

# Breathwork

With Kerry Dowson  
8<sup>th</sup> April 2020

## TRANSCRIPT

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Steven:

Good afternoon . You're joining us for another of our lunchtime CPD sessions, 45 minutes of learning with others. And we're starting to call these breathwork Wednesdays because we seem to be doing a regular series of informative discussions on things that can help you with your own breathing, things that can help you with your telehealth appointments, with your practitioners. And today I am joined by Kerry Dowson welcome, lovely to have you with us. You're an osteopath, you're also a qualified breathwork work practitioner. What the hell is one of those?

Kerry:

Oh, well this is all becoming rather a trendy thing to do these days. You breathwork has been around for an enormous long time, you know, since well since we were born, it was the first gift that we were given the breath and it is the first gift that we'd all forgotten how to use. And today with this pandemic that's going on, I think it's terribly important to link into the diaphragm, but breathwork has been done by the yogis and the Easterns and Panna Yamas and all sorts of different Egyptians have had different types of, of breathing.

Steven:

What do you have to do to be qualified as a breathwork practitioner?

Kerry:

Well you, you actually go on lots of these different courses and the courses that I've done are, have been inspired by the biodynamic bodywork and trauma release systems. So as a breathworker and we use the breath to access the emotional, the physical, the mental, and the wonder, the spiritualness of yourself by using this breath, it actually creates a massive physiological change in your body. And people will begin to have emotional releases, physical changes, they can have a mental clarity and it creates an embodiment and a much healthier way of going forward in your life.

Steven:

So what are you going to do with us today?

Kerry:

Well, actually I'm not going to be using, and we use this with the conscious connected breath. So there are lots of different types of breath that breath workers work with, something that's called conscious connected breath, which means that you're conscious about it, you're connecting the inhale and the exhale and you breathe in and out through the mouth to get a lot of oxygen into your body. And that conscious connected breath is the most, it's a, it's a game changer. And I've trained with the BBTRs inspirational breath, breath guru and developing my own osteo breath as well. But the connected breath, the conscious breath is a breath that I'd like to share with you today. And this is a nose breath. It's the way you breathe through your nose. And the importance of breathing through the nose is because the nose is the filter.

It's the filter of the air. We all know this. It syphons out all pathogens. It syphons out bacteria. Hopefully it syphons out, viruses. It moistens and warms the air through the cilia, the cilia send vibrations up little oscillations into the new cortex through the, cribriform plate and affects neural patterning. This is latest research they've found out about this. And then of course the air goes through to back the nasal passages into turbinates and it heats the air up and turns it into a spiral that produces nitrous oxide, one nitrogen, one oxygen and creates nitrous oxide.

Steven:

That neural feedback you were talking about earlier. There's a principle that is used as the principle for pain relief through breathing as well, isn't it? That if you breathe through the nose steadily and calmly you can cause quite a significant amount of pain relief.

Kerry:

Unbelievable emotional pain, physical pain, mental pain. Absolutely. It makes a very, very, very big difference. So, so the Turbinates work, it fills air up and it sends it down through the trachea. And because you have the nitrous oxide in your blood in your air its a very well known vaso- dilator. So it goes to the ends of the alvioli and your little alvioli all shrivelled up and tight and they've got a little virus on them at the moment and nobody's being able to breathe and trying to breathe in through your, through your nose will actually begin to expand the alveoli which then gives you a larger surface area and then you get greater profusion and transportive oxygen into the blood. Nitrous oxide is also known as a good, euro- transmitter and very useful for mental changing your mental health as well. So, it kills pathogens and when you breathe out and the turbinates work again, so it begins to cool the air as it goes out. And the nitrous oxide is meant to live, I think in your paranasal sinuses. So the different ways of breathing and one of the ways that we can breathe in order to increase this nitrogen oxide is this, there's a covered 19 breath. What that is terribly important for us to be able to do now.

Steven:

Why, what's special about a Covid 19 breath how is it different from any other breath?

Kerry:

Well of course if you've had Covid, I will demonstrate it to you, but if you've seen people who've had covid they really just can't breathe because of this horrible thing on them. So what we're trying to do is we're trying to get as much oxygen into their lungs to release all the dead space to increase capacity and space. So there will be breathing in probably through their mouths because breathing in through their nose will be too effortful. So the, so what people will do is I recommend people to put their hands on their ribs and use the hands to feel the lungs, feel the ribs expanding and to take a breath in through the mouth and to hold it for five. So you breathe in, hold it for 5 the lungs have expanded, you drop it out, you breathe in again, you hold it for five and you drop the breath out.

And as you drop the breath out, you try and squeeze your lungs, you breath in again, and hopefully this is going to stimulate and irritate that Phrenic and Vagus nerve to get you to cough . What you want to do is you want to cough out all that muck that's been practically suffocating you like an installation. So you do that for five times. The cough will come up, have a massive cough into your shirt or into a pillow or something like that. And then you lie on your stomach and you breathe in and out of your mouth to a two to one breath. So you'll breathe in for two maybe saying I am on the exhale better. I am better on the exhale. So you're breathing in a two to one breath when you're laying on your bed and you do that for about 10 minutes.

Steven:

When you, when you started, you said you were going to talk about breathing through the mouth and then you said it was really important about breathing through the nose and now we're back to the mouth again. So I'm slightly confused.

Kerry:

Okay. So the reason why I'm suggesting and breathing through the mouth with this Covid one is because breathing through the nose, the airways are so constricted that even breathing in through the nose with people who've got Covid to be able to try and even expand their lungs, it'll be really difficult. So what happens with breathing through the mouth, as you get volume, you don't get the nitrous oxide but you get volume. So that is what we want. We want volume in order to be able to cough and all to be able to get rid of all , that debris that is in the lungs.

Steven:

I've actually had a question for you from Danieli, who's asked, what do you think about the Buteyko method? I'm sorry if I'm pronouncing that wrongly. Do you know about it?

Kerry:

It's just absolutely brilliant.

Steven:

He asks whether it's still alive and kicking?

Kerry:

Very much so really, it's a brilliant method they use a Brown paper bag. And the whole concept about the method is that I'm not an expert on the particular method, but my take on it is that they use a Brown paper bags, that they're breathing in a lot more carbon dioxide. And the intention is that , when you're breathing out, you are thinking about breathing in. So as you exhale into your, into your paper bag , you are thinking about breathing in and then you breathe in again. The method is just absolutely planted in so many people's lives who, especially when they've had asthma. And of course, you know, when you think about the structure and function of the diaphragm, it's the most beautiful muscle in the body body. But there is a link between the, mthrough the medial longitudinal fasciculus.

The phrenic nerve anastomoses with the Subclavian Nerve around about here. And people can often think that they've got a first rib problem or they think that they've got a thoracic outlet syndrome, but actually it's because the diaphragm is not functioning properly. Because through that fasciculus it irritates the Subclavian Nerve and then that subclavian nerve will go out through the stellate ganglion, which then attaches into the retro ambiguous nucleus in the brain. And that will send up information out to the trigeminal system and then back down to the Buckle system and then all the way back down to the diaphragm. So all of these different differential diagnosis that we can have with problems that people are presenting to us could be all to do with the diaphragm the most brilliant integrated system in our whole body.

Steven:

We might get the chance to come back to the diaphragm later. I think I'm just wanting to stop you because Jane, I interrupted you earlier on. You asked for some clarification there. Jane has said that the covid breath thing, could you just run through the lying on the stomach, but again, the ratio two to one, which way round?

Kerry:

Okay, so when you're doing the covid breath, you, you breathe in and you hold your breath and you count to five and then you breathe out and you do that five times. Hopefully you will have started coughing and you will have used your hands to push your ribs so that you can really cough out. And also you don't want to spread all the germs. You then lie flat on your belly. You really want to be lying on your belly because most of your lung capacity isn't behind you. So you lie on your belly and you will be exhausted because it's incredibly hard work. So what you would do then is you're breathing for a count of two and you exhale for count of one. And you're doing this so that you don't hyperventilate because if you're letting out a lot of carbon dioxide, it can let you kind of do a state of hyperventilation. So you could even breathe in for three if you can manage that. But if you'd be so exhausted, it's a breathing. I am here, I am alive. So it's a two one to one ratio breathing on your tummy.

Steven:

Have you actually dealt with any survivors of covid 19? I don't mean to suggest that most people wouldn't survive, but people who have lung problems,

Kerry:

I have dealt with definitely three people who have been, we've had the corona virus who've been bedridden for two weeks. And I mean, it has been quite a journey. I mean, very, very humbling.

Steven:

Most of us won't have seen a covid 19 suffer because of the isolation that we're all in at the moment. So the

Kerry:

The point is that when I had one particular patient who isolated herself and I just kept on keeping in touch with her and she just developed and she became incredibly unwell and very carefully and very gently when she was capable of, she just phoned me and she'd say, Kerry, can you just talk me through what I need to do? And it was very comforting for her. And this is what we do as osteopaths. We are there to support our, our clients, our patients. And it's very frustrating now that we can't touch them. So if we can leave them with our breath and teach them with this breath and all the different patterns that we have with the breath, Oh my God, it will make such a difference to your clients and also to teach them. Now, while they are at home in isolation actually is a preventative.

Let's get this diaphragm moving. It's the muscle has an excursion of 10 centimetres. So when you, when you breathe in, it should be able to move down 10 centimetres and then back up again. It's like a giant, it's like I look at it as a giant butterfly. So you, so as you breathe in, the diaphragm descends as does the pelvic floor descend. And then when you let go, it's the elastic recoil of the lungs, which you don't have with covid, which allows it to come back up again. And as you're breathing in, it's not the intercostal muscles that's working it's the thoracic pressure that's changing. So it goes down and it comes back up again.

So we just got to get this diaphragm working and the excursion of 10 centimeters, it is being published that the majority of people that they worked in a research paper with only used 0.5 centimeters of their function of their diaphragm. So of that amount, they're only using 0.5 We have the capacity to do this and once we do that, it's massaging every single system in the body.

Steven:

So in terms of not preparing people for covert 19, but in terms of making them healthier, just in case they, they can track the disease, would you recommend the exercises you've just shown us or would you modify it?

Kerry:

There are lots of different exercises one can do, you know, were sitting in front of computers, I can teach you how do the technik (?) method of breathing where we work on the, the tongue attachment to the hyoid working on the genioglosses muscle, getting into extension and then getting the diaphragm to work and using your tongue was the tongue again is also attached to the diaphragm. Umhhere is a, another breath work that people are doing at the moment called coherent breathing. This is a very interesting breath that, ht's a six, six, six pattern. Umt brings great calmness, heally makes you feel inside your body so that you can actually understand how the ribs and lungs are working,

Steven:

Which will be the sort of thing would be very useful for practically everybody watching this at the moment. Because I imagine that they are very, very concerned about their own business. Their anxiety levels might be way up above normal.

Kerry:

Anxiety levels are absolutely through the roof. And so this is what we do with the biodynamic or with the open mouth breathing is we really work with people's anxiety and stress levels. But if you're doing the coherent breath, it'll give you the same, the same result but over a longer period.

Steven:

Can I just ask you a quick question before we go onto that? Suzanne had asked whether the demonstration you made earlier on would change for somebody who had asthma because apparently asthmatics don't like to be lying on their front.

Kerry:

Well, that's really interesting question. I think that if you're a covid patient, I think you would definitely need to be lying on your stomach it is what they're using in the hospitals at the moment. I didn't know that asthmatics didn't like lying on their stomach. I wonder why that is maybe because they're going into hyperextension and irritating the first group there. .

Steven:

If somebody knows, perhaps they will, they'll send us that question and just an observation Vispie says that as far as he knows, Butakyo raises the acid levels to increase induce a relative acidosis, which is meant to help with breathing and ask how about helps breathing. But actually it might be worth just saying go and look at the recordings of the Leon Chato broadcast that we've done previously, rather than distract you from your theme at the moment.

Kerry:

I think that would be a very useful thing to do. And just remember that of course breathing is all about gas exchange and we as osteopaths will, I certainly know that mine myself, I really didn't take all of that into consideration all those years ago. How important CO2 levels in the body are.

Steven:

No, it did. Leon Chato went into huge depth about that and in a very complicated, definitely one of his broadcasts with us and they were in the recordings section of our website. So we'll let people go and look at those for, I'd love to study information, right? So what are we going to do? Coherent breathing.

Kerry:

I would love to do some coherent breathing with anybody. I would like to demonstrate it and maybe if everybody would get themselves sitting really comfortably. This, this method was designed by a man called Dr. Steven Elliott and he did an enormous amount of research in South Africa and also in Canada. And he was looking at basically the magnetic fields and looking at how the rhythm of the earth is linked in time. And the findings that you've got was that as, as he was measuring the magnetic fields in the earth, that it had a rhythm of 0.1 Hertz, which is equivalent to the time of our, our time, 10 seconds. So he then devised this breathing method where you breathe in six times and you breathe out six times and you do that for 60 seconds. And you can do that for one minute.

Kerry:

You can do it for two minutes. You can do it for five minutes, you can do for 25 minutes, but as long as you do six by six and that each breath in is 10 seconds and that each breath out is 10 seconds. So it's

quite precise. He then says that you're breathing in time and in rhythm with the earth, which I think is a very beautiful thing to be able to do. So you can do it anywhere. You can do it sitting in your chair I like doing it in the morning when I wake up. The first thing I do is do the six, six, six reading tool And I quite like doing it, in the day when I'm walking out going to get my sandwich, just have a quick little breathe. And I also liked doing it before. I go to bed, so it's a nose breath.

So if we were to demonstrate it and if anybody would like to join me, do you want me to take them through? We weren't going to see them, but they can see you and possibly me. So just inviting you all to be incredibly comfortable with yourself and just to let go all of the brain activity that's going on in your body at the moment. You're wanting to learn to do something and this is something that's really going to help you and it's going to help your patients. So bringing yourself in and closing your eyes and then just allowing yourself to exhale completely.

And normally I would use a timer, but I'm just going to count for you. So when you're ready, take a breath in. Two three four

Five six breathe out. Two three, four, five, six in the nose. Three, four, five, six out the nose. Three, four five six. Breathe in. Two, three, four, five, six. Breathe out two three. Four, five, six in two, three, four five six Out two three, four, five, six. Keeping our eyes closed. We've just done that for a minute. Just notice any changes in your body. I just noticed whether you feel calmer, you may not be feeling calmer because you're learning about it. If we'd done it for two minutes, it would probably have been a little bit more helpful. That is a very nice start.

Steven:

A couple more questions for you before we move on. When you had someone lying prone, would you have a pillow underneath their chest or their abdomen or anywhere?

Kerry:

Me, I usually have a pillow underneath the abdomen. I think if somebody has covered that, when you see them coughing, you know, they just stop themselves It is just, it's so forceful.

Steven:

Gosh. And someone else has asked if the emphasis of treatment recovery just to get the cough working rather than anything else is to make them cough. Is it probably breathing

Kerry:

Well you want them to cough everything out and you want them to create space in the lungs. You want to get the compliance of the lungs working it's the same with pneumonia and things like that. You want to be able to get this whole beautiful system working again and getting this cough working is the way to, to clear it.

Steven:

Couple of people actually asked us whether you know about the Wim Hof method and salt pipe breathing or those things that you're familiar with.

Kerry:

I'm very familiar. I'm not, I'm not, I am familiar with Wim Hoff and I don't practice it. I have practiced it a few times. I find it a bit too macho for me.

Steven:

I don't know what it is.

Kerry:

It's a forced it's a breathing in and out and in and out for a long time. And then you breathe up and you hold the breath and then you breathe down and you hold the breath for a long time. And what you're trying to do is you're trying to increase the amount of, o carbon dioxide in the body so that you can go deep sea diving. It's brilliant, it really works. If you're interested in, if you're quite a sporty person as well.

Steven:

Right. Okay. And the salt pipe breathing, never heard of that. Perfect. Well, Sarah asked us about that. Perhaps she can enlighten us an observation a bit later on.

Kerry:

Ok so we've done a coherent breadth, which I think is absolutely brilliant The other way of getting people to expand their lungs is

When people are trying to sing, trying to get their lungs to flare out, it's quite a hard thing to do because they haven't really engaged their diaphragm before. So one thing to do is to breathe out completely and you hold your nose and you pretend you're breathing in through your nose. As you breathe in through your nose, you'll find that your whole body will begin to lift or you carry on pretending to breathe in through your nose for as much as you can. And you S as you carry on breathing, you slide your hands away. And because of the abdominal pressures, the change in them, your lungs begin to flare up. So if I were to demonstrate it for you, you would breathe out and I close my nose and my mouth and I begin to breathe in.

Kerry:

That's not very good. You can't really see what's happening basically through my mouth there. So as you, as you, as you do this breath, you can try to yourself Steven, did it work? Could you, did you get it? Did get again air in? Yes,. And you just feel this air coming in. It's like an absolute bullet and the whole lung, the rib cage expands and then you let the air out. And this is, I used to help opera singers. It's a really useful breadth for them and they've got fantastic capacity as you well know, but is it, they really enjoy, I'm using that technique. There is also a very lovely, breath pattern that one can use for, rying to go to sleep at night. You know, we're all very worried and when you've got a lot of mind chatter going on in your head and you're having those sleepless nights, there's a very simple, it's called the four, seven, eight breath. And again, it's through the nose and out the nose and very quiet and you in your bed and you start, you breathe in for four, you hold it for seven and then you breathe out for eight.

Kerry:

So again, I mean it's very boring to, to watch somebody doing this, but actually if all of you were there, if you could put your hand on your chest and one on your belly and just feel yourself breathing to a counter four holding for a count of seven and breathing out slowly through your nose to a count of eight.

Repeat that again in for four.



Hold for seven. And you can begin to feel the calmness that descends. And if you just do that, you'll find yourself nodding off to sleep.

Steven:

Is the length of the count important? By which I mean if you have one, two, three, four as opposed to one, two, three, four, is that, is the duration of that count important or is it the ratio of the ones, the fours, the seven of the four to seven to eight.

It's the ratio that's important. Yeah. So some people will be, some people are fast breathers, some people are slow readers. I think that the coherent breath is making me realise that actually there could be something that's really important in the timing. So I do try and keep it very, rhythmically.

Steven:

A couple of people eventually asked about the tongue diaphragm connection that you mentioned earlier. I mentioned earlier on could you explain the tongue breathing exercise?

Kerry:

Yeah. So the Vagus nerve is connected to the hypoglossal nerve. Of, the trigeminal system. Okay. And this connects to the sub-occipital muscles by the Cervical one and two and in regular respiration of the hypoglosses is electrically involved in basically coordinating the diaphragm immediately before the diaphragm contracts. And the little muscle genioglosses, which is attached to your tongue here. It's an extremely important accessory respiratory muscle. Yeah. Ums it stops the muscles of the mouth closing the upper respiratory tract during inhalation. And this little Genioglosses muscle goes posteriorly with expiration and it comes anteriorly with inspiration. So opens to allow the air in and it closes to allow the air out and it basically forms most of the mass of the tongue.

It inserts onto the hyoid bone. And, and because of the, the Vagus nerve, which has its connection all the way through the medial longitudinal ligament, it actually connects to the hypoglossus through the hypoglossal nerve as well. So the Vagus nerve of course has, an influence at the crura of the diaphragm. And we knew how important it is in regulation of how the diaphragm works. I mean, the Vagus nerve peak, you just report, there's just so much information. All that I'm going to leave, I'm going to go down that route today. But, one of the techniques that we are working on is working, but the touching your hyoid muscle and your tongue. So if you've been sitting at the computer all day and you've been hunched and all rounded and neck like that, what a great thing to do is put your hand on this muscle, bring yourself up into a sitting position and hyperextend your neck and, and really feel your tongue is stretching at the same time.

You will draw your tongue all the way back so that it sits on the back of the soft palate. So you're exercising the tongue and then you will take a breath in probably through your mouth, because it's easier. But I would really like you to take a breath in through the nose. So you're holding here and that goes back. Press your tongue into the palette and you keep on pushing it. So you're doing a muscle energy technique. So by doing that, you're stimulating the vagus nerve, which is going to be sending information down to the diaphragm. And as you inhale, you're also stimulating the diaphragm. So there is this very strong connection.

Steven:

When you asked earlier on about the, the covid 19 breaths, but it applies to all of this. How many repetitions do you do of this? Generally

Kerry:

There's people always say, how many repetitions do you do of anything? You know, people always say, do I do six, do I do 10 I always say, do, do if you do want and you do it properly, that's a really good thing to have done. You can breathe for 10 or 15 minutes with this neck breathing that I like doing. I can sit here probably for five minutes and breathe in and out. Doing that. Really feeling the stretch. So that's the beginning part of that, that exercise. And then the second bit is when you've done that, you come back and you bring your neck back and you put it into extension. Do really try to tuck your chin so you're leaving the back of your neck? Really, really lengthen. And again, you'll breathe in through the mouth and you exhale through the nose. And this is to count of five. So you're breathing in, pressing the tongue, breathing for five. Breath out, bring your face down. Squish your chin in, breathing for five, read out for five. Then you come back to neutral and you repeat that as many times as you want. You don't have to do five or 10 times.

Steven:

Their head back was and out through the nose and chin down and forward was in through the mouth and out through the nose.

Kerry:

You can do it in through the nose and I think in through the nose and out through the nose. So both of those are in and out of the nose.

Steven:

I was just mistaken. People like specifics on these. A couple of people have asked whether there's a name for this technique. ,I think, and for your nose

Kerry:

I haven't actually got a name for this technique yet we can just call it to do computer, neck exercise.

Steven:

How compliant are your patients when you prescribe these things, do you think? When you say go away and do this? I mean, I don't know how many of these you'd prescribe as a, as a group, you know, lots of different exercises together. Whether you just say one exercise,

Kerry:

I usually just give them one at the beginning of the session and I then ask them to do it at the end of the session by themselves and we just do a little bit of adjustment to make sure that they've absolutely got it right. The most important thing with a lot of breathing is that we are all upper rib breathers and try to get people to breathe into their belly is an incredibly difficult thing to do. So I usually start with a breath pattern analysis. So there's a breath pattern analysis that you can do to find out if somebody is a hyper ventilator. So you get people to breathe in and out and as they breathe out you get them to hold their nose and get them to count. And if they count only 10 seconds before they have to breathe in again, it's more likely that they're somebody who hyperventilates.

If they can do to a count of 20, it's probably less likely. And if they can count to 30 then they don't have a hyperventilation problem at all. So that's one of the things that I might test. And the other really important thing that I work with is getting this diaphragm to work as soon as getting people to breathe

into their bellies. And most people when they breathe, they don't even think that their bodies should be going out like an expanding balloon. But that's what the function of the diaphragm is doing. It's pushing the abdominal contents out and it's making that belly come out. We're so used to putting our tummies in to be, to be slim. I don't know. I no longer have this flat stomach. Not that I ever did, So I'm going to breathe in and my stomach goes up and as I breathe out, I just, I have no effort. So I breathe in again and the breath comes out. And then what you want to do is to get this equal between belly and the on the chest. You want to be getting a real baby's breath going here. So you're breathing in through the belly

And up into the chest. No, I'm exaggerating the sound. The reason why I'm exaggerating the sound is so that people can hear that there's much more inhaled than there is an exhale. So as you breathe in

You breathe out so everybody just try it at home actually keep your left hand on your, on your heart, your right hand on your belly, lying down, sitting. It doesn't matter what it is and breathe in through your nose and feel where your breath is going. Are you an upper rib breather. Are you a person who breathes into the side or are you someone who deep breathes into neck? Or you're an abdominal breather. Just noticing where your breath is going, breathing in and breathing out. Okay.

Steven:

Breathing in

Kerry:

And breathing out. So some of you would have noticed that your an upper rib breather or an abdominal breather. And then I have various tools that I use to get people to get that function working. So if you, well, if you do not have an abdominal breath or you will usually put a beanbag or if you were at home, I've been using getting people to get their heavy Grey's anatomy books of whatever just to put onto their belly. Oh, to get them to lay on their tummies. When you have weight, it's actually much easier to breathe into that, to make an, a balloon to make that wonderful balloon of air in your belly. And then the, the letting go is just, it's like letting a helium balloon go. So it's just a, a surrender, a collapse of the lungs.

Steven:

The questions and things that come to me on my own ipad get flagged with different colours, but depending on whether they're important or not and whether I have to look at them, I've got the red flagged one here, which means I've got to look at this one and it says, this is so useful. And would you come back for an evening broadcast to do a full 90 minutes on this because we're clearly going to run out of time very shortly and it's fascinating. People are really interested.

Kerry:

No, I haven't done very much.

Steven:

That's why they want you back. And what you were saying about hyperventilation ties in so nicely with what the lately on Chato said when he came in here. So Leon Chato is in good company obviously.

Kerry:

Im just a little osteopath and I think is so important to share and I'm really grateful to you seeing for allowing me to come here

Steven:

And I try and like try and get through some more questions before we run out of time. Mark asks why do we need nitrous oxide?

Kerry:

Why? Oh my goodness. It's because there's another one vasodilator, right? It completely changes the whole function of the alvioli because as you breathe in, it's clean. You know, you're clearing away all the pathogens, but it is a vasodilator. It's also a neurotransmitter. And,uit sends lots of molecules. It's made in blood vessels and the nitrous oxide is the most important defence mechanism that we have at the moment.

Steven:

Elsbeth has asked 'em it could we still be breathing quite deeply but still only having that tiny diaphragmatic expansion that you talked about earlier on.

Kerry:

So what does she mean by breathing deeply?

Steven:

I only have a written question. So she just says, could we be breathing quite deeply and our diaphragm excursion is still only tiny.

Kerry:

Yeah you could because where is your breath going and you need to work out where that breath is going. You could be breathing really deeply into your upper ribs. You know, we sit computers all day long. Our breath gets stuck up here and you know, one of the tools that we use to get the breath going, there's a lot of beating, quite a lot of sound making so that you begin to start, I'm feeling the energy working and it begins to start to changing the breath. Use a lot of movement. I use a lot of massage. While I do this breath. It's actually, that's just changed my breath. Just even doing that. Yes, you could have a big breath, but you could have even a bigger breath and you could really get your diaphragm working.

Steven:

Katie Robinson said you described the the first exercise you demonstrated as the covid 19 breath, but she's said very sensibly. That would apply surely to anyone who's recovering from pneumonia, whether it's coping related or not.

Kerry:

But I think that they, I mean, I called it the covid 19 breath. I think that's because I, it's because I knew the people in the hospitals are actually using this. Nurses are using this, a friend of mine in South Africa has told me that this is what they're doing in the hospitals. So it's a, and I think it's quite a useful, useful breath for pneumonia, for pleurisy. But one has to also be very careful. Number one, just remember

when you're squeezing, be careful with people who've got osteoporosis. You know, we don't want to be cracking and breaking their lungs cause it's kind of forced as you're going to be putting into the rib cage and and when people are unwell and they can't breathe, it's incredibly exhausting. So you want to take in enough air without actually bringing in and stimulating that nervous system so that they're going into complete sympathetic overdrive of a fear flight fright because it's so frightening anyway.

Steven:

Okay. Emily has asked whether the coherent breathing method helps with lungs in someone suffering COPD

Kerry:

I think it would be brilliant. I think, I don't have any COPD patients. I'm really sorry, but I think it would be absolutely brilliant. It's a very peaceful breath. It's a very regimented breath is a real tick tock tick tock breath and you do it and you get into the flow of it and you get into the rhythm of it gently at your own pace. Oh my goodness. I think it will be a massive game changer because it also begins to engage the diaphragm

Steven:

Elizabeth says about us about that last exercise you demonstrated. She says, you know, would you have to modify that for people with disc problems or neck OA because you were going into quite a lot of extension.

Kerry:

I was getting into a lot of extension I'm pretty hyper mobile of course. I mean yes I you couldn't do this with an 80 year old woman who's got osteoarthritis and that goes without saying. And then I think that that's our making a professional decision about whether we use this for the patient or not. But you know, even if somebody has got a neck forward, you know, whatever, just getting them to touch that hyoid or to move it to begin to get them to massage into this muscle you use there. And this one, it really sits on it. Yet this muscle working, we don't use this muscle. Try it now yourself guys. It's huge. We to go really feel that working. Really work that hyoid.

Steven:

Cool.

Kerry:

And then if you pretend you've got OA, how far can you go backwards? Is it coming from the middle of the back? How far can I tip back and feel my tongue moving? You don't have to go back that far.

Steven:

Last couple of questions and before we have to sign off, Steven says, what should a hyperventilating breather do?

Kerry:

Well, I think that's another whole subject.

Steven:

Okay, we'll save that one for when we get you back to it. I'll take that as your agreement that you're going to come back .

Kerry:

Hyperventilation is all about blowing off too much carbon dioxide. So I'd get them to get into a long inhale and a very short exhale. So the most thing about hyperventilation is because you're scared you're, you're in your fear, flight fright, you've got a panic on, you're holding your breath, you're not holding it enough. Oh, I'm scared. Whatever it is. You don't want that. You want people to come into relaxing, breathing in through the mouth to get the oxygen holding for a little bit and just dropping the breath out, letting it go. Okay. Yeah. And your last question, the method, you know, great.

Steven:

Last question from Becky She says, have you noticed that petite people with a small thoracic cage, umore likely to have reduced lung capacity? Would you, would you see this as quicker or more shallow breathing? She says,

Kerry:

I think petite people, if I recall all those years, years ago , I think slender people who are little usually have a really large lung capacity, especially if they'd be doing lots of exercise. And so you're seeing small petite means that you're thinking small and slender and thin. Most people, they have quite a good and quite a good lung capacity. So I I wouldn't worry about that. I think your diaphragm is going to be sorting out all that info.

Steven:

It's two o'clock. We said we'd do 45 minutes and we've, we've now run out of time. That was brilliant. Thank you very much. Thank you. On behalf of all these people sending in comments, saying that they've thoroughly enjoyed this session and asking if you'll come back again and we'll keep pestering you.

Kerry:

Well, that's really nice. Thank you everybody.

Steven:

I hope it was okay. The discussion, you seem to enjoy it. We certainly did.

Kerry:

Oh, well, I really did feel as though I was put on the spot and you know, it was like, Oh my God, I've got to think about all this stuff I hope that I explain things enough for people. Thank you very much.