

THE BREATHING ISSUE

**BUTEYKO PROFESSIONALS INTERNATIONAL
QUARTERLY NEWSLETTER**



BUTEYKO
PROFESSIONALS
INTERNATIONAL

*Working together to improve health
through breathing re-education*

Issue (1)
9th January 2016

THE BREATHING ISSUE

Buteyko Professionals International Quarterly Newsletter

Message from the Chairman

By Patrick McKeown

It gives me great pleasure to see the launch of the first issue of *The Breathing Issue* at the end of what has been a busy and fruitful few months since the creation of Buteyko Professionals International in August 2015.

This quarterly newsletter allows all BPI members to connect with the wider global community of Buteyko practitioners on a regular basis, and to take stock of all of the latest information, research and opinion concerning the Buteyko Method and those who practice it.

This year I am noticing that the efficacy and importance of the Buteyko Method and Breathing Re-Education is receiving increased awareness from international respiratory, sleep and dentofacial experts. I have been asked to speak at a number of high profile conferences including the inaugural meeting of the Academy of Applied Myofunctional Sciences, American Academy for Oral Systemic Health, and American Academy of Gnathologic Orthopedics as well as providing Buteyko training at a number of progressive practices in Estonia, Hungary and the UK.

I am convinced that the key to advancing Buteyko as a method is to increase its global profile through information sharing, but also to work towards increased professionalism amongst its practitioners.

Buteyko Professionals International (BPI) aims to continually enhance the high standards of professionalism of its members. Advancement will present great opportunities

for increased research of Breathing Re-Education across a number of disciplines. It is our duty as Buteyko Professionals to help each other and to show the world what we can offer, and in turn help many people. The platform that BPI



offers for the sharing of information, ideas and knowledge amongst practitioners will enable us to flourish individually and as a community.

As you all know, BPI would not exist without the involvement of Dr. Alan Ruth. I would like to thank Alan warmly for his determination, drive and diligence to the creation, development and implementation of Buteyko Professionals International and to acknowledge his great achievement in bringing so many of us together in so short a space of time.

After 14 years working in the field, I find it heart warming to see the Buteyko Method finally getting the attention that it deserves. The future is exciting for Buteyko and the possibilities are endless for practitioners.

Enjoy reading this first issue!

Warm Regards,

Patrick McKeown

THE BIRTH AND EARLY DEVELOPMENT OF BUTEYKO PROFESSIONALS INTERNATIONAL

At a meeting in Ireland, in July last year, of about 12 Buteyko Clinic International trained practitioners, I hatched an idea that resulted in the formation of Buteyko Professionals International (BPI). At that meeting, I presented on the possibility of establishing a community of Buteyko professionals who had trained with Buteyko Clinic International. I emphasized that I was not proposing the establishment of a professional body.

Instead, I was proposing the formation of a community whose aims would include: (a) promoting sound knowledge and best practice in the application of the Buteyko Breathing Method, essentially to improve the professional effectiveness of the members of this community, (b) raising the awareness and profile of the Buteyko Breathing Method amongst members of the public, the medical profession and allied health professions, and (c) educating asthma patients' bodies, authors of books about asthma, health promotion units and national Departments of Health, on the efficacy of the Buteyko Breathing Method. My proposal was warmly welcomed by everyone at the meeting and Patrick McKeown agreed to support the formation of this community.

At that time, membership of this community was envisioned to be open only to individuals who had undergone or were undergoing training with Buteyko Clinic International. However, as a result of the international Buteyko grapevine, quite a number of membership enquiries came from Buteyko professionals who had not trained with Buteyko Clinic International. As a result of this, I proposed that we also open membership of the community to Buteyko professionals who had not trained with Buteyko Clinic International. This was agreed



By Alan Ruth, Chief Executive Officer, Buteyko Professionals International

and a discussion followed on what we should call the community.

In that we weren't establishing a professional body, we wanted to avoid the use of the sort of words professional bodies usually use to describe themselves e.g. association, institute, or society. After much discussion we decided to call the community Buteyko Professionals International (BPI). The word 'professionals' was used to embrace the different terms in use by individuals who teach or practise Buteyko. The word 'international' was used because we wanted to be a truly international community, rather than confining ourselves to one or a relatively small number of countries.

During July and early August last year, I focused on:

- a. Considering the options for the organizational design and structure of BPI so as to optimize its effectiveness and efficiency.
- b. Writing the content for the BPI section of the Buteyko Clinic International website. You may access the BPI website section by clicking on 'Buteyko Professionals International' at www.buteykoclinic.com.

BPI has a simple functional structure in which each element is grouped according to its purpose. These elements are: a Management Board, a Medical Advisory Board, a Lifestyle & Nutrition Advisor, a Mentoring & Psychology Advisor, a Continuing Professional Development Advisor, an International Development Advisor, and the Editor of *The*

Breathing Issue (BPI's quarterly newsletter).

BPI was officially launched on 12 August. Between then and now, I have put an intense focus on quickly building a strong and diversified, international membership base. Now, less than 5 months after its launch, BPI has more than 200 members who work in 43 countries.

BPI will be placing a strong emphasis on encouraging continuing professional development (CPD), as an approach to improving the effectiveness and professionalism of Buteyko professionals. However, as BPI is not a professional body, CPD will not be mandatory and BPI will not be engaged in monitoring or evaluating members' CPD activity. Recently, I wrote a 'BPI Guide to Continuing Professional Development'. This guide is specifically targeted at BPI members whose work is entirely focused on offering a Buteyko service or in large part focused on offering a Buteyko service.

You may access the guide at the bottom of the following webpage:

<http://www.buteykoclinic.com/CPD.php>

The guide is not intended for BPI members who incorporate some aspects of the Buteyko Breathing Method into their main professional area of practice e.g. physiotherapy, medicine, or dentistry. The guide is also not intended for BPI members who are a member of a Buteyko professional body that requires its members to satisfy specified CPD requirements.

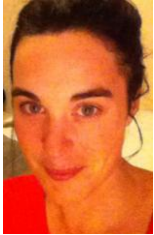
In encouraging and supporting CPD, BPI will be making available and directing members to a very extensive range of CPD resources and opportunities. To facilitate CPD for novice

Buteyko professionals, BPI plans to introduce a program involving 'virtual mentoring'. Basically, this involves establishing relationships in which 2 individuals (a mentee and a mentor) in different locations (including different countries) can establish a mentoring relationship. You can read more about this in Tom Herron's article in this issue of *The Breathing Issue*.

Earlier in this article, I mentioned that BPI would be engaging in the education of asthma patients' bodies on the efficacy of Buteyko in the management of asthma. Indeed, this activity has already got underway. In 2014, as an individual Buteyko professional, I provided information on the clinical efficacy of Buteyko to asthma patients' organizations in a number of countries. My activities focused on presenting a strong case for the proven efficacy of Buteyko based on a 2014 GINA report and recently published systematic reviews. I achieved major breakthroughs with the Asthma Society of Ireland and with Asthma UK. In both cases they published significantly more positive comments about Buteyko on their websites. Asthma UK even provided the website address of the UK based Buteyko professional body.

The BPI Management Board is currently developing an initial Strategic Plan for BPI for the period 2016 - 2018. This will be a 'rolling' plan in that it will be reviewed on a regular basis and elements of it may be changed in response to, or in anticipation of, external and/or internal environmental changes. The initial plan will be circulated to all BPI members this month.

Editor's Note – by Ana Mahé



Dear BPI members,
I hope you enjoy reading the first issue of our quarterly newsletter: *The Breathing Issue*.

Thank you to Darragh Sheehy of Athlone practice 'Positive Results Health' for suggesting the name *The Breathing Issue* and for providing a space for our initial BPI management board meeting. A warm thanks to all of our contributors for this first issue. I have enjoyed receiving and reading all submissions. Not all submissions can be included but please rest assured that we will endeavor to include your submission in a forthcoming issue. Thanks to Alan for his advice and guidance with putting together this first issue.

BPI is in the process of researching the best way in which members can communicate and

share information, resources and experience. Though the newsletter serves some of this purpose, we are also aiming to develop an online forum for BPI members, accessible to members only. We envisage this forum to be a place where questions may be discussed and answered amongst practitioners and ideas and experiences shared. I will keep you updated on this development over the coming months.

This newsletter presents an overview of BPI and where it has come since its inception in August 2015. We're delighted to include contributions from our members from all over the world, including Canada, USA, New Zealand, Australia, Ireland, the Netherlands and Italy.

Feel free to send me your feedback on the newsletter and/or submissions for the spring issue to info@buteykoclinic.com.

Wishing you a fruitful 2016!
Ana Mahé

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Meet the BPI Team

For full biographies please visit <http://www.buteykoclinic.com/executive-team.php>

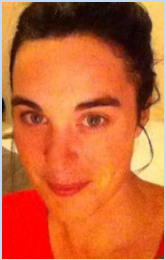


Patrick McKeown, BA, MA, Dip BM (Prof. K. P. Buteyko), FBPI
Chairman of the BPI Management Board and BPI Continuing Professional Development Advisor.



Dr. Alan Ruth, BSc, MA, PhD (Psych), MBA, Dip CBT, Dip SM, CBiol, FRSB, FBPI, MSBM

Chief Executive Officer of BPI.



Ana Mahé, BA, MA, MBPI

Member of the BPI Management Board, Editor of *The Breathing Issue* and International Development Advisor BPI.

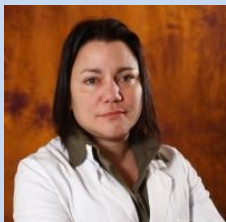


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Member of the BPI Management Board.



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Dr. Charles Florendo, MD, DFM, FBPI, MBBA
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Mim Beim, ND, BEc (Univ Syd), FBPI, MATMS, MNHAA, MASA, MAMWA, MBBEA
BPI Lifestyle & Nutrition Advisor.

BPI CORE VALUES AND GOALS

The core values of Buteyko Professionals International are those values we hold which form the foundation on which our members perform their professional work and conduct themselves. These core values are principles that guide our internal conduct as well as our relationship with the external world. Our seven Core Values are:

Professionalism: We will work together to promote and advance the professionalism of our members. An important aspect of this is a strong commitment to Continuing Professional Development.

Ethics: We firmly believe that a strong moral code is a key component towards earning trust in Buteyko Professionals International, both internally and externally. We strive to uphold the highest possible moral competency and responsibility. We are steadfast in practising and observing the

ethical principles we have set out in our Code of Conduct and Ethics.

Respect: We recognize the worth, quality, diversity and importance of our clients and each other.

Integrity: We will exercise the highest standards in personal and professional behaviour.

Compassion and Caring: We will have concern, empathy, and consideration for the needs and values of clients and others.

Altruism: Our primary regard is the interest of our clients and we place our clients' needs above our own.

Collaboration: We will collaborate with fellow Members of Buteyko Professionals International and with other groups of Buteyko professionals.

GOALS

- To encourage and promote exchanges of scientific information and professional experience, between members, on an international basis.
- To raise the awareness and profile of the Buteyko Breathing Method internationally, amongst members of the public, the medical profession, and allied health professionals.
- To liaise with asthma patients' associations internationally, with a view to them taking action to make their members aware of the benefits and availability of the Buteyko Breathing Method from qualified Buteyko professionals; and to encourage other organizations of Buteyko professionals to engage in such liaison.
- To liaise with national Departments of Health on the public health benefits and cost savings (on pharmaceuticals) associated with the use of the Buteyko Breathing Method in the management of asthma.
- To further encourage cooperation and collaboration with other organizations of Buteyko professionals in the pursuit of common goals.
- To provide assistance and support to members in their practice of the Buteyko Breathing Method, through continuing professional development, mentoring, pertinent information (e.g. new clinical studies), newsletters, and other communications.

Research and Continuing Professional Development

One of BPI's key goals is to encourage and promote exchanges of scientific information and professional experience, between members, on an international basis. As Buteyko professionals, it is important that we endeavour to keep abreast of new research findings that are pertinent to areas we are involved in. Indeed, trying to do so is a potential activity for continuing professional development (CPD). The crucial importance of keeping up to date is especially necessary in today's demanding society, which expects high standards from all professionals. CPD is a useful tool for achieving and demonstrating such ability and competence. As an international group/community of Buteyko professionals, BPI recognizes that a diverse range of knowledge, skills, and attributes are required by Buteyko professionals.

We are keen to disseminate new and interesting research via our newsletter and

(soon to be developed!) online forum, as well as sharing it with you via email and our website. A recent example of this, was the email from Alan on 8 December titled 'BPI Research Round-up'. In that email, Alan provided 18 links to information on very recently published research in such areas as asthma, rhinosinusitis, sleep apnoea, and anxiety.

To follow are some interesting submissions from Mim Beim (Australia), Dr. Fiamma Ferraro (Italy), Tom Herron (Northern Ireland), Brian Murphy (Ireland), John Poulton (USA), Paul Rodriguez (Australia), Dr. Artour Rakhimov (Canada), Dr. Alan Ruth (Ireland), Marc Scheffer (The Netherlands) and Glenn White (New Zealand).

We hope you enjoy reading them.

Breathing retraining at the New Zealand Respiratory Conference 6th November 2015

By Glenn White – Buteyko Breathing Clinics New Zealand

www.buteykobreathing.nz

A video of a talk I presented at the New Zealand Respiratory Conference on 6th November 2015 is available online [here](#).

The talk titled *Breathing Retraining: A role in assessment and management of asthma and other respiratory disorders* is timely considering the conference coincided with the release of the first ever New Zealand National

Respiratory strategy.

According to 2015 Asthma Foundation statistics over 700,000 New Zealanders live with a respiratory condition. Respiratory disease was the cause of 2,700 respiratory deaths in 2011. There were over 69,000 hospitalisations for respiratory disorders and 460,000 kiwis take asthma meds. These are



not statistics we should be proud of and indicate current strategies are not working.

There were over 300 delegates at the conference which included Ines Asher, director of the International Study of Asthma and Allergies in Childhood (ISAAC), New Zealander of the year, Dr Lance O'Sullivan, Professor Richard Beasley, author of the Fenoterol study and key players advocating for people with respiratory disorders in New Zealand.

My talk included an explanation of the Buteyko Method of breathing retraining, a live breathing assessment, including capnometry and demonstration of some key breathing exercises to help relieve symptoms of asthma and other respiratory disorders.

The National Respiratory Strategy is a call to action to: reduce the incidence and impact of respiratory disease and eliminate inequalities in respiratory health in New Zealand. With this in mind I finished the talk by identifying three key areas where breathing retaining can help in achieving these goals:

1. Identifying dysfunctional breathing patterns and restoring correct breathing can help reduce the incidence of asthma and other respiratory disorders.
2. Improved breathing efficiency can improve symptoms and lessen the impact of respiratory disorders.

3. Having breathing pattern assessment part of standard medical diagnostic practice will help eliminate inequalities - GPs, nurses and other health workers in private practice, hospital and the community would be on the lookout for dysfunctional breathing patterns and be aware of treatment options.

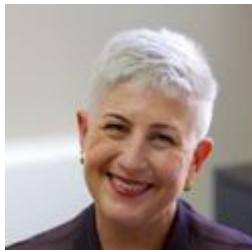
A copy of my presentation to the 2015 Respiratory Conference of New Zealand - *Breathing retraining - A role in assessment and management of asthma and other respiratory disorders* can be downloaded from the Asthma Foundation website [here](#).

A copy of my presentation from the 2014 Respiratory Conference *Snoring - sleep apnoea - asthma - crooked teeth... What's the link?* can be downloaded from the Asthma Foundation website [here](#).

The New Zealand National Respiratory Strategy can be downloaded [here](#).

Dying to breathe - [Read](#) how Glenn overcame his own asthma and how he now helps others do the same.

Contact Glenn: www.buteykobreathing.nz



Buteyko and Sleep Apnea– A Case Study

By Mim Beim

Zara is an attractive lean, fit woman in her early 60's. Her reason for coming along to my Breathe Well course was for snoring and a diagnosis of mild sleep apnoea. Three years ago, on the suggestion of her ENT specialist, Zara underwent a tonsillectomy and a tongue and palate reduction, with an alarming loss of blood post surgery. Unfortunately, the surgery had no effect on Zara's snoring or sleep apnoea and she has since been using a CPAP machine, which she vehemently dislikes. Although her diet is excellent, and she exercises regularly including kayaking on the harbour, Zara's energy levels are very low (4/10) and she wakes tired each morning.

In taking her medical history, Zara mentioned that she had suffered a pneumothorax (collapsed lung) around 16 years ago, while attempting to catch a shoe her teenage son threw down the staircase. (Zara had asked him to throw his shoe to her... a decision since regretted!). The pneumothorax subsequently healed, and there is no other history of lung complaints. Other dysfunctional breathing symptoms include shortness of breath on exertion, headaches, coughing, mouth breathing, throat clearing and frequent sniffing and sighing. Her

oxygen levels are surprising low at 90% (via pulse oximeter) and she is a thoracic breather. Other measurements are in the normal range – Breathing rate –13 breaths per minute, Blood pressure 120/70, pulse rate 75bpm.

My assessment of Zara's case was that the incident of the pneumothorax 16 years ago caused her diaphragm to spasm, throwing her breathing pattern into disarray, thus creating chronic dysfunctional breathing pattern and the likely trigger and cause of her sleep apnea and fatigue. As well as the usual Buteyko breathing exercises focused on increasing carbon dioxide levels, I felt strongly that diaphragmatic breathing was an important part of Zara's treatment. Diaphragmatic breathing was a revelation to Zara as it felt so different to her 'normal' shallow, thoracic breathing pattern. I placed the pulse oximeter on her finger at the beginning of 4 minutes of diaphragmatic breathing. The reading was 90%. At the end of just 4 minutes her oxygen levels reached 99%. Within 2 weeks Zara had stopped snoring, had no need for the CPAP machine and was more energetic.

Contact Mim: <http://breathingwell.net.au/>

"Hi Mim! Thank you so much for the classes, I have never felt better especially now that after years of CPAP machines and operations to correct my sleep apnea and snoring I am sleeping so well without snoring. I don't have the awful 3 o'clock fatigue and lethargy anymore. Amazing that simple breathing exercises can really change my whole outlook on life!!!!"

Zara R.



Hyperventilation: the role of Buteyko Breathing re-training

By Dr. Fiamma Ferraro

Quite a few of our members have rightly pointed out that it would be very important to have more trials on the effectiveness of Buteyko re-training, not only for asthma but for many other health problems. I agree that more trials would certainly be useful, but there are a few problems regarding the set up of clinical trials for Buteyko breathing re-training.

As you know, in the so-called 'double-blind trials' (that are typically designed in order to test pharmaceutical agents), the control group is given a placebo, usually a sucrose-coated pill. I don't think a double-blind trial would be very reliable for testing the efficacy of Buteyko breathing re-training : this is attributable to the fact that when a pill is being tested, the participants cannot possibly work out whether they are taking the placebo pill (unless they have the pill chemically analyzed) or the remedy that is being tested, whilst people taking part in a double-blind Buteyko trial would nowadays be likely to do some reading on the web and realize whether they are being taught Buteyko or other breathing methods; this even more so as the slight feeling of 'air hunger' that trainees should feel is quite unique to the Buteyko method. Therefore critics could easily claim that the study was not really a double blind study.

This wasn't the case in the trials dating back to the early 1990s, when there was no internet, and nobody outside of Soviet Union knew anything about Buteyko. Moreover, we know that the simple fact of observing one's

breathing slows it down, so other breathing techniques used in the control group could also give rise to somewhat lesser results but none the less distort the overall statistics.

I therefore suggest a different approach: as we know, Buteyko works through reducing/eliminating hyperventilation, thus re-establishing the proper amount of CO₂ in the organism. We don't need to prove the benefits of reducing hyperventilation since there are already hundreds of studies that prove these benefits in cases of anxiety and panic attacks, epilepsy, sleep apnea, cardiovascular problems and many other conditions (not to speak of asthma). A quick search on pubmed.gov gives hundreds of results.

Here are just a few examples:

Breathing re-training: a three-year follow-up study of treatment for hyperventilation syndrome and associated functional cardiac symptoms.

DeGuire S, Gevirtz R, Hawkinson D.

<http://www.ncbi.nlm.nih.gov/pubmed/8805966> 1996 Jun; 21(2):191-8.

"The results of this follow-up study indicate that breathing re-training had lasting effects on both respiratory parameters measured. Subjects evidenced significantly higher end-tidal carbon dioxide levels and lower respiratory rates when compared to pre treatment levels measured three years earlier. Subjects also continued to report a decrease in the frequency of functional cardiac symptoms when compared to pre-

treatment levels. We conclude that breathing re-training has lasting effects on respiratory physiology and is highly correlated with a reduction in reported functional cardiac symptoms.”

A controlled study of a breathing therapy for treatment of hyperventilation syndrome.

Grossman P, de Swart JC, Defares PB.

J Psychosom Res. 1985;29(1):49–58

“(.....) A therapy directed toward slowing and regularizing the ventilatory pattern was compared with a partial-treatment, comparison procedure for individuals with somatic and psychological symptoms attributable to hyperventilation episodes (i.e. hyperventilation syndrome). Comparing repeated measures between a pre-treatment baseline session and a post-treatment follow-up, we found that the experimental therapy, in contrast to the comparison procedure, produced a greater number of, and more extensive, improvements in psychological, symptom complaint and ventilatory dimensions. Results also suggest changes in central respiratory control mechanisms as a consequence of treatment.”

Baseline respiratory parameters in panic disorder: a meta-analysis.

Grassi M, Caldirola D, Vanni G, Guerriero G, Piccinni M, Valchera A, Perna G.

J Affect Disord. 2013 Apr 5;146 (2):158–73

“(.....) The presence of abnormalities in baseline respiratory function of subjects with panic disorder (PD) is expected according to PD respiratory theories. We aimed to meta-analyze results from studies comparing baseline respiratory and hematic parameters related to respiration between subjects with PD and controls (.....)”

RESULTS: “We found significantly higher mean minute ventilation and lower et-pCO(2) in subjects with PD than controls. Moreover we also found evidences of reduced HCO(3)(-) and PO(4)(-) hematic concentrations, higher indexes of respiratory variability/irregularity and higher rate of sighs and apneas.”

Panic disorder and the respiratory system: clinical subtype and challenge tests.

Freire RC1, Nardi AE.

J Affect Disord. 2013 Apr 5;146(2):158–73.

doi: 10.1016/j.jad.2012.08.034. Epub 2012 Oct 27

“(....) Respiratory changes are associated with anxiety disorders, particularly panic disorder (PD). The stimulation of respiration in PD patients during panic attacks is well documented in the literature, and a number of abnormalities in respiration, such as enhanced CO2 sensitivity, have been detected in PD patients...”

And there are many, many more research studies. So we don't really have to prove that hyperventilation is harmful for one's health, since this is a well established fact; (and hyperventilation, as we all know, is defined as breathing in excess of what the body needs). What we really need to prove is that Buteyko breathing re-training is a very effective, fast-acting, easy, inexpensive instrument for reducing hyperventilation, with non significant side-effects, (especially if well taught by an experienced practitioner).

Luckily the elimination/reduction of hyperventilation is very easy to prove without the need for 'double blind studies', but with objective parameters, mainly the measurement of CO2 in the blood, which in

all medical texts is indicated as the classical measure for hyperventilation.

HYPERVENTILATION AND HYPOVENTILATION:

Hyperventilation and hypoventilation are defined by PaCO₂. Low PaCO₂ (hypocapnia) defines a state of hyperventilation, high PaCO₂ (hypercapnia), a state of hypoventilation;... hyperventilation and hypoventilation refer to the state of VA in relation to carbon dioxide production, a relationship that can only be known by measuring PaCO₂. As used in pulmonary medicine, the terms do not relate to rate or depth of breathing or to any aspect of a patient's effort to breathe. Perhaps better terms are hyperalveolarventilation and hypoalveolarventilation, but the shorter terms seem firmly entrenched in clinical practice.

Hypocapnia: hypocapnia is PCO₂ < 35 mm Hg. Hypocapnia is always caused by hyperventilation, due to pulmonary (e.g. pulmonary edema or embolism), cardiac (e.g. heart failure), metabolic (e.g. acidosis), drug-induced (e.g. aspirin, progesterone), CNS (e.g. infection, tumor, bleeding, increased intracranial pressure), or physiologic (e.g. pain, pregnancy) disorders or conditions. Hypocapnia is thought to directly increase bronchoconstriction and lower the threshold for cerebral and myocardial ischemia, perhaps through its effects on acid-base status...Analysis of respiratory status: first: examine pH value; if HIGH (above 7.45), ALKALOSIS is present, THEN: examine CO₂ LEVELS, If below 35 mmHg, RESPIRATORY ALKALOSIS present IF: pH was low (below

7.35) and CO₂ levels are High (above 45 mm Hg), RESPIRATORY ACIDOSIS is present As you see, the conditions of respiratory acidosis or respiratory alkalosis can be determined by examining just the pH and the carbon dioxide levels in the blood.

Also, a blood gas analysis is a relatively simple test to obtain, and it could prove that after Buteyko training, pCO₂ rises to more physiological levels, as hyperventilation is eliminated/decreased and symptoms ameliorate. So a certain number of Buteyko practitioners could agree to offer training at reduced rates to subjects willing to bring them the results of an arterial blood gas (ABG) and potentially other parameters to be defined, carried out just before and after a training.

If, as I am sure, the results show a rise in pCO₂ and therefore a decrease in hyperventilation, instead of claiming that Buteyko is proven as effective for a few single problems, we could claim that Buteyko breathing re-training is a scientifically proven highly effective method in eliminating hyperventilation (which, as the clinical literature shows, is an aggravating/causative factor of asthma, panic attacks, anxiety states, allergies and many other physical/psychological ailments), as well as for maintaining and optimizing health and fitness well into an old age.

I think it would be nice to hear some suggestions and opinions on this subject.

Fiamma

Email: fiafer@yahoo.com



Heart palpitations as a result of reduced breathing exercises

An article by Dr. Artour Rakhimov www.NormalBreathing.com

In most cases, heart palpitations are the sensation of having rapid or pounding heart beats. In sufferers, this symptom is common during sleep, but can also be triggered by exercise (with mouth breathing), medication, meals, pregnancy, or stress. From a modern, official, medical point of view, heart palpitations are usually not dangerous, but, in some cases, can indicate serious underlying conditions.

During the last 3 years (2013–2015), I have had several breathing students who asked me about solutions to their problems with heart palpitations. These students learned the Buteyko breathing technique themselves using books and online resources. In all these cases, heart palpitations were not present at the beginning of their breathing retraining, but appeared later, when they had already slowed down their breathing and resolved their original health problems and symptoms either completely or nearly completely. Thus, after getting better results, as out of nowhere, these people developed heart palpitations.



Among the students (who took my group courses), I had one or two cases when the

same problem appeared after about 1–2 months of breathing retraining. Also when they reached about 20–25 for the morning CP. These cases took place over 4 years ago when I did not use breathing devices as the main breathing tool to slow down breathing and increase one's CP.

Thus, in all these cases, these students:

- applied only reduced breathing exercises, sometimes combined with longer pauses (such as EPs and MPs) and sometimes without them.
- experienced heart palpitations only during sleep (or in a horizontal position).
- had too little physical exercise that ranged from about 30 min per day of intensive exercise up to 60 min of easy exercise, such as walking.

In all these cases, my suggestion was to increase the amount of physical exercise (even at the expense of doing less breath work) up to at least 1 hour of intensive exercise with another 30+ min of easy exercise. This suggestion would also logically follow as an important next step in order for these students to move their morning CP up to about 30 s or more. Nearly all the students followed this recommendation related to exercise and, in a few days, the dreadful symptom disappeared.

All types of physical activity have numerous positive effects on the nervous and

cardiovascular system making breathing retraining faster and easier. Decades ago, in the late 1980s, there was a physiological study that attracted the attention of many elite endurance coaches in the USSR. It was discovered that over 2 hours of intensive daily exercise caused 2 physiological changes in exercising athletes:

- Angiogenesis (the development of new blood vessels) triggered by exercise.
- Permanent additional vasodilation of arteries and arterioles due to the same cause.

It is hard to be certain due to a small number of cases, but it is quite possible that those students who use mainly breathing devices (such as the Frolov device or the DIY device) are likely to have less problems with heart

palpitations. Indeed, I have not had such cases during the last 3–4 years among my students, and about 90% use devices as their main breathing tool. However, in my view, while types of breathing exercises may play a role in the appearance of heart palpitations on the way to normal breathing, physical exercise is likely to remain the bigger factor in reducing these heart palpitations.

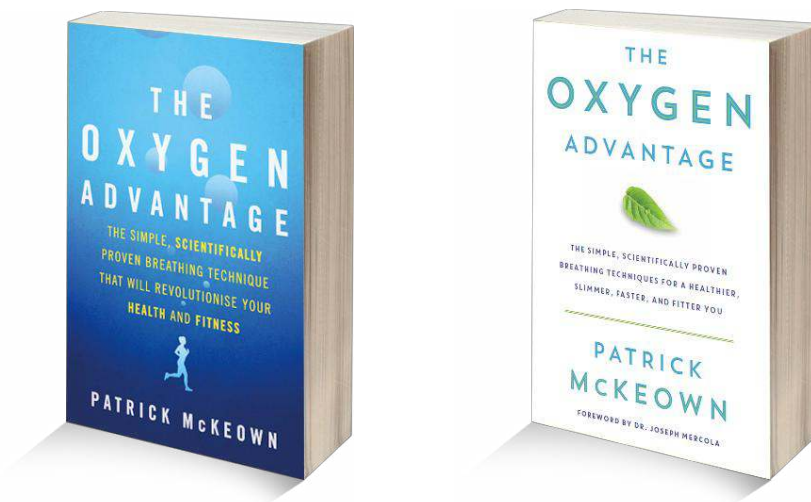
Also, large changes in diet, especially a transition from carbs to fats as the main (cleaner) energy source, can also contribute to smoother breathing retraining and absence of this symptom in practicing students, even at lower daily exercise levels.

Email: buteyko_researcher@yahoo.co.uk

THE OXYGEN ADVANTAGE

THE SIMPLE, SCIENTIFICALLY PROVEN BREATHING TECHNIQUES FOR A HEALTHIER, SLIMMER, FASTER, AND FITTER YOU

BY PATRICK MCKEOWN



Breathing is vital to life—but what is the ideal amount of air to breathe? In fact, the classic instruction to “take a deep breath” and fill the lungs with air is entirely the wrong approach if your goal is to deliver more oxygen throughout the body. Medicine has for decades embraced the importance for many people to eat less for good health. The next health revolution is to breathe less!

THE OXYGEN ADVANTAGE is a simple yet revolutionary approach to increasing body oxygenation for improved health. We can breathe two to three times more air than required without even knowing it (mouth

breathing is a big culprit), and chronic over-breathing, a rarely identified problem, leads to loss of health and poor fitness and contributes to problems such as anxiety, asthma, fatigue, insomnia, heart problems, and even obesity. Patrick McKeown—the internationally renowned founder of the Oxygen Advantage program—explains the fundamental relationship between oxygen and the body. Improving fitness depends on enhancing the release of oxygen to your working muscles. Increased oxygenation is not only healthier, it also enables greater exercise intensity with reduced

breathlessness.

For the past thirteen years, Patrick has trained over 5,000 people in reduced breathing exercises. He starts with a Body Oxygen Level Test (BOLT), which determines how long you're able to hold your breath. You'll work to increase your BOLT score by practising light breathing exercises and learning how to simulate high altitude training. If you're a serious athlete wanting to attain the edge, you'll gain heightened sports performance, with improvements to aerobic and anaerobic capacity and the ability to enter the zone at will. If you're in poor health or physical condition, you can help the body to help itself with increased energy levels, easier breathing, and more enjoyment during physical exercise. By following the simple, programmatic breathing exercises in **THE OXYGEN ADVANTAGE** you'll achieve:

-
- Improved sleep and energy
 - Increased concentration
 - Reduced breathlessness during exercise
 - Heightened athletic performance
 - Improved cardiovascular health
 - Significant reduction of asthmatic symptoms in both children and adults
-

Accessible and down-to-earth with illustrations and a quick reference guide to facilitate understanding and application, **THE OXYGEN ADVANTAGE** can be applied to people at every stage of life, from children to the elderly, from overweight people to elite athletes.

Testimonials for The Oxygen Advantage

*"I really enjoyed your book *The Oxygen Advantage*, I wished I would have come across it in my childhood. I play football in the NFL and my bolt score was 13. 3 weeks later I'm at 30 and improving thanks to you. I play wide receiver so I am running a lot and it's gotten so easy. Your book was an eye opener to me and I am in better shape for another opportunity because I'm so much better at the simple act of breathing. It really does add up! Thanks!"* **Jay Wisner Auburn Grad – NFL Free Agent**

"What Patrick and his team have been able to accomplish with their research and practice is astounding. They have introduced certain types of exercises that call for you to hold your breath while walking, jogging and sometimes running. Like running wasn't hard enough already. Essentially, they've figured out a way to improve your oxygen carrying capacity and deliver more oxygen to your organs and muscles. Another goal is to train the body to reduce lactic acid build up, thereby delaying the onset of fatigue". **Patrick Feeney, Jade Barber, Chris Giesting. USA Track and Field Athletes that Patrick is currently training.**

See Full Blog: <http://GolrishRunners.com/>

"Oxygen is the forgotten nutrient and you can have too much and too little. Many more health problems than most realize result because of it. This book provides a vital missing piece in the health equation". **Patrick Holford, author of the Optimum Nutrition Bible**

"Many know that I am a major fan of using simple, inexpensive lifestyle changes to avoid expensive and dangerous medications and

*surgery. *The Oxygen Advantage*, which is an extension of Patrick McKeown's work as a Buteyko coach, is one strategy that I believe should be included in your health habit arsenal. There simply are no downsides that I can identify and there are massive upsides. I use it personally, and would strongly encourage you to apply it to your life so you can reap the rewards".* **Dr. Joseph Mercola, founder of Mercola.com**

*"Patrick's book, *The Oxygen Advantage* is a god send for anyone wishing to improve their performance in a way that doesn't involve hours of strenuous workouts, drills, and endless miles of running. I've been doing nose breathing for the past ten years and it has totally revolutionized my running and seriously dropped my effort levels... at every speed! It's simple to incorporate into your training and your daily life and the results are astounding. I now recommend it in all of my running classes and training programs. Every runner or athlete should have this book. If you're not breathing right, you're working too hard".* **Danny Dreyer, Founder of ChiRunning and ChiWalking**

*"McKeown introduces readers to *The Oxygen Advantage*, an innovative but complex breathing technique that purportedly improves overall health... McKeown's confident attitude should help his book appeal to a wide audience".* **Publishers Weekly**

For more information visit www.OxygenAdvantage.com

A CONTINUING JOURNEY – FROM STUDENT TO MENTORING DAYS

One of BPI's stated goals is to provide assistance and support to members in their practice of the Buteyko Breathing Method, through continuing professional development, mentoring, pertinent information (e.g. new clinical studies), newsletters, and other communications.

In this section of our newsletter, Brian Murphy, a current student of Buteyko, explores his journey into Buteyko, and Tom Herron discusses his role and activities as Mentoring and Psychology Advisor for Buteyko Professionals International.

Brian Murphy – Buteyko Breathing Technique: The emotional element

The first time I reduced my breathing as instructed by my Buteyko teacher a feeling of fear dissipated. It was an instantaneous feeling that everything was going to be O.K. How could a change take place within me so quickly and seemingly so simply?

For years I had been searching for relief through yoga, intense exercise, and many forms of distraction. None of these had such a profound effect on my life as following the instructions of my Buteyko teacher.

I experienced a paradigm shift. My worldview had been turned upside down and inside out. Less breathing was better than more. A feeling of internal power was induced by the most gentle and subtle changes to my breathing. More oxygen was released to my cells by doing less. I felt the far reaching benefits of this.

I asked myself how it was that more people did not know this. The science of how it worked made absolute sense to me. I wanted to tell as many people as possible about this. I could barely contain my excitement. Then came the learning curve. I found out quickly that many people do not like to be told that how they breathe is at the root of many of their problems. It is as close to home as it

gets. Analysing our breath is to analyse the foundations of who and what we are. It is a daunting task for many. This is why Buteyko practitioners have to be patient and understand the emotional challenges for many of paying attention to their breath and reducing the amount that they breathe. I knew after a few weeks of practising the Buteyko breathing technique that I would teach it to others in the future. There are too many people who are suffering in many different ways from the effects of over breathing. Learning to breathe less and feel better is a gift that we can pass on to countless numbers of people throughout the world. Buteyko practitioners have the opportunity to improve quality of life for many. I wish you all the best in this challenge.

Brian Murphy is currently studying for his Diploma with Buteyko Clinic International and teaches Buteyko on a part-time basis in West Cork, Ireland.

ARE YOU A POTENTIAL MENTOR OR MENTEE?

By Tom Herron



My name is Tom Herron and I am the Mentoring and Psychology Advisor for Buteyko Professionals International (BPI). Firstly I wish to welcome everyone to this first issue of *The Breathing Issue*. Many thanks to all those who made this possible; including Ana Mahé for her tireless efforts in pulling it all together and to Patrick McKeown who through his books, videos, talks and experience has brought the Buteyko Breathing Method to an even greater worldwide audience.

One of my roles is to recruit potential mentors and mentees within the BPI community and match them up with each other. If you think you have the capacity to become a BPI mentor please email me at the address below and if you require mentoring I would like to hear from you too.

What is mentoring?

In 2004, David Clutterbuck, an academic who studied mentoring relationships, coined an acronym for what mentors do:

- Manage the relationship
- Encourage
- Nurture
- Teach
- Offer mutual respect

- Respond to the learner's needs

Mentoring can be described as a process for the informal transmission of knowledge, social capital, and the psychosocial support perceived by the recipient as relevant to work, career, or professional development. Mentoring entails informal communication, usually face-to-face and over a period of time, between a person who is perceived to have greater relevant knowledge, wisdom, or experience (the mentor) and a person who is perceived to have less (the mentee).

Although mentoring is usually a face-to-face arrangement this is not always possible. Therefore virtual mentoring via Skype, (or similar technology) from a distance, can be a useful alternative. Virtual mentoring may also be carried out by telephone or email. These measures mean less travelling and allow mentoring in some shape or form to be available to someone wherever they are in the world.

A mentor can wear many hats including that of teacher, coach, counsellor, director, resource for information, and critical friend.

At first, one of the mentor's tasks will be to take responsibility for developing the relationship, building rapport, and ensuring that the climate of initial meetings, be they face-to-face (via Skype or other means), is conducive to learning for the person being mentored (the mentee).

The mentor takes responsibility for directing the process of meetings and the relationship more generally, making sure that a learning contract has been agreed for example, however informal, and that periodic reviews

are held – to make sure that it is still working for both parties. As time passes and the relationship develops, the mentee is likely to take on more responsibility, especially for what is discussed.

The mentor may also play the role of coach, where mentees' goals can be clarified and reviewed and their most suitable learning style identified and employed. Self-development strategies may also be discussed if deemed necessary.

A mentor may also use counselling skills such as active listening, reflecting and clarifying, allowing the mentee to gain insight into their own journey of becoming a Buteyko practitioner without undue intrusion or need for disclosure.

Another way the mentor may be useful is by assisting in the provision of information resources. Those new to working with the Buteyko method may find it beneficial to have access to appropriate learning links, or other resources and a mentor can help point them in the right direction.

The role of a critical friend, I believe can be one of the most important, though most difficult, mentoring roles to successfully undertake. A mentor is required to listen, encourage, draw out, reflect back and challenge assumptions, and, if necessary, provide critical feedback on ideas or plans under discussion. This allows the mentor to give constructive feedback helping the mentee develop their understanding and

ongoing career in the Buteyko Breathing field.

Initially I will be available as a mentor as I have considerable experience in the application of the Buteyko Breathing Method for many conditions, so even seasoned professionals may benefit. As our team of BPI mentors builds, we can all learn from each other. Remember we are always learning.

Potential mentors will have significant experience working with the Buteyko Breathing Method and be willing to share their experiences with others. In this way we can continue building the BPIs credibility, vibrancy and authority throughout the world.

Put simply, mentoring in this instance is an informal relationship building process giving BPI members the opportunity to talk over issues arising with the practice and application of the Buteyko Breathing Method in a safe, non-judgmental, constructive and confidential manner should they choose to do so. Therefore I require mentors and mentees to make it all possible.

I look forward to hearing from all the potential mentors and mentees out there in BPI land.

If you have any further queries I can be contacted by email at info@tomherrontraining.com

Until the next time, Tom Herron

Buteyko Clinic International – Upcoming Practitioner Training, Ireland 2016

Patrick is delivering his annual practitioner training module in Ireland in February 2016 and there are still some places available.

DIPLOMA IN THE BUTEYKO CLINIC METHOD:

Dates: Saturday 13th February – Saturday 20th February 2016 inclusive

Location: Dublin & Galway

Fee: €2000

Fees: Cover the entire course including theoretical module, practical module, online access to training website, PowerPoint presentations for both clients and healthcare professionals, reading material, accreditation and listing on www.ButeykoClinic.com



Course format :

- Learn about the history of chronic hyperventilation and dysfunctional breathing and the physiological and biochemical changes arising from dysfunctional breathing.
- Teach Buteyko Method for adults
- Stress and relaxation – Evoking the relaxation response and mindfulness– practical
- Teach Buteyko Method to children and teenagers
- Learn about dysfunctional breathing and sleep disordered breathing
- Buteyko by Skype
- Practical application of breathing exercises
- Dysfunctional breathing and craniofacial changes in children
- Implementing a breathing program in dental practice
- Dysfunctional breathing and asthma and rhinitis
- How to build your Buteyko practice, marketing etc
- Accompany Patrick as he works with ten to twenty clients of varying conditions and severities

For full details about the 8–day course structure please visit:

<http://www.buteykoclinic.com/buteykodiploma.php>

Setting up your own website

By John Poulton

Some of our members have asked for advice on setting up their own websites as Buteyko practitioners. We asked our fellow member and practitioner John Poulton to talk us through the steps of creating your own website. Thanks John, for your recommendations.

3 Reasons You Need a Website

It is estimated that almost 2 billion people use the internet every single day. Black Friday 2015 was the first time more people shopped online than in physical stores. Not only is the internet becoming more popular for making purchases, it is also becoming more trusted as a source of information. As breathing educators, this change in consumer behavior is an incredible opportunity to connect with more people online and take your business to the next level. While there are many reasons to have a website, here are three of the most important:

1. Inexpensive & Flexible Brochure – Your website is the greatest brochure you can have for your business. It is (or can be) inexpensive. You can update it or improve it anytime without having to reprint. There is no need to carry large bulky papers with you to distribute to potential clients. You can direct anyone to your website using a simple business card with your web address on it. For those times when you don't have a business card handy, you can just tell people to go to YourBreathingBusiness.com. For these occasions, a simple, easy-to-remember domain name is very beneficial.

2. Instant Credibility – A professional-looking website with solid content will reassure people that you are legitimate. This is especially important in markets (like the United States) where the name Buteyko is relatively unknown. While you don't need to have a blog that you update every day, it is important to have enough content to engage anyone who happens upon your website. A simple overview of the services you offer may be enough. If your website conveys that you care about your business, it will be very reassuring to potential clients.

3. It's So Easy – When setting up a website, there are a few options to consider depending on your technical knowledge and the amount of money you want to spend. Here are three possibilities:

Wix and Weebly – These are two notable companies who have made it very easy to set up a website (even if you are not very tech savvy). While both offer a free option, these free options do not allow you to use your own domain name. So instead of using YourBreathingBusiness.com, you are forced to use YourBreathingBusiness.wix.com or



YourBreathingBusiness.weebly.com. But for \$4 to \$8 per month, you can upgrade to the plans where you can connect your own domain. So for \$48 to \$96 per year, you can have your own website, using your own domain.

Wordpress – For those who are a bit tech savvy (or who are up for an adventure) Wordpress is a great option. Wordpress is used for over 25% of ALL websites. Even many of the largest corporations utilize Wordpress. There are many templates available that can give your website a very professional look. While the upfront cost of setting up a Wordpress site can be a bit higher, the ongoing costs can be very low. This is the option I used for my website (bountifulbreathing.com). I purchased a template for about \$60 (a one-time cost), bought a domain for about \$10 per year, and bought a hosting plan for \$10 for the first year and about \$40 per year thereafter. So my first year costs were about \$80 and my ongoing annual costs will be about \$50. If you choose to go through Weebly or Wix, your hosting and template costs are included. You will still need to buy a domain, but both companies offer this free for the first year with their paid plans.

Hire a web developer – While you can hire a web developer to create a website for you, this is by far the most expensive option. You may end up spending thousands of dollars, and still need to pay more every time you need a change made. You will still need to cover annual hosting and domain fees (about \$50 per year). I would only recommend this option if you are trying to do things that are much more involved than what I have mentioned above.

No matter which of the above options you choose for your website, you will still need to generate the content. This can take some time. It can be helpful to look at the websites of other breathing educators for inspiration.

Many may question the need to spend money on a website. But I see things differently. If my website gives a potential client the added reassurance needed to sign up (even just one time), I will have more than covered the cost of my website for the year. As I work to make my website more effective, I know I will see more and more visitors convert to clients.

Email: john@bountifulbreathing.com

Breathless Sleep... no more

By Paul Rodriguez

My book is essentially a memoir of my battle with severe obstructive sleep apnoea (OSA). Although I suffered periodically with OSA during my thirties it wasn't until my mid to late forties that OSA began to uprear its ugly head. Its unwelcome appearance detrimentally affected my health in many ways. However for several years my condition was not diagnosed and for too long I was ignorant of its effect upon my deteriorating health.

My book recounts how I stumbled on in life coping with the consequences of an emerging breathing disorder. My body sought to compensate for the multiple ailments caused by my dysfunctional mouth breathing. It was only when the possibility of OSA was mentioned by my GP did I undertake a sleep study. Only after being diagnosed with severe OSA did I link the symptoms to the poor health of my deceased mother.

Even though I was aware of my condition I was still in denial as I initially refused to submit to CPAP, preferring instead to wear a prosthodontic mouth guard for 6 months! When I did use CPAP I obtained immediate relief. However I did not tolerate it well and after 2 months I abandoned it in favour of Buteyko breathing.

My journey was lonely and at times frightening. It was truly a nightmare not having the confidence to breathe when my fatigued mind and body ached for the nurturing effects of quality REM sleep. If I had the opportunity of reading a short book like "Breathless Sleep...no more" either before or after I was diagnosed with OSA I would have benefited enormously. In the first instance I would have been alerted to the symptoms of OSA and submitted to a sleep study much earlier than I did. In the second instance I would have

immediately embraced Buteyko breathing and not wasted time with mouth guards and CPAP machines. Importantly I would have enjoyed immeasurable comfort from the psychological orientation of what to expect with the breathing exercises and how best to approach them.

My greatest pleasure was reading the following response by Angela Ricci to one of my blogs: *"I have been attending the Buteyko Seminar and it has been answers to prayers!! I also purchased your book and it has been an incredible tool to my recovery, thank you for your honest and well presented information, I will be announcing it to all the people I know, as so many suffer unconsciously from this disorder because of lack of understanding."*

This comment satisfies my primary wish in writing the book. That is to inspire those who suffer from sleep apnoea to take control of their condition and to free those people from their dependence on respiratory aids and to liberate them from their breathless sleep. You may access further information on the book via the following link: <http://learntosleepwell.com/the-book>



Daily Practice

A column from and for Buteyko practitioners with inspirational, ordinary or extraordinary anecdotes.

Pyjamas – By Marc Scheffer



My wife Mathilde and I have been mates for 27 years and are married for 17 years now, and we have two lovely kids.

As Mathilde is also a Buteyko practitioner I can easily share with her my daily Buteyko experiences. We both have our strengths and weaknesses: I can talk a lot, Mathilde is a good planner.

So far so good. Until November 2014 when Mathilde decided to go to England for 4 months to become a Body Stress Release Practitioner. A good fit with Buteyko as we are convinced that dealing with stress is a big health issue.

Well, we bravely said goodbye at Schiphol airport and I did the household planning from that point on. I tried to keep most of the afternoons free from clients to be able to do the shopping, washing and cooking and spend enough time with the kids (Martijn 12, Willemijn 10).

I don't remember the exact date, but that early morning, after the children went to school, I was chilling on the couch, still in my pyjamas with my morning cup of coffee. The night before Mathilde and I must have had our late Skype session (trying not to talk about missing each other...). Drinking my coffee I encouraged myself: "Man, are you doing a good job here with two kids and a Buteyko practice, or what?"

Ringggggg!!! What???

Ringggggg!!!

The doorbell? Who the (bleep) was disturbing my chill? Through the side window I saw a man, and with a shock I realized: a client! I had no choice but to open the door in my pyjamas. "I am so sorry", I said, "there is something wrong with my planning". (As if this man hadn't already noticed).

I parked my client in the practice and quickly changed clothes. After the Buteyko session I took a walk and reflected on the unprofessional impression I must have made on this man. I concluded this would never have happened with Mathilde in the house. "Still in your pyjamas, Marc? You have a client in an hour", she would have said. How glad I was to have Mathilde back home in March this last year!

Thanks to Marc for suggesting this column.

*Marc Scheffer (1958) started his Buteyko practice in Holland in April 2010: www.ademwijzer.nl
We happily invite submissions for the Daily Practice Column for the next issue of The Breathing Issue.*

Motivational Kick & Take Home Message

Thanks to BPI member Orna Adrienssen for suggesting this section of the newsletter, where we take our leave with an inspirational story and/or some food for thought.

This first issue's motivational kick and take home message is by Dr. Alan Ruth, and in the spirit of the season!



Achieving your New Year's resolutions – By Dr. Alan Ruth

According to a recent U.S. study published in the Journal of Clinical Psychology, only 8 percent of those making New Year's resolutions will ever reach their goals. The study's results indicated that health-related goals are typically a distant memory within the first 15 days of the New Year. According to the study, the top 5 resolutions for 2014 were: (1) lose weight, (2) get organized, (3) spend less and save more, (4) enjoy life to the fullest, and (5) stay fit and healthy.

If you soon realize early in 2016 that you are not going to be able to keep your New Year's resolutions; it can lead to frustration, anxiety, and stress. Examples of potentially stress inducing resolutions include quitting smoking or losing weight. New Year's resolutions that involve achieving very demanding goals in a short period of time can be particularly stress inducing. An example might be:

"I am going to lose 13 kilos by the end of February, by exercising in the gym for an hour every day."

In making New Year's resolutions, although our intentions are good and honourable, we usually end up repeating past failures, especially if our goals are too demanding. This can create tension and stress by undermining our self worth and making us feel guilty because once again we didn't achieve our goals.

If, early this year (maybe even this month), it looks like you will not achieve your goals, it may be appropriate to review and change them. Below, are some suggestions to help you achieve your New Year's resolutions.

Tackle the process of change step by step. Make only one or two resolutions at a given time. Unhealthy or negative behaviors develop over time. Replacing these with healthy or positive ones; also requires time.

Rather than trying to shake off an ingrained bad habit, resolve to adopt a good new behaviour.

Be reasonable with yourself. Make resolutions you think you can keep. If, for example, your aim is to exercise more frequently, schedule three or four days a week instead of seven.

If you don't succeed, don't blame yourself or beat yourself up. Instead, determine the obstacles that blocked you and try again. Think about how you can do better by making a better plan to succeed.

Pay attention to your 'self-talk' and counter negative self-talk like "I'll never succeed" with positive self-talk like "Today I made some progress."

Once you have made significant progress towards achieving your goals, reward yourself in some way.

Ask for support from those who care about you. This will strengthen your resilience and ability to manage any stress caused by your resolutions.

Rather than just focusing on the end goal of a resolution, try focusing on the means by which you will achieve your goal.

Visualize what success will look like and imagine how it will feel e.g. if one of your goals is to fit into a favourite item of clothing again, then imagine yourself wearing it and how you will feel.

Identify why you have failed in the past. What triggers resulted in you resuming old bad habits? Can you avoid them or at least prepare yourself to handle them?

Instead of focusing on achieving a specific goal by a specific date, consider making subtle and important changes in your everyday lifestyle. This could involve making resolutions such as: "This year I'm going to take better care of my body" or "This year I'm going to replace my impatience with patience." Resolutions such as these are a little vague and not time-framed. However, these very characteristics are probably their greatest asset. Instead of setting very specific time-framed goals, which make you feel bad if you don't achieve them, they provide a gentle guiding light that helps point you in the right direction.

In conclusion, I recommend watching an excellent short video titled 'How to Succeed with Your New Year's Resolutions' via the following [link](#).

Alan Ruth

We hope you have enjoyed our first newsletter. Please send any comments or feedback to Ana at info@buteykoclinic.com

I look forward to receiving your submissions for the next issue.

Wishing you a Happy New Year!

Ana