

## **Mounting Evidence**

**Clinical studies including thousands of participants spanning a 30-year period offer persuasive evidence that the most significant factor in health and longevity is how well you breathe.**

1. The Framingham study focused on the long-term predictive power of vital capacity and forced exhalation volume as the primary markers for life span.

"This pulmonary function measurement appears to be an indicator of general health and vigor and literally a measure of living capacity". Wm B. Kannel and Helen Hubert.

These researchers were able to foretell how long a person was going to live by measuring forced exhalation breathing volume, FEV1 and hypertension. We know that much of hypertension is controlled by the way we breathe.

"Long before a person becomes terminally ill, vital capacity can predict life span."

William B. Kannel of Boston School of Medicine (1981) stated, "The Framingham exam's predictive powers were as accurate over the 30-year period as were more recent exams." The study concluded that vital capacity falls 9

percent to 27 percent each decade depending on age, sex and the time the test is given.

The study's shortcoming was in suggesting that vital capacity cannot be maintained and or increased, even in severe cases of chronic obstructive pulmonary disease.

Any opera (not necessarily voice) teacher will support the idea that breathing volume can be increased. Yet activities such as singing or sports are no guarantee of optimal breathing. In fact, they can even invite breathing blocks from gasping, forcing the exhale and breath heaving. You don't have to learn how to sing to have a huge pair of lungs. But you DO need to know how to breathe. I maintain that if you train someone to breathe correctly, they will naturally know how to sing. I've never seen it fail.

You can get the complete Framingham study at the National Institute of Health's Database. <http://www.ncbi.nlm.nih.gov/PubMed/>

## **REMINDER:**

Most of scientific research is and was done with rats and primates who do not breathe the same as humans. Researchers did not seem to believe at that time that one could improve one's breathing. Many still do not believe one can improve one's breathing. This is simply not true.

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## **2. 29 years after the Framingham study, the same conclusions prevail.**

### **Lung Function May Predict Long Life Or Early Death**

How well your lungs function may predict how long you live. This finding is the result of a nearly 30-year follow-up of the association between impaired pulmonary function and all causes of mortality, conducted by researchers at the University at Buffalo. Results of the study appear in the September issue of Chest.

The purpose of the current study was to investigate the association between pulmonary function and mortality for periods that extended past 25 years, the limit of previous studies. Dr. Schönmann and colleagues also wanted to determine for how long pulmonary function is a significant predictor of mortality.

Results showed that lung function was a significant predictor of longevity in the whole group for the full 29 years of follow-up. "It is important to note that the risk of death was increased for participants with moderately impaired lung function, not merely those in the lowest quintile," Dr. Schanemann said. "This suggests that the increased risk isn't confined to a small fraction of the population with severely impaired lung function."

The reasons lung function may predict mortality are not clear, Dr. Schanemann said, noting that increased risk is found in persons who never smoked, as well as among smokers.

"The lung is a primary defense organism against environmental toxins. It could be that impaired pulmonary function could lead to decreased tolerance against these toxins. Researchers also have speculated that decreased pulmonary function could underlie an increase in oxidative stress from free radicals, and we know that oxidative stress plays a role in the development of many diseases."

Dr. Schanemann said the fact that a relationship does exist between lung function and risk of death should motivate physicians to screen patients for pulmonary function, even if more research is needed to determine why.

"It is surprising that this simple measurement has not gained more importance as a general health assessment tool," he noted.

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### **3. Decline in FEV1 (breathing volume) by age and smoking status: facts, figures and fallacies. Thorax 1997 52:820-827.**

This study shows the importance of longitudinal studies as opposed to cross sectional ones."

This published article focused on a compilation of 83 published reports and clinical studies showing clearly that the primary measurement for lung function -FEV1 - is based on cross sectional data instead of longitudinal data. This means essentially that they include sick people with widely diverse circumstances in their statistics and compile everyone's data for mass diagnosis.

This 1997 research paper points out that; (italics mine) "from one low measurement of FEV1 (forced exhalation volume) in an adult, it is impossible to determine whether the reduced lung function is due to not having achieved a high maximum during early adulthood, or to having an accelerated rate of decline or to any combination of these."

"Western medical studies, via cross sectioning, continue to look for role modeling epidemiological "norms" that include the ranks of the ill. Cross sectioning is 60% effective and proven by many to be ineffective over the last 40 years."

The health professional's opinion can have immense personal, social, legal, and economic consequences. When it is based on information colored by sick or otherwise non-

optimum healthy or inappropriately chosen individuals, the statistic(s) become weighted in favor of, or excessively influenced by, illness or what is perceived as illness, and may well be in reality, simple mechanical dysfunction. Cross sectional studies can bring the averages down and cause many who do not need the intensity, duration or style of treatment recommended by many health practitioners to be over or under medicated, or inappropriately fed, exercised, massaged or educated.

From Mike:

We need to focus on how to improve breathing, not on how it became impaired. Dwelling too much on problems and pathology gets in the way of creativity and flexibility.

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**4. The von Ardenne studies focused on oxygen's relationship to most major categories of illness. When your blood oxygen goes way down, you get sick,** die or at least shorten your life span. This book is a masterful compilation of clinical insights and variations on breathing assessments, cofactors and some techniques of breathing development called Oxygen Multistep Therapy Dr. Manfred von Ardenne was a student of Dr. Otto Warburg. Warburg received the 1931 Nobel Prize for proving that cancer is anaerobic; it cannot survive in a high oxygen environment. Germs, fungi and bacteria are anaerobic as well. von Ardenne was also inspired by Karl Lohmann who discovered adenosine triphosphate, ATP, which many believe to be the human body's main energy currency. von Ardenne was an electron physicist who in addition to his interest in astronomy, developed quite a good reputation for cancer research . He went on to develop a process he called Oxygen Multistep Therapy. In his book of the same name Dr. von Ardenne addressed some 150 respiratory and blood gas aspects including elements of what we might call respiratory psychophysiology.

**Some studies addressed in the book are:**

Dependence of O<sub>2</sub> uptake at rest.

The O<sub>2</sub> deficiency pulse reaction as a warning sign of a life-threatening crisis, and the lasting remedying of the crisis.

Procedures that influence and measure increases and decreases in arterial and venous O<sub>2</sub> blood levels.

The necessary physical exercise to attain a training effect (which is less than you might expect).

Increases in brain circulation during physical strain.

Rate of blood flow in the circulation of the organs.

Various examples in changes of O<sub>2</sub> uptake. Heart minute volume and blood flow of the organs decisive for O<sub>2</sub> transport.

Relation of ATP concentrations in rat brains as a function of the oxygen partial pressure of the inspired air.

He graphed much of his research. Other cofactors that influence lung volume are airways hyper-responsiveness, atopy, childhood respiratory infections, air pollution, posture, subluxation of the spine, exercise, deep and superficial fascia, nutrition, occupational hazards, abuse and trauma, attitude, and age, height, weight and sex.

The Manfred von Ardenne studies are best obtained by getting his book called Oxygen

Multistep Therapy. His material is good but remains primarily within the illness model instead of the wellness model.

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**5. OBESITY AND BREATHING**

Effects of Obesity on Respiratory Resistance (increased force required to breathe and shortness of breath). Chest 1993 May,103(5):1470-1476. These findings suggest that in addition to the elastic load, obese subjects have to overcome increased respiratory resistance from the reduction in lung volume related to being overweight [Recommended program](#) [Forward/Refer to a friend](#)

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**6. Numerous measurements have shown that the low pO<sub>2</sub>art resulting from** stressful events of following degeneration of the lung heart system (LHS) in old age can be re-elevated up to high values. Manfred von Ardenne - Stress 1981 Vol 2 Autumn.

[Recommended program](#)  
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**7. Self-evaluation of respiratory deterioration was significantly predictive**

of death from all causes. Kauffmann F, Annesi I, Chwalow J -Epidemiological Research Unit INSERM U 169, Villejuif, France. European Respiratory Journal 1997 Nov; 10(11):2508-2514 In other words there are ways of your telling yourself how good your breathing is and what you observe is related to how long you may live due to good or bad breathing.

From Mike:

<http://www.breathing.com/tests.htm>  
[Forward/Refer to a friend](#)

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**8. Breathe Well Be Well. Robert Fried, Ph D.** A strong collection of 18 years working with correlating hyperventilation and its relationship to many illnesses never before linked to poor breathing.

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**9. Dr. Otto Warburg received the 1931 Nobel price for proving** that cancer is anaerobic. It does not survive in high concentrations of oxygen.

**MORE HEALTHY BREATHING COFACTORS**

**HOW IS THE FOLLOWING RELATED TO WARBURG?**

An crucially important factor in breathing is the exhale, which is much more than the inhale. But contemporary lung volume measurements are inconsistent and guided by cross sectional criteria instead of longitudinal data and therefore do not adequately predict decline within individuals.

This lack of insight about optimal functioning can cause people to be trained to do forced inhalations that may actually be harmful in long run.

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**10. Do you often catch yourself not breathing?**

Do you experience shallow, labored breathing; shortness of breath; a high chest; stuck,

erratic, or reverse breathing?

Are you unable to catch your breath?

Do you have blue-tinted lips or fingernails; trouble sleeping; more than 6 -8 resting breaths per minute with 3-6 second pauses; heart beat irregularities; poor posture, mild to severe depression; tightness across your chest; excessive stress; asthma or COPD symptoms; constant fatigue; chronic pain; chest pains; anger; anxiety; hyperventilation?

Do you think you can't sing or want to sing better?

For more breathing-relevant studies in a free newsletter or to take the free breathing self tests and see how you compare to others, access

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### Current Research

Today, Michael Grant White is working with some of our nation's top physicians and behavioral and alternative health specialists to expand the use of Optimal Breathing tm in new and exciting areas of therapy and personal growth.

Originally designed as a personal growth development technique, Optimal Breathing tm realizes a much wider potential for accelerating many self-healing processes as well as being an important adjunct to almost any therapy modality.

Just as Optimal Breathing tm removes the barriers that prevent vocalists from reaching their performance potential, it can remove those barriers in all of us, allowing us to achieve our maximum potential in whatever it is we do.

<http://www.breathing.com/results.htm>

**[For Rapid Breathing Improvement click here](#)**

From India:

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