chronic focal infections which will naturally hamper progress.

Laziness

The most common reason some people give for neglecting to observe their breathing and practise their exercises is simply laziness. Breath retraining does require discipline and determination to reverse a life time of bad breathing, especially for the first few weeks.

Every now and then, a person — we'll call him John — will arrive into our clinic having been taught the importance of nasal breathing and reducing the volume of air inhaled. John will enter the room a week later with his mouth wide open and walk to his seat totally oblivious of his breathing. Panting, he will then sit down and

make no attempt to control his breathing or to switch to nasal breathing. Luckily, this is only a rarity but at the same time, it is completely unnecessary.

Whenever I see this occurring, I find it disheartening. I always bring it to John's attention and try to reinforce the necessity of reducing overbreathing or at the very least, keeping the mouth closed. In this situation, it is almost guaranteed that John devoted no time to observing his breathing or doing his exercises, primarily from laziness. asthma books

Time constraints:

Some people feel they don't have the time to invest an hour in their health each day. Like any good investment, you forsake now what you can reap later. An investment in your health surpasses any other, regardless of the monetary returns.

If you think time is a problem, then you have two options. The first is to practise breathing exercises for a maximum of ninety minutes each day for three months. This is a total investment of 135 hours in your health.

Scientific trials in the Buteyko Method carried out at the Mater Hospital in Brisbane, Australia, concluded that there was a seventy per cent improvement in the condition; ninety per cent less need for reliever medication, and forty-nine per cent less need for steroids after three months. Upon reaching a control pause of forty seconds, momentary attention is all that is required to maintain an asthma-free life.

The second option is the one you are currently taking, the one that doesn't involve a small investment of 135 hours of your time in your health. If you are following this option, your breathing will probably increase as you get older, resulting in a deterioration of your asthma. The amount of medications that you will require will steadily increase. Not only will your medication intake increase but the strength will as well.

Cumulative side effects will start to become obvious after so many years' use of steroids and bronchodilators. Your skin may become weak and may break at the slightest touch; calcium may leak from your bones resulting in osteoporosis; you may start to gain weight, and diabetes may develop. If you are female you may grow hair on your body. These are just some of the possible side effects. asthma books

As you age and as your condition worsens, you will be prescribed a nebuliser and you may need to take this up to four times a day. On some days you may not be able to get up out of bed at all without taking it. Your quality of life will depend totally on your nebuliser and frequent use of medication. Over time, you will get wheezy and breathless at the slightest exertion, your nights will be disrupted on a regular basis, and your social life will be severely hampered.

This may be your life.

That description of what lies ahead for many asthmatics and overbreathers is not intended to encourage you to stop taking medication. On the contrary, preventer steroidal medication is very necessary and death can result

from failure to take it. The description of your possible future is included merely to illustrate the two options available to you. You might suggest that the second option never happens. Unfortunately it does. I have met far too many people in this situation. It is very real. This is not a scare tactic.

At each workshop, I often ask people to write down the following sentence: "I get out of this exactly what I put in." Remember, this therapy is not the quick fix. The quick fix is reaching for your reliever medication every time you experience symptoms.

Case studies

The following case studies are included to provide you with an insight into the effects of this therapy. I deliberately selected two severe chronic cases. I have not included the person's surname in either case to protect their identity.

Teresa

Sixty-one year old Dubliner Teresa attended an Asthma Care workshop on November 24th, 2002. She had been a chronic severe asthmatic for most of her life. Her normal maintenance dose of medication was 15 mg Deltacortril (oral steroids); two puffs of Seretide 500 each morning and evening, and Slophylum doses of 250 mg each morning and 500mg at night. She also took a Combivent nebuliser dose four times a day. In addition, she inhaled about five puffs of Ventolin per day. When Teresa suffered a relapse, her medication would be increased for a short period of time. asthma books

During the first day of the workshop, Teresa started to experience an attack of wheezing and coughing. I immediately instructed her to apply reduced breathing with a special breath hold exercise. After about two minutes, her symptoms decreased and she was able to carry on without having to take her reliever or nebuliser. This left Teresa in no doubt as to the effectiveness of reduced breathing exercises.

Over the weeks and months to follow, Teresa applied her reduced breathing programme diligently. She also took daily walks, observing her breathing during the physical activity. Within a short period of time, Teresa's symptoms reduced, allowing her to cut down on reliever medication. As the months passed, she visited her doctor on several occasions to have her medication intake reviewed. I remember speaking to her about six months later and her symptoms had improved considerably. At that time, she had no requirement for Ventolin or nebulisers and her maintenance dose of Deltacortril was reduced to 10mg per day. Her quality of life is now better than what it has been for many years and family and friends have told her that they have never seen her look better.

Marie

Seventy-one year old Dubliner Marie arrived at our Dublin workshop — in a wheelchair pushed by her son — on April 5th and 12th, 2003. Marie suffered from asthma and chronic obstructive pulmonary disease (COPD), a term used to describe patients with chronic bronchitis and emphysema. Marie was very debilitated. Her mobility was restricted because she didn't have “enough breath” to get anywhere.

Our first step with Marie was to show her how to recognise her bad breathing and to bring considerable attention to nasal breathing. Exercises were tailored to meet her condition and to take into account her lack of mobility. Our main priority was to ensure that Marie made progress in a relaxed way. When someone suffers severe breathlessness, it is important that breathing exercises are not so stressful that they cause an increase in breathing. From the exercises provided, Marie made great progress and within a few weeks was able to leave the wheelchair to take small walks.

In this case, we applied walking as part of her program but ensured that she walked only as far as she was could. If, for example, she felt she needed to take a breath in through the mouth, she stopped walking to give herself the chance to reduce and calm her breathing.

A number of months after Marie improved, I received a call from a woman enquiring about the workshop. She told me that Marie had given her the telephone number when the two women met in Spain. I thought about ‘our’ Marie and I couldn't help wondering if this woman's Spanish contact was the same Marie who had attended a workshop in a wheelchair. Shortly afterwards, I called ‘our’ Marie to see how she was getting on. She confirmed that she had been on holiday in Spain and — amazingly — had walked two miles each day she was there.

Marie said that when she returned to Ireland, she had a little difficulty walking two miles per day because the wind would trigger an attack. On hearing this, I suggested that she purchase a treadmill to use in the house. With the help of her children, she followed the suggestion and continues to use her treadmill to this day.

Most of us can walk two miles a day without much effort, so it may seem a small feat. However, for a person like Marie who had lost her mobility and who was totally dependent on her siblings and children, the ability to be able to do this again constitutes a tremendous improvement in quality of life. It is people like Marie who give me the impulse and drive to reach out to all people with the same condition.

On August 7th, 2003, Marie sent a letter to The Asthma Society of Ireland to tell them about her progress. She also sent me a copy of this letter which I reproduce here.

Dear X,

I am writing to you about the Buteyko Method. I am 71 years old and have COPD and asthma. I was wheelchair bound until last April and used a nebulizer five times a day. I could not go anywhere unless I was in a car or a wheelchair.

I saw a programme on Open House about Buteyko. A friend found out for me. I went to the workshop on April 5th, 2003 and again on the 12th for four hours each session.

I had a control pause of 10 seconds on the 5th, 15 seconds on the 12th. I am now at 32 seconds.

I have been attending Professor [surname] for 30 years. I go to see him twice a year at his rooms in the Elm Park Hospital. I told him I was going for this and asked him his advice. He said: "Marie, try anything that will help." I go back to see him in September. He will see a great difference in me. I have a quality of life I have not had for 40 years.

I have been in hospital for an eye operation. The doctors there said my chest was very clear, no cough or mucus. I spend at least four weeks every year in Elm Park so they are used to my condition. I did my exercises while I was in, three times a day. I went on holidays to the Canaries for the month of May, my first holiday in years. I went with my wheelchair. It stayed in my apartment till we were coming home. I did my exercises three times per day and walked two miles every day, taking a rest about six times.

This method has turned my life around. I use a treadmill for two minutes about six times a day.

I am certain it would help hundreds of people.

Yours sincerely,

Marie [Surname]

What about conventional medicine?

Asthma is now the single most common ailment in the Western world and conventional medicine cannot identify why. In fact, the list of things that conventional medicine has yet to discover about asthma is quite an extensive one, including:

- What causes asthma.
- Why various triggers start an attack.
- What causes inflammation, and why it gets worse.
- Exactly how steroids work.¹
- Why swimming can be beneficial.
- Why some children grow out of asthma and others don't.
- Why asthma returns in later life, usually as late onset.

Many of those attending our clinics tell me that they feel greatly let down by the medical community; that was how I felt myself. For a major part of their lives, these people have had to put up with a debilitating condition which has frequently diminished their quality of life. Then they come across the this method, or they are told

about it by someone who is rarely their doctor. They start paying attention to their breathing and doing the breathing exercises, and they find that they experience a dramatic reduction in their asthma problems. They persist with the various disciplines that Asthma Care requires — breathing exercises, physical exercise, sensible diet — and the improvement continues. Then they wonder why they were not taught this therapy earlier, or at least taught the importance of paying attention to their breathing.

They don't understand why this approach is never mentioned by their doctor. It does after all, adopt a complementary medicine approach and people are always advised to consult their doctors before considering changing their medication levels.

Breath retraining is natural, safe and based on medical physiology, so it makes sense. What could be more natural than calm, silent, regular nasal breathing — rather than the irregular, erratic and sometimes noisy mouth breathing that is typical of many asthmatics, even though they may not be aware of it?

To date, this therapy has received positive feedback from thousands of people worldwide who have experienced lasting relief from their asthma symptoms. It is the much maligned media who have been instrumental in creating greater awareness of Buteyko for asthmatics in Australia, New Zealand, Britain and Ireland, in particular by featuring people who have successfully applied this therapy.

But many people remain sceptical, and understandably so when there is so little interest in, never mind support for Buteyko from the medical profession. Why is this? And more to the point in this era of financial constraints and health service cutbacks, why is there a total lack of interest from the Department of Health? The annual cost of asthma to both the patient and State is estimated to be €463 million and this figure increases every year. Furthermore, the average estimated cost to each patient is €1,711, although this figure almost doubles for more severely affected patients. ²

While all this money is being spent every year by individual patients and the State, a tried and tested method of helping people to solve their own asthma problems naturally, and at no cost to the taxpayer, is ignored. asthma books

Why correct your Breathing?

As previously stated, my main purpose in writing this book is to spread the word about the benefits of breathing a correct volume of air. It has been of enormous benefit to me and naturally I would like other asthma sufferers to enjoy the same benefits.

If more people hear about the method and decide to take advice on it, then it's likely that my practice will prosper. Therefore, it could be argued easily that I have a vested interest in converting more people with asthma into devotees. There's no point in being disingenuous; it may be the case that I do have a vested interest, but I also have a genuine desire to inform more people about correct breathing, and my motivation is not primarily

commercial.

I already know from personal experience what it is like to suffer from chronic asthma. I already know what it's like to take control of it too and, if Asthma Care is about anything, it is about **enabling people to take control of their own asthma problem**. If a patient successfully follows the advice he or she gets then that patient will not need to see me again. There is no magic bottle, no elixir, and no expensive therapy. Asthma sufferers are given practical advice and information, and that's it.

But what happens in the case of your normal medication? I recall being told by my doctor casually, as he wrote a prescription for me, that "you'll be taking these for the rest of your life".

Read the leaflet that comes with your asthma medication: "Do not stop taking this medication without consulting your doctor." A dependency has been created. The experience of most asthma sufferers is that the medication gets stronger and stronger over the years, but so does the asthma problem. This is a classic addiction cycle.

When they're asked about the Buteyko Breathing Method, respiratory consultants will state that there has been very little research on the method, and what does exist now is only a small number of trials and pilot studies. Naturally, consultants therefore tend to shy away from advising patients to try the method.