

UDB DEFINITIONS- A work in progress

- Addiction:** there's an emotional component. People either are using that emotion to give themselves a sort of aliveness with adrenalin rushes, anger sadness. And then they become addicted to that, so the breathing of course is behind emotions and the depth of the breath is related to the intensity of the emotion and the emotion is tied into the addiction. Now this differs of course from a chemical addition which can be a by-product so some level of emotion more often than not is probably something in the way of nicotine or some prescription drug or recreational drug that the body has become used to or habituated with. With a challenge the evaporated homeostasis that it has learned to develop with that poison. Basically addictions without drugs have a lot to do with energy, energy from breathing, breathing related with the intensity of the quality of emotion. So to that degree that you can breathe through and transform that energy into positive feelings of joy and bliss with and be able to become use to that. **Reich** talked about toleration of an addiction rather energy toleration. A lot of people can live with a life time of sadness and mediocrity and can tolerate about 15 seconds of bliss if that much. It's just too much energy it's frightening even if its ecstatic for a lot of people its frightening at first and they just don't understand it. They can't just be with it. Another level of addiction is the synthetic creation of that sense of aliveness that is an emotion but not necessary an appropriate emotion. Its just something people can produce to give them a sense of aliveness. Actors can often be accused of that because they only feel alive when on "stage." Singers not all of them but some of them are only alive when they are on stage and they are really not themselves they are not being what we talk about live skill related to acting on authentic self. Addictions of course would be indirect, ideas are also indirect.
- Air hunger** is very simple. You don't have a sense that you're getting enough air. You can call it shortness of breathe but some people think of it as air hunger. Hungering for it. Can't get enough. Breathing is not satisfying.
- Allergies:** breathing related to allergies in terms of pH. pH causes vasoconstriction, poor pH poor breathing causes poor pH, poor pH causes vasoconstriction, vasoconstriction inhibits digestion and assimilation. Digestion is inhibited then and you are not going to digest food and larger particles go in you blood then your body will react to those by creating extra mucus and sludge in your blood and that basically is a lot about what allergies are, undigested proteins.
Another factor with the breathing would be the emotions the parasympathetic/sympathetic basis So if your stress out a lot, if you're anxious if you are more sympathetic breathing and then that's also a vasoconstrictor and it causes _____ of and I think those are the 2 main ways. There are probably other factors ways that come into allergies your defense mechanism get worn down because of stressed out breathing so your immune gets caught in the bias.
- Altitude** is another direct one. It's simple, your oxygen is thinner in the atmosphere the higher up you go the thinner the oxygen gets. It's just not satisfying. Breathe more probably vasoconstrict when you do that which it even worse. That's why I call mountain breathing is basically a form of pursed lip breathing it probably is just pursed lip breathing which means you want to slow you exhale down when you are up in the air you grab more oxygen while the air is in your lungs.
- Anger** and breathing that's an emotion of course. Negative emotions are more intense with the deeper high chest breathing it actually stimulate the survival mechanisms of the brain the amygdala or reptilian brain they stimulate that and they begin create a flight or fright, freeze, fake it response and then it feeds itself because you vasoconstrict and when there's fear is underneath anger of course the more angry you get the more fearful you get. More fearful you get you vasoconstrict. The more angry you get cause you get more afraid. That is based on the theory that underneath

angry is fear. I just happen to think that its pretty valid it may not always be the case. Of course there's a whole hormonal relationship to angry and a whole hormonal relationship to breathing. The more even the breathing is the less intense the emotion will be, either positive or negative. How the breathing the biochemistry influences the hormones which is...I'm probably going to grab some stuff from Peter on that subject and stick it in here.

Angry has a lot in common with **anxiety**.

Anxiety has a lot in common with angry. More intense versions I believe _____ expressed in a different way.

6. **Apathy** – shallow breathing. Apathy is not breathing. Apathy is muffled breathing. Apathy is under breathing. Possibly to hide or muffle feelings, emotions which are of course little more about the relationship of the intensity of the emotions related to the intensity of the breath, the less breathe the less emotion.
7. **Attention problems:** Breathing is energy and if it is not even in balance with the body or charka system or meridians then there are these blockages, or these concentrations of energy in the body that are distracting and they take people away from simple and mental focus and concentration. Your brain uses 25 – 40% of your oxygen. Any diversion of that energy is going to go away from the brain and there are a lot of body sensations that are connected with emotions of course you know, how do you feel; what do you feel with first. You feel with your body and that ties in to your interpretation of that, and that then is called an emotion. Attention problems can be re-stimulating unresolved emotions with the breathing so you shut the breathing down. Or it's diverting your energy and focus because you're unsuccessful in shutting the emotions down. You are distracted. The breathing is out of balance. Its stimulating the charka system in uneven ways and it takes your attention out. Probably a certain section of the brain is not being feed properly or adequately with oxygen. One of the reason why one of the mediations that we have is a focusing and concentration exercise which is basically uses your attention to focus on your body all over so you begin to reconnect your body mind with itself. Your focus concentration and the different parts of your body. Body mind and concentration so it's really a focusing and concentration exercise using breathing as its foundation.
8. **Back pain and breathing** - a lot of people have a tendency towards back pain and never just quite felt it yet. So the high chest breath can exasperate vasoconstriction that can _____ help bring on what was almost back pain and make it appear. Poor posture makes poor breathing really involves most of the time bending forward at the neck and the T8 and the waist. So you do that enough and you begin to stress your low back. The bottom of the diaphragm muscles attach to your lumbar spine and your psoas comes up and attaches above the attachment of the diaphragm, attaches above to the lumbar spine. When your posture goes bad your psoas only gets shorter. And it connects all the way to through pelvis down into the top of your leg bone your lesser trochanter. When it over tightens if you take hold of a wrist if you do like a aerialist a high wire person when they are holding on to each other you'll notice that each person grabs the other's wrist so if you imagine that as your lumbar spine and the person on the bottom is the psoas coming up and grabbing on to the lumbar spine and the person of the top is the diaphragm coming down and grabbing on the lumbar spine you see that the attachment of the diaphragm part is below where the attachment of the psoas is so that means when the psoas gets tight it sort of drags down or pulls down the attachment of the diaphragm which would then begin to invite a shallower breathing. And it also invites back pain. There's a connection there you can't say its a cause. Well you can say that low back pain actually makes breathing shallower for the reasons I just stated. PLUS Lot

of people don't want to breath into pain so they just make it worse in many ways in fact if your breathing deeper if you got low back pain it just might physically make it worst because if they diaphragm muscle pull that back more out of alignment and cause whatever that is causing the pain to increase.

9. **Bluish cast to lips** is just that, its oxygen deprivation. Fingernails, severe, real severe, real bad. If you see that you better go see a health professional real quick.
10. **Bowel or rectum disorder** is probably mostly caused by inadequate fiber and water but certainly can be worsened by bad breathing in that parasympathetic breath is basic for digestion and digested food of course goes into the lower small and large intestine. Less processed and its more apt to cause blockages in the colon not fully broken down. There is a great deal of attention put on the parasympathetic when you are dealing with elimination because it needs to expand and contract, expand and contract and if it can't expand enough which means relax then it can't contract and it can't move the waste products through as well. The breathing being shallow or out of balance sympathetically will cause a reduction of that parastosis expansion contraction and lead to many number of forms of blockage.
11. **Blood sugar** a big deal, a major source of energy like oxygen. I'm not real clear of the relationship of blood sugar to oxygen but you can bet that it's huge. Read Oxygen and Aging by Majid Ali for more about that. So we need to find somebody that can be more articulate about that. A little more science. But clearly there's a significant relationship and you can override blood sugar issues with breathing but blood sugar is quite often more of a cellular issue and it needs more than just oxygen i.e. foods or the lack of foods in terms of insulin and sugar or too much sugar so it could be adversely affected by insulin, too much insulin, too much sugar, too much stress. Breathing can adversely affect the organs of balance of blood sugar one of which is the pancreas.
12. **Breathing feels stuck** etc. those are just directly related to the physical feeling of less than good breathing feeling. The words pretty much speak for themselves, they're direct and we need to use them to be able to develop more of a breathing vocabulary so people have more in the way of expressing them.
13. **Breathing feels like a series of events.** It's a similar expansion on the above "breathing feels stuck" just more specific. It really has a great deal to do with what I call the Speed bump which is outlined in an article called the Breath Wave and the diaphragm is restricted. It's connecting point to the bottom of the sternum is super tight and all the abdominal muscles are super tight in that area so it has a tendency to cause the breathing to be locked up as this round thing hits this tight band it sort of cuts the round motion in half as the breathing expands seemingly upward which inside it isn't, but the outside it looks like that you can see a block, a break and it breaks up this wave into a couple of things, a series of events.
14. **Breathing Problems** very obvious: COPD, emphysema, asthma. Each one having a lot in common and each one having a huge mechanical breathing component that is of course there are varying degrees of deterioration of the lung tissue in each one of them and that's what I think sets them apart. But, of course any/all of them have significant mechanical breathing aspects.
15. **Can't catch breath.** It's a breathing restriction. Can't get deep enough, it's caught someplace that also can't get over the hump except when you yawn and evne yawns do't suffice. The yawn can't come in all that way and we're really honing in on that.

16. **Can't catch breath or deep breathing curtailed** simply means you can't get over the hump, you can't get a satisfying inhale enough to where you get the release of tension that has been created by needing that additional oxygen. It creates a tension. And if you can't release that tension you never do really resolve tension and there's a sort of dis-ease or unrest or lessened level of relaxation and once you do experience that getting over the hump; the elimination of the curtailment of the breathing. Then you automatically feel more relaxed and at ease.
17. **Can't feel breath** in the nostrils becomes more of an awareness issue. You need to slow down and pay attention. When you do that it begins to stimulate the olfactory nerves as well as the brain becomes more connected to our body or our awareness becomes more connected to our body and our breathing the more we can feel the more _____ we become and the sense of warmth and coolness in the nostrils is part of all that.
18. **Can't meditate.** Breathing is huge component to many meditations. If you can't meditate then there's probably going to be a significant breathing issue there that one needs to look into.
19. **Can't relax.** Relaxation is of course parasympathetic. Parasympathetic is a chief component of the autonomic central system relationship with breathing. There are a number of things that inhibit people from relaxing one of them being mind chatter. And of course mind chatter has a lot to do with hypervigilance and hypervigilance has a lot to do with chest breathing - high chest breathing - sympathetic breathing stimulation, constant fight or flight or always some sort of consideration it seems to some degree treating survival of the organism.
20. **Can't sleep on back.** The ability to lay yourself bare has a lot to do with breathing and stuck emotions that are in the what the ancients call the abdominal brain the bottom of the sternum and where the diaphragm connects to the sternum and all that area of nerves and muscles which is called the solar plexus. It's nerve ganglia, large concentration of nerves that feed that area and so the course any of unresolved issues that are still in that area or tense level of restriction can cause a sense of insecurity lying on the back. So we have techniques for that, that will help develop the breathing and allow people to sleep on their back unless they snore and we work on their snoring first.
21. **Can't walk and talk easily at the same time.** There's a coordination needed for healthy breathing that allows most people to walk and talk at the same time, within reason, a medium to brisk pace should be okay You can expect to be able to run flat out and talk. Some people can not sprint but medium pace long distance probably could be possible. But if you can't do that, you want to be able to walk at a leisurely pace and talk. That's a good beginning so that's where we start.
22. **Chest is large and stiff.** The rib cage must expand in order for the sponge called the lungs be squeezed and allow that action to help keep the lungs clean. Just like you squeeze a kitchen sponge under water – open, close, open, close. Water coming in and out then you slowly clean the sponge and the lungs work very similarly with the rib expansion as well as the diaphragm rise. But the rib expansion is absolutely necessary for the periphery of the lungs to be properly massaged to allow them to be forcible and physically contracted and expanded. That helps the circulation and alveolar function and gas exchange. Someone with a stiff may have some kind of breathing problem brewing or even some kind of speaking problems such as spasmodic dysphonia. The rib cage must flex for the breathing to be easy and if it is stiff then you are going to have varying degrees of restricted breathing.

23. **Chest pain** of course has huge implications some related to heart conditions, heart attack and other abdominal issues and when you tie chest pains to breathing you can see that pain is exasperated by the expansion of the rib cage and the tightening of the muscles that are working inappropriately or over working so that's where we tie chest pain and breathing together. Also, chest pains can be heart conditions and they can be caused by the breathing because the heart needs oxygen as much as it can get and if the heart isn't getting oxygen then is going to start to hurt and of course that can create chest pain that is related to the heart having a problem as opposed to the nerves and muscles of the breathing mechanics having a problem. In either event one is of course more immediate in the heart pain chest pain related to the heart is more immediate. Any chest pain needs to be looked at carefully. And of course if it's a certain degree that we talk about on chest pains article on the website then you need to get to a doctor right now or hospital 911. If not then it may well be the UDB we talk about a lot that there's a breathing restriction going on and if you were to use our fundamentals program the chest pains might back off or disappear altogether and that of course would then reduce the possibilities of heart oriented chest pains because now the heart is getting more oxygen and may well be adequate at that point and may not. Time will tell.
24. **Chest sunken or sunken chest**, we call that pectus excavatum which is a serious indentation in the sternum area. It's kind of like a huge divot from golf that's not been replaced until there's this big dip and that of course restricts the breathing. There's ways of improving that a great deal possibly even eliminating it so the fundamentals program is where to start and then after that there will be more things you can do that we will talk about. Body work would certainly be the second thing to work with. Singing and speaking would be another.
25. **Chest Tightness** after surgery seems over looked a great deal and when the surgeon goes in and opens things up with a scapal and sews you up again there's a certain amount of adhesions that are created tightness and tensions and that may have saved the person's life but the tensions themselves are going to restrict the ease of the expansion and contract what ever it was that was surgically closed. It's a good idea that once the sutures have healed to make sure the rib expansion has been restored and of course you would want to get permission from the surgeon that you have taken enough time before you try it but we've had great results and up to as close as 30 days and as far as 6 months so check with your surgeon on that. Show them the video and ask when do you think I can do this and make sure you do it.
26. **Chest wall defects** or otherwise known as respiratory faults are irregularly shape rib cage. The bottom rib might bow out of the right or left side or both sides we talked about pectus excavatum, sunken chest A rib or 2,3,or 4 might be sticking out more in different areas. When that occurs it throws off the body's ability to breathe in a balanced way and throws off the entire nervous system on top of that. Those need to be corrected in the same pattern starting with the fundamentals as well as body work would be our first 2 in order of priority.
27. **Chest wall tenderness**. A lot of thing could cause tenderness but I think of most of it as being tension. Even if it is sore or it is been bruised then that's still causing tension and a lack of circulation and a restriction in the energy to flow through it. That to me is tension. Some great stories about post mammogram pain being the size of a \$ bill on both sides of the chest completely disappearing after the strapping techniques speak well to the wisdom of seeing if you can relieve the tension with the strapping tech and the reflex triggering in the video and the skin pulls. Those 3 by themselves have eliminated a host of chest tightness issues.

28. **Chronic cough** as we've talked earlier about the sponge. The chronic cough is of course largely a result of bacteria. Quite often the bacteria will remain in a place because the area of the lungs was not adequately expanded and contracted to allow circulation to move through the area. We notice that people cough when we used the strapping techniques on them because their unused portion of the lungs that was slowly developing stagnation and accompanying bacteria was allowed to be moved and squeezed so to speak and that squeezing helps to be release the mucus carrying the bacteria so the clearly chronic cough has most of the source of it has some sort of irritation and of course we can remove the irritation with the strapping techniques and OBRs but we also want to focus on the restoration of healthy nutrition and internal cleansing so that the bacteria that's going to be there even after we squeeze the sponge is asked to leave.
29. **Chronic pain** breathing has a huge parasympathetic component when you do it right and parasympathetic is relaxation and of course pain worsening is related a lot to tension. Any mother having a baby will attest to that. We want to use in our 176 DVD the techniques around relaxation what we think are senior to anything we have come in contact with. We've found that even severe cases of peripheral neuropathy have backed considerably using the techniques in the 176 DVD. The reflex triggering as well as the skin pulls and things to allow the breathing to get deeper and easier but still more in parasympathetic domination.
30. **Cold hands** sweaty palms- sympathetic nervousness anxiety vasoconstriction not allowing circulation into the extremities.
31. **Cold Temp** bothers breathing. If your lungs are compromised then anything that causes vasoconstriction which of course is cold will make things worst. So needless to say if you have cold bothers your breathing then there is something else going besides just the cold then you want to develop your breathing using the mechanical techniques as well as probably nutrition and cleansing.
32. **Confrontation makes your voice pitch go up** That is a clear sign that the foundation of your speaking voice which is your breathing is compromised or lost altogether. Tension also results from that . It tightens up the throat. So people begin to speak "from their throat" instead of from the foundation of their breathing which is way down deep in their below their pelvis.
33. **Confusion or sense of loosing contact of normal surroundings.** From a breathing perspective there are several possible origins. One being emotional restimulation of a traumatic event. Where you are getting in contact with an incident of the past that is incredibly distracting. Another one can be the sympathetic overstimulation: fight or flight where you can go in and out of that stage you can also be not used to energy and you can be creating more energy than you are use to and it can go up in your brain and basically overload the circuits and cause confusion, dizziness things like that. When working with breathing development sometimes people will get dizzy but if you do it properly you know that the dizziness is not a negative sign. It's actually a sign of progress and it's addressed in that way.
34. **Constant Fatigue** of course breathing is probably 99% of your energy. Which of course doesn't make nutrition invaluable. That 1% can really add up. Fatigue we've noticed that one of the leading signs of breathing improvement is better sleep and of course when you sleep better you wake up more rested and of course when you don't sleep well you never are rested. So there's a huge breathing fatigue relationship also breathing better allows you to recover from day to day activities that may be taxing you energetically and so you can recover more quickly when your breathing is better from just anything and everything. From running across the street, or running in

a race or having to be hurried for hours at a time and then being able to stop and take a breather and recover.

35. **Constipation** a huge factor with breathing in that if you are not breathing in a relaxed parasympathetic way then you are going to cause tension and that tension inhibit peristalsis and inhibits digestion and the result is in many ways constipation. Of course you need adequate fiber and water. But even given adequate fiber and water if you breathing pattern is out of balanced and too sympathetic then you are going to have constipations problems anyway.
36. **Cramps in abdomen or below the breast bone and sternum** area are caused a lot by muscles that have hyperconstricted and are not allowing their neighbors to let go and we find that when we work on the abdominal areas thoracic areas and open up the rib cage and a lot of times those cramps cease to be.
37. **Depression.** My description of depression is a depressed chest. Those who attend our school and see our Charlie Brown cartoon talks about that. Imaging someone bending forward or looking a lot you get what we are talking about. It's an OB work axiom that any negative emotion that you can breathe through will loose its grip on you but the key is persistence.
38. **Digestion poor.** Same issues around parasympathetic relaxation, peristalsis digestion, autonomic nervous system polarity of fight flight freeze fake it fumble and fun sympathetic or rest digest and heal. Parasympathetic. We are all a mixture of the two and basically for the most part we want to dominant parasympathetically. That or the lack there of is the probably key factor in most stress which is the key factor to probably 80 to 90 percent of illness. This is a huge relationship
39. **Diaphragmatic impairment** would relate more to surgery intervention or severe trauma that has seemingly permanently damaged the function of the diaphragm. We believe that a lot of this can be improved.
40. **Dizzy when excited or anxious** this relates a lot to the breathing pattern and whether its too sympathetic or stimulating and whether the human body has not been learn to acclimate to those increased levels or energy. You can say they could not tolerate it or you might say they need to increase their equilibrium comfort zone to where they are able to have that energy streaming throughout their body without it being too over distracting. Actually a feel good component such as streaming buzzing tingling breeze-like sensations or currents that really are signs of aliveness as opposed to things that we need to worry and yet there are some people that actually are concerned with those feelings to the degree that they think there's something wrong with them when in fact its really a good sign. We need to be able to differentiate between whether it's good or bad.

41. **Pressing your tongue to the roof of your mouth.** Touching your tongue to the roof of your mouth relates to meditation, pressing relates to product tension. If you notice that you are pressing your tongue to the roof of your mouth that if you let your tongue go a deep breathing reflex comes in of course should tell you right there that you were creating a state of tension that was holding back your breathing from being as easy as it should be. Just note when you are pressing your tongue to let it go and begins to notice what happens to your breathing.
42. **Dry mouth** can relate to many things. Mouth breathing can of course dry your mouth out. Mouth breathing has a more sympathetic component to it because your breathing rate is going to be faster, more shallow because the air escapes the mouth more quickly. Water could be a factor, diet. Breathing standpoint, you want to breathe through the nose as often as possible.
43. **Exercise-induced asthma** is clearly a result of the musculature muscles becoming over-tight and out of balance and causing a sympathetic intervention fight flight freeze fake-it nervous system response that invites vasoconstriction. Many of the breathing training devices on the market are skip that part.....Also can be helped with adequate water supply. We're finding that water is more needed as activity levels increase. So if the membranes get dehydrated they are going to constrict.
44. **Fanny sticks out in rear** is quite often caused by over-tight psoas that goes up and connects to the lumbar spine and causes the legs of the diaphragm to shorten and inhibit the depth of the breathing. Other issues of sexual may be connected with this.
45. **Fall asleep while watching TV** are a combination the chair/seat you are sitting in being giving to much that the mid thoracic area so that you sink down into it and put yourself into poor posture for deep easy breathing effortless. That needs to be remedied.
46. **Fear excessively.** Some fear is healthy, excessive isn't. Anxiety all the way up to panic, chronic. Chronic anxiety all the way up to panic has a great deal to do with the breathing which is of course drives the nervous system. It can either drive it into a constant state of alertness and or into a constant state of relaxation.
47. **Feel a hitch bump below the breast bone.** This is the celebrated speed bump that I talk about and it is basically the area in your breathing mechanics that cuts you in half. Splits you it's in the bottom middle. Similar to can't catch breath, or deep breathing curtailed in that there is an obvious restriction that needs to be eliminated which it most often can be.
48. **Feelings of suffocation** is another way to say that I can't get enough breath. People see it differently and so we frame it differently to see if that's the way they think of it.
49. **Finishes other people's sentences for them** stems from two things. One is you are very familiar with the person and you know where their thought is and you have that relationship that part is wonderful. The negative part is that where you don't wait for other people and you race ahead that is of course hypervigilance or sympathetic over stimulation and it all can be just a bad habit. In that sense it rude, not giving the other person time to form their words as if what they say isn't important enough just to sit and listen. Clearly there is a huge component to not being able to sit and listen and there you have the problem.
50. **Forget to Breathe—**

51. **Fragmented speech**—

52. **Furrows brow often**

53. **Gasping breath** – heaving: often a sign of and over compensating and trying to pull breath in. No.1 its sympathetic action, No. 2 its actually locking up the intercostals, No. 3 its making noise which means that there's friction going on in the throat. Quite often it means that the person doesn't allow time for breathing in possibly or they just are unable to do that.

54. **Getting drowsy from driving a vehicle** Of course sleep issues, hyperglycemia issues, and something but we're talking about driving the vehicle and not anything else, just by itself. The primary reasons for that is the car seat. Most car seats are for the average overweight American and cause you to sink and your posture gets compromised. You bend forward and that restricts the easy rise of the diaphragm. Depth of the breath and you slowly succumb to the state of under-oxygenation and get drowsy. Hopefully you don't go to sleep at the wheel.

55. **Grinding or clenching the teeth** has a lot to do with the state of intention and we find that when the breathing lets go quite often the jaw lets go. And it's easy to see that relationship with weight trainers who are unable to isolate the breathing from the strain of lifting weights. The strain on their face, get all scrunched up and their jaws go tight.

56. **Headaches.** The 176 DVD talks a lot about the balance of the breathing. We talk a lot about the parasympathetic and when you are sympathetically or more into the chest again is very difficult to see. It must be palpated. The pressure or energy or strain goes upward into the shoulders, neck, face and head. This of course creates tension and the tension transfers into headaches. Of course you have heard of tension headaches. Quiet often when the breathing has been restored to dominate parasympathetic the pressure subsides and the headaches disappears.

57. **Heart condition or attack.** Hearts need oxygen. They'll never get cancer because by the time they have had enough oxygen loss to allow for the cancer to invade, the heart would have stopped long ago. Breathing is the primary source of oxygen for the heart when the breathing pattern shifts from parasympathetic to sympathetic we have a great deal of vasoconstriction, muscle tension; the heart is a muscle. A restriction of easy expansion and constriction. Both on a physical as well as chemical level. Physical – the breathing goes shallow or distorted. The natural healthy pumping expansion/contraction of the lungs and diaphragm as they massage the heart is reduced and the heart and/or the connective tissue in the vicinity becomes less mobile.

58. **Hormonal fluctuations.** The adrenalin/cortisol relationship is probably the most significant aberration to poor breathing patterning and once the breathing is restored to parasympathetic dominance we find that the majority if adrenalin/cortisol excesses subside or disappear. There's huge implications in that way beyond the scope of the paragraph and should be studied at length, in depth. In much the same as the energy transfers upward in terms of headaches we have.....

59. **Heavy breathing** or labored breathing is quiet often an indicator of physical constriction and once the physical condition is relieved the heavy breathing subsides.

60. **High Blood Pressure** is similar to the headaches in that the energy of the breathing is sympathetic and is out of balance and causing constriction.

61. **History of lung disease** is just that. Just remember it's the labels that they are not necessary something that you are such as an asthmatic. It's just a label, a description of certain symptoms and quiet often the label is put on you for life. It's just not so that you have to be a 'asthmatic' for

the rest of your life. COPD, maybe a longer term even permanent label but certain aspects of it need not be.

62. **History of abuse or trauma.** I've coined a word "traflexive" which means traumatized reflex. It seems that a lot of memories of negative instances in the past are lodged in the body and of course the body is in part the way the breathing works or is distorted by that locked in trauma. Hence, a traumatized reflex.. There's a transformation breathwork expression "the way out is the way through" and somatic psychology talks about the idea that any negative emotion you can breathe through will lose its grip on you. So there's a definite relationship between trauma, abuse, and the suppression of the way you breathe as well as the opportunity of breathing to help resolve that negative energy that is locked in the body in terms of both somatic as well as cognitive remembrance.
63. **Hold breath a lot.** Most of us don't think we do but then on reflection we begin to notice that we do really hold our breath a lot. But this needs to be differentiated from happening to notice ourselves when we are at the bottom of a breathing pause where the breath isn't supposed to be doing anything anyway. So there's excessive breath holding and then there's a natural breathing pause. So given those two options if you allow yourself time to just notice what's going on with your breathing you'll begin to get a better sense of, for instance, if you take the breathing tests on the web site and you discover that you don't have a pause or have a very short pause say less than 2 seconds then if at other times you catch yourself not breathing you can pretty well bet that you are holding your breath. But if you have a 2 sec or less you can pretty well bet that you find yourself not breathing that it's likely that you are holding your breath. Anyway we held our breath a lot as children. It's one of the ways we use to manage the energy of emotions both negative and positive. Negative so they'll be not as negatively felt and positive so that because a lot of people can not tolerate a lot of positive energy. Psychologists may call it containment, Reikian therapy called it toleration. The idea is to keep the breath moving and not allow it to stay stuck. It just naturally cuts through and softens, muffles or eliminates a lot of the speed bumps of life, just softens them.
64. **Hot flashes** getting back to hormone issues. Hot Flashes are of course a lot of result of hormones and the adrenalin-cortisone issue seems to have a relationship to hormonal function or rather dysfunction. So we find that a lot of times when the breathing gets improved the hot flashes reduce or disappear.
65. **Hyperventilation** - over breathing is by definition supposedly breathing too much. However, the way we look at it breathing too sympathetically, breathing too much in the chest, into the fight or flight portion of the breathing cycle thus over stimulating the survival response and the adrenalin cortisone production gets way over done.
66. **Hypoglycemia** because its an interject response to sugar of the lack of hyper-insulinism is another way to say it. Too much insulin produced. Of course if you have a lot of energy then the insulin reduction doesn't seem to affect you as much. It may well biochemically but in terms of your experience your energy your energy reduction isn't noticed as much. But if you are not in great shape or if your breathing is not full and strong then when you do happen to have a compromised pancreatic strength and/or over production of insulin then you're going to notice a lessened energy from frequenting foods that have a lot of sugar and/or starch, starchy foods which of course convert to sugar. The best antidote to hypoglycemia is to not eat sugary or starchy foods and of course to develop the breathing so that you get everything back in its proper balance of strength.

67. **Irregular heartbeats.....**So when stimulated, the heart rate speeds up and where breathing is in a disproportionate level of sympathetic stimulation the heart rate's going to be too fast and there does seem to be a significant relationship to breathing **imbalance** and heart rate flutter or fibrillation although nutrition and essential fatty acids may be equally or even more relevant. We've seen that evening out the breathing sympathetic-parasympathetic relationship will often reduce or eliminate palpitations and excessive heart rate variability.
68. **Irregularly formed rib cage.** Cause the diaphragm and lungs are inside the rib cage then the pattern of parasympathetic-sympathetic is going to be guided by the form of the ribs and the shape of the ribs so if they are irregularly shaped then may well cause the nervous system to be irregularly stimulated. You might liken the rib cage shape to say a bell where as if you create a bell in a bell shape you are going to get a certain tone to it a certain sound and if you change the shape of the bell to more of a cone or a tube you're going to change the sound that is produced when that bell is struck. So you can liken the shape of the rib cage to an energetic form of stimulus to the nervous system.
69. **Jaw tension** We talk a lot about energy going up and eventually to the jaw. We clench our teeth to manage certain emotions feelings and the jaw gets tighter and tighter and then can't release. Sometimes all it takes is just changing the breathing so it can release. Other times it takes changing the breathing as well as integrating body work. Psychotherapy, emotional release or buried emotions causing the body to be stuck, frozen.
70. **Jet lag.** Our breathing sort of gets behind somewhere a lag comes in and if we would just do a for instance do a breathing exercise like BBE #2 in the plane in the air I don't think we would have jet lag. So try that nice slow easy deeper breath maybe half of what you usually make, slower and deeper and continue to do that throughout the plane trip and then notice if you have any jet lag. I bet you have less or none.
71. **Look in the mirror and breathe as deeply as you can and watch the neck muscles bulge out.** Shoulders rise and collar bone rise. These are indicating over active accessory breathing muscles. Muscles that should act as more as support than actually being engaged in the breathing process. The more that are engaged the more they get in the way. Some what similar to having 5 people hold your hand while you are trying to sign your name. Each one gets in the way of the other. As you do an exercise like the squeeze and breathe or you do work on yourself or someone else does the strapping technique on you and the OBRs you'll notice the neck muscles quiet down as well as the clavicle and the shoulders.
72. **Lump in throat.** Transfer of upper tension simply with breathing pattern issue more sympathetic, trying to grab up. It also ties into raising shoulders, neck muscles bulging out.
73. **Migraine** are of course headaches, more intense. Same issue of energy going up and vasoconstriction sympathetic nervous system excessive activity.
74. **Mouth breather.** Probably should have a look-see at the nose breathing page and all the reasons why nose breathing is good and therefore mouth breathing is not.
75. **Nightmares.** Notice that is #1 people who believe in certain negative energies have nightmares about that and people who don't believe, don't. Nightmares are also having to do with unresolved emotional issues. Any negative emotion you can breathe through will loose it's grip on you. Sleep is opportunity to men a lot of fences of the day, stresses. _____ Resolution to negative energies of

the past. Nightmares are kind of unresolved issues that surfaces in your sleep. My sense is that if the issue were breathed through long enough that the nightmare would subside. That is just a theory and I heard enough about breathing to begin to wonder if that isn't fairly dependable.

76. **Nodules.** ...trying to speak in your throat it means that the breathing foundation is not there for speaking properly, strongly and you are pushing your voice too hard. Generally you push your voice _____ strong enough foundation. And of course you can still have a strong foundation and push your voice too hard. But you can push it a lot harder a lot longer if your foundation is solid.
77. **Obesity** stems from many things, emotions, overeating, hormonal issues. Worry issues with obesity is unresolved emotions, people just eat and stuff their emotions, stuff their feelings and keep on eating. Eat to give themselves love, eat to avoid experience of certain emotions, even positive ones. Not just negative. Breathing better can actually help resolve the emotions as well as provide more fuel to burn the fat. *****Add more from the weight-loss obesity program???
78. **Often catch yourself not breathing.** We talked about breath holding and how it can be either a natural time for a pause or you've developed a habit of not breathing and that's of course not good. Natural pause is great, it's very healthy and excessive breath holding is not.
79. **Shifting weight from side to side.** That erodes the foundation of the breath and actually makes the breath go shallow as you go from one leg to the other. So you never really stay in an even-centered deepest easiest breath. Easy experience of that is just get in both legs and stand real clear and unlock your knees and get a sense of what your breathing feels like. Do that for a minute and then shift your weight over to one leg and notice what happens with your breathing. Notice if it gets any shallower or less deep, in some way less which is what happens. Be there for 15 seconds and then come back in both legs breathe a little deeper, bigger reflex might come in and then try on the other side. You should get the same result.
80. **Panic attacks** are of course intense anxiety. Sympathetic breath has gone way out of control to the point that we have no say so over how or what it was we are doing with our breathing. And a reaction to whatever it is that we perceive as a problem, real or not. The antidote to the cause is to change the breathing very quickly and you can do the squeeze. You can count out loud 1,2,3,4,5,6,7,8 continue which in effect is an extended exhale. Hopefully that will muffle the panic response. You can exhale and then try to let a breath come in, not pull it in. **Any of those 3 main**
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81. **People have difficulty hearing you and they are not deaf.** You're not putting out much sound and probably not moving your jaw very much when you speak.shallow breather or tight jaw or both.
82. **Phobias.** Every phobia I've come in contact with has been greatly relieved and eliminated with enough breathing. Claustrophobia, agoraphobia, except hydrophobia.
83. **Poor boundaries.** Boundaries stem from under breathing and over breathing. Breathing is out of control so you don't know where to stop or doesn't have enough volition behind it so you can't stop energies, people situations from coming in to much into your energy field.

84. **Poor Posture.** Posture is mandatory for breathing. The 176 video goes into depth about all that.
85. **Pregnant.** The 3rd trimester is the time where science has shown that the nutrition in the placenta is compromised because of overbreathing of the mother and the vasoconstriction stemming from that. The antidote is Reflex Triggering in the 176 video. That is a great way to allow for easier dilatation and easier birth.
86. **Perfectionists** has a lot to do with sympathetic overdrive and too much high chest breathing but again my not be observed but can be felt by palpating.
87. **Public speaking.** Obviously have a strong voice with a strong foundation.
88. **Pulsing or stabbing feeling around ribs** is tension caused from physical trauma , bad habits, emotional lock-up and the tension needs to be eliminated.
89. **Reduced pain tolerance** has a strong correlation with parasympathetic breathing. Generally tension and pain. Pain is worsened by tension and relieved by relaxation. Best example is birthing.
90. **Reflux** is constant stimulation of the sympathetic nervous system. The parasympathetic keywords are rest, digest and heal.
91. **Repetitive strain injury.** Generally the breathing will compensate by going shallow and the strain of course will be tied in with the pain and the breathing will be shallow to avoid a deeper experience of the pain.
92. **Ribs flare outwards** at the bottom of the inhale. Imagine if you were 6 feet tall standing straight and all of a sudden you had to spread your feet 3 feet apart. How much shorter would be? The same thing happens with the diaphragm as the ribs are spread out at the bottom then the diaphragm can't be as large as it should be. So we need to get the ribs back where they are supposed to be and allow the diaphragm to rise higher.
93. **Swallow complexion.** You see a lot of times when breathing improves, color comes in to the cheeks and the skin all over. The myofascial work on the back for instance , that's yellow actually brings color into the tissues.
94. **Scoliosis, abnormal curvature of the spine.** Very similar to the ribs being spread to far apart at the bottom of the rib cage. With scoliosis, they're going to be pulled to either one side or the other and the diaphragm will be distorted and unable to rise in an equal balance on both sides. Generally the shorter side is as good as you'll get. The shorter side holds that longer side back.
95. **Seizures.** There's a strong breathing correlation to seizures. It's not the only thing but it's significant aspect of many seizures so how do we. I think of them as the sympathetic lockup. They get overwhelmed.
96. **Self Esteem.** Significant aspect is strategies but breathing gets locked the ideas of positive thinking and positive self image are not accessible when the breath is locked up and the energy of the sense of feeling good and feeling good about yourself is reduced or eliminated with poor breathing, shallow breathing, unbalanced breathing, locked-up breathing whatever.

97. **Shortened stride** can be tension in the pelvis, or psoas tension. It restricts the rise of the diaphragm.
98. **Shoulders rounded downward** affecting posture and rise of the diaphragm.
99. **Sighs or yawns often.** Unable to get a deep breath or get over the hump adequately so that the need for oxygen is resolved. I yawned for about 40 years before I realized that the issue was really about breathing.
100. **Singing improvement.** If you can breathe you can sing. If you can sing you don't necessarily breathe well.
101. **Sleep problems.** Just about everybody that learns to breathe better, sleep better. If they're not nutritional some are of course caffeine, stimulating foods and heavy meals before bed then sleep issues are largely a matter of breathing properly. Obesity makes them worse in many instances and can cause lack of extra oxygen to aid recovery from awakening activity and sleep it does really nip the raveled sleeve of care.
102. **Smoking** many smoke to breathe. If you take a long slow drag. It's a relaxing smoke. If you take a long slow breath, it will generally give a sense of relaxation. If you take fast puffs of a cigarette. It's an energizing smoke and if you take short fast puffs without the cigarette you will have a breathing exercises which may or may not be good for you. But at least you're talking relaxation or energy could be too much energy for some people not enough relaxation for other people.
103. **Snoring** is largely a blockage of the vocal tract either the tongue is going to far back in the throat which happens a lot maybe by some old habits of swallowing our pride or eating our words or its just sloppy speaking or it's just sloppy speaking or perhaps your foreign dilate causes you to compromise your speaking voice – not clear on that.
104. **Soreness or pain in throat with prolonged vocal use.** Poor foundation, poor posture not speaking
sweet spot
which is the vocal tract throat position which is the vocal tract
where the sound comes out most easily.
105. **Sore deep pain that feels like a band across your chest**
106. **Speech problems** of course are problems with speech breathing and then voice without taking breath so chances are that something is wrong with the breathing and yet of course maybe if somebody's jaw was wired short they have great breathing than when the jaw is mobile. But generally when the jaw is over tight then that's indicator that there's locked up breathing as well.
107. **Stiff neck.** Obviously its an example that the breathing is going upward causing constriction very poor breathing foundation.

108. **Stressed out** breathing too high. The antidote to stress is to slow your breathing down.
109. **Stomach tense.** It inhibits the deep parasympathetic belly breath if it goes long enough then the muscles are unable to let go. You need to be worked with or on many times to invite or cause then to relax.
110. **Stroke** has a lot to do with constriction force. Bell Salva may have a very high correlation with stroke. Exerting on the inhale and not having breathe behind the exertion I believe also adds the propensity towards stroke.
111. **Swallowing difficulties** has a great deal to do with tensions created by high chest breathing is that we try to get breath up in the chest and that causes the energy or pressure to travel upward. There is no breath upward and the tensions above that the top of end break gets worse and worse and the tension in the neck often stem from this. Just like headaches, energy travels upward and it should really travel downward. There's a lot more body to feed energy to below the shoulders. Energy system sort of gets over loaded and vasoconstriction occurs causing everyday to tighten up. Difficulty swallowing is one of the ways this is manifested.
112. **Swimming.** Everyone tells you to relax when you are swimming. Well, if your breathing won't let let go and relax you can't let go and relax which causes you to breathe harder and causes you to stiffen up and causes you to be more liked to sink instead of float. So the longer slower deeper breathing is mandatory for swimming but if you can't relax and you keep sinking and gasping for breath and the whole negative syndrome fads itself. Relax recouncil your swim fins, mask, snorkel so you can have more buoyancy from the power of your legs and can breathe longer, slower and less often.
113. **Talking on the phone makes you short of breath.** Watch the posture of most people talking on the phone and you see that their head is bent down and they are bent over shutting down their breathing. If you were to first develop your breathing with the 176 techniques then elevate your head and sit erect or stand while you are on the phone, you'll find that you are less likely to make yourself short of breath. If that still occurs obviously there's more breathing development to do.
114. **Tension around the eyes.** One of the primary aspects of natural vision training is breathing. For the same reasons as asthma and difficulty swallowing and migraines stem from high chest breathing, vision problems also stem partly from this tension traveling upwards from a high chest breath and its causing vasoconstriction tight.
115. **Tense all over feeling** – hypertension has to do with unsatisfying breathing always on the alert. High chest breathing, hypertension, and high blood pressure are related and breathing speed and balance has a great deal to do with that. If it's out of balance, it its too sympathetic or high chest and too fast then you're going to have vasoconstriction too little carbon dioxide and potential for constant state of rigidity as well as possibly alarm the fight or flight response. The adrenalin production and cortical relationship is working overtime.
116. **Thoughts run amuck. Hypervigilance caud by tendency for high chest breathing and survival restimulation.**

117. **Ticklish in the rib area.** Ticklish is tension. Tension is restriction so where there's ticklishness, there's tension as in the rib cage.
118. **Tightness around the mouth** really is one end of the upper respiratory system. Tightness around the mouth can relate to vasoconstriction, it can relate to chronic tension and jaw tension would be the key area.
119. **Thoracic insufficiency syndrome**
120. **Tightness, soreness or pressure in chest or below breast bone**
121. **Type A personality.** Tentative to high breather, superman syndrome, over stimulating in a hurry. Basically over stimulation and some what out of control, in you face – all of them. If you are breathing parasympathetic strongly you are probably wouldn't be that way.
122. **Upset stomach** – irritable bowel syndrome. Rest, digest and heal are basically parasympathetic functions. We're back to the stimulation of the central nervous system and the causing of the vasoconstriction, excess hydrochloric acid, over constriction, the reduction of ease and flow that are necessary for digestion.
123. **Vertigo.** Not sure the exact relationship here. But clearly breathing drives the nervous system and as well can drive things that automatic such as hearing. We've had sessions where people's vertigo has vanished when their breathing improved.
124. **Vision blurred in the morning.** That's quite often an indicator that stress is causing the vision problem. To manage that, of course, you want to manage stress with changing your breathing and working with that as well as the environmental issues but the breathing.....
125. **Using a mechanical breathing device while sleeping** is obviously a sign of apnea. We believe poor breathing is largely the cause of apnea. Obesity adds to it. Remove these 2 issues and apnea will pretty much disappear.
126. **Voice** is anything but good, strong, clean, clear is an indicator that breathing may be a significant cofactor and that speech is nothing more than wind passing membranes. The breathing should be looked into and improved and more than likely the voice will to as well.
127. **Wake up from sleep not breathing** is of course apnea and is caused by the closing of the air way and the reduction of enough oxygen to where you all of a sudden wake up in a panic not breathing. It's very bad. Breathing development is quiet often the answer to the elimination of that.
128. **Washboard abs.** We have tension, massive tension. The belly area is where the relaxation rests, resides and to let go in the belly is a necessary for relaxation. Washboard abs create massive tension in that area and may well strongly inhibit the ability to let go and relax and allow things to be.
129. **Wake up tired a lot.** People who wake up tired are not resting or either worked too hard the day before. One of the most significant and consistent results of improved breathing has been improved sleep.

130. **Wheezing** is obviously a sign of asthma and if you add wheezing plus allergies and/or emotions then you might have asthma or you might just have wheezing and if you change the breathing then wheezing often disappears.
131. **Works the night shift.** Ayurveda teaches that the body was designed to work during the day and the night was basically geared for sleep. When we counter that we change the basic biorhythms of the body and the sleep cycle gets disturbed. If one would do that often enough or long enough then it may well adjust itself but the lack of sunlight must in some way clearly adversely affect the human organism. I don't believe there's any research around that other than ancient teachings which is in my opinion very valid. Sleep during the night and work and play during the day. The recent advent of the light bulb has challenged the opportunities for rational work and rest.