

The History of Buteyko

A Background to the Buteyko Breath Reconditioning Program

Konstantin Pavlovich Buteyko was born on the 27th January 1923, into the small farming community of Ivanitsa (about 150km from Kiev). Inheriting his fathers enthusiasm for machines, Buteyko was enrolled into the Kiev Polytechnic Institute until his studies were interrupted by World War II when he joined his country's armed forces. After his experiences during the War, Buteyko felt compelled to study what he called "the most complicated piece of machinery of all" - the human organism.

In 1946, he enrolled into the First Medical Institute in Moscow. During his third year he started working in the Clinical Therapy Unit under the departmental head, academician Evgeniy Mikhailovitch Tareiev.

During this third year at the Institute, Buteyko was given a practical assignment which involved monitoring diseased patients' breathing. He spent hundreds of hours sitting by patient's bed sides, recording their breathing patterns prior to death. He noticed a considerable and uniformed deepening in patients breathing with the approaching of death. By recording these increases, Buteyko found that he was soon able to form a prognosis on how many days or hours were left before the patient's death occurred. This event determined the area of Buteyko's future interest.

In 1952, having graduated from the Institute with Honours, Buteyko continued his experiments independently, along similar lines. He asked healthy subjects to breath deeply for a period of time, and found that they became dizzy and nauseous, developed asphyxiating symptoms such as wheeziness and coughing, and eventually fainted. This (he had been told) was due to oxygen over-saturation of the brain.

During the second month of this independent work it occurred to Buteyko that certain diseases may develop as a result of deep breathing. He himself had suffered from hypertension for some time, and had often pondered its causes. By measuring his carbon dioxide levels, Buteyko discovered that his body's carbon dioxide level was lower than recommended. It was known that over breathing lowered carbon dioxide levels in the body. He theorised that if his low levels were caused by over-breathing, then by correcting his breathing he may be able to cure his disorder.

He immediately began experimenting on himself. Soon he had trained himself to breathe in a more shallow fashion. He found that by reducing his breathing, some

symptoms such as headache and rapid heart beat also reduced. When he increased the depth of his breathing, the symptoms returned. Buteyko concluded that he had discovered the reason for his disease. He had shortly healed himself completely. He immediately set out to devise a programme by which a patient's breathing could be quickly and effectively measured and then, if need be, reconditioned.

Buteyko checked and rechecked his theory on patients. He measured the breathing patterns of sufferers of asthma, stenocardia and other diseases, discovering, without surprise, that they too were hyperventilating.

Once again by correcting these patients' breathing to an acceptable level, Buteyko was able to normalise their carbon dioxide shortfall and their attacks stopped immediately. When they were asked to return to their previous breathing patterns, their attacks resumed. It was clear that Buteyko had stumbled across a very important discovery, a global discovery, and that current medical thinking was upside down.

Through further research, Buteyko was able to lay down the theoretical foundation for this idea - hyperventilation causes a depletion of carbon dioxide; low levels of carbon dioxide in the organism cause blood vessels to spasm and also cause oxygen starvation of the tissues. This results in a whole range of "defence mechanisms" that have been previously misunderstood and labelled as diseases. It was not difficult to surmise that vessel spasming occurring in hypertension could occur also with other types of diseases, for example: stenocardia (angina pectoris) with the resultant myocardial infarction (heart attack): end arteritis (inflammation of the innermost coat of an artery, usually occurring in legs) or ulcerative stomach disease. Scientific data associated with the physiological role of carbon dioxide is discussed in more detail in the "Buteyko Theoretical Manual".

Buteyko worked very intensively at the Central and Lenin Medical Libraries researching his theory. Was it really possible that for the entire existence of medical science such a simple thought had never occurred to anyone else? He learnt very quickly that the answer to this question was yes. For centuries, the majority of the human race had taught their children to breath deeply, and no-one, even for a moment, tried to reduce breathing. During his research, Buteyko was lucky to learn of a few experiments supporting the viability of his thinking. (See- Bohr, Holden, Priestly, Henderson, De Kosta). This then led to Buteyko



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sharing his thoughts with his teachers, but he found no support from any of them.

He knew well, through his studies, that many medical discoveries had initially been dismissed and suppressed officially only to become accepted practice years later. He recalled the story of sepsis in 1846. A doctor friend of Zemelweise had cut his finger while performing an autopsy on a woman who had perished of sepsis (or "puerperal fever" as it was then known). Three days later, the doctor also contracted the "puerperal fever". Zemelweise concluded that "something" had been passed from the corpse into the doctors cut, via the blood. At the time microbes were not yet known of, they were discovered by Pasteur 20 years later.

With the desire to confirm his supposition, Zemelweise began washing his hands prior to operations, disinfecting them with a chloride of lime solution. He suggested his assistants also follow this routine. In those times, about one third of all new mothers and surgical patients died of sepsis. A three month experiment confirmed Zemelweise's hypothesis, and he lost no patients thereafter. He informed his society of surgeons and suggested they follow his example. He was declared to be mentally disturbed.

Similar destiny befell Professor Lister, an Englishman, who ten years later also called for disinfection of hands prior to operations. Only after this discovery had reached the ears of the public, and hordes of patients' relatives started to turn up at the operations demanding to know if the surgeons had washed their hands before operating, did this procedure become accepted by the surgeons. This happened half a century after the initial discovery by Zemelweise.

Historical knowledge of this nature made it clear to Buteyko that voicing his convictions was not likely to bring any positive results at this stage. He knew he must organise an experimental laboratory. He had to gather evidence, develop it, and only then, announce the fundamentals of his ideas.

Later that year Buteyko became a clinical therapy intern under Academic Tareiev again. Here he was given his chance to establish a functional diagnostics laboratory. This project failed due to lack of funds, personnel and equipment. An attempt to establish the laboratory under the auspices of the Ministry of Health in Moscow was also unsuccessful - the necessary equipment was made available, but not the scientific personnel. In 1958 Buteyko was invited by Professor Meshalkin to join the Institute of.....cont.

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Experimental Biology and Medicine at the Siberian Branch of the USSR Academy of Science (where Meshalkin was the director). Once again he set about the task of establishing a laboratory of functional diagnostics. This project was completed in 1960.

In 1958 - 1959 Buteyko conducted clinical studies on nearly 200 people, both healthy and sick. When the first data, various measurements, associations, deductions, correlations, regulations, etc., were obtained, of these confirmed the correctness of Buteyko's discovery. On 11th January 1960, he presented his work to the Scientific Forum at the Institute and tried to explain the concepts of his thinking. He told those present of the experiments, which showed the objective linear relationship between the depth of breathing, the content of carbon dioxide in the body and vessel spasming and degrees of illness.

Buteyko's colleagues were stunned. Surgeons took the studies as some dirty trick, because Buteyko offered to treat such diseases as asthma, hypertension, stenocardia, without a knife. Invasive surgery never cured these disease anyway, everybody knew that, and mortality was high. But the Buteyko method gave a quick, almost 100% recovery. Quite naturally, Buteyko had expected the surgeons to be delighted, but unfortunately their reaction was quite the opposite. Never-the-less, he did receive temporary approval from Professor Meshalkin who chaired the Forum. He said he understood the perspective and wanted the research continued.

Over the next ten years of the laboratory's existence, Buteyko and his team were able to obtain extensive information on the basic functions of the human organism - whether healthy or diseased. The laboratory was equipped at the highest level. There was a compendium of over forty various instruments capable of registering almost all basic functions of the human organism, and producing approximately 100,000 pieces of data per hour. Analysis of this information was done on computers, mathematically deriving physiological measurements of the various components of the body's metabolic processes. Two hundred medical specialists were trained in the laboratory, most of whom, by the way, had suffered from one condition or another and successfully treated themselves with the method. Soon they were all treating other patients utilising Buteyko's method. Official statistics showed that as at 1 January 1967 more than 1000 patients suffering from asthma, hypertension or stenocardia had been successfully treated and had totally

recovered from their illnesses.

Despite this, Meshalkin categorically refused Buteyko's request for a clinical trial to be conducted at the Institute's clinic. Shortly thereafter Meshalkin mysteriously implemented brutal repression, including the forcible confiscation of the laboratory equipment. There were to be no publications, and strong reprimands were made for any public appearances or speeches on the subject. This attitude was exhibited not only by Professor Meshalkin but by all of his student surgeons.

In 1963 Professor Meshalkin had also subjected a few other new ideas which had challenged current opinions of surgery, to a similar treatment. As a result of these unseemly management practices, the Institute was disbanded and closed. This disbandment may have actually saved Buteyko's laboratory. He was able to keep one third of all the instruments, personnel and the original laboratory premises. From 1963 to 1968 the laboratory was attached to the Institute of Cytology and Genetics of the Siberian Branch of the USSR Academy of Science. Professor Meshalkin's clinic was reassigned into the system of the Russian Ministry of Health. Buteyko's repeated requests to accredit his method had still not met any support what so ever.

Only in January 1968, after representations were made by the local and foreign press in defence of his discoveries was the approbation carried out in Leningrad, at the Institute of Pulmonology, under Academician Uglov. Shortly before this, a visit was paid to Buteyko's clinic by the Minister of Health, Academician Petrovsky. The Minister informed Buteyko that if he successfully treated at least 80% of the patients given to him, Petrovsky would make recommendations for an immediate entrenchment of the method into standard medical practices. He promised also to make available a 50 bed clinic for the continuation of Buteyko's clinical work. The Minister had one condition - that the patients used on this clinical trial were the most serious and difficult cases, not otherwise treatable by conventional methods of medicine.

Of the 46 patients who underwent Buteyko's treatment 44 (95%) were officially recognised as cured. Only 2 from the 46 had a smaller positive effect. Some of the patients had up to twenty different conditions each. One of the female patients had been recommended to undergo a mastectomy, as she was diagnosed with a malignant tumour in the initial stages. She had refused the operation. She was included on the list of patients because of



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her asthma. She recovered not only from her asthma but from the rest of her complaints, including the tumour.

It should be added that the two patients not included in the success rate were also relieved of their diseases after further breath reconditioning treatment, and had informed the Minister responsible. Consequently, in effect, Buteyko could describe the results of his method as having had a 100% success rate.

The official conclusions of this clinical trial, which was monitored by the health ministry, were sent to the Health Minister, academician Petrovsky. These conclusions were never seen by either Buteyko or the Siberian Branch of the Academy of Science. The Ministry later, in a phone call to the chairman of the Siberian Branch, academician Lavrentiev, advised that the clinical trial had failed, with only two out of the 46 patients having been cured. This unexplained falsification served as a foundation for closing the Buteyko laboratory. On 14 August 1968, all of the scientists were dismissed without any offers of alternative employment, and all of the equipment was confiscated or pilfered.

However, even against such great odds, the method survived. The originally trained team of medical practitioners continued to treat patients. Although not one official medical establishment in Moscow was using the method, it was being used in Harkov, Chernigov, Kdhovka, Leningrad, Krasnoyarsk, Khabarovsk, Sverdlovsk, etc...

Success after success forced the government to once again look into the method. The second official clinical trial was conducted at the First Moscow Institute of Paediatric Diseases in April 1980 at the direction of the Government Committee for Science and Technology of the Soviet Ministry of USSR. The study confirmed the findings of the earlier approbation, conducted in Leningrad: 100% success rate. This time the results were officially recognised.

Whilst the Russian clinical trials tended to focus on treatment of Asthma, it should be understood that this method is also extremely effective for a whole range of other disorders such as allergies, rhinitis, bronchitis, sleeping disorders (such as sleep apnoea), breathing problems, emphysema, bronchiectasis, chronic fatigue syndrome etc.

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