Student Case Study - Timothy Black's Cystic Fibrosis Story

This is a very amazing story and should make a believer even of the most cynical people. Tim has cystic fibrosis. It's a genetically transmitted deadly disease.

Tim is so thankful for the improvement in his health that he was very willing to let us use his full name.

Tim's Ailments

Cystic fibrosis is a horrible disease. It begins at birth and continues to get worse throughout life. Cystic fibrosis is caused by a defective gene that causes the body to produce abnormally thick and sticky fluid, called mucus. This mucus builds up in the breathing passages of the lungs and in the pancreas, the organ that helps to break down and absorb food.

The list of symptoms is very long. Here are some of the worst.

- Delayed growth
- Failure to gain weight as normal children do
- No bowel movements in first 24 to 48 hours of life
- Salty-tasting skin
- Coughing or increased mucus in the sinuses or lungs
- Fatigue
- Nasal congestion caused by nasal polyps
The disease is better controlled in children than adults. A progressive treatment plan is usually necessary. And special cystic fibrosis clinics are the preferred place for patients to receive treatment.

High doses of antibiotics are common as well as inhaled medicines to keep the airways open. There are also enzyme and high salt solution treatments.

Adults often require dramatic treatments along the lines of oxygen treatments and lung transplants.

The life expectancy of cystic fibrosis patients is improving but is currently only about 38 years.

**What the Oxygen Remedy™ Breathing Program Did For Tim**

Tim is now 40 years old and almost symptom free for the first time in his life.

When I first talked to Tim, he was constantly coughing. A typical day for Tim began with a 15 to 20 minute coughing session to break up the mucus that had accumulated in his respiratory system during the night. Then he continued coughing throughout the day.

Although Tim is almost symptom free, he isn't as diligent about performing his breathing exercises as he could be. Once he becomes fully diligent, he can expect to fully beat this horrible disease.

He doesn't cough much any more at all. He is a completely different person. He's more calm, relaxed, and a happier person today. This
is a common observation of people using the Oxygen Remedy™.

Hyperventilation causes your overall nervous system to become irritated. The nerve endings fire more often and cause random uncontrolled thoughts. People that hyperventilate frequently suffer from depression, anger, and cynicism.

Although Tim once demonstrated all of those symptoms, today he has none of them.

More cystic fibrosis suffers need to try the Oxygen Remedy™. Ironically, we tell them to do things opposite from what pharmaceutical doctors tell them. The doctors say cough up the mucus, we say don't. The coughing is another form of hyperventilating. When the coughing is suppressed, the oxygen getting to organs and tissues increases and symptoms decrease.

Tim’s really is a phenomenal story. If you are ready to obtain truly tremendous results or just want some relieve from minor symptoms plaguing you constantly, the best way to get results is by joining us today at www.oxygenremedy.org.
Clinical Studies and Endorsements

I don't want you to just take my word for what you can achieve when you change your breathing habits. There is wide proof that these methods work and some prominent and well respected organizations have spoken out in support of them. I want to share a few of those with you.

Mayo Clinic Endorsement

The renowned and well respected Mayo Clinic endorses the Buteyko breathing method. This is what they have to say:

"Doing breathing exercises may reduce symptoms and may decrease the amount of medication you need to control your asthma.

The Buteyko breathing technique, which teaches you to habitually breathe less. The theory is that this reduces asthma symptoms by keeping you from getting too much air (hyperventilation). This method also gives advice about stress reduction, medication use, nutrition and general health."

Current Science Magazine

Here's a quote from a September 2010 article on asthma.

"Buteyko reasoned that learning to stay calm and breathe properly - to keep from hyperventilating - was the remedy for asthma. 'The essence of the technique,' he wrote 'is for a patient ... to lessen his depth of breathing by relaxing the respiratory muscles.' When he experimented with that approach, his symptoms disappeared and his health improved. Buteyko went on to teach his breathing technique to other doctors."

New York Times Health Section

The New York Times

Here is a brief excerpt from a lengthy November 2, 2009 article in the health section.

"I don’t often write about alternative remedies for serious
medical conditions. Most have little more than anecdotal support, and few have been found effective in well-designed clinical trials....

Now, however, in describing an alternative treatment for asthma that does not yet have top clinical ratings in this country (although it is taught in Russian medical schools and covered by insurance in Australia), I am going beyond my usually stringent research criteria for three reasons:

The treatment, a breathing technique discovered half a century ago, is harmless if practiced as directed with a well-trained therapist.

It has the potential to improve the health and quality of life of many people with asthma, while saving health care dollars.

I’ve seen it work miraculously well for a friend who had little choice but to stop using the steroid medications that were keeping him alive.”

British Guideline on the Management of Asthma

Here is what the guideline said in 2008 and how they rated the studies they relied on to make the endorsement.

“The Buteyko breathing technique specifically focuses on control of hyperventilation and any ensuing hypocapnia. Four clinical trials suggest benefits in terms of reduced symptoms and bronchodilator usage but no effect on lung function. 261-264

Buteyko breathing technique may be considered to help patients to control the symptoms of asthma.”

Level of evidence: 1+ Well conducted meta-analyses, systematic reviews, or RCTs with a low risk of bias.

Grade of recommendation: B - A body of evidence including studies rated as 2++, directly applicable to the target
Extrapolated evidence from studies rated as 1++ or 1+"

New Zealand Medical Association
Journal of the New Zealand Medical Association, 19-May-2006, Vol 119 No 1234

Here are result highlights of a clinical study conducted in 2006. The breathing instructions were only conducted for 5 days.

"Average $\beta_2$-agonist use reduced from 743 mEq of salbutamol per day to 254 mEq/day, a drop of 66%. Inhaled steroid use reduced from 138 mEq of fluticasone per day to 81 mEq/day, a drop of 41% (Figure 1)."

"In addition to reduction in medication there were improvements in measures of quality of life scores, symptom scores, and also a reduced number of courses of oral steroids."

From the study, this table compares the results to previous studies conducted.
Switzerland Sleep Apnea Clinical Trial
J Neurol 1993 Nov;241(11:45-8 (ISSN: C340-5354) Villiger PM; Hess CW; Reinhart WH Medizinische Klinik der Universität, Inselspital, Bern, Switzerland

“Beneficial effect of inhaled CO₂ in a patient with non-obstructive sleep apnoea.

The study involved a single 63 year old man suffering from severe non-obstructive apnoea with the following conditions:

- Apnoea index 28
- Apnoea durations between 45 and 60 seconds
- O₂ saturation between 72% and 98%

The subject had not responded to common treatment. But was successfully treated with CO₂. A tent was used to increase CO₂ levels during sleep. A 3% concentration of CO₂ brought the PaCO₂ level above the apnoea threshold. At this level the Apnoea was fully suppressed.

As a result, O₂ saturation remained normal throughout the whole night and the symptoms of sleep apnoea disappeared. We hypothesize that the PCO₂ ventilatory drive was intact in our patient and that hypocapnia was the major factor causing the non-obstructive sleep apnoea syndrome. Administration of CO₂ with a constant flow system could be a safe and easy alternative for patients with non-obstructive sleep apnoea syndrome who present with hypocapnia and an intact respiratory feedback control system.

Brisbane Clinical Trial 1994/95
Medical Journal of Australia, Volume 169 December 1998
The Brisbane clinical study is considered the first serious clinical study conducted outside of Russia.

The study trial was held at the Mater Hospital in Brisbane. A semi-blinded, randomized study trial compared the effects of Buteyko breathing technique with a placebo breathing technique. It was funded by the Australian Association of Asthma Foundations. The study was designed and supervised by some of Australia’s leading medical asthma specialists.

Severe asthma sufferers were randomly assigned into either the Buteyko group, or the Placebo group. The two groups were statistically equal in terms of asthma severity and drug usage. There were 19 people in the Buteyko group that were obviously taught the Buteyko breathing method. The placebo group consisted of 20 people that were given general asthma education, relaxation techniques, and taught non-hyperventilation breathing techniques.

Results at 6 Weeks
Beta Agonist Use:

Buteyko Group decreased average agonist use by 90.1%. [From 1235ug to 134ug]

Placebo Group decreased average agonist use by 5%. [From 1029ug to 978ug]

Inhaled Steroid Use:

Buteyko Group average inhaled steroid use fell 12.5% from 1893ug to 1656ug

Placebo Group average inhaled steroid use remained statistically the same at 1450ug to 1551

Symptom Scores (3 being the worse and 0 being no symptoms)

Buteyko Group decreased symptoms score by 50%
Placebo Group decreased symptoms score by 15%

**Quality of Life Score** (impact of asthma on patient lives)
Dimensions measured were breathlessness, mood, impact on social activity, concern for the future.

**Buteyko Group** - 54% improvement, better in all dimensions

**Placebo Group** - 24% worsening

The Buteyko group was contacted again after 8 months. The decrease in beta-agonist use in the Buteyko had been maintained as was the significant improvement in quality of life scores.

**Official Approval By the First Moscow Medical Institute of E.M. Sechenov**
This clinical study was conducted between February 27 and May 21 1981 and led to the official approval to use the Buteyko breathing technique as a treatment for asthma.

The study was conducted with 52 patients between the ages of 3 and 15. There were 36 boys and 16 girls in the study. 34 were currently hospitalized and 18 were outpatients. 24 had atopic bronchial asthma, 22 mixed bronchial asthma, and 6 bacterial allergy bronchial asthma. The majority (36) had been suffering from their health conditions from up to 5 years with the longest being 15 years.

The majority were or have suffered other symptoms commonly associated with asthma, such as:

- Pneumonia
- Physically handicapped
- Obese
- Bad posture
- Chest deformity
- Allergic reactions to medication
- Allergic reactions to food
• Allergic reactions to dust
• Suffered from rhinitis
• Quinke's oedema
• Predisposition to colds and flu
• Problems with nasal breathing
• Chronic tonsillitis
• Sinus problems
• Headaches

• Palpitations
• Unstable body temperature
• Sleeping problems
• Loss of appetite
• Constipation
• 47 were regular hospital patients
• Only 5 had not require hospitalization

The Buteyko breathing exercise was performed each morning for between 40 and 90 minutes. It was done under the supervision of a specialist. Most of the children master the technique in 5 to 10 minutes. They proved to be dedicated to performing the breathing exercises correctly and on schedule.

Within 1 to 5 days of beginning treatment, all patients had stopped having asthma attacks, coughing, blocked nasal passages, and wheezing. The children were encouraged but not required to substitute the breathing exercises for medication if they felt an attack coming on. 38 of them immediately discontinued their medication after beginning the breathing exercises. Another 8 cut back on medication after 3 to 4 days.

Those that continued taking medication along with the breathing exercises did so with a reduced amount. Patients gradually reduced steroid usage.
Clinical Study Summary

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<th>1981 Moscow Children's Asthma Study</th>
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<tr>
<td><strong>Major Health Improvement</strong></td>
</tr>
<tr>
<td>Hospitalized</td>
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<tr>
<td>Not Hospitalized</td>
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<tr>
<td>Total</td>
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*Major health improvement - cessation of all heavy attacks. Only slight traces of the disease or a total disappearance of the symptoms.

**Some health improvement - the degree of attacks is lessened together with a significant reduction in medication.

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<th>Increased Control Pause Over Time</th>
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<td>Degree of Illness</td>
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<td>Severe</td>
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- The Buteyko breathing method has shown it decreases the number and severity of asthma attacks and medicine usage.
- Blood acid-alkali balance and lung ventilation improved.
- The Buteyko breathing method can successfully be taught to children as young as 3.
- The Buteyko breathing method is effective during acute periods of bronchial asthma in seriously ill patients.

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