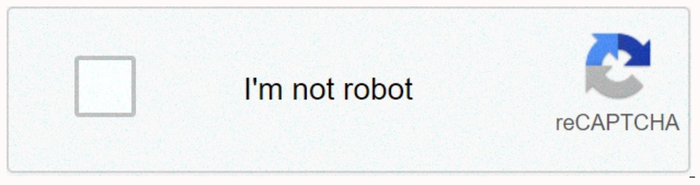

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Ibs feeling short of breath

After constant abdominal pain, severe cramps, and losing 15 pounds from IBS, I found myself in a hospital bed where all the doctors could offer me was morphine to reduce the pain. I was looking for other options on my smartphone. I saw that abdominal breathing might help. I put my hands on my stomach and tried to spread it when I inhaled. All that happened was my chest widened and my stomach wasn't moving. I practiced and practiced and eventually I could breathe lower. Within hours, my pain decreased. I continued to breathe this way many times. Now, two years later, I no longer have IBS and have gained 20 pounds. – A 21-year-old woman who previously had severe IBS irritable bowel syndrome (IBS) affects between 7% and 21% of the general population and is a chronic condition. Symptoms usually include abdominal cramps, discomfort or pain, bloating, loose or frequent stools and constipation and can significantly reduce the quality of life (Chey et al, 2015). The IBS precursor in children is called recurrent abdominal pain (RAP), which affects 0.3 to 19% of school children (Chitkara et al, 2005). Both IBS and RAP appear to be functional diseases because no organic causes have been identified to explain the symptoms. In the US, it results in more than 3.1 doctor visits and 5.9 million prescriptions written annually. The total direct and indirect cost of these services exceeds $20 billion (Chey et al, 2015). Multiple factors such as genetics, food allergies, previous antibiotic treatment, severity of infection, mental state and stress can contribute to IBS. Recently, changes in the gut and colon microbiome, leading to excessive growth of small intestine bacterial are proposed as an additional risk factor (Dupont, 2014). In general, standard medical treatments (reassurance, dietary manipulation and pharmacological therapy) are often ineffective in reducing abdominal IBS and other abdominal symptoms (Chey et al, 2015), while complementary and alternative approaches such as relaxation and cognitive therapy are more effective than traditional treatment (Vlieger et, 2008). Recently, heart rate variability training to increase sympathetic/parasympathetic balance seems to be a successful strategy for treating functional abdominal pain (FAB) in children (Sowder et al, 2010). Sympathetic/parasympathetic balance can be increased by increasing the variability of heart rate (HRV), which occurs when a person breathes at a resonant frequency, which is usually between 5-7 breaths per minute. For most people, this means breathing much more slowly, as slow abdominal breathing seems to be a self-control strategy to reduce symptoms of IBS, RAP and FAP. This article describes how a young woman recovered from IBS with slow abdominal breathing without therapeutic coaching, reviews how slower diaphragmatic (abdominal breathing) may reduce the symptoms of IBS, explores the possibility that breathing is more than an increase in sympathetic/parasympathetic balance, and suggests some self-care strategies to reduce the symptoms of IBS. Treating IBS-case report after being diagnosed with irritable bowel syndrome in her junior year in high school, doctors told Cindy her condition was incurable and could only be managed at best, even if she would get it for life. With unwanted symptoms, including excessive weight loss and depression, Cindy underwent monthly hospital visits and countless tests, leading to doctors informing her that her physical and psychological symptoms were caused by her incurable condition known as IBS, none of which had ever been cured. When doctors offered her what they thought was the best option: morphine, something Cindy now describes as a band-aid, she felt disappointed. Hopeless and alone in a hospital bed, she decided to take matters into her own hands and began to look for other options. From her cell phone, Cindy discovered something called diaphragmatic breathing, a technique that involved stomach breathing. This strategy could help bring heat to the abdominal area by increasing blood flow throughout the abdomen, thereby relieving the discomfort of the intestine. Although research support for this method has been suspicious, previous attempts at traditional Western treatment have done no benefit to recovery; therefore she hated nothing wrong in trying. She was lying on a bedside by the hospital bed, completely loosened her body and began to breathe. Cindy immediately realized that she had inhaled in her chest, rather than in her stomach. She pushed out all the air and tried again, this time gasping for breath. Delighted, she watched the air rush into her stomach, causing it to rise under her hands while her chest remained motionless. Over time, Cindy began to develop more awareness and control over her newfound strategy. During training, she felt her stomach and abdomen warm. Cindy shares that for the first time in years she felt pain relief, which caused her to cry from happiness. Later that day, she was discharged from the hospital after denying other painkillers from doctors. Cindy continues to practice her diaphragmatic breathing as much as she can, anywhere at all, in a sign of pain or discomfort, as well as preemptively from what she expects to be a stressful situation. From the beginning of her practice, Cindy says her IBS is largely nonexistent now. She no longer feels depressed about her situation due to her developed ability to manage her condition. Overall, he's much happier. In addition, since two years ago, Cindy has gained approximately 20 pounds, which she attributes to eating a lot more. With regard to Her success, she believes, was her journey, motivation, and willingness to fully devote herself to the breathing practice that allowed her to develop skills and thrive. While it wasn't natural for her to breathe in her stomach at first, a tra trate that she says she often acknowledges in others, Cindy explains that it was due to the necessity that caused her to shift her previously-ingrained way of breathing. After publicly sharing her story with others for the first time, Cindy reflects on her past, revealing that she experienced shame for a long time when she felt that she had a weird condition related to abnormal functions that no one ever speaks of. On the experience of speaking out, she confirms that it has been very empowering, and hopes to encourage others to come to terms with a situation similar to the one that there is in fact hope for the future. Cindy continues to feel empowered, confident and happy after taking control of her own body, and acknowledges that her condition is part of what she's proud of. Watch an in-depth interview with Cindy Huey in which she describes her experience of discovering diaphragmatic breathing and how she used it to recover from IBS Video 1. An interview with Cindy Huey describing how she recovered from IBS. Background view Why the body should digest food or fix itself when it will be someone else's lunch (paraphrased from Sapolsky (2004), Why zebras don't get ulcers). From an evolutionary point of view, we were prey and needed to be on guard (alert) to the presence of predators. In a long forgotten past, predators were tigers, snakes and carnivores for which we were food, just like other humans. Today, the same physiological response pathways still work, except that pathways are now more likely to be activated according to time urgency, work and family conflicts, negative mental tests, and self-suspitation. This is reflected in common colloquial phrases: I'm sick to my stomach, I don't have the stomach for it, He's cowardly, It's sick to me, Butterflies in your stomach, don't get your guts in turmoil, Gut sensations', or fear shit. Whether conscious or unconscious when at risk, our body reacts with a fight/flight/freezing reaction in which blood flow is diverted from the abdomen to the deep muscles used to drive. This results in a decrease in peristalsis. At the same time, the abdomen tends to prepare to protect it from injury. In almost all cases, respiratory patterns move to thoracic breathing with limited abdominal movement. Since the respiratory formula is predominantly in the chest, a person increases the risk of hyperventilation, since the body is ready to start or fight. In our clinical observations, people with IBS, small intestine bacterial overgrowth (SIBO), abdominal discomfort, anxiety and And abdominal pains tend to breathe more in the chest, and when asked to breathe, they tend to inhale in the upper chest with little or no abdominal displacement. Almost everyone experiencing abdominal pain tends to keep the abdomen stiff, as if a cone could reduce pain. A similar phenomenon is observed in female students who experience menstrual cramps. They tend to twist to protect themselves and breathe shallowly in the chest instead of slowly in the abdomen, a body pattern that triggers a defensive reaction and inhibits regeneration. If instead they breathe slowly and uncurl reports a significant decrease in discomfort (Gibney & Peper, 2003). Paradoxically, this protective posture of spawning the abdomen and breathing shallowly in the chest increases breathing and reduces the variability of heart rate. It reduces and inhibits blood flow and lymph through the abdomen as a defensive posture evokes the physiology of struggle/flight/freezing. The decrease in venous blood flow and lymph occurs because the continued compression and expansion in the abdomen is inhibited by thoracic breathing and, in addition, by inhibition of diaphragmatic breathing. It also inhibits peristalsis and digestion. No wonder so many people with IBS report being reactive to certain foods. If gi track reduced blood flow and decreased peristalsis, it may be less able to digest foods that could affect bacteria in the small intestine and colon. We wonder if the risk factor contributing to SIBO is chronic lack of abdominal movement and reinforcement. Slow diaphragmatic abdominal breathing to create health Digestion and regeneration occurs when a person feels safe. Effortlessly, slow diaphragmatic breathing occurs when the diaphragm decreases and pushes the contents of the abdomen down during inhalation, causing the abdomen to become larger. As the abdomen expands, the pelvic floor relaxes and descends. During exhalation, the pelvic floor muscles tighten slightly, lifting the pelvic floor, and the transverse and oblique abdominal muscles contract, pushing the contents of the abdomen up against the diaphragm, allowing the membrane to relax and go upwards and squeeze the air out. The following video, a 3D view of the membrane, www.3D-Yoga.com by illustrating the movement of the membrane. Video 2.3D view of the membrane sohambliss of www.3D-Yoga.com, This expansion and narrowing of the abdomen occurs most easily if the person is prolonged, whether sitting or standing upright or lying down, and the waist is not tapered. If the arches forward in the protected pattern and the spine is bent in c-shape, it squeezes the abdomen; instead, the body is long, and the abdomen can move and expand during inhalation when the diaphragm decreases (see Figure 1). If a person holds his belly tightly or is tapered by clothing or belt, it cannot expand during inhalation. Abdominal breathing occurs more easily when a person feels safe and dilated versus dangerous or afraid and collapsed or narrowed. Figure 1. Upright versus collapsed posture note that there is less room for the abdomen to expand in the protective collapsed position. Reproduced with permission: Clinical somatics (when a person breathes more slowly and decreases, promotes blood flow and lymph through the abdomen. As a person continues to practice slower, lower breathing, it reduces arousal and alertness. This is the opposite state of flight, struggle, freezing of the response so that blood flow increases in the abdomen, and peristalsis occurs again. When a person practices a slow exhalation and breathing and slightly tighten the oblique and transverse abdominal muscles, as well as the pelvic floor and allow these muscles to relax during inhalation. When breathing in this pattern effortlessly, they often experience an increase in abdominal heat and the initiation of abdominal sounds (gastric rumble or borborygmus), indicating that peristalsis began to move the food intestines (Peper a.c., 2016). For a detailed description see What you can do to reduce IBS There are many factors that cause and effect IBS, some of which we control over and some that are ours beyond our control, such as genetics. The purpose of the proposed proposals is to focus on those things over which you have control and reduce risk factors that negatively affect the gastrointestinal footprint. In general, start by integrating self-healing strategies that promote health that have no negative side effects before agreeing to do more aggressive pharmaceutical or even surgical interventions that could have negative side effects. Work together with your healthcare provider along the way. Experiment with the following: Avoid food and drinks that can irritate the gastrointestinal tract. These include coffee, hot spices, dairy products, wheat and many others. If you are not sure whether you are responding to food or drink, keep a detailed record of what you eat and drink and how you feel. Do self-experimentation by eating or drinking a particular meal itself as the first meal in the morning. Then watch how you feel in the next two hours. If possible, eat only organic foods that have not been contaminated with herbicides and pesticides (see: . Identify and resolve stressors, conflicts, and issues that negatively affect and deplete your energy. Keep a record to identify situations that drain or increase your subjective energy. Then the problem solving to make these situations drain the energy and increase situations that increase your energy. For a detailed description of the practice, see Often the most challenging situations we can't stomach are those where we feel defeated, helpless, hopeless and helpless, or situations where we feel threatened- we don't feel safe. Reach out to other friends and social services to explore how these situations can be resolved. In some cases there is nothing that can be done except accept what it is and move on. You feel safe. As long as we feel unsafe, we need to be vigilant and are stressed about which affects the GI track. Explore the following: What does safety mean to you? What makes you feel dangerous from the past or the present? What do you need to make you feel safe? Who can offer support that makes you feel safe? Think about these questions, and then explore and implement ways you can create a sense of security. Take breaks to regenerate. During the day, at work and at home, watch yourself. Are you pushing to finish your homework? In a 24/7 world with many enduring responsibilities, we are unwittingly vigilant and do not allow ourselves to rest and relax to regenerate. Don't wait until you feel tired or exhausted. Stop early and take a short break. A break can be a short walk, a cup of tea or soup, or looking out at a tree. During this break, think about the positive events that have happened or the people who love you and for which you feel love. When you smile and think of someone who loves you, such as a grandparent, you can relax and for now how you feel safe, allowing regeneration to begin. Watch you inhale. Take a deep breath. If you feel like you are moving up and becoming a little taller, your breathing is bad. Put one hand on the lower abdomen and the other on the chest and take a deep breath. If you notice that the chest rises up and the stomach does not spread, your breathing is bad. You're not breathing through the diaphragm. Watch the following video, The Right Way to Breathe, about how to observe your breathing and how to breathe diaphragmly. Learn diaphragmatic breathing. Take the time to practice diaphragmatic breathing. Practice lying down and sitting or standing up. Allow breathing to slow down to about six breaths per minute. Exhale counted to four and then let it trail off for the next two counts, and inhale counted into three and let it trail for the next count. Practice this session and lying down (for more information on breathing see: . Sitting. Exhale by feeling that your belly is coming in slightly for number four and leaving for the number of two, then let the lower ribs expand, the abdomen expand-the entire trunk while the shoulders remain relaxed for three. Let her count again before you start exhaling again. Be kind, don't rush or make yourself. Practice this slower breathing for five minutes. Focus more on exhalation and allow the air to simply flow inwards. Take your time during the transition between inhalation and exhalation. Prone. While lying on your back, place a two to five-pound weight such as a bag of rice on your stomach as shown in Figure 2. Figure 2. Lying down and exercising breathing with two to five-pound weights on the stomach (reproduced with permission from Gorter and Peper, 2011. As you inhale push the weight up and also feel your lower ribs expand. After that, it is allowed to exhale with a mass that pushes the contents of the abdomen down, which moves the membrane upwards. This causes the breath to flow out. As you exhale, imagine the air flowing through your feet as if there were straws in your legs. When your attention wanders, smile and bring it back to the idea of air flowing down your legs during exhalation. Practice it for 20 minutes. Many people report that during the practice bubbling in the abdomen occurs, which is a sign that peristalsis and healing are returning. Observe and change breathing during the day. Monitor your breathing pattern during the day. Every time you hold your breath, gasp or breathe in your chest, break the sample and replace the slow membrane breathing for another five breaths. Do it all day. Many people observe that when they think of a stressor or are worried, they hold their breath or shallow breathing in the chest. If this happens, be aware of the concerns and focus on changing breathing. This does not mean that you have dismissed the concerns, instead for now you will focus on breathing and then explore ways to solve the problem. If you noticed that under certain circumstances you held your breath or breathed shallowly in the chest, then whenever you assume that the same event will appear again, they begin to breathe diaphragmly. To do this consistently is very challenging and most people report that at first they just seem to breathe incorrectly. Change requires practice, practice and practice – conscious. Yet those who continue to practice often report a decrease in symptoms and feel more energy and improve quality of life. Summary Changing the usual health behavior, such as diet and breathing, can be remarkably challenging; however, this is possible. Give yourself enough time and practice it many times until it becomes automatic. It's no different from learning to play a musical instrument or crowding out a sport. At first, it feels impossible, and with many practices it becomes more and more automatic. We remain amazed that healing is possible. Among our students in San Francisco Universities who practice their self-medication for five weeks, approximately 80% report significant improvements in their health (Peper a.c., 2014). Reference Chey, W. D., Kurlander, J., & Eswaran, S. (2015). 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