



DIAPHRAGMATIC BREATHING EXERCICES from Pr P. Magnin

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DIAPHRAGMATIC BREATHING EXERCICES Pr. MAGNIN

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Magnin

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“It is in respiration that the cause of all diseases can be found, of which all other apparent causes are only subsidiary. I have demonstrated the true cause of all diseases, I have shown how the pneuma exerts its action on every living organism, and I have applied my exposition to the most well-known diseases; everywhere my hypothesis has been confirmed.”

Hippocrates

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Alongside the well-known and extensively described major processes of diet and activity and reactivity patterns, we would like to emphasize what appears to us to be the main factor in maintaining health, because from it stems the balanced functioning of all other functions.

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Respiration is crucial because it is supported and ensured by a specialized organ: the lung. Indeed, let's not forget that it is in the lungs that vital blood is renewed and its waste products are eliminated.

Let's also remember that the lungs are not only essential for regulating metabolism, but also the primary pathway for the lymphatic system, which cleanses and maintains the body.

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Because it is indeed in the lungs that the lymphatic system restores its own health.

Since the lungs are simultaneously the initiator of life, a vector of health, and a metabolic inductor, it is at their level that taking control and mastering one's health must begin.

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Through its function as an inhalant and exhalant bellows, the diaphragm has a profound effect on the lungs and, consequently, enables gas exchange.

However, due to the specialized training and practice required, mastering the diaphragm's function seems very difficult.

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Nevertheless, this mastery must not only be accessible but also fully developed, as this function governs all adaptations to exertion and to sporting or mechanical activities.

A whole series of exercises must therefore be practiced for this purpose, which goes against the natural tendency for the lungs to function erratically.

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All functional lung pathologies and all tissue-related respiratory disorders involve, first and foremost, functional ventilatory and respiratory rehabilitation.

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Starting from a fundamental principle that health is essentially conditioned by absolute mastery of the various aspects of breathing in general and the different types of ventilation in particular, it is important to understand that good respiratory control in all circumstances must rely not only on ordinary forced inhalation and exhalation but also on a [culture of using the diaphragm](#).

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Indeed, it is through an automatic and unthinking mastery of this latter aspect that overall health will result.

We have considered a whole series of exercises to achieve this result, on the sole condition of adopting the necessary regularity in practice and thus achieving a near-automaticity of movements.

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The aim of these exercises is to teach how to:

- use the lower part of the rib cage. This will be useful to everyone, and especially to asthmatics who tend to use only the upper part.
- retrain the diaphragm muscle, whose movements are generally very limited, particularly in asthmatics.

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The aim of these exercises is to empty the lungs as much as possible of air and mucus.

Therefore, it is advisable to:

- a) Take short nasal inhalations and follow them with mouth exhalations as long as possible (four to five times the duration of the inhalation). To do this, inhale through the nose and exhale through the mouth, producing an "F" or "S" sound with the lips and teeth. This sound focuses the practitioner's attention on the exhalation.

The mouth exhalation should be followed by a brief pause.

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Perform each exercise in the following series approximately ten times.

These should be done every day, morning and/or evening, so at least once a day:

- at the start of the day, on an empty stomach, with the window open
- and/or in the evening, before dinner or bedtime and at least three hours after dinner, again with the window open.

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FIRST SESSION

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1- Lying on his back with his legs bent, the patient is assisted by a third person who stands next to the bed: at the moment of exhalation, this person helps the patient exhale by applying abdominal pressure.

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- b) During exhalation, contract the abdominal wall muscles and, consequently, draw in your stomach.
- c) Do not contract the neck muscles. (It may be helpful to check the level of contraction from time to time by placing a hand on your neck.)
- d) Do not move your shoulders or collarbones.

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2 - Lying on his back with his legs extended, the patient is assisted by a third person who stands next to the bed: at the moment of exhalation, this person helps the patient to exhale by applying abdominal pressure.

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3 - Lying on his right side, with his legs bent, the patient is assisted by a third person who stands next to the bed: at the moment of exhalation, this person helps the patient to exhale by applying abdominal pressure.

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4/ same lying on left side



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5 - Lying on his back with his legs bent, the patient replaces the hands of the third person with his own, and he helps the expiration by exerting abdominal pressure.

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6 - Lying on his back with his legs extended, the patient replaces the hands of the third person with his own and assists exhalation by exerting abdominal pressure.

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7 - Lying on his back with legs bent and without using his hands, the patient inhales using the diaphragm, causing the abdomen to expand.

Upon exhalation, after a brief pause in breathing, allow the diaphragm to return to its normal position within the rib cage.

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8 - Lying on his back with legs extended and without using his hands, the patient inhales using their diaphragm, which causes the abdomen to expand.

Upon exhalation, after a brief pause in breathing, allow the diaphragm to return to the rib cage.

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Thanks for your attention!



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