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JUST BREATHE - a magazine by Healing Hotels of the World



OSTEOPATHS: THEY TREAT BACKS DON'T THEY?



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by *Gerry Gajadharsingh DO - Osteopath*

They do and usually very well, but you might be surprised to learn that Osteopathy is simply a philosophy of healthcare practiced by Osteopaths, which can be applied, very successfully, to a wide variety of health conditions - some of which may not be immediately obvious to the patient.

A skilled Osteopath will often incorporate diagnostic testing, imaging and laboratory investigations to compliment their detailed case history and clinical examination in order to help explore the likelihood of problems affecting the 3 systems of the body/mind continuum, susceptible to functional disturbance. These 3 systems are the physical, emotional and biochemical systems. For example simple problems such as a sprained joint may affect just the physical system, when manual treatment will suffice but something more complex such as fatigue may affect all 3 and therefore treatment should be directed appropriately.

What patients can often discover by visiting an expert Osteopath is that "everything is about something else".

One of the unique Diagnostic and Treatment tools that I use is non-invasive capnometry and Heart Rate Variability (HRV) monitoring.

Capnometry is one way that is scientifically accurate in measuring CO2 levels, which also measures heart rate variability (HRV) and can be used to help breathing retraining, capnotraining. HRV is the variance between our heart rate at rest and at exertion. When at rest, when we breathe in, heart rate increases, and when we breathe out, heart rate decreases. This variance is HRV. It is an excellent measurement of our autonomic nervous system response (the subconscious nervous system).

A low HRV is a predictor of all causes of death, and from a scale of 0 (dead) - 30 (elite athlete), the average person will range somewhere between 8 - 12. A low HRV will often combine with negative emotions and poor health, with the converse also holding true. The role that good breathing physiology plays in maximizing HRV is not to be underestimated.

Breath and life are obviously intertwined, as are breath and thought. It is by means of breath that we remain physically alive. We are born with the inherent knowledge to breathe correctly through our diaphragm. However, our own unique breathing patterns are influenced by many life events, especially during childhood. Our emotions influence our breathing patterns and just as importantly, our breathing affects our emotions.

I estimate that 70% of patients who visit me do not breathe properly and most of them do not know it. At first this may seem strange, as breathing is a subconscious activity. Unless we have an obvious breathing problem (asthma, lung disease etc.) we do not usually notice our breathing. You may notice, in other people or indeed yourselves, that we may sigh a lot, find it difficult to catch our breath or talk very fast, which are all signs of not breathing properly.

You will probably know that when we breathe in, we breathe in oxygen (O2) and when we breathe out, we breathe out carbon dioxide (CO2). However, it is not as simple as that! Whilst the main aim of respiration is to get O2 into cells to help with energy production and the many cellular reactions that our bodies need to survive, this action is dependent on an adequate level of CO2 being present in our bodies. Almost always, when people are not breathing properly, the issue is one of over breathing (although this does *not* necessarily mean breathing too fast).

The effect of this is to breathe out too much CO2 and so the levels of CO2 in our body drop (hypocapnia) and so reduce the level of O2 delivered to the cells of the body (hypoxia).

Ironically trying to breathe more O2 in *does not* necessarily help this situation.

Somebody, who is classically hyperventilating (deep and fast breathing), often with symptoms of breathlessness and panic, is breathing in lots of O2 but is actually expelling more CO2, then they should. So the treatment for acute hyperventilation is to hold a brown paper bag over their mouth and nose, so that they re-breathe their own breath (mostly CO2) and they return to normal because cellular O2 increases. Whilst most of us do not classically hyperventilate, our pain, anxiety/panic, depression, insomnia, OCD, hyperactivity, asthma, gut problems, increased blood pressure etc. can at least be partly caused by not breathing well.

Breathing Assessment

A Diagnostic Consultation, lasting up to 1 hour and including a case history, breathing questionnaire, clinical examination and assessment by capnography and HRV will allow me to ascertain if the patient is a good breather or indeed, more likely, that the patient has a breathing pattern disorder.

What You Can do at Home

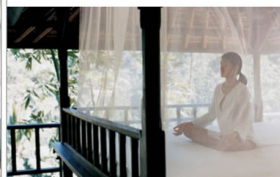
- Slow the rate of the breathing down.
- Breathe from the diaphragm and not the upper rib cage.
- Do not breathe too deeply.
- Extend the phase of exhalation, which should be longer than inhalation.

Breathing re-education works very well with meditation. Learning how to quiet the mind will often have a much faster effect.

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It was an amazing discovery for me over two decades ago, when, in a meditation course, I suddenly woke up! With a sense of awe and great clarity I found myself observing my own thoughts. For a brief moment I was free.

by *Anne Biging - Co-Founder and Managing Director of Healing Hotels of the World*

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