



Buteyko Breathing Clinic Practitioner Training

Buteyko Breathing Clinic Worldwide Training for Buteyko Practitioners

Buteyko practitioner training in Westlake, Texas from Tues 15th until Mon 21st October 2013 inclusive.

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Location:

Dallas/Fort Worth Marriott Solana, Address: 5 Village Cir, Westlake, TX 76262, United States. Phone:+1 817-430-5000

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Patrick McKeown is one of a few practitioners in the world accredited by the Late Professor Buteyko
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About us

Patrick McKeown trained in Russia in 2002. He is accredited by the Late Prof. Buteyko and has written six popular books including the best seller *Asthma Free naturally*. In addition, he has produced two DVD sets; for adults and children. Free video segments are available from ButeykoDVD.com or from ButeykoChildren.com

Thousands of patients have attended his AsthmaCare clinics making it one of the busiest Buteyko practices in the western world. Finally, Patrick has trained Buteyko practitioners from twenty two different countries.

Books, CD and DVD written/spoken by Patrick McKeown

- 1) Asthma Free naturally
- 2) Close Your Mouth
- 3) ABC to be Asthma Free
- 4) Anxiety Free: stop worrying and quieten your mind
- 5) ButeykoKids meet Dr Mew.
- 6) Sleep with Buteyko
- 7) So you think your fit! (coming soon)
- 8) ButeykoClinic CD
- 9) ButeykoClinic DVD set of book, 2 hour DVD and CD
- 10) ButeykoKids DVD set of book, 1 hour DVD

All books, CD and DVDs are available from ButeykoDVD.com or Amazon.com



Buteyko Breathing Clinic Practitioner Training

Course details

- Upon registration- The Buteyko training manual, Books and DVD sets are posted to training practitioners. This enables immediate learning.
- Student practitioners are limited to ten per course.
- Our training program **is according to the Method as designed by the Late Professor Buteyko.**
- Practical training involves attendance to seven days of clinics.
- During the seven days, training practitioners assist where possible with patients of varying conditions including asthma, COPD, rhinitis, fatigue, insomnia, snoring, sleep apnea, anxiety.
- Newly qualified practitioners teach small groups only for the first six months.
- Accreditation by Diploma in Buteyko Method & registration on ButeykoClinic.com
- PowerPoint presentations for clients and healthcare professionals are provided.
- Indefinite follow up support is provided by practitioner trainer Patrick McKeown.



Buteyko Breathing Clinic Practitioner Training

When does Practitioner Training take place?

Schedule:

Practitioner training will take place from Tues 15th until Monday 21st October 2013 inclusive

Tuesday	15th October	9am- 530pm	
Wednesday	16th October	9am- 530pm	
Thursday	17th October	9am- 530pm	
Friday	18th October	9am- 530pm	
Saturday	19th October	9am- 12pm	2pm- 5pm
Sunday	20th October	9am- 12pm	2pm- 5pm
Monday	21st October	9am- 4pm	

Location: Dallas/Fort Worth Marriott Solana, 5 Village Cir, Westlake, TX

76262, United States. Phone:+1 817-430-5000



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Course syllabus

Buteyko Breathing Clinic training course concentrates on the practical application of the Buteyko Method. This is vital to ensuring your success. Please find course summary below;

Introduction

- Introduction to the Buteyko Breathing Clinic Method
- Chronic Hyperventilation
- Basics of respiratory physiology
- Different theories of how over-breathing contributes to airway obstruction
(Reading material provided)
- Various symptoms and conditions arising from hyperventilation
- How the Buteyko Method differs to other breathing methods

Assessing the patient

- Assessing patient and determining your approach
- How to measure the Control Pause correctly
- How to determine if your client is measuring CP correctly

Breathing Exercises

- How to stop coughing
- How to stop wheezing, stress and anxiety
- How to unblock the nose, relieve constipation and more using breath hold
- Addressing snoring and sleep apnea
- Reduced breathing with varying approaches
- Correct breathing during physical exercise
- Breath holds during physical activity and sports
- How to teach children using steps and reduced breathing



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Working with the patient

- Expected results of your patients
- What to do when results are stubborn
- Anticipating the cleansing reactions
- What exercises to use with different people and conditions
- Nuances to be aware of with different patients
- Various approaches when sensitivity to breathing is poor

Lifestyle guidelines

- Correct sleeping
- Diet
- Temperatures
- Speaking, playing musical instruments, etc.

Asthma Medication

- Types of medication including reliever and preventer
- Issues and roles associated with each
- What reduction of medication is expected
- When patient should visit Doctor for examination

Marketing assistance

- Creating awareness
- Marketing modes
- Customer support
- Design of training programme
- Website options



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Background to the Buteyko Method

The Buteyko Method was developed in 1952 by Russian Doctor Konstantin Buteyko.

The Method involves;

- Unblocking the nose using breath hold exercise
- Switching from mouth to nasal breathing
- Correcting breathing volume to normal levels
- Adopting various lifestyle guidelines conducive to good health

Many people in the Western world breathe too much (clinically known as Chronic Hyperventilation). This results from factors of modern living such as processed food, stress, high temperatures of homes, excessive talking, overeating and lack of physical exercise. While breathing volume can be as much as two to three times the norm, it is termed as hidden. Typical characteristics of an over-breather include mouth breathing, regular sighing, taking large breaths prior to talking, breathing loudly during rest, etc.

The Buteyko method is more commonly taught for upper and lower respiratory conditions such as asthma and rhinitis due to its ability to produce quick results. The most common symptom of rhinitis is nasal obstruction which in turn contributes to snoring, sleep apnoea, disrupted sleep, crooked teeth, cranio facial changes and more.

Habitual mouth breathers often find it difficult to permanently nasal breathe. As soon as they close their mouth, they may feel suffocated or a want for air. Unless this feeling of a hunger for air is eliminated, mouth breathing will continue. The Buteyko Method unblocks the nose and eliminates the feeling of suffocation enabling a permanent switch to nasal breathing.



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Common symptoms from chronic hyperventilation

The Respiratory System: wheezing, blocked nose, loss of smell and taste, runny nose, post nasal discharge, breathlessness, coughing, chest tightness, frequent chest infections, frequent yawning, sighing, snoring and sleep apnea.

The Nervous System: poor concentration, dizziness, light-headed feeling, numbness, sweating, dizziness, brain fog, vertigo, tingling in the hands and feet, faintness, trembling and headache

The Heart: typically a racing heartbeat, pain in the chest region, skipping or irregular heartbeat.

The Mind: ADHD, anxiety, racing mind, frustration, irritability, tension, depression and stress.

Other general symptoms may include mouth dryness, fatigue or difficulty falling asleep, waking up at night, waking up tired, reduced productivity, bad dreams or nightmares, dry itchy skin, sweaty palms, increased urination such as bed wetting or regular visits to the bathroom during the night, diarrhoea, constipation, general weakness and chronic exhaustion.



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Investigating the Buteyko Method as a treatment of rhinitis in asthma

The objective of a study undertaken by Dr Adelola et al. from the Department of Otolaryngology at Limerick University Hospital in Ireland was to investigate the effectiveness of the Buteyko technique on the nasal symptoms of patients with asthma.

Method

26 volunteers with a diagnosis of asthma and chronic rhinitis, ranging in age from 23 – 60 years were recruited from the general population. Training took place weekly for three weeks by Buteyko practitioner; Patrick McKeown. Participants were followed for three months. Each participant completed quality of life scores to rate their nasal symptoms at the beginning of training and three months post training. Validated evaluations consisted of the sinonasal outcome test (SNOT)¹, nasal obstruction symptom evaluation (NOSE)² and visual analogue scale.

Results

The study showed a significant reduction of nasal symptoms in asthmatics across all three evaluations. For example, NOSE evaluation surveys nasal congestion or stuffiness, poor sense of smell, snoring, nasal blockage or obstruction, trouble breathing through the nose, trouble sleeping, having to breathe through the mouth, unable to get enough air through the nose during exercise or exertion and feeling panic that one cannot get enough air through the nose. This evaluation showed a 71% reduction of rhinitis symptoms in asthma at three month follow up.

Test	Baseline Mean Measure	3 Month Mean Measure	Improvement
Visual Analog Scale	66.65	18.25	72.60%
Nasal Obstruction Symptom Evaluation	12.03	3.46	71.20%
Sinonasal Outcome Test-22	44.07	12.34	72.00%

Table one: Pre- and post-test mean scores of visual analogue scale (VAS), nasal obstruction symptom evaluation (NOSE) and sinonasal outcome test (SNOT-22)



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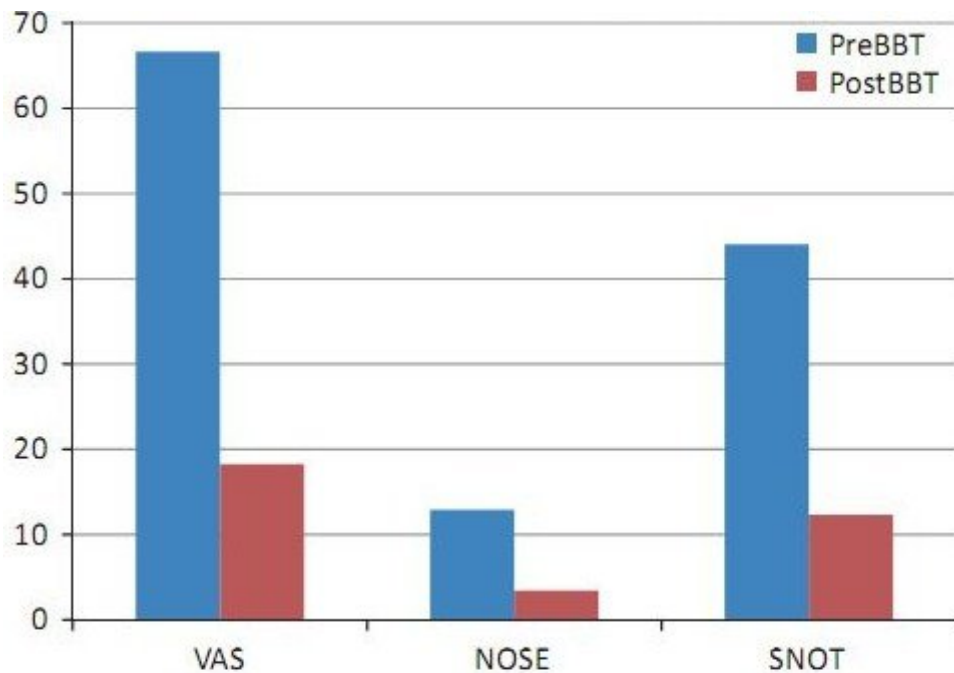


Fig. 1. Pre- and Post-test Mean scores of Visual analogue scale (VAS), Nasal obstruction symptom evaluation (NOSE) and Sinonasal outcome test (SNOT-22).

References:

- 1) Hopkins C. et al. (2009) Psychometric validity of the 22-item Sinonasal Outcome Test. *Clin. Otolaryngol.* 34, 447 – 454
- 2) Stewart M.G. et al. (2004) Development and validation of the Nasal Obstruction Symptom Evaluation (NOSE) scale. *Otolaryngol. Head Neck Surg.* 130, 157 – 163



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Craniofacial implications from habitual mouth breathing

A good-looking face is determined by a strong, sturdy chin, developed jaws, high cheekbones, good lips, correct nose size and straight teeth. When a face develops correctly, it follows that the teeth will be straight. Straight teeth do not create a good-looking face, but a good-looking face will create straight teeth.

Consensus from thousands of oral facial myologists, hygienists, dentists, orthodontists and published papers worldwide is that for the face and, consequently, teeth to develop correctly, a number of factors must be employed by the growing child. Such factors include:

- 1) Mouth closed with lips gently together;
- 2) Three quarters of the tongue resting in the roof of the mouth, with the tip of the tongue placed behind the front teeth;
- 3) Breathing through the nose;
- 4) Correct swallowing;

During the 1960s, dentist Egil P Harvold recognised that “oral respiration associated with obstruction of the nasal airway (blocked nose) is a common finding among patients seeking orthodontic treatment.”¹ To determine the relationship between mouth breathing and crooked teeth, he conducted a number of experiments by blocking the noses of young monkeys with silicon nose plugs.

“The experiments showed that the monkeys adapted to nasal obstruction in different ways. In general, the experimental animals maintained an open mouth. All experimental animals gradually acquired a facial appearance and dental occlusion different from those of the control animals.”¹ The mouth-breathing monkeys developed crooked teeth and other facial deformities, including “a lowering of the chin, a steeper mandibular plane angle, and an increase in the gonial angle as compared with the eight control animals.”²

Harvold claimed to be able to reproduce the equivalent of most human dental irregularities; “Any common type of dental irregularity can be produced experimentally in monkeys with normal dentition.”³

It is well documented that mouth-breathing children grow longer faces. A paper by Tourne entitled, *The long face syndrome and impairment of the nasopharyngeal airway*, recognised that “the switch from a nasal to an oronasal (mouth and nose combined) breathing pattern induces functional adaptations that include an increase in total anterior face height and vertical development of the lower anterior face”.⁴



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In another paper, Dr Carl Schreiner comments that “Long-standing nasal obstruction appears to affect craniofacial morphology during periods of rapid facial growth in genetically susceptible children with narrow facial pattern”.⁵

In a paper entitled, *Care of nasal airway to prevent orthodontic problems in children*, “a mouth breather lowers the tongue position to facilitate the flow of air in to the expanding lungs. The resultant effect is maldevelopment of the jaw in particular and deformity of the face in general. Setting of the teeth on the jaw is also affected. All these make the face look negative. So, to prevent orthodontic problem in children, it is necessary to detect the nasopharyngeal obstruction and treat the same accordingly.”⁶

In a study of 47 children between the ages of 6 to 15 years that was done to determine the correlation between breathing mode and craniofacial morphology, “findings demonstrated a significant predominance of mouth breathing compared to nasal breathing in the vertical growth patterns studied.” The paper concluded that, “results show a correlation between obstructed nasal breathing, large adenoids and vertical growth pattern.”⁷

Another study involving 73 children between the ages of 3 to 6 years that was done to determine the influence of mouth breathing on dentofacial growth and development concluded that “mouth breathing can influence craniofacial and occlusal development early in childhood.”⁸

In a paper entitled “Malocclusion and upper airway obstruction,” 49 children with confirmed nasal obstruction were studied. The paper noted that “the main characteristics of the respiratory obstruction syndrome (blocked nose) are presence of hypertrophied tonsils or adenoids, mouth breathing, open bite, cross bite, excessive anterior face height, incompetent lip posture, excessive appearance of maxillary anterior teeth, narrow external nares, V-shaped maxillary arch (top jaw).”⁹

When the tongue is not resting in the roof of the mouth, the jaws are impeded from growing forward and are instead set back from their ideal position. This contracts the airways, contributing to breathing difficulties and sleep apnoea. In addition, the nose will seem larger, similar to that of a roman nose. The “nose is more pronounced in an ideal occlusion (straight teeth) but in the various malocclusions (crooked teeth) where the maxilla (top jaw) is underdeveloped it appears larger, although in fact it is smaller.”³

“Lack of growth affects the whole face and is associated with flat cheeks, unattractive lips, large noses, tired eyes, double chin, receding chins and sloping forehead, features that will be readily recognised when there is a pronounced crowding of teeth.”¹⁰



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Given the extent of information available, it is surprising that few dentists seem to be aware of the craniofacial effects from mouth breathing. The journal *General Dentist* noted that “the vast majority of health care professionals are unaware of the negative impact of upper airway obstruction (mouth breathing) on normal facial growth and physiologic health. Children whose mouth breathing is untreated may develop long, narrow faces, narrow mouths, high palatal vaults, dental malocclusion (crooked teeth), gummy smiles and many other unattractive facial features. These children do not sleep well at night due to obstructed airways; this lack of sleep can adversely affect their growth and academic performance. Many of these children are misdiagnosed with attention deficit disorder (ADD) and hyperactivity”. The paper further states that “if mouth breathing is treated early, its negative effect on facial and dental development and the medical and social problems associated with it can be reduced or averted.”¹¹

References:

- 1) [Primate experiments on oral respiration](#). Egil P Harvold. American Journal of orthodontics. Volume 79, issue 4, April 1981, pages 359- 372)
- 2) [Primate experiments on mandibular growth direction](#). Tomer, Harvold Ep. Am J Orthod 1982 Aug; 82 (2): 114-9
- 3) [Mew, J.R.C. 1986 in Biobloc Therapy](#) published by the Author, Braylsham Castle, Heathfield, U.K
- 4) Tourne. [The long face syndrome and impairment of the nasopharyngeal airway](#). Angle Orthod 1990 Fall 60(3) 167- 76
- 5) [Nasal Airway Obstruction In Children and Secondary Dental Deformities](#). RESIDENT PHYSICIAN: Carl Schreiner, MD. December 18, 1996
- 6) [Care of nasal airway to prevent orthodontic problems in children](#)” J Indian Med association 2007 Nov; 105 (11):640,642)
- 7) [Effect of breathing mode and nose ventilation on growth of the facial bones](#). HNO 1996 May; 4(5):229-34)
- 8) [Skeletal and occlusal characteristics in mouth breathing pre school children](#). By Mattar SE, Anselmo- Lima WT, Valera FC, Matsumoto MA. Published in J Clin Pediatr Dent 2004 Summer; 28(4): 315-8)
- 9) [Malocclusion and upper airway obstruction](#). Publishes in medicina (Kaunas) 2002; 38 (3): 277- 83)
- 10) [Dr Mew. Orthotropics](#)
- 11) [General Dentist: Mouth breathing: adverse effects on facial growth, health, academics and behaviour](#). Jefferson Y, 2010 Jan- Feb; 58 (1): 18-25



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Mouth breathing, snoring, and sleep apnoea in adults and children

Here, we examine the literature to determine whether sleeping with the mouth open is a causal factor for snoring and sleep apnoea.

“Open-mouth breathing during sleep is a risk factor for obstructive sleep apnea (OSA) and is associated with increased disease severity and upper airway collapsibility.” The study which involved 52 patients found that “the more elongated and narrow upper airway during open-mouth breathing may aggravate the collapsibility of the upper airway and, thus, negatively affect OSA severity.”¹

In another study, 385 patients with obstructive sleep apnoea were examined through a questionnaire. Results showed that upper airway symptoms were common, with 61% of patients reporting mouth dryness, 52% with nasal stuffiness, 51% with dryness of the nose, 30% with sneezing, 24% with mucus in the throat, and 17% with a runny nose.²

Ohki et al. performed a study to determine the relationship between oral breathing and nasal obstruction in patients with obstructive sleep apnea. The study involved 30 normal subjects and 20 patients with snoring or sleep apnoea. Researchers found that chronic nasal obstruction and resultant mouth breathing may induce obstructive sleep apnea.³

In a paper entitled, “How does open-mouth breathing influence upper airway anatomy?”⁴, Lee et al. tested the hypothesis that open-mouth breathing during sleep may increase the severity of obstructive sleep apnea. After an analysis of 28 patients, researchers concluded that “open-mouth breathing is associated with reduction of the retropalatal and retroglottal areas, lengthening of the pharynx and shortening of the MP-H in the upper airway.”⁴

After reviewing texts and articles on Medline, the centre for research disorders in Cincinnati, Ohio concluded that obstructive sleep apnoea, sleep fragmentation, and disturbed sleep often result from nasal obstruction.⁵ The authors of the paper observed that “since breathing through the nose appears to be the preferred route during sleep, nasal obstruction frequently leads to nocturnal mouth breathing, snoring, and ultimately to OSA.”⁵ The paper advised that allergic rhinitis and other upper respiratory disorders should be treated more aggressively.⁵



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A Polish study noted that children with sleep respiratory disorders wake up tired, with blocked noses, were breathing through their mouth, tire easily, have concentration problems, are irritated, and demonstrate hyperactivity that may resemble ADHD symptoms. The paper further states that “long-term disease leads to exacerbation of all-systemic symptoms, results in cardiovascular complications, induces developmental inhibition and cognitive dysfunction, and is responsible for school/social failures and reduced life quality.”⁶

In a paper entitled, “The nose and sleep disordered breathing: what we know and what we don’t know,” performed an analysis of medical literature on the subject.⁷ The analysis confirmed that “SDB (sleep disordered breathing) can both result from and be worsened by nasal obstruction.” It was stated that “nasal congestion typically results in a switch to oronasal breathing that compromises the airway.” Furthermore, “oral (mouth) breathing in children may lead to the development of facial structural abnormalities associated with SDB.” The paper concluded that the change to mouth breathing that occurs with chronic nasal obstruction is a common pathway for sleep-disordered breathing.⁷

Mouth breathing was also recognised to be a factor in a study to determine the prevalence and association of sleep disorders and school performance. Based on a total of 1,164 completed questionnaires on children aged between 7 and 13 years, it was found that the overall prevalence of snoring was 38.9% with 3.5% habitually snoring. “Allergic symptoms, daytime mouth breathing, shaking the child for apnea, restless sleep and hyperactivity were significant and independent risk factors and sleep-related symptoms for HS.”⁹

A study was conducted to determine the risk factors of habitual snoring and symptoms of sleep-disordered breathing. Based on a study of 1030 children aged from 12 to 17 years, it was found that “habitual snorers had significantly more night time symptoms including observed apneas, difficulty breathing, restless sleep and mouth breathing during sleep compared to occasional and non-snorers.”¹⁰

And finally, data from 248 medical charts of mouth-breathing children were analysed to determine the prevalence of obstructive sleep disorders in such children. It was found that 58% of children were primary snorers and 42% had obstructive sleep apnoea. The paper concluded that, “primary snoring and OSAS are frequent findings in mouth breathing children.”¹¹

There is no doubt that mouth breathing is a significant causal factor for snoring and sleep apnea in both adults and children.



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References:

- 1) Kim EJ, Choi JH, Kim KW, Kim TH, Lee SH, Lee HM, Shin C, Lee KY, Lee SH. The impacts of open-mouth breathing on upper airway space in obstructive sleep apnea: 3-D MDCT analysis. *Eur Arch Otorhinolaryngol*. 2010 Oct 19.
- 2) Kreivi HR, Virkkula P, Lehto J, Brander P. Frequency of upper airway symptoms before and during continuous positive airway pressure treatment in patients with obstructive sleep apnea syndrome. *Respiration*. 2010;80(6):488-94.
- 3) Ohki M, Usui N, Kanazawa H, Hara I, Kawano K. Relationship between oral breathing and nasal obstruction in patients with obstructive sleep apnea. *Acta Otolaryngol Suppl*. 1996;523:228-30.
- 4) Lee SH, Choi JH, Shin C, Lee HM, Kwon SY, Lee SH. How does open-mouth breathing influence upper airway anatomy? *Laryngoscope*. 2007 Jun;117(6):1102-6.
- 5) Scharf MB, Cohen AP. Diagnostic and treatment implications of nasal obstruction in snoring and obstructive sleep apnea. *Ann Allergy Asthma Immunol*. 1998 Oct;81(4):279-87; quiz 287-90.
- 6) Wasilewska J, Kaczmarek M. Obstructive sleep apnea-hypopnea syndrome in children [Article in Polish] *Wiad Lek*. 2010;63(3):201-12.
- 7) Rappai M, Collop N, Kemp S, deShazo R. The nose and sleep-disordered breathing: what we know and what we do not know. *Chest*. 2003 Dec;124(6):2309-23.
- 8) *Braz J Otorhinolaryngol*. 2010 Oct;76(5):552-6. Obstructive sleep apnea syndrome (OSAS) in mouth breathing children. [Article in English, Portuguese] Izu SC, Itamoto CH, Pradella-Hallinan M, Pizarro GU, Tufik S, Pignatari S, Fujita RR.
- 9) Sahin U, Ozturk O, Ozturk M, Songur N, Bircan A, Akkaya A. Habitual snoring in primary school children: prevalence and association with sleep-related disorders and school performance. *Med Princ Pract*. 2009;18(6):458-65. Epub 2009 Sep 30.
- 10) Sogut A, Yilmaz O, Dinc G, Yuksel H. Prevalence of habitual snoring and symptoms of sleep-disordered breathing in adolescents. *Int J Pediatr Otorhinolaryngol*. 2009 Dec;73(12):1769-73. Epub 2009 Oct 20.
- 11) Izu SC, Itamoto CH, Pradella-Hallinan M, Pizarro GU, Tufik S, Pignatari S, Fujita RR. Obstructive sleep apnea syndrome (OSAS) in mouth breathing children. [Article in English, Portuguese] *Braz J Otorhinolaryngol*. 2010 Oct;76(5):552-6.



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How effective is the Buteyko Method for asthma?

The Buteyko Method has been subject to six trials in the western world. Average results concluded a significant improvement to quality of life with 70% less asthma symptoms such as wheezing, breathlessness and coughing, a reduction of 90% in need for reliever medication and a 40% to 50% less need for preventer steroid medication within three to six months. (this improves over time)

Where measured, a direct correlation was demonstrated between breathing volume, reduced symptoms and need for reliever medication. Lung function was maintained the same after the trial. Taking into account that preventer medication was halved with no deterioration of lung function, this was indeed very positive.

The conclusion of Gisborne trial (1) as published in NZ Med J is as follows;
"BBT is a safe and efficacious asthma management technique. BBT has clinical and potential pharmaco-economic benefits that merit further study."

A table comparison table taken from page 3 of NZ children's trial 6 as published in NZ Med Journal

	Brisbane 1	Gisborne 2	Nottingham 3	NZ Children 4
Beta-agonist reduction (reliever)	95%*	85%	100%*	66%
Inhaled steroid reduction	49%	50%	41.5%**	41%

**Nottingham did not attempt reductions in inhaled steroid use until assessment of airways hyper-reactivity was finished.

The British Thoracic Society recently upgraded the Buteyko Method to "B" classification indicating that there are "high quality systematic reviews of case control or cohort studies" and "High quality case control or cohort studies with a very low risk of confounding or bias and a high probability that the relationship is causal."

The Mayo Clinic has listed the Buteyko Method as one of the most promising alternative treatments for asthma. See <http://www.mayoclinic.com/health/asthma-treatment/AS00032>



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References:

Bowler SD, Green A, Mitchell CA. Buteyko breathing technique in asthma: a blinded randomised controlled trial. *Med J Aust.* 1998;169:575-8. Available online. URL: <http://www.mja.com.au/public/issues/xmas98/bowler/bowler.html> Accessed May 2006. (asthma clinical studies)

McHugh P, Aitcheson F, Duncan B, Houghton F. Buteyko breathing technique for asthma: an effective intervention. *N Z Med J.* 2003;116(1187). (asthma clinical studies) URL: <http://www.nzma.org.nz/journal/116-1187/710/>

Cooper S, Osborne J, Newton S, et al. Effect of two breathing exercises (Buteyko and pranayama) in asthma: a randomised controlled trial. (asthma clinical studies) *Thorax.* 2003;58:674-9.

McHugh P, Aitcheson F, Duncan B, Houghton F. Buteyko breathing technique and asthma in children: a case Series. (asthma clinical study) *NZMJ* 19 May 2006, Vol 119 No 1234. URL: <http://www.nzma.org.nz/journal/119-1234/1988/>



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APPLICATION FORM

All information submitted will be treated as totally confidential. Please select and copy application form onto an Email or word document.

Complete and email directly to Patrick McKeown at patrick@buteykoclinic.com

Name in full:

Address:

Tel. No (inc STD code)

Email:

Current occupation

Qualifications

Education details

Further education/other courses

Details of previous Buteyko courses/experience (if relevant)

Please add here any further details you wish in support of this application and reasons for wishing to enrol on the course, i.e., career / general interest / self-development, etc.

Do you intend carrying insurance if / when qualified ? Yes / No

How did you hear about this course?

Please note:- students giving up the course of their own volition before its completion are not entitled to a refund of course fee.



Buteyko Breathing Clinic Practitioner Training

Cost of Buteyko practitioner training and accreditation: USD2,250

Please note that a deposit of USD500 is required when booking your place. Please email completed application form to Patrick at patrick@buteykoclinic.com

(copy and paste one page application form onto Email or word document and email to Patrick)

An invoice will be then emailed to you and payment can be made through Paypal.

Upon payment of deposit of 500 US dollars, a complete training manual and DVD set will be sent to you to enable commencement of training.

Payment of fees by bank lodgement

Alternatively, you could email Patrick McKeown at patrick@buteykoclinic.com

Patrick can forward you the bank account details whereby a lodgement can be made direct from your bank.