

How You Can Stop Asthma In Your Child

In only 7 Days

*By Using Simple
Breathing Exercises*

The Buteyko Method For Children

A Special Chapter

From

**The Buteyko Manual
For Asthma**

By

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Chapter Introduction

IMPORTANT: Read this first!

This Special Children's Section of the Buteyko Manual for Asthma by James Hooper is designed to be able to be downloaded from the internet and used.

It does not contain all of the information about this amazing system that is contained in the Manual, but it will give you a simple practical way to help your child be healthier and happier in a short time. It is recommended that at some stage a full copy of the Manual is obtained. Purchase details are available in the final page of this document.

Note:

This is designed for use only in children. Use in those over 16 years is not recommended. If it is used by others — do not do the breath-holding exercises at all. Do only the “reduced depth breathing or “breathing like a mouse”. In the long term this is all the children will do.

In the short term the breath-holding drills will allow them to become free of asthma and other symptoms. It is also a direct way of teaching them how to recognize the sensation caused by the training. As they grow they learn to create this sensation far more gently — which is how the adults are taught.

Warning/Disclaimer:

This system should only be used under consultation with a registered physician.

Do not alter any medication or treatment without proper medical advice.

There is no guarantee or promise that effects and relief, as proven with personal training in the past, will offer any benefit to users of this training.

The Purchaser or other user of this information uses or does not use it their own risk.

From the Author

Thank you for investigating this very simple method of giving your child a rest from asthma, and a chance to live like a normal child. Whether you have purchased the manual containing this chapter and are about to begin, or whether you have downloaded the chapter from the internet, or even if someone has given it to you out of concern, IT DOES WORK — cause your child to try it. In less than a week it is usual to see astonishing results.

As a parent you will already recognize that getting children to do anything is almost an art form at times. I recommend you try to make the exercises and drills as much fun as possible, but make sure the importance of the training is not lost.

It is more important than brushing of teeth, or any other task that you train your children to simply accept. Be relentless in reinforcing this.

A Little Background

A form of this method was developed over 50 years ago by a Russian doctor called KP Buteyko. He used it first to relieve his own extremely high blood pressure. He next successfully used it on various conditions suffered by those working in his laboratory.

In a nutshell, the training consisted of causing the person with the symptoms to correct the balance of carbon dioxide and oxygen in the body by normalizing the depth of their breathing.

Everyone with asthma, or migraine, or blood pressure or another 120 different diseases listed by Dr Buteyko has a significantly greater depth of breathing than those who do not have the conditions.

Normalizing the depth of breathing brings a reduction in the condition, often so much that it disappears. Asthma is the clearest example.

The Trial of this Method conducted by the Australian Asthma Foundations showed an average 90% decrease in asthma symptoms. Similar trials in Russia showed equivalent success. [The Manual contains full details of the Australian Trial.]

At this time there is a huge need for more clinical trials to gather the scientific data that our medical industry needs for a new method to be accepted. If you get good results from this training please consider donating to our research fund. Contact the author for more details.

What is “Depth of Breathing”?

I will cover this briefly as it is the cause of some conflict in people who have already learned “abdominal” breathing. When I refer to how “deeply” you breathe, I am not referring to where in your body you breathe. I am not referring to your “lower belly” moving when you breathe, or your “upper chest”. I am referring to the length of time each breath takes.

If it takes a long time, it is a deep breath. If it takes a shorter time, it is “less deep”. Of course this is reflected in the anatomy of where you breathe as well. A deep [long] breath usually means that have used the lower part of your lungs, and a shallow breath [short] MAY mean that only your upper chest moves.

The reality is that what part of your body moves when you breathe is a result of the position of your spine rather than anything else. For example, sit in a slumped position and breathe normally, noticing what part of the area below your neck moves.

Usually, you will see your upper chest and rib-cage doing most of the work. Now, sit up straight and fold your arms behind your back [the reverse of folding your arms in front!], breathe normally without forcing your breathing. Usually, you will see that more movement is lower down — in your belly so to speak.

Notice now that if you stay in this position and take very small, short breaths [“*mouse breathing*” which you will learn shortly], it will still be your belly area that moves — not your chest! So you will be “abdominal” breathing “shallowly”.

So do not worry about which part of your body moves when you breath — the movement is the result of something rather than what you should try to do.

Straightening your spine and relaxing your chest will cause your breathing to be in your belly. It will also cause you to breathe less “deeply”! ie. each breath will be “shorter”! This is a surprise for most people.

Let’s now begin to work with your children. Please read through the entire chapter carefully before starting with your children.

The Procedure

Read all of the following information carefully, then follow the “directions” that follow.

The Basic Breathing Exercise — “STEPS”

This is used as both a measurement and as part of the training. It is used for measurement in children because they lack the sensitivity to accurately complete a “Measurement Pause”. [Which is discussed in the comprehensive Manual.]

1. Get ready. Child is standing. The child takes a normal [not large, not forced] breath in, then passively releases a small out breath.

The goal of this is to ensure that the lungs are not full or empty, but are “comfortable”. Using the same procedure also allows some degree of consistency for measuring progress. ie. always start the same way. Note that all breathing — both in and out are always through the nose.

2. The child now pinches his nostrils shut with thumb and forefinger. This is best done with the hand above the nose so that the thumb and forefinger resemble a clothes peg.

This allows the mouth to be clearly seen, and it can be noticed if any air “sneaks in” through the mouth.

3. With the nose pinched and mouth closed, the child now marches forward, and continues until he cannot hold his nose any longer and must breathe. As the child takes the steps, count them! You will be asked to record the number of steps taken, as this will be the measurement part of the breathing training.

4. When the child cannot go any further, he must stop and stand still. This is the most important part of the training, and you must pay close attention.



Upon stopping, the child will have trapped in a lot of extra carbon dioxide — much more than he is used to.

This will cause the child to have the desire to breathe very deeply to expel all the carbon dioxide. This must be prevented. The goal of this exercise is to cause extra carbon dioxide to be trapped in, and then retained.

If the breathing at this time is not closely monitored, then it has the capability to reduce the CO₂ level below the starting point and actually cause an asthma attack. For children, the key to this vital step is the analogy with the mouse and the elephant. [see later]

5. After a couple of minutes [recovery time will vary with progression of training], then the child may be allowed to move from the spot where they stopped and get ready for the next set of “steps”.

You must monitor your child’s breathing [watch it carefully] for a few minutes after each set of steps — to ensure that the impulse to breathe very deeply is repressed. Signs that this has happened include touching of nose or face, or movement of the child’s shoulders in a vertical direction. If this occurs — remind the child to breathe like a “mouse” again.

Extra: A useful tip

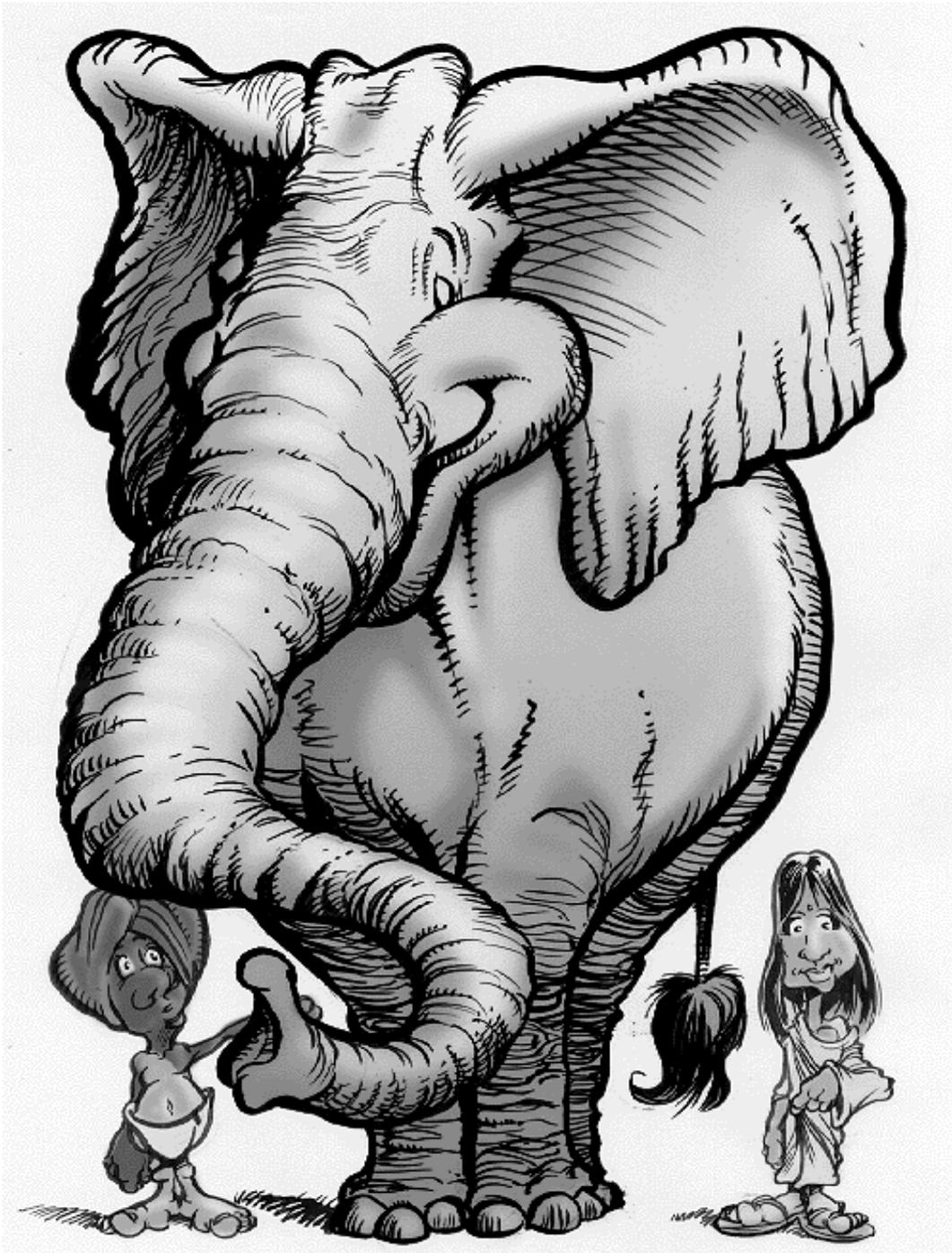
It is useful to take your child’s pulse before beginning each breathing session. How to use the pulse is explained more fully in the Manual. The key point is that a consistently elevated pulse may indicate that your child is steroid deficient.

A general guide is that if while calm the pulse is 20 beats or more above the top of the usual range for children, and does not at any time drop closer to usual range, then steroids are needed. Range of pulse depends on age to some degree, with the top of the range for resting pulse usually being around 90. [Discuss this with your physician.]

As a general rule, if your child’s pulse is always over 100, then consider steroids. Be aware that most medication will also increase pulse, as will most food, especially sugar, so account for this when observing pulse.

If the pulse is constantly above 120 [for more than a day], you can be sure that something is about to happen. The pulse will generally rise before other symptoms such as asthma or an infection appear.

Steps are best done in series of about 4 to 5. That is, repeat the process 4 to 5 times. At the start of training this should be done 3 times per day.



The Mouse and the Elephant Analogy

This is a great aid to helping your child understand what is required from them. If your child is not familiar with either animal then substitute one of similar size that they are familiar with. In classes here I have a book with pictures of animals. I have a tiny model of a mouse, and a much larger one of an elephant [and a dinosaur!] Show them pictures or models before you start!

“Sit down and relax for a moment. Now gently close your eyes and pretend there is a really big elephant standing right in front of you. It is a very friendly elephant, and will not hurt you.

Look at how tall he is. He is as tall as the roof. Wow, he is really, really huge! Look at his big ears, and his trunk. He is a light gray colour and has big brown eyes. Now look at how much he is breathing. He is putting his trunk over just in front of you so you can feel how big his breath is.



Keep your eyes closed and put your finger up high under his trunk so that you can feel the breathing. [Parent — place the child's index finger of the right hand up parallel to the ground in front of them — to “feel” the breath. Blow on the finger or wave air onto the finger.]

Wow its huge — it almost blows you over. You can even smell what the elephant had for lunch!

WOOSH — WOOSH — it is pretty noisy too!

Now that is called “elephant breathing”. It is big, and noisy and you can feel it on your finger.

Keep your eyes closed for a little bit longer, and we will look at the next animal. The elephant has gone away....

The next animal we see is really really small. It is a tiny little baby mouse. It is sitting in the palm of your LEFT hand [Parent — turn left hand over so that palm is up and cupped so mouse does not fall out!] It is white, and really soft and furry. It is really really small and quiet — you can't hear it breathe at all. Listen carefully..... No it is really quiet — not like the loud elephant.



Now put your finger right under the nose of this little mouse [Parents — right index finger again — where the nose would be] You cant feel any breathing on your finger at all! It is really really tiny and quiet. This is called “Mouse Breathing”.

Today we have learned about the big loud elephant breathing that almost blows you over, and about the tiny little mouse that is tiny and quiet and makes no feeling on your finger.

Now open your eyes.

Lets now see which animal you breath like, the mouse or the elephant. Put your finger under your nose, and feel the air coming out of your nose. Can you feel it? You are breathing a bit like an elephant!

Let your shoulders and chest relax, [Parent — touch shoulders downwards a little.] and try and breathe so small you cannot feel it on your finger. That's it. Even less now. Be just like the baby mouse.

When you do this it will feel a bit funny, but that is OK, just keep breathing like a mouse. If you ever feel a bit worried or annoyed or if you start to get asthma — then this is how you should breath to stop it. Breathe just like a little[try to get child to say “mouse”] mouse. Not like a big[try to get child to say “elephant”] elephant.



Asthma, Blocked Nose, Post Nasal Drip, Itchy Nose or Eyes

There is only one way to get asthma or a blocked nose — and that is because you are breathing like an elephant. You are not an elephant, and your body will try stop you from breathing so much.

Your nose may block up, and make your lungs get wheezy, and you may feel stuff in your lungs and want to cough.

If your child's nose becomes completely blocked, then the Steps exercise should be done until it is clear. Usually only one set is needed. The key is to ensure that breathing is only through the nose after the steps [like a mouse].

If the breathing is elephant like — the nose will just block up again. If it does, then repeat the steps. If it is only partially blocked, then ask the child to just breathe like a mouse, and try to make it clear. With practice they will soon be able to unblock nose with just breathing.

If the symptoms of asthma occur, tightness, wheeze or cough occur — remember the elephant and the mouse. Reinforce the statement with your child that the only way to get asthma is to first breathe like an [Elephant]. To make it go away you just breathe like a little [turn palm up — Mouse] through your[point to — nose!]

If your child begins to cough — then you must teach them how to cough through their nose. Have a little practice with them. When they feel a tickle in their throat — instead of coughing with their mouth, they should firstly try to just ignore it, but if they have to then cough via nose. This is more like an “AH-HRRM” or throat clearing before a speech.

At the same time reinforce again the mouse breathing. If you do not allow yourself to cough, then the urge to cough will simply go away. If you do allow the coughing cycle to start — it will get worse and worse — as the deep breathing causes more and more CO₂ to be lost — which will cause the production of more and more mucus.

To cough a lot you must breathe like a big.....Elephant.

On occasions with smaller children, they may say to you that they cannot stop the cough. Here you must be firm if you want them to become free of the cycle. They are simply not allowed to cough. [Yell if you must, but it is usually better to do more closed mouth coughing practice.] Obviously also explain that they can cough if they are choking on something.

If you notice a post nasal drip, which is fluid running down the back of your throat, then the procedure is the same. Mouse breathing first, and if that does not stop it, then do steps until it has stopped.

Same applies to itchy nose and eyes. If you see your child doing the “allergic salute”, pushing on their nose because it is itchy, explain again that they have been breathing like a bigelephant! Itchy eyes might be gently rinsed [eyes closed!] with cool clean water, followed by mouse breathing.

Finger Under the Nose

It is very useful to use your finger for feedback on the depth of your breathing. The more gentle and passive, the better. When you ask your child to check their breathing [even teenagers] ensure they use their finger under their noses. The other feedback is any noise created by breathing. If you or they can hear a “wheeze” try and make it silent.

If there is whistle because a nose is partially blocked, then they should breathe like a mouse so that it cannot be heard. In both of these cases the reduce breathing depth will soon stop the wheeze and unblock the nose. If it does not then a series of steps should be done.

Nose Breathing

As explained more fully in the Manual, we are designed to breathe through our noses. Reasons include:

1. Nose filters out things that would cause severe damage to our lungs, including bacteria, pollens, dust, mites, other organic material, fungus, etc. If these were to go via our mouth and reach our lungs — we would have greater chance of disease. If you really want to get sick, find someone with the flu, and take big deep breaths through your mouth in front of them. Just breathing through your nose will reduce your chance of infections.

2. The nose humidifies and temperature-controls the air. Your lungs are very wet, and also do not like temperature changes. Air that reaches your lungs via your mouth is dryer and further from body temperature than air through your nose. It is a built in humidifier and air conditioner. You do not need a room humidifier if you close your mouth!

3. You will breathe less through your nose. There are two small holes versus one big gob. The balance of gases in your body is upset if you breathe more than is appropriate.

4. This the reason that most children older than 6 years will use to keep their mouth closed. If you were to ask your children to be actors, and play the part of someone who was really dumb, stupid and uncool[?], would their mouths be open or closed? The answer is that if you want to look dumb, then let your jaw hang. [“A slack-jawed yokel”?] **How do you look with your mouth hanging open? DUMB!**

Rule

Always breathe through your nose. There is only one reason that it will block up — and that is because you are breathing like an elephant. You are not an elephant, and your body will try and make you breathe less — it will make your nose block up, and make your lungs get wheezy, and will make you cough.

The System

The goal is to alter your child’s breathing pattern by having them breathe only through the nose, by having them do specific exercises called steps, and by making them understand the relationship between the depth of breathing and conditions like asthma and blocked/itchy/runny nose.

The short-term goal is to get them free of symptoms. The next goal is to be free of medication, which of course you will need to discuss with your physician — particularly in respect to preventative medication.

There should be only a gradual increase in intensity of training.

Day One

The main aim on day one is to allow your child to breathe only through the nose. When you first breathe only through your nose when you have been used to breathing through your mouth — it feels a bit suffocating! This is because you have become used to lower than healthy levels of CO₂, and when you close your mouth an increased [healthier] amount of CO₂ is trapped in.

This makes you feel the desire to take a deep breath, until you get used to it. After that time it feels strange if you breathe through your mouth. You adapt to the higher level very quickly — but only if you stick at it.

If you can keep your child’s mouth closed [unless they are talking or eating] for just one day, then the next day it will be much easier for them to keep zipped.

So go through the Mouse and Elephant Story — just read it out if you wish — or substitute animals. Do not under-estimate your child's ability to understand what you are saying. Explain about the breathing — even if you think they will not understand!

Do all of the hand actions, of feeling the breaths, and holding the mouse. It is better if you have a dry run by yourself first so you know how you would hold a mouse or put a finger under an elephant's nose.

Have do some practice at mouse breathing, and explain that it can be done at any time, but especially if any symptoms occur.

Explain about why they should breathe thru their noses only.

Then it is time to introduce steps as an exercise. On the first day the focus should be on getting the form right.

Steps Instructions:

Take a normal breath in through your nose, then let a little tiny breath out through your nose, pinch your nose from above, and march across the room. When you cannot go any further, stop!

When you stop, you must breathe only through yourNOSE, just like a littleMOUSE. It will feel a bit funny but that is OK, just stay really still with your finger under your nose and you will soon feel better.

Make sure that you keep your mouth zipped shut, or some air will try to sneak in! If any air does sneak in, you have to stop, and just breathe like a mouse through yournose.

It is a good idea to arrange the setting so that you can see if there are any sneaked mouth breaths especially with smaller children who will do it to try and please you, or to compete with a sibling. If there is breath — blame the air that “sneaked in”, rather than the child to causing it to happen.

Count each step that is marched. Allow them to go at whatever pace they want most prefer brisk as it is less boring and higher numbers are reached. No running is to allowed, but fast walking is OK. Record the number of steps — there is a sample form at the end of this chapter; there is a sample workout sheet at the end of this chapter.

Reinforce with them and yourself that the most important part is the breathing like a mouse when they stop, and for several minutes afterward. When the child

stops, stand next to him, making sure the finger is under the nose. Say that they will feel a bit strange, but that is OK. It is normal for children to raise their shoulders upward and to tense their body when they stop. Ask them to lower their shoulders [downwards] and to relax. Then remind them to mouse breathe.

On the first attempt, some children can only go for a few steps, while others may do up to 30 or more.

It does not matter too much on the first day, and there is no need to push them for more steps — this can be increased gently over the next few days. There is no rush.

For many children, asthma does not recur after the first session, as they simply breathe like a mouse as soon as they feel the start of the symptoms. For many just ensuring that the mouth is closed will stop the asthma.

If there is an attack [asthma, coughing, blocked nose or other] then the tactic is to breathe like a mouse for a minute or two, [while smothering any coughing] then do 2 or 3 sets of steps, and if there isn't much improvement — **use the relief medication.**

It is good to try to do some breathing to try to get relief before using a relief drug if possible, but if the onset of your child's asthma is very rapid then obviously skip it or do only a very brief attempt.

Your child will develop better control and attacks will be less severe as breathing improves [as measured by the number of steps.] The attacks will be avoided rather than having to be dealt with. Usually when your child has built up to 100 steps there will be no asthma. For the majority of children the number is much smaller.

The goal of training is to get to the point where 100 [or more if the child has athletic ambition] steps are easy, as this means that asthma does not occur. If it does occur [number of steps will have dropped], then begin again, building steps back up to 100, and the asthma will go again.

It is not unusual for a child to have a relapse a few months after becoming free of asthma. It is usually less severe, and responds even faster to the same training method that stopped it the first time. A second relapse is unusual, as the first relapse will have allowed the child to further develop his or her breathing skills. If it should occur — do it again — right from the beginning!

So, on day one mouth closed, no coughing, and do some sets of steps [3 or 4] perhaps twice in the day, including once before bedtime. Use the system to ensure that nasal breathing is possible [ie use steps to unblock nose if needed.]

Problems When Sleeping

The majority of children have some difficulty during the night. To wake a couple of hours after going to sleep with a nasty cough is common. As is snoring, bed-wetting, and restless sleeping [thrashing about and waking often].

There is a simple explanation, and a direct solution.

Remember the simple lesson of the mouse and the elephant. The only way to cause asthma is by breathing like a bigelephant. One of the easiest ways to breath like an elephant is to sleep on your back. In this position there is no resistance to huge deep breaths. Turning on your side makes it physically more difficult to breathe so deeply — your body pushes down on your lungs more.

The other problem with being asleep is that your mouth will usually open — this allows us to breathe even more deeply. On top of this our breathing gets deeper as our sleep gets deeper. When we are in our deepest sleep, our breathing is at its deepest — very deep indeed if we are on lying on our backs with our mouths open! Too deep.

This elephantine breathing cause loss of more CO₂ than we produce, the level gets dangerously low, and various defenses including spasm of smooth muscle and increased mucus production kick into gear.

So your child starts coughing, snoring or wheezing, or the constriction of the smooth muscle around the bladder causes it to feel very full and bed wetting occurs. [Snoring is just your throat closing a little to try to stop you breathing like an elephant.]

The answer to this is to keep your mouth closed when you are asleep. The Manual contains a full section on this, but in brief, use surgical tape to keep your childs mouth closed. Do this only on children over 5 years. It has been used on younger children, and the reason I suggest this age is to ensure that the child has the ability to pull the tape off himself if needed.

Before you write this idea off as absurd and dangerous listen to the instructions. The goal is to have just enough sticking power on the tape to for it to stay on, and keep the lips together.

The tape recommended is called surgical or paper tape about 1 inch wide, available from a pharmacist. Tear off a strip about 2 inches [5 cms]. Fold a small tab on each end, so that it is easy to grip. Then repeatedly put the tape onto your palm and tear it off. Do this until it is hardly sticky at all.

It does not need much power to keep your lips together. Ensure your mouth is closed, as you can breathe through this tape, and gently place in lengthways along your lips. I suggest you do this on yourself first to show your child that you are also doing it. [It will greatly improve your sleep quality if you actually wear it in bed.]

Have a practice during the day with the tape so there is less if any drama at bedtime. Check on the child around 3.30 am to check he has not pulled it off. Re-apply it if necessary.

If it is off and you do not re-apply it, then your child will have no protection during the deepest sleep/breathing period, and will start the next day dealing with the results of huge elephant breathing. This may be asthma, bedwetting or just plain tiredness. As with the breathing drills, this is as important as brushing your teeth!

The most common concern with this is that your nose will block up with your mouth is taped closed and you will suffocate. Fortunately, the effect of CO₂ on your nose makes this impossible. The more blocked your nose becomes, the more CO₂ you will trap in. The extra CO₂ will cause your nose to unblock. So your nose will not block completely unless you open your mouth. It may whistle a bit, but cannot close up completely.

You may have noticed that there is a lot covered on Day One. This is true. The following days are just a matter of reinforcement.

Day Two and Continuing Days

On day two the child should find less difficulty in keeping his mouth closed. They will have become used to the higher levels of CO₂ caused by their mouth being closed.

Steps sessions should now be done three times per day, with 4 to 5 sets of steps each session. ie. this means that each session should consist of 4 - 5 sets of steps, the number of which is recorded on a form or eventually in a notebook. It is valuable to also record the level of asthma and medication next to the steps records on a daily basis. This clearly shows the decrease in symptoms and relief medication needed as the number of steps increases.

On this day it is useful to introduce the idea to the child that there is significant benefit in breathing like a mouse after ANY physical activity. This will stop any exercise induced asthma that may exist, as well as decreasing the recovery time for sports or activity. ie. if you breathe like a mouse after running around, you will be ready to run around again sooner than if you breathe like an elephant.

A good illustration of children using exertion to start asthma is to observe small children running around madly, having an excellent time, getting very “puffed” [which of course is “elephant” breathing,] then shortly after starting to cough a little, then more and more until a full blown asthma attack is in progress. This is short-circuited by mouse breathing and not coughing.

Another example is the child with the ability to throw a tantrum until they begin to cough, then starts the asthma cycle. Parents learn to recognize this cycle and may become conditioned to simply “give in” as it better than a couple of weeks of having a very sick child — possibly in hospital with asthma.

The answer is to explain how the breathing during the tantrum causes the asthma, and to forbid it. Alternative attention [positive] hopefully may result in the replacement of the tantrum behaviour with a less damaging one.

Extra Breathing Drills

These may be introduced on the second day *if* your child is free of symptoms. If your child is quite unwell or low in energy — wait until they feel better. As with steps, start very gently, there is no rush, and it is for fun [with a little breathing lesson].

Star Jumps/Jumping Jacks:

These are fun to teach small children, as often their coordination is not quite there yet, and arms and legs go everywhere. Start off with perhaps a target of 5 on the first day they try it. Simply do the jumps with mouth closed, and when they stop breathe like a mouse.

Ensure that shoulders relax downwards, and forefinger under nose is used. The important part is that after a physical exertion, reduced breathing is to become automatic. This becomes applicable for use in active play — mouth is closed [unless yelling], and breathing is reduced when activity is temporarily halted. When the child has recovered from the first set of jumps, do another set. Two is usually enough. Note that the nose is not held during this activity.

It is good for you also to do this drill. Same rules — mouth closed, and breathe like a mouse when you stop. Puffing is not allowed!

You can slowly increase the number of jumps as breathing improves.

Skipping or other Dance Steps

This is aimed more at the kind of skipping which is done without a rope, where the child runs with a halted step. Not too fast. Again the mouth is always closed, and the breathing after is reduced to mouselike with no puffing allowed [as this is elephantine].

You can substitute other activities which are quite intense, but remember to start gently and build slowly. Examples are hopping on one foot, or two feet like a kangaroo, relay running with a ball if you have several children, bouncing on a trampoline.

Observe closely to ensure that the drill is not too intense or too long. It should not be so long or intense as to cause your child [or you] to get out of breath. As breathing improves the length and intensity can be greatly increased to the point where it will be difficult to become out of breath.

It is an amazing sensation for someone who has always been physically limited by their breathing to have a different system fail first. Specifically to have your legs fail from running around before you get “puffed” or “winded”.

I remember the first time it happened to me very clearly — it was great. Unfortunately I was no longer a child when I discovered this system.

For Smaller Children and Toddlers

You will have realized that it takes some physical coordination to do the steps drill. This does not usually appear until about 3.5 to 4 years of age with girl and 4 to 4.5 years with boys. Despite this you can still get great results — it just requires more patience [and sometimes creativity to keep a toddler interested.]

I have watched the committed parents of a 2.5 year old girl walk along-side of her during steps, one parent on each side hold a hand, and one parent holding her nose gently. They walked until her mouth dropped open, then stopped and played “statues” [be totally still] or did mouse breathing.

Within 6 months the child was completely free of asthma and it did not recur. She is now 6, and can do steps easily, and is a great little athlete.

The key is to remember that it is not the actual steps that is the training, but the reducing of the breathing to keep a tiny little more CO₂ in the lungs than you are used to. So a brief exertion, followed by reduced breathing and results can be great.

In babies the answer lies mostly in keeping the mouth closed, and in diet. The American Indians had the tradition of a mother sitting beside a sleeping baby and if the mouth opened then the mother would simply push and hold them closed. This is a good habit for modern parents.

The other key is to give the baby a “dummy”. This will keep the mouth closed to some degree, and can be used effectively to stop coughing. Give it to your baby if asthma or “croup” or bronchitis or whatever is present.

Control of diet in babies is a matter of recognizing that some foods will cause us to increase our depth of breathing more than other foods. Dairy and other high protein foods are an example of this.

If your baby develops asthma, then move toward the use of pulverized vegetables and fruits, and fruit juices and water instead of milk in bottles. Watch carefully to see if any particular food causes your child to produce more mucus than other foods, and use it less.

When you put your child down to sleep [for their main sleep] do not give them a large feed just before. In particular do not give a child milk before bed. The combination of the increase in breathing from the high protein and high fat, with the increase in breathing from being in a prone position, will have a talented asthmatic child coughing in no time flat.

There has been much debate about Sudden Infant Death Syndrome here in Australia. The recommendation has gone from not putting a baby down on their back, to putting a baby down on their back, and now returned to not putting baby on its back. The problem is that the sample size of babies lost to this syndrome is very small, so it is difficult for researchers to suggest much at all.

From the breathing point of view, putting the child on side or front is better than on its back. The other recommendation from the SIDS people is to avoid overheating your child with too many blankets or clothes.

Another point of interest is that SIDS does not exist in cultures where the bed is shared — either with the parents or with other children. From a breathing point of view perhaps the movement of other people during sleep ensures that the depth of sleep and hence of breathing depth, is not as great. ie. this condition only exists where we allow our children the “luxury” of solo, uninterrupted, deep sleep.

Progress and Scheduling of Training [Steps]

Steps are both the measurement and intensity guide for training in children. When your child can do 75 steps with good control of breathing afterwards, his breathing is much better than when he can only do 10 steps. The equivalent is the Measurement pause in adults — when it is only a few seconds — you have asthma, migraine, breathlessness, hormonal imbalance etc. When it is 45 or 50 seconds you do not.

So your goal is to condition your child to the point where he or she is free of symptoms, and there is a good buffer or safety zone in place. For example if all symptoms disappeared when the steps were around 45 steps, then if he or she can do 90 steps — then you have a safety zone [of 45 steps].

Usually when a child can do 100 steps there is little problem. However there are always exceptions so a better goal is 150 steps. Having said that do not get too hung up on the numbers. It is more important to recognize the point where the asthma or other condition disappeared and to build in a safety zone above that.

This should be an absolute minimum of 50 steps. More is better. If your child seems to lack the drive to go much past this point, do not be too critical as it is most likely to do with development phase than with any “lack”. Simply ensure that more time is spent on the other drills such as star jumps.

A young man [10 years old called Nathan] in Townsville was able to go from being able to do only 7 or 8 steps to over 300 steps in a six-month period. He was extremely severe with asthma and other conditions, and in now an excellent [champion] swimmer.

Until the disappearance of all symptoms, steps sessions should be done 3 times per day [with one before bed]. This should be done until there is a buffer of at least 50 steps over the number at which the asthma disappeared. At this point this may be reduced to sessions of two sets of steps twice per day.

As a safeguard this should be maintained for at least 6 months, after which it may be dropped back to once per day. At this point it is more as a measurement of breathing level rather than training. Should the number of steps that you child is able to do begin to fall, then increase the intensity and frequency again. ie go back to 3 times per day.

Should your child get a cold or infection, the number of steps they can do will drop. If your child simply remembers the mouse breathing and non-coughing rules, there is not usually a problem, and when they feel better start steps training at the beginning again.

If breathing becomes so poor that asthma recurs, start the training at the beginning immediately. During an infection like this it is difficult to do many steps. To balance this do more sets of steps. ie. if he cannot do around 60 steps as usual but only 35 steps, then do more sets of steps. So instead of 3 sets of 60, do 5 sets of 35 — remembering that the training effect is in the reduced breathing when the steps are complete.

Review

Training for children consists of:

1. Retraining to ensure nasal breathing only
2. Retraining to ensure breathing after physical exertion is “mouselike”
3. Introduction of “Steps” as a measurement, as a training aid, and as a symptom relief aid
4. Ensuring that breathing depth during sleep is reduced by body positioning and tape
5. Ensuring that the association between elephant breathing and symptoms is understood
6. Ensuring that relief medication is available at all times, even after apparent prolonged disappearance of symptoms
7. Involving your medical practitioner in the process
8. Encouragement to increase the number of steps up to a target level, while maintaining breathing control afterward.
9. Restarting the program if there is a relapse of symptoms at a later time.
10. Installing a routine of doing the steps on a daily basis, with similar importance as brushing of teeth.
11. Being aware of the impact of different foods on breathing depth, and being ready to alter the child's diet if needed.

“Clearing Reactions”

It is common for children to show what are called “clearing reactions” or “healing crises” within a few days of changing their breathing. These are reduced by ensuring that only a gradual increase in steps is allowed.

The symptoms often include headaches, large amounts of mucus release, nausea, fever, diarrhoea, malaise [tiredness], and increased irritability. Less often skin rashes and toxins may be released through the skin. [This is usually only in the case where very large amounts of drugs have been taken — especially antibiotics, which also have an unusual smell.]

In most cases this clearance is very mild, and may last from around 2 hours to 2 days. The pattern shown often follows the symptoms that have been experienced in the past. Eg a history of sinus/ear problems may see release of mucus from the nose, ears, and post-nasally. A history of headaches may produce headaches.

There is very little for you to do during clearance if it occurs. It is usually of less impact than a slight cold or “upset tummy”. It is best to have the child rest and have little or no food. In the case of headache, some paracetamol may help.

A Special Warning for Diabetics

Please be aware that this breathing training will cause a decrease in blood sugar. This may cause any medication that is also taken [insulin or oral hypoglycaemics] to reduce blood sugar levels to lower than recommended levels.

Should a diabetic undertake this training, it should be preceded by consultations with your doctor/endocrinologist.

The frequency of blood tests should be increased and the symptoms of hypoglycaemia [very low blood sugar which could cause coma] should be reviewed. It is not recommended that diabetics follow this training without supervision from an experienced Buteyko Instructor.

Your Feedback is Very Welcome

If you use this method please send us feedback on your progress. This will allow the word to spread more quickly, and perhaps save many children from misery and possibly death. Your words will help other parents take the plunge and try this simple method. It will also help to force the medical industry to review how it treats asthma.

This form is only a guide — we are happy to hear your story in as much detail as you can spare. Please post, fax, or email it to us. [Details on last page]

Brief description of condition before training:

[Include some info on medication, age, frequency and severity of symptoms]

Brief description after training:

What I like about this technique:

Any other comments you wish to make:

[Yes No] Are you willing to be contacted by the media?

[Yes No] May we use your statements to help promote this lifesaving method?

[Yes No] Would you like to be informed of updates in training/receive newsletter?

Your Name:

Postal Address:

Email address if you have one:

Daytime Phone for contact by media [if you chose Yes above]:

About the Author

James J Hooper is one of Australia's leading Buteyko Instructors. This Special Chapter is taken for his ground-breaking course The Buteyko Manual for Asthma [ISBN 0 646 32419 5] This includes the Manual, Workbook, and Instructional Audio Cassette. This course is available from the author or from large bookstores such as Amazon.com. A Spanish language version is also available.

Based in tropical Townsville, Australia, Mr Hooper has now personally taught this system to over 2000 people. For those with asthma, the average decrease in relief medication within 7 days is 93%. This is sustained at 6 month review.

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