

Breathwork 2

with Kerry Dowson

22nd April 2020

TRANSCRIPT

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Steven:

Kerry, welcome back. Second session for you. We're going to talk today about some simple breathing exercises you said, and then we're going to talk about the function of the face, which I have to say I'm intrigued by.

Kerry:

Well, the function of the face for breathing. Yes, it's really important. But you know, when I think about breathing, we, we do, we, everything in life comes with a manual of how to do things. You know, how to even use a hammer or how to put a battery into a torch. But we don't come with a manual on how to breathe. We are given breath the moment we are born and we begin to use our breath every single day of our lives until we die. And along the way we get hit by various things and our breath pattern changes, but we don't have a manual on how to actually help us change our breath pattern to make us feel better in ourselves. But the breath is our powerhouse. It's our lifeline. And it's vital for everything that we do. You know, when you think about it, we're all breathing now, but we're not aware of it.

Kerry:

It's involuntary, but we can affect it voluntarily as well. When we walk, when we talk, when we swim, when we die, we're breathing. But we are not aware of how we're holding our breath. We're not aware of how we use our breath when we try and calm ourselves or when we get into the state of overwhelm, we're not really aware of how we're using it. So for me, I'd become very interested in the conscious connected breath and also the conscious breath. So conscious connected breath we usually do through the mouth, as I said before, and the conscious breath is just thinking about how you are breathing in order to bring a lot of changes so that we can regulate our psychological and physiological state in our body. With the dedicated and learned breath. You know, the breath affects our circulatory system.

Kerry:

It affects our immune system. It deals with our pH and it's vitally important for taking in oxygen and dealing with carbon dioxide and carbon dioxide is really important because that triggers the hyperventilation the ventilatory system in the brain and the Medulla and with breathing and different breathing techniques, we can also learn to live with a higher consciousness. And and diaphragmatic breathing is the way to do this. So what I like to do when I'm assessing people is to bring them to a really calm state where we begin to assess how you breathe. And first of all, I will invite them to put their hands on their chest or onto their belly. And then I will assess and look at them and see how they're breathing. I look at their face, because we've got all of these anterior structures, which have got lots of space.

Kerry:

Then look at the face. We look at the neck, we look at the, the lungs and the heart space and we look at the abdominal space and actually see how this is working. For them. Maybe it's a good idea at the beginning of the session, just while you are sitting there looking at me just to close your eyes and come into your body and and feel what your breath is doing for you now at this precise moment and put your left hand over your heart. Yeah, and your right hand on your belly and just what is your breath doing for you? What's, what's it bringing up for you right now? Are you thinking about the functionalities, your mind getting involved in this or are you just noticing what your breath is doing.

Where is it? Is it coming in through your nose? Is it coming in through your mouth? How is it leaving your body? Is your chest rising? Are your ribs expanding out to the side? Can you feel it at your back? Is it coming into your abdomen? Can you feel your abdominal contents moving forwards or you've got a sucking back of your abdominal contents? Just feeling what this breath is doing for you.

Kerry:

You know, all of our emotional shifts are recognized in our breath pattern. You know, when we're excited, we have a different breath. When we're depressed, we sigh while we're sitting here thinking, Oh, what is happening with my breath? Maybe I'm feeling a little bit anxious. Well maybe I'm not. I'm just really enjoying the calmness of, of what is happening with the breath. So for me, this is really important. And I will see how somebody is breathing and then I have various tools that I can use to help them change that breath pattern so that it becomes more of a diaphragmatic breath. Because really this is what we want to do. We want to engage that beautiful diaphragm of ours, which hardly moves, but it has an excursion of about 10 centimeters to get the diaphragm working so that it draws the air in through our nose.

Kerry:

So you can probably stop feeling that, but some of you may have felt that you were breathing in your upper ribs, some of you felt maybe down through sides, some in your back, some in your belly and and we've got tools to change this. So for me the most important thing about the breath is, it comes through our nose and we need to breathe through our nose for the physiological importance a, of moistening it, it's for our immune system for clearing it of pathogens to remove bacteria, to remove the fungi in the eyes and in the sky and hopefully get rid of viruses. And the way this happens is the, the air comes in through the nasal flares and we have this triangle of bones in our body, which are so vitally important. We've got the nasal, these tiny little cartilages here on the top of the nose, which looked like grains of rice and they interlink with each other.

Kerry:

They are sort of coupled with one another so that it allows the nasal passages to flare open. And I'm going to pick my nose because I actually use this technique quite a lot with people. So if you want to do this at home, you're welcome to make sure you've got a tissue. We always breathe in through one nostril at a time, unless we're doing a conscious breath. When we use two nostrils, but one nostril will always be blocked and it'll be blocked for about two hours. And then it changed direction and then the other nostril begins to start working. So if you- So my, my left one is pretty blocked at the moment. This is my right, sorry. My right one is pretty blocked at the moment, so I'm just going to use my left little finger to open my nasal flare and I'm going to close this nostril and I just move that nasal flare around and notice how by breathing in through your nose, how different the air feels like as it comes down through that pharyngeal pouch behind the soft palette and all the way down into the diaphragm. So when people got a blocked nose or have difficulty breathing, this is a fantastic technique that you can get them to use themselves to open up their nasal passages and really moved around, feel the mobility of the nose, and then do the other side.

Kerry:

So it's very strange thing to be doing and people are watching me, but it's brilliant. Best not done on the bus. Definitely not done on the bus. But if you do well, you can do it on the bus. People just

think "Oh, she's picking her nose." But you really don't want to be breathing in all those bus breaths. But I don't know whether any of you can feel how having done that, your diaphragm has already been engaged. So by just working through the system, that whole precious system that happens in the body, engages the diaphragm and it draws the air in much quicker, much faster. Not only have we got these tiny little bones here, we've got the lacrimal bones, we've got the ethmoid bone, which I think is a great bone because it looks like net curtain or folds of, of icing sugar as it gives you the conchi, the superior conchi, the middle, and the inferior one.

Kerry:

And these act as turbinates. So when the air comes in through the nose, it comes in at a hell of a velocity. It gets warmed, it gets directed upwards, and it goes all the way up into that superior one. Which will then affect smell. It has to get into that superior conchi in order to be able to get attached to that cranial nerve I, which then creates an oscillation and goes and changes actually how the brain functions and then the limbic system. But we won't get into that. So then the air gets turned around in these turbinates. The lower conchi are really important for making nitrous oxide. And we know that nitrous oxide is extremely important for killing bacteria, and as a vasodilator. And that nitrous oxide that then gets stored in the maxillary sinuses and these, they're on this side here.

Kerry:

And also some of the frontal sinuses, which are up here and also in the sphenoid sinus, which is at the back, which attaches to this whole frontal complex of bones, which affects how the sphenoid works and indirectly affects the trigeminal nucleus, which then indirectly affects the vagus nerve. So by working on the front of the mouth with all of these bones and the air coming in, we can have another direct affect on how the diaphragm is functioning. Also, the other thing that's extremely important is that in the the nose, we, the epithelial cells are stimulated by vitamin D and the vitamin D makes a a protein called Cathelicidin, and this is a very important protein too, as an anti microbial antibacterial product in the body and is it kills fungi and it kills bacteria and it kills viruses. So being outside in the sunshine, picking your nose and breathing is probably also very good.

Kerry:

But this Cathelicidin and Vitamin D all begins to develop here in, in the nose. We originally thought that this change from Vitamin D happened in the kidneys when we transfer from 1 to 5-hydroxy-oxalase- all that spladgy-splodgy kind of word that I can never pronounce, but we know what you're talking about. But it actually also happens in the nose. So, this breath of life that comes in to us here. This is the point of the most important part of our lives and our breathing. So this function of the face and the maxillary sinuses and the frontal sinuses, we can affect osteopathically if we're going to be doing zoom meetings with our patients because we can use our hands and we can teach them how to touch their bones and I don't mean touch them gently. I mean really we really need to, we're osteopaths, we need to feel our burns and all of these bones here or being affected by the trigeminal nerve.

Kerry:

Right. All the sensory information. V1, V2, V3 motor. Yeah. All the jaw moving stuff going on here. Touching the bone, we're having an immediate impact what is going on at a central level, which is going to be affecting your autonomic function of the breath. So we've got a fantastic technique where we can get our patients there you are sitting watching me. I don't know whether this is going

to work or not, but I've had a fantastic teacher in Nick Salway and Caroline Stone who've taught me brilliant techniques throughout my life. If you hold your, your top of your maxillae here and you hold above your orbit and just pull down, and squish and really feel those bones. Feel how this right hand side of your face is moving and now move to the other side. Does it feel different? Is one side moving more than the other side?

Kerry:

Yeah? So we can actually begin to affect facial function just by doing really structural cranial techniques. So by doing this, we're already changing how the maxillary sinus is going to be releasing the nitrous oxide into the nose that goes down the pharyngeal behind the soft palate. There's also another function that we can do is we can use our hands and get onto the maxilla here on either side of the nasal flares. And, if we, if we imagine we're pushing backwards towards our head towards the C1 at the back and touched the spinous process of C1 just below the dip,

Kerry:

And we're getting this kind of movement that's going between the maxillary coming this way and the C1 going this way, creating this lovely squidgy opening and closing movement. And by doing this, we're affecting the whole of the facial function here. But at this area here, the wonderful vagus nerve sits in the carotid sheath and inside the foramen magnum and we're affecting cranial nerve twelve, the carotid, the jugular, and cranial nerve nine, I can't remember what that's all about, but by pushing the face forward, and gently pushing in, I'm slowly releasing it. We're getting this lovely sloopy movement, which is also going to be affecting the structure and function of how we breathe. So you can do that with your patients. It takes a little bit of time. I actually did this with a patient yesterday. He'd been, I'm in a terrible accident where he's on his bicycle and a sixty year old woman was wanting to overtake him and clipped the back of his wheel.

Kerry:

He went into a huge hyperextension injury really hyperextending at L2, 3. And he had a whiplash on the back of his head. Obviously he was in pain. He was in shock as well. And I thought, what can I do with him? I've assessed him, I've looked at him on, on the computer. He's got a slightly antalgic tilt towards the left hand side pointing to the L2, 3 feeling the QL and that attachment area there. I thought, what's attached to this? This is the diaphragm, this is breathing. Let's take breathing to this guy. Let's see whether we can try and release some of the shock. So I got him to do some of these techniques and got them to start breathing through his nose and calming him down. And afterwards he said, I feel so much better. Still feel sore and a bit battered and bruised. But just using this technique with him for a few moments, getting slooping and glooping and just using all of this open space here to get that function working. I thought it was a great way of being able to get somebody to use their own touch to help themselves.

Steven:

Kerry, can I ask you a couple of questions before we move on? Simon wants to go back to something you said earlier on. He wants to know what the connection between the trigeminal and vagus nerves is.

Kerry:

Well, so through the medial longitudinal fasciculus that goes up through the brain, it attaches through the the rectus capitis major muscle, which attaches then to the dura, which then attaches to the medial longitudinal ligament, medial longitudinal fasciculus, through the spinal trigeminal nucleus, which then attaches to the trigeminal nucleus and then by all of the trigeminal function coming into the face affecting how you breathe. You can find a link to how this all works. That's how I look at it. And, uI don't know whether that's a simple explanation.

Steven:

Okay. No, it sounds good to me. And I had one other question which comes out of something a member said to me yesterday who had been doing a breathwork course with Angie Gopal and he was talking about whether we were insured to do the sorts of things that you're saying here. You're giving us a few techniques on here to use on patients. Are we insured to do this? Now I have a very strong opinion about this myself. I'd be interested to hear yours.

Kerry:

I know that I'm insured. The fact that I'm insured I think gives me license to be able to do this.

Steven:

Did you have to stipulate to your insurer is what you were going to be doing, though? Would you just regard this as osteopathy? This is osteopathy.

Kerry:

This is great osteopathy. This is osteopathy, old fashioned osteopathy that really works.

Steven:

And I think when my answer yesterday to Robin who asked the question was that actually this is not a new invasive technique like acupuncture or like laser therapy or whatever else it might be. This is just physiological principles being applied, which is what chiropractors, physiotherapists and osteopaths do one way or another and therefore there's no requirement from the ground to get special insurance to be covered to do the sorts of things that you showing us how to do. Now. That's my answer.

Kerry:

I think maybe I need to speak to my insurance company, but as far as I'm concerned, I'm applying osteopathic principles and techniques and I'm asking somebody to use their own hands with- in order to be able to touch themselves. And I don't think that anybody's ever going to hurt themselves by touching themselves. And I don't think that they're going to be doing anything dangerous.

Steven:

No, exactly. And that again, is the key element, isn't it? Is there an element of risk in this? Are there any patients who you would never advise this to do because of the risk? And I can't think of it being a risky technique at all.

Kerry:

Well, I think maybe people who've got rheumatoid arthritis, I certainly wouldn't be getting them to work on the C1 because of the alar ligaments and all that. So I really wouldn't, I wouldn't be, you know, and I'd have, I'd done it full case history with the client, so I would have to have covered well in my remit and what I know, you know, there's always there's always an element of risk in anything that we do. When in doubt don't do it. And if you feel comfortable in the knowledge of what you have got that you can help somebody with. I mean the other day I did, I did do some breathwork with somebody online and I have to be perfectly honest with you, he fainted. And I got the biggest fright of my life because he was sitting and he fainted because he had gone into a hyperventilatory state and I, and I couldn't, mnd I, and I, I couldn't hear him. That was a big learning curve for me and I've, I've spoken to my colleagues and yeah, that is something one has to be very careful about. So there are, there are dangers and thank god he didn't fall and crack his head open. Umo yes, I have to be very careful about doing breathwork online

Steven:

Kerry, I was just about to say that is an extraordinarily useful thing to bring up here because that could happen in any number of circumstances while we're doing online consultations, whether we're doing interventions or somebody could just faint. And being prepared for what you need to do if that happens is probably something we should all bear in mind.

Kerry:

Well, it's really, it's very important. So when I go online, I will put in a chat box, you know, these are the contraindications. You know, if you put epilepsy, if you've got, you know, to doing specific

Kerry:

Breath techniques. If you've got epilepsy, schizophrenia, hypertension, that's not being monitored, a delicate pregnancy, macular degeneration. These are contraindications. Please contact and consult your doctor if you feel that this is, you know, you want to do this. I can't give you permission to do this. Please make sure that if anything happens while we're online and we lose connection, this is what you need to do. Do you need to lie on your stomach and you need to start breathing through your nose and you need to open your eyes and you need to focus on an external resource. And this is my telephone number. You need to telephone me to let me know that you're okay. So I put all of this stuff in the chat box. It's really important that you are very considered in how we are working online because anything can happen.

Kerry:

I really got the fright of my life yesterday when he fainted. I can imagine. Umand very, very nicely. He did telephone me and he has actually said to me that he wants to do it eight sessions of breathwork in order to release his trauma. Because this work that I do with the conscious connected breath and which I've been trained in to deal with with trauma and it's absolutely incredible. It does take you into a different realm. You know, I'm talking about structure and function here because I'm talking to osteopaths. I don't know what else my audience is. I never really asked you. It'd be quite ignorant. But the the conscious connected breath. Uh it's about embodiment. So you, because you'd been traumatized, you, you begin to um feel your physicality through the concept of the felt sense and yeah, it's, you know, we have interoception which we don't use.

Kerry:

We have exteroception. We use our eyes, we orientate ourselves outside. We have proprioception, we use our joints, we know how we organize ourselves in the world. But we are very bad at dealing with our interoception and the way in which our chemical and metabolic way works in our body, but it has a profound effect and changing the physical aspect of ourselves. It has a profound effect on changing pain patterns in people. It affects mental clarity. It changes how you think about things. It has an effect on your emotional state and your wellbeing. It can take you from a state of being quite depressed to being a little bit higher, or from being very high and coming down into that homeostasis. So this conscious connected breath or breathing through the mouth for 45 minutes to an hour is a very, very powerful tool for shifting stuff.

Kerry:

As long as you have safety things in your body. Well, one of the tools that I use with the conscious breath is the feeling of where in my body do I feel really comfortable? If any of you closed your eyes now came to that breath where I got you holding your hand and your belly and just dived into your body and breathed and thought, Oh yeah, I feel really comfortable in my heart. I feel comfortable in my belly, actually my big toe, maybe my hair, maybe my hair is somewhere that I feel really calm.

Steven:

Not mine, I'm afraid.

Kerry:

That's okay. So that's, that becomes a resource, an internal resource which you can use for breathing. And then I get them to look around the room and they may have something they love. It may be looking at, I like looking out of the window here. Cause I'm looking at a beautiful ceanothus with lovely blue flowers on it.

Kerry:

And it brings me such joy. It makes me feel safe. It makes me feel very calm. So I can use that to pendulate between my internal resource and my external resource, a feeling of calmness. And then I'll pendulate and then I'll find an area in my body which feels slightly activated. At the moment my gut is really activated because I'm, I'm scared about what I'm talking about. It's making me feel very anxious. So if I learn how to breathe and pendulate between the area of safety and the area of discomfort, it brings you into a sort of calm and it makes you feel safer. And then you pendulate from your external safety to your internal safety. And then you take that with your breath and you come and sit next to the area of, of discomfort. And by doing this breath and thinking of what it feels like in your body, it's incredibly powerful because you're feeling what is happening in your body.

Kerry:

It could be anything from tingling and numbness to wanting to cough, having a dry mouth or yawn, you may feel a bubbling sensation, you may feel emotional, you may want to cry, you may want to laugh. All of these things come up. So pendulating, titrating a really safe place using the somatic influence with this type of conscious connected breathwork is a very, very powerful tool. So anyway, Mr Faint has said to me he wants to come back and do some more of this. So I will be doing some very, very specific work with him and we'll be very safe that he's sitting on the floor and he's got cushions around.

Steven:

If we can dwell on that just for one second, Paul asked a question about how you responded when you saw your patient presumably disappear from the screen.

Kerry:

I immediately, immediately upped my voice and I, I kept on calling him, "Are you there? Are you there? Nick, are you there? Nick, please." I really used my voice. I had to get the voice across to him and he came up. And then how are you? Do you need to put your head between your knees? And I, and I worked with him for a little while and then he felt very comfortable and then I just got him to lie comfortably and he then telephoned me. So I spoke to him. Yup. Okay. So I actually had to, and I couldn't see him. And that's the other thing that's really important is when I'm doing this breathwork, I want to see the whole person. And I say that. So he was sitting on his chair like me, you can only see this part of me, but when I'm doing the breathwork, I need to see the whole person. And I made a mistake because I thought, "Oh, he's going to be all right." I need to go with what, what I've learned. You see the whole person. If you're doing your yoga online, you need to see the whole person. If you're doing the Pilates online, see the person, the whole person, not just a part of them. We are a whole person. We are a whole system.

Kerry:

Anyway, going back to this beautiful nose, this wonderful face, we've got all these lovely smooshing whooshing movements that we can do here and go through the soft palate. And if you put your hands in your mouth, it could go along your vomer and you come to the palatines. The back, the soft palate and you feel those two spiky pieces at the back there. And that's the hamulus of the sphenoid bone, and around that goes that wonderful muscle the tensor velatini- the tensor veli palatini. And this muscle's a really important muscle for when you open your mouth it, it tenses and stretches them out. So it keeps the airways patent. That's the function of this little muscle. So you can actually- you can work on it. And if you come around through the back, behind the back tooth, you can actually work into the sphenopalatine ganglion over there as well, which will have an inhibitory effect

Kerry:

With, you know, all the structures that it affects. So here we have this wonderful airway dilator, the tensor veli palatini and the levator palatini, which are attached to the palatine bones, the palatine bones look like this, which are attached to the sphenoid. So by working with the front of the face, we are actually having a far better effect on the sphenoid bone, which then works with the cranial base, the sphenobasilar symphysis and affects all of the structures around that area. Mm. Then we have all the pharyngeal muscles and all these lovely airway spaces here. The three of them, the cervical spine, the oesophagus, the trachea- these are all spaces. There's so much space in our body and we want space. We breathe for space. So in order to be able to get these areas moving, we need to learn how to work with the

Kerry:

Genioglossus muscle here. This makes us have correct ventilation, this beautiful muscle here. The palatopharyngeus, which goes all the way down and attaches to the constrictors of the muscle, the genioglossus, not the genioglossus muscles. Okay. What are, what are the constrictors, I can't remember what they're called, but they attach around the trachea. That's your trachea over here.

Yeah. They attach and they create a sheath and then they have gaps between them and they give us wonderful function. So this, the whole back of the mouth opens and closes and opens and closes. So we get this contractile pulsating movement. This pulsation and contraction that is happening while we're breathing. And then it comes all the way down to the carina, which is the area where the trachea bifurcates. It's a deeply sensitive area.

Kerry:

And I often use a lot of tapping around this area and humming as well, which will create nitrous oxide to be made, but also we're stimulating the bone and opening up the airways. Also, you know, with one of the physiotherapists, they do a lot of, used to, I don't know whether they do it now, but in the old days they prescribed by their doctors just to hit people on the back with asthma and, you know, really get the lung function working, which is what we want to do. We want to give these airways function. So by actually working on the bone and stimulating these intercostal muscles, the intercostal muscles actually give the information to the diaphragm. Proprioceptive information to the diaphragm. Diaphragm does not inform the intercostal muscles at all, but the intercostal muscles inform the diaphragm about how to work.

Kerry:

So that's the neurological point of the the intercostal muscles. And then the air goes into the airways and with all the lovely nitrous oxide the little alveoli begin to sprout and open up. And, and then we get the, the, the gaseous exchange that begins to happen in this very important part of our body. And just remember that the lungs have different volumes. So the lower part of your lung has a 10 litre, I think. Okay. I can't remember. 10 litre volume of air, and then five litres up here at the apex, only very little air comes up at the apex over here. But you can see because of the structure and function of the lungs, there's more volume at the back. There's more volume at the back of the lungs because there's more space in the front because it's the cavity.

Kerry:

And then of course, you've got the whole mediastinum with the structures that go through through there, we're looking at the aorta and the esophagus, and the vena cava. And then of course there's the beautiful diaphragm. It comes in and it starts working. And it acts not only as a bellows to bring the air in, but it also squeezes, you know, the aorta's going through a hole, the oesophagus is going through a hole and so is the vena cava. So the diaphragm as it's breathing is actually creating an, a pressure gradient. So it's sucking all the blood up from your lower extremities and dropping it back into, into circulation. So the diaphragm has the most phenomenal function and it really needs to be considered to be an integrated part of the whole body. It's not just a muscle, it does more than what a muscle does.

Kerry:

The other important and gorgeous thing about the diaphragm is that it has a specialized cells called lymphatic lacunae cells. And these little cells sit on the, on, on the base of the diaphragm. And as the diaphragm goes down, it acts as this, as a massive sponge and it soaks up all the interstitial fluid and dumps it into the lymphatic system. So all the muck and Gubbins that's sitting around in the abdominal cavity, the diaphragm massages it, sucks it all up into the cells and drops it into the lymphatic system and into the thoracic duct, which then gets squeezed again through the, through the diaphragm and, and gets put through the cisterna chyli and distributed and gets dropped back

into the venous system. So the diaphragm has the most incredible function in the body. It has innervation from the both the vagus and the phrenic nerve.

Kerry:

Oh, and last week, actually just remembering this, talking about this, somebody asked, no, not last week. The other, yeah (when you were last on), somebody asked me about why it was difficult for asthmatics to lie on their stomach and it really it really got me because I thought, Oh, you know, I really just don't understand why, why this happens. And so having gone and had a look at the the diaphragm again, there is the component that the phrenic nerve and the vagus nerve work as like a bit of a yin and a yang and they have inhibitory effects on one another. So, for instance, if you're swallowing something, the vagus nerve has to shut in order for you to allow that bolus of food to get into, to the abdomen. So the phrenic nerve will inhibit it or the vagus nerve will inhibit the phrenic nerve. So when you are an asthmatic, obviously you are in a hyper aroused state because your bronchials are constricted. And so we have this phrenic nerve having an inhibitory effect on the vagus nerve, which comes through the which part of the, of the diaphragm through the crural, through the crural area of the diaphragm. And this is an area where when you are an asthmatic, you can get a reflux and the reflex is created because of the medications that you're taking. So when you have this reflux, it sets up an acidic an acidity, which then affects and the nerve,

Kerry:

Which then reverts back up into the bronchials, which creates more of a bronchospasm. And I read this up in the paper, really interesting paper actually. Okay. Called, by Bruno Baldoni, anatomic connections of the diaphragm and the influence of respiration on the body system. It's really fascinating. It's a fabulous read.

Steven:

We will put the link up on the website. Kerry.

Kerry:

Yeah, that would be great. It's a, it's a- Yeah. I'll send you the link. It's a very, very interesting document. It gives you so much about the diaphragm and

Steven:

Can I give you a spot of feedback? Yeah. this is a extraordinary- Stephanie has said, wow, she's had a blocked nose for 20 years following several horse riding accidents- face planting and jumping is not advisable. And subsequent surgery, chronic mouth breather, she says, and she's tried many things to help them with looking at septoplasty as their last resort to clear her nose. She's just played around with the exercises you've given her and she's taken the first effortless nose breath she can remember. Cheque's in the post.

Kerry:

That's really me. You just have to keep on picking your nose diamond.

Kerry:

It's really, really important to get this whole facial function working. We just need to get our important- This is where, this here, where you do a karate chop, I read somewhere years ago- this is the area in your body where the sperm meets the egg. This is where life starts and this is where breath comes in. It's just amazing. Yeah. Then the other thing that you can do is you can use your thumbs to plug your nostrils and breathe in until you can't breathe anymore and you'll feel your whole body begin to breathe and you put all thumbs away and you'll feel the air pouring into your body. So if you - or you use your fingers and, I don't know.

Steven:

Someone asked if you could do some specific exercises for us, and you promise not to faint, but I think you've given us quite a few things there during the course of this that we can do for ourselves and for other people. So we won't go on with that. But several people have asked about the effect of different foods on breath, why we get snotty or blocked sinuses. Keith has particularly said that beer causes it with him.

Kerry:

Do you know what I, I'm not a nutritionist. And I'm afraid if people have allergies and I actually have never really looked into that. That's a, that's a big tick for me to go and learn a little bit more about why it affects yeah, affects people, but it must have something to do with how the mucosa producing I don't know. I don't know the answer to that. I will have to look into that.

Steven:

Do you, Carolyn's sent in a question about your opinion on the value of sinus rinsing using a neti pot, which I have no idea what that is.

Kerry:

Neti pots are absolutely brilliant and yeah, that's a very old fashioned way. And neti pots, I think you buy them in India and it's all about how you put salt in, how you breathe through the nose and you breathe out through the nose and how to fix the sinuses. Well, when you think about the maxillae, if- lovely lady whose nose is open and if you are a mouth breather, I'm afraid your maxillary sinuses have not developed as well as they should have because a maxillary sinus carries on growing until you're about 16. And they, as they get bigger, it makes your voice go deeper because of the resonance chamber. But the sinuses, I actually have a very small hole, probably about the size of probably about the size of the tip of of, of, you know, one of these, what do they call these little Sharpie pens?

Kerry:

So breathing, taking the neti pot water and clearing your nose out with the sinus- I don't know whether it actually gets into the sinus, but if it does get into the sinus and it comes out, I don't know how that comes out. Maybe it comes out as a dribble later on, but it does have an effect of making you feel much clearer. So I'm a great believer in the neti pot. The other thing that we used to do when we were younger, it's just reminded me, my grandmother used to have something called Friars Balsam, and we used to have to put it in boiling water in a plastic pot, put two or three capfuls of this horrible sticky stuff and a drip of a eucalyptus oil and put a towel over our heads and then breathe this through the nose. And that also had an antibacterial effect. So yes, neti pots great things for clearing the sinuses and clearing the nose.

Steven:

Have you got preferred manual techniques for clearing sinuses, things that you might get patients to do for themselves?

Kerry:

I really do. I really get them to work on these sinuses. I get them to use their thumbs. Okay. And put their elbows on the table. Really get into this area up here into the frontal area and lean on that sinus, it's very sore. Knock on the door of the pain. Go into it a little bit and then just take, take the breath to it as well. Move your head around. Really begin to start feeling these bones. We can really work a lot with these bones. Bones are fluid, they are pliable. And this part of the face doesn't ossify also until we're about 70. Meanwhile the cranial structures, the temple bones, parietal bones, all of these, they begin to ossify much earlier in life. So we don't get as much movement through the zygoma and the attachment of the sphenoid working with the front of the face because it is so mobile, mobile and pliable will give us much better function too. Get drainage happening and open the nostrils. Really get the breath going, not being scared to breathe it. That's really important.

Steven:

Thank you. Getting back to what you said earlier about contraindications, Elvina has questioned why epilepsy would be a contraindication for breathwork techniques or are you saying it's just contra-indication from your point of view for video consultations?

Kerry:

No. the, the breathwork technique that I'm saying is particularly is the conscious connected breath, which is through the mouth and it's connected and you do it for about 45 minutes because basically epilepsy is a malfunction of the through the corona radiata. You could set up somebody having an epileptic fit because by breathing we have a massive impact on the limbic system through the hypothalamus. And I don't want to be responsible for bringing anybody with an epileptic fit in the middle of a pretty, you know, breathwork. When you, when you're talking about the breathwork that I do, it is, it really shifts an enormous amount of emotional of emotional charge in the body. You know, I cannot tell you how it has changed my life.

Steven:

Well, I'll tell you, I tell him you won't carry, I mean, I'm not surprised given that you are quite a motivational speaker on this topic. I'm not surprised, you've had lots of requests to find out where the hell you studied and where people can learn more about the sort of things that you are telling us now.

Kerry:

I studied at the British school of osteopathy and I'm afraid I'm a bit of an information junkie, so I just spend my life reading and I'll remember this bit and I'll say, I'll steal that bit. You know, nothing of this is original. All of this is what I'd been taught. I haven't brought up. The only original thing that I'm doing is developing something called Osteobreath. And I think it's going to be really powerful. And I, I've got a fantastic, you know, Caroline Stone is the most incredible teacher. She is. Yeah, she's just an amazing osteopathic teacher and she's an expert witness. Visit her site, take her courses.

Steven:

Do you run courses yourself? Do you run courses yourself?

Kerry:

Well, this is the, this is the second time I've ever spoken. I'm scared, I don't know whether people, really understand, you know, I'm not a teacher, but I just want to share this work of breath. I've got so much breathwork that I want to do. I've got lovely things I was going to do with you today for the elderly and getting them to hum and how we get their thorax moving and yeah.

Steven:

Can we do that next time?

Kerry:

Is there going to be a next time? Oh no, I can't do this again, it's too scary.

Steven:

I think you've put yourself, you put yourself down, Kerry. People absolutely love this. Yeah, they are very, you're very, very good at it. You're very good at it, indeed. We have come to the end of our 45 minutes though. So that's all we have time for. Such an amazing amount of useful stuff you shared today and, and evidence of that from one of the viewers obviously. So thank you for that. And for me as well, I mean that was such a, as I said, revelation, remember when you said we've got to be aware of the safety of our patients even over a video consultation that people could faint or they could just suffer some other reaction. And if we're the only person effectively in the room with them because we're online with them, all those things that we learned about telehealth consultations, there should be someone else in the building who can do whatever's necessary if there's an emergency, and so on. You know, people need to pay attention to those and actually you can't, you can't apply first aid, administer first aid online. But actually what you said, trying to get the person's attention is very, very important. Try and get some information, feedback from them or things that we must, we must consider when we're doing that sort of consult.

Kerry:

That's really important. The other thing I also take is I usually take an emergency telephone number. So actually if people are going to be coming to do my breathwork and the breathwork sessions that I do online. I think that I'm going to get them to put in the chat box when they arrive, their name, their email address and telephone number of an emergency contact because I don't have that information. You know, all these mass, everybody trying to do breath work or whatever it is online. There is an element of safety and we have to be very careful about it.

Steven:

Yes. And with my first aid head on, I would say if that emergency contact isn't in the building, then you probably need to know what their address is. Because you might not necessarily necessarily know that when you're doing a television telephone consultation, you might know their home address, but they might not be calling from there. And if you think you need to call the emergency services, you need to tell them where to go.

Kerry:

Yeah, that's really important. God. So you know these chat boxes, you know, I think we just- if we do, if we're doing this kind of work, yeah.

Steven:

Useful things to consider and all helping us to preserve patient safety, which of course is paramount. Anyway, that's all we have time for, Kerry, thank you so much.