# Rosina Sonnenschmidt

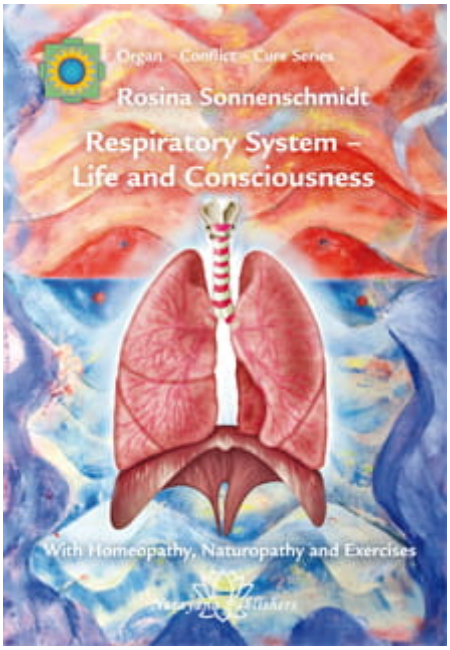
# Respiratory System - Life and Consciousness

Texte d'exemple

Respiratory System - Life and Consciousness

depuis Rosina Sonnenschmidt

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I have been holding seminars with the theme of "Organ-Conflict-Cure" for a number of years now. They have been very popular because they apparently fill a need: approaching illness and healing with a holistic understanding. I see the bright side of our epochal zeitgeist in that increasingly more therapists from all fields comprehend that the holistic approach demands considerably more than a gentle impulse for healing that is free of side-effects and not allopathic. It is primarily an expanded perception. The desire to perceive more with all of the senses is the prerequisite for the expansion of the consciousness. In turn, a natural use of the intuitive senses is the precondition for a holistic understanding of illness and healing. In the training for clairvoyants and healers[1] that I lead with Harald Knauss, we have seen a constant increase in the number of therapists who want to train precisely these abilities over the course of the past 15 years. They experience how enriching the therapeutic work is when we also perceive the positive potential of a patient, the source from which the forces of self-healing ultimately flow, in addition to the pathological findings. Many concepts such as "stimulating the life force" or "each of us can only heal ourselves" come to life through our own experience. I am pleased to observe that people are turning away from the linear thinking of symptom-remedy-symptom-remedy towards a circular and cyclical consciousness that recognises the greater whole in the detail and the correlation of the details to the whole. When people talk about the spiritualisation of the natural sciences, I find this confirmed in persons who – like myself – attempt to perceive things in a holistic manner.

A holistic treatment concept is geared less towards the methods of healing than towards the self-image of the human being that people carry within themselves. What is the inner support that withstands the storms of life? Am I integrated into the greater whole of nature? Do I trust the wisdom of nature and its reflection in human beings? Am I fond of human beings as my own species with all of their qualities and aberrations? Each of us must answer these questions in life and in the healing profession. My own life experience has taught me to see through the outer appearances to the positive potential that every person possesses. As a result, I believe that there is the sick person as he or she appears on the outside in front of me and the completely intact, spiritual person who (just like me, just like all of us) is seeking the inner treasure, the oneness, the peace and the light nature – whatever we would like to call IT. Who has not already chosen the path of illness in his or her life in order to understand more of the meaning of life? Who has not already discovered spiritual insights through suffering? Except that these insights are free of religious/philosophical super-structures, professions of faith, commandments and prohibitions. No matter what the process looks like, healing means freedom and ease. When we – as therapists and healers – allow ourselves these qualities, we also accept that other people can become ill, that they sometimes also become very sick or must even be accompanied as they die. For me, finding the answers to this means switching from the level of providing therapy to the art of healing. Art is striving for and expressing the highest order. The intention is with the artist and healing artist, but whether it is art is decided by the viewers or the listeners who experience what this art does to them and what they experience as a result. The same applies to the art of healing. What level of healing am I striving for? What is my innermost intention in the art of healing? For me, it is a spiritual task to reach the

1 See Appendix for information

souls of people. This is why I always animate patients to a creative process of self-expression because this is the nourishment of the soul. It also corresponds with my intention of forging the large bridge from the material, physiological and pathophysiological level to the spiritual point of view and always including the fine arts in some form that fits the topic.

I find it fascinating and inspiring to first look at the potentials that people bring with them, the sources that they can draw upon in order to live and master their lives. It may be that the access to this source has momentarily evaded consciousness due to a crisis or disease. But this source is still there. Even more, the "voice" that we call the Higher Self or the intuition speaks a clear language and makes itself noticed – and this may even be in the form of vehement symptoms of illness and pain. The focus is fixed on the outside towards someone or something and they do not hear the voice of this source at this moment but follow their own path of suffering instead. This is human and we all have already experienced it in various degrees. Someone who has ended up in such a dead-end street should be treated holistically, which to me means seeing more, being able to feel, hear, and looking behind the scenes and perceive: What qualities, abilities, gifts and talents – in short: positive potentials – does this person have in order to come out of such a dead-end street? This is how the deeper meaning of the illness is revealed to them one day.

In homeopathy, we repeat the words that Samuel Hahnemann once formulated after a long path of perception: A homeopathic remedy stimulates the dynamis (life force). Nothing that does not already exist and is available in an intact state can be stimulated. What is written in the Organon in laconic brevity is a spiritual insight and comes from a spiritual image of human beings and the world, which also manifested during the era of Hahnemann in the Rococo without any esoteric embellishment. What once personally moved me to choose homeopathy as the art of healing were just two paragraphs: § 288 and § 289, in which Hahnemann mentions Mesmerism. Since he was an intellectual economist, he could have dispensed with these paragraphs at latest in the 6th edition. However, he did not do this but used these two indications to point to what carried him through all the years of researching, need and frustration: the certainty that there are other realities and higher forces than can be rationally comprehended. Mesmerism was the first applied form of energy healing researched and practised by doctors in the West. Hahnemann knew how to appreciate this and this mental attitude is what inspired me, so I willingly followed it. Hahnemann was the perfector of what Paracelsus had recognised 200 years before him and we are wise to potentiate the insights of Hahnemann and set aside any form of blinders.

For me, healing is a path out of the bound energy of many prohibitions, fears, compulsions and suppressions in to the freedom of the mind. A free spirit has trust in itself and in the laws of nature, which is the mirror of the human organism. Going into an apprenticeship with nature means being astonished and modest every day. This is because just as the body heals together with the mind, it overshadows all of the remedies and measures that we have found in the healing arts. This is an uncomfortable thought because we think we know better than nature – and pay the price for this with a rise, year after year, of increasingly more complicated and destructive diseases.

I discovered some insights as a result of observing these principles over the course of disease and healing:



- The location where a disease manifests itself in the organ system holds a deeper meaning.
- The stage of consciousness with regards to the formation of thought patterns is closely associated with emotional and cellular vibrations. This is why a disease physically manifests at precisely the point that has an optimal correspondence of energy and matter.
- In a state of health, all organ systems resonate harmoniously as in a piece of music because they form synergies and follow harmonic laws.
- The cell clusters that belong to an organ also have a "voice" of their own – their own frequency, motility or rhythm – as in a polyphonic piece of music.
- The shared identity of the natural cellular frequency (organ), emotion and thought pattern form a human theme or potential. This can be transformed into a conflict or a solution; it can heal or sicken you.
- The location of the conflict is precisely where the solution can also be found. Translating this into reality is the actual healing process. Consequently, it is not enough to be aware of a solution in theory; it must also be experienced and lived through to become real.
- The organism has extremely intelligent self-regulation mechanisms. They make attempts at healing that I call biological solutions. However, a biological solution does not yet mean healing. Only an intelligent solution that is performed by the entire consciousness results in healing on the mental, emotional and physical level.
- Every chronic illness begins with a harmless human topic, which is usually related to the skin in both the real and the figurative sense. But since it is not resolved on either the mental or the emotional level, it becomes increasingly larger and more intense, gradually sinking into the corresponding cellular manifestation. In this process, the human energy system uses sensible compensation strategies in order to survive.
- As a therapist, I see my mission as setting step-by-step physical, emotional and mental impulses for the journey of healing from the most serious manifestation of disease so that the entire energy system moves to an increasingly less severe level until the disease leaves it through the skin.

At the beginning of my therapeutic career, these insights led me to the sources of Chinese Medicine with its theory of correspondence. In the course of 4500 years, this ingenious theory of correspondence developed through the increasingly more finely differentiated perspective that an organ system/meridian and an emotional/mental topic form an inextricable unity. Everything that is alive occurs rhythmically and in cycles. These processes are controlled by the polar forces (yin – yang). These insights were acquired without a microscope, ultrasound, brain tomography and the dissection of corpses. Solely by mastering the observation of the Hermetic principle of "A within, so without; as above, so below" and the cross-linking of insights, the Chinese created this natural science that is still relevant to this day. It forms the basis of my homeopathic way of thinking and working since it provides the classification of organ – conflict – solution/cure "at a glance".The circular consciousness of the theory of correspondence helps me to not fall into the linear thinking of symptom–remedy–symptom–remedy, which is unfortunately widespread in the world of homeopathy; instead, it allows me to perceive and treat the





various levels of being in the person as a whole and in his or her individual organs.

Apart from the Chinese classification of organ – conflict – solution, my work obviously also integrates the latest insights of neurophysiology and brain research. Above all, the latter has intensively explored the relationship between the organ and the conflict and continues to do so.

The structure and content of the individual books of this series are designed in such a way that both therapists and laypeople can benefit from them. In terms of their content, they present the following topics:

- The organ system from the physiological and spiritual perspective
- The diseases associated with an organ
- system
- The emotional/mental themes of an organ system
- Organ-related conflicts and their solution
- Miasmatic, organotropic and constitutional homeopathy
- Dietary advice
- Naturopathic therapies

The emphasis of the individual topics may differ greatly, but they always form a versatile, dogma-free, flexible mental "organism" that – I hope – will continue to inspire colleagues with their own ideas and actions. After all, this is the deeper meaning of my teaching activities. Consequently, this does not involve the depictions of the organism's physiology because anyone can read about this in the medical books. My efforts are focused on freeing the organ systems from objectification as a living being with characteristics and potentials for conflicts and solutions and placing it in a larger context. In this process, I allow myself the complete freedom of creative perspectives and associations because it preserves my astonishment about the marvel of nature and the spiritual access to the body.

> *Of all those that exist and express themselves by behaviour patterns, the human body is the most highly developed organism. It is capable of expressing itself and recognising a truth that extends far beyond the realm of pure sensory perception. Through remembering, imagination and intuition, the human organism can comprehend and understand the laws that are inherent to nature so that these forces, which are generally considered to be mysterious, can work for its benefit, growth and continued spiritual development… To be precise, the human body is the most perfect instrument for the expression of consciousness.*
>
> Harish Johari,
> *Chakras: Energy Centres of Transformation*



The focus here is on the respiratory system, breathing and consideration of the respiratory process from the physical, emotional, mental and spiritual perspective. Breath is life. Breath is consciousness. Breath is sound, word and music. Its element is the air. Without air, the Earth would be a dead planet. It would be deathly silent. There is no life without air to breathe. Before life came out of the water onto the land, it breathed. It is impressive to see the similarities in the creation stories of humanity. They always involve the breath, the sound, the first tone or inhalation that breathes life into matter.

People tend to see breathing as a matter of course and are not especially concerned about its quality, length and depth. As long as they breathe, they feel alive. Only when they have difficulty in breathing, the greatest fear – the fear of death, of losing their lives, of no longer having any air to breathe and having to die – awakens within them. They usually just associate physical life with breathing, devise countless breathing techniques and breath therapies, but the inner core and insight that the breath directs, expands and deepens the consciousness is not very pronounced – unless they choose a spiritual path of training and experience the intimate connection between breath and consciousness. There is no reliable training of consciousness without conscious breathing, its deepening and refinement. Instead of a technique, the respiratory process requires special attention. The goal of any type of consciousness training is the free, relaxed flowing of the breathing air: in – out – in – out. Even this is already a large task since the quality of the breath directly responds to the smallest influences from the outside and changes as a result. Every emotional impulse is expressed in the breath. Only beginners think that it is easy to become independent of outer impressions and direct the full attention to the free flow of the breath. But everything that is simple is not necessarily easy and becoming simple is the result of spiritual growth.

The breath is associated with significant situations in life:

- We gasp for air
- We are out of breath
- Something takes someone's breath away
- We catch our breath
- Flat, hectic breathing
- Yoga breath = abdominal breathing
- Long breath = having endurance
- First take a deep breath and then take action
- Light and air gives us strength and energy

It seems so apparent, but a miracle of the Creation makes it possible for us to breathe. This especially applies to the exhale, as well as the voice, sounds, words, singing, noises, tones and even a racket. Without the connecting element of air, it would not be possible for a string, a bell or a vocal cord to resonate and sound. Without air, the gentle rushing of the waters, the roaring of the storm, the thunder and the song of the birds could not reach us. The breath, the air and the ear are an important trinity in life when seen from this perspective. It is usually not clear that this trinity imparts the quality of life, vital energy and joy in life. Without air and breath, we could neither laugh nor cry. In the age of consumerism, it is difficult to comprehend that it is easiest to stimulate the life force through something that we already have as the greatest healing force: the breath. Or, more precisely: through its conscious cultivation. Through the breath, we can deacidify and detoxify, brighten our mood, lose or gain weight according to our needs, massage our inner organs, optimise our circulation, sharpen our sensory perception and achieve enlightenment. But people in this

age of consumption prefer material substances that they can stick in their mouths or complicated techniques that radiate significance. Just simply breathing – no, that cannot be the solution! Yet, "simply breathing" has become so difficult that many people must first relearn what it means to let the breath flow freely. For most human beings in the Western world, the breath neither flows freely nor is it easy for them to let go of the compulsion to control and simply let it flow.

Inhaling and exhaling are the most natural things in the world, but they have also become the most difficult. The consequences of this are that even children move in an arrhythmic way and have halting speech. Furthermore, a host of people complain about pain in the locomotor system. Since we are accustomed to considering the symptoms in isolation, the correlation between the breath, language and body movement is not conspicuous. The breath therapist takes care of the breath, the speech therapist works with the language and the orthopaedic specialist tends to the locomotor system. It is no wonder that diseases are constantly on the rise despite all of the specialisation. Even in yoga, the archaic Hatha Yoga has been chosen as the epitome of Indian body culture. It is seen separately from Prāṇāyāma Yoga and directs the focus to the body poses (āsanas). But the āsanas are nothing other than breath made visible. The body follows the breath – not the other way around!

What could possibly be the reason why consciousness trainings in India were built upon the breath through the millennia and even produced an art of breathing? What could have moved the uninterrupted genealogy of Zen masters spanning 2500 years to build upon breath as the path to oneness and enlightenment? What could have caused the Tibetans to research the profound insights about the stages of dying based on the breath for the past 2000 years? All of the traditions mentioned here have not lost any of their relevance to this day and still lead the way if we want to take a reliable path of insight. In this process, it is certainly necessary to translate the metaphorical language and meditation instructions into our modern way of speaking. But the essential factor remains preserved: The recovery of the body, mind and soul occurs through the breath. What has been handed down again and again is the essence of the practice through many generations. The special thing about this art of breathing is that the quality improvement of the physical breath and its effect on the healing of the entire organ system is considered to be an obvious by-product. The focus is on the possibility of using the breath as the body's own vehicle for the highest mission of the human being, which is solving the core issues of life: Who am I? What is life and death?

The emphasis has been and still is completely different in the West. The various branches of research have been focused on the physiological process of breathing and many wonderful healing methods such as visceral osteopathy, craniosacral therapy and many different types of breath therapies have been built upon it on the one hand. On the other hand, we have the Western approach to the breath to thank for belcanto, the "beautiful singing," without which our art music would be unthinkable. An afterwit of human history is the fact that (of all things) the fundamentals of the belcanto were built upon the gigantic voice of castrati singing1[2] before it was taken over by the real male and female voices. The great fascinosum in the

2 Castrati were the singing stars of the 16th-18th centuries who had been castrated as boys. For more information, see my book *Miasmus und Kultur* (Miasms and Culture) See Bibliography.



development of the opera is considered to be the vocal volumes that could be achieved with controlled breath support, with abdominal, flank and chest breathing. The achievements of the belcanto ultimately influenced all types of art music and created the charisma, virtuosity and technical sophistication of the instruments. We see that the Western culture has gained insights from the breath and respiratory system that are just as valuable as those of Asia. In the course of globalisation, these insights have penetrated to the point that Western art music is cultivated enthusiastically in the Far East and we in the West let ourselves be inspired by the wisdom of the art of breathing and its paths of training. I am very familiar with both areas because I was an enthused concert singer for 20 years, which allowed me to experience the healing effect of the breath in the form of singing during my concert life. On the other hand, I have been involved with the yoga of breath since I was 16 years old. However, I owe the decisive experiences with the spiritual aspect of the breath to the 13 years of Zen training under the Zen master Kôun-An Dôru Chicô Rôshi (Brigitte D'Ortschy). Among other things, she initiated me into the meaning of the books about the Tibetan bardo[3].

A broad range of topics can therefore be expected in this volume. The spiritual, artistic and therapeutic aspects will be given their appropriate due. My treatment of them will therefore not only focus on instructions for conscious breathing in the case of respiratory disorders, but fundamentally for chronic diseases. Just as no chronic disease develops without digestive and liver problems, no such disease develops without a shallow breath. But if the breath is shallow and hectic, the natural deacidification and detoxification cannot take place in the organism. Instead of first reaching for the deacidification remedies, the natural and cost free activity of the organ must be stimulated by intensifying the depth and width of the breath. In addition, this is a simple way for patients to understand that they must actively participate in their own healing process. The positive physical experience brings encouragement and stimulates the vital force. Taking medications – whether to heal respiratory disorders or to suppress them – is not a true solution to the basic problem, which is finding out:

- Why has the illness manifested in the re
- spiratory organs?
- Which life theme is behind this manifestation?
- Which level of the breath theme – physical, emotional, mental or spiritual – is affected?

Experience teaches us that the necessary remedies and therapies fall on fertile ground and are effective when patients can once again breathe deeply and widely, as well as rediscovering free speaking and singing.

I am allowing myself to introduce the chapters of this book in an unconventional manner: through quotes from the textbook of breath (*Anapanasāti Sūtra*) by the Buddha Gautama, which very vividly shows how Buddha instructed his students 2500 years ago[4].

3 This is also known as the *Tibetan Book of the Dead.* The book *Exkarnation – der Grosse Wandel* (Excarnation – The Great Transformation) is based on my own experiences. See Bibliography.

4 The translation from the Vietnamese comes from the Zen Master Thich Nhat Hanh. See Bibliography.

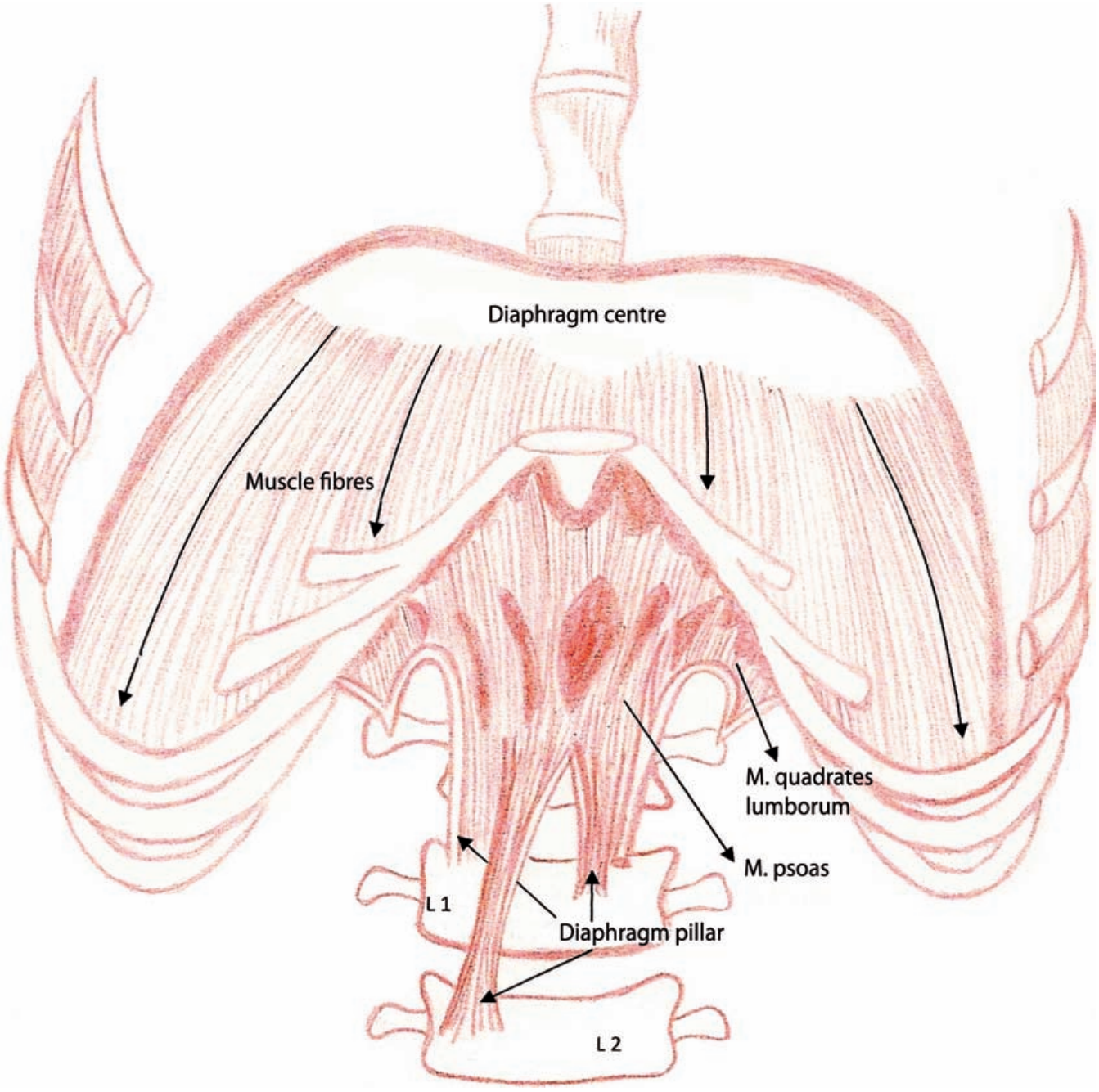



Fig. 3B Frontal view of the diaphragm

the 12th thoracic vertebrae and along all five lumbar vertebrae. It is attached at the level of the pubic bone on the inside of the thigh bone (trochanter). The psoas is associated with the kidney meridian in Applied Kinesiology. It is interesting to note that almost all breathing complaints due to asymmetrical or insufficient diaphragm activity show a weakness of the kidney meridian when a muscle test is conducted on the psoas. For example, if the neurolymphatic points above the sacrum at L1 and L2 are massaged to release the block-



age, the patient almost immediately begins to breathe more freely and deeply because the release affects the diaphragm attachment in this region of the spinal column. If the psoas is strengthened in this way, this in turn has an effect on the entire lumbar spine since it is actually attached to all five vertebrae. Releasing the blockage of the psoas and the diaphragm ultimately also has a positive effect on the hip joint since the patient can once again turn the legs outward while standing or lying without any pain.

In the practice, I have often been able to observe the correlation between hip problems – especially in women during menopause – and arrhythmic breathing that is too shallow, as well as stiffness in the lumbar vertebrae area. Once the correlations are known, patients no longer need to see a number of specialists but can eliminate the cause on their own by doing the corresponding breath exercises and obviously also by working through the psychological topic that is behind the psoas or the kidney meridian: security – insecurity, fear – courage and expressing emotions.

The quadratus lumborum muscle reveals another topic, which – as the name already indicates – is effective in the lumbar area. Its origin is along the upper edge of the iliac bone ridge and on the transverse processes of the 4th and 5th lumbar vertebrae. The attachment is on the transverse processes of L1- 3 and on the 12th rib. Its contraction and extension forces also work in the opposite direction of the psoas. The quadratus lumborum is associated with the large intestine meridian in Applied Kinesiology. If there is a blockage and the neurolymphatic points at L5 or on the sacrum are massaged, for example, we can in turn observe that such patients immediately begin to breathe more freely and deeply.

However, the resolution of the blockage has another effect here because the large intestine meridian involves the topic of letting go and eliminating. If the quadratus lumborum is blocked – such as by constipation, for example – the symptom of exhalation difficulties simultaneously exist. The patients breathe in, accumulate too much air and can only exhale too little air. So this results in an overload of carbon dioxide in the blood and an undersupply of oxygen in the blood, cells and organs. In this case as well, it is possible for patients to see a number of specialists without healing occurring because the correlations are usually not recognised: diaphragm breathing, intestinal elimination and flexibility of the hips. For example, the quadratus lumborum becomes active when we stand erect, place the feet right next to each other and rock the hips from side to side. If the muscle is blocked or weak in energy, we lose our balance and want to take a wider stance to compensate. The topic behind the muscle correlation of the large intestine meridians is: As above, so below; as within, so without. How do we digest impressions? What can we let go of? What goals do we have in front of us? Which kind of self-esteem do we show in the way we live? What standpoint do we take in life? How do we put self-realisation into practice? It is interesting that the lungs and large intestine are considered to be in the same functional circle in both Applied Kinesiology and Chinese Medicine and are therefore always treated together. More on this topic below!

Back to Fig. 3A and 3B: From the diaphragm centre – which is the highest point of the vault – the muscle fascia run radially to the edge of the

lower chest opening and attach on the inside of the rib cartilage. This occurs at the ends of the 11th and 12th rib and at the arches that connect the last three ribs with each other. When the muscle fibres contract, they lower the diaphragm centre and thereby enlarge the lengthwise diameter of the chest. Fig. 4 illustrates the topic of the diaphragm:

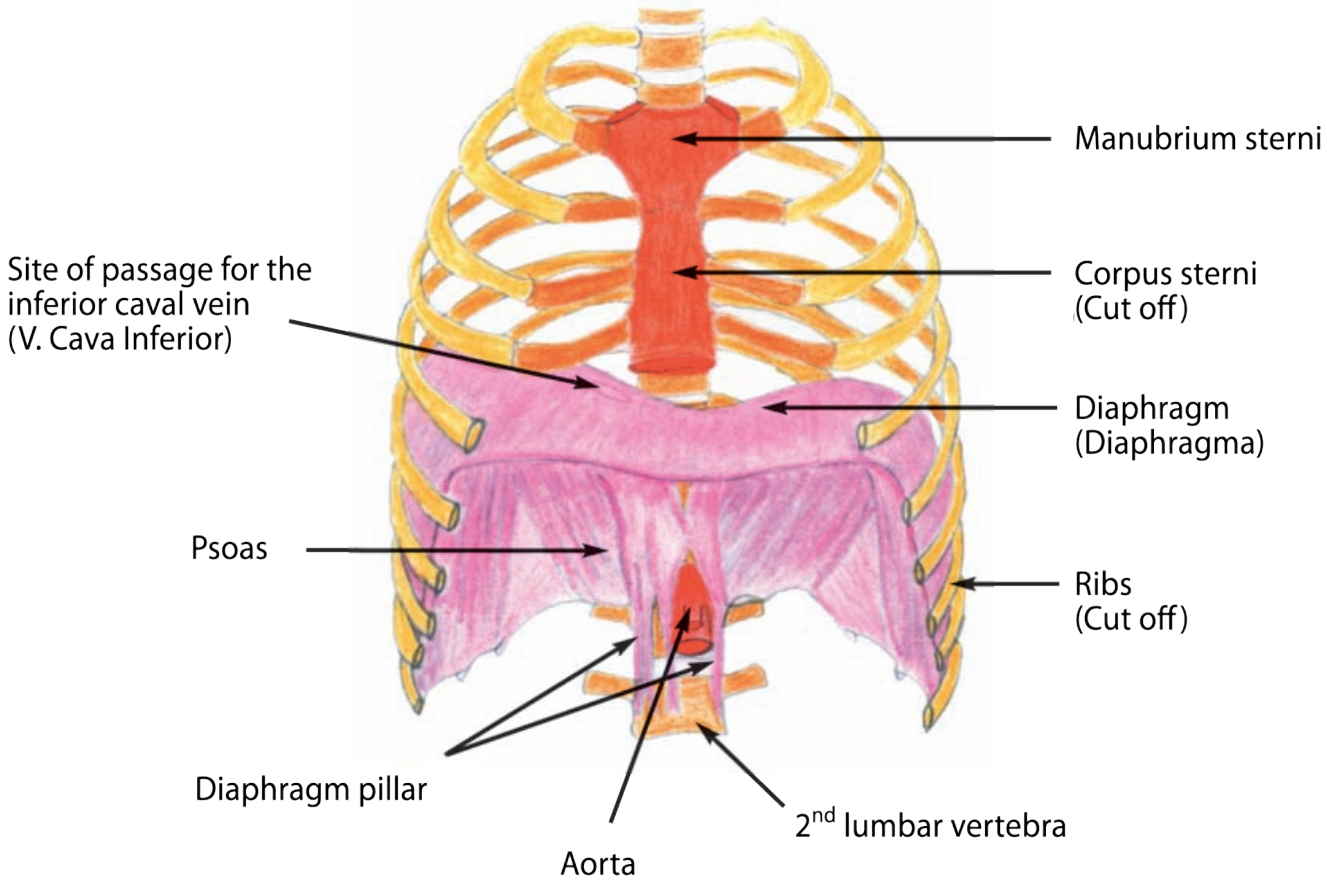



Fig. 4 Position of the middle diaphragm

Here are two additional aspects to recognise that are important for the holistic consideration of the respiratory system: The right vault side of the diaphragm is somewhat higher than the left because the liver is located beneath it. Although this is a sponge-like organ that allows itself to be easily moved by the diaphragm activity, it also requires much space. The left vault side has the left liver lobe and the spleen beneath it and the left kidney further back. These organs are directly dependent on the diaphragm breathing. They do not tolerate any type of congestion and are also stimulated by good breathing to a type of breath movement. When we inhale and the diaphragm lowers, the blood is squeezed out of these organs. When exhaling and raising the diaphragm, the organs are ready to once again accept the blood. If the breathing becomes shallow due to insufficient body movement or too much stress at work, blood congestion occurs in the liver and spleen. Many types of unclear symptoms arise because the relationship to breathing is not recognised.



When we hear about the necessity for a symmetrical movement of the three diaphragms – even though the main diaphragm itself is not shaped symmetrically – we can imagine that the pressure circumstances are different and that the liver experiences much more pressure on the right than on the left. This means that the right side of the liver is especially dependent on diaphragm breathing because it has more volume and blood. The "liver massage" provided by even diaphragm breathing is indispensible for maintaining the health of the largest organ of metabolism!

Fig. 4 shows another important element: the ribs of the chest. Their bony portion turns into a cartilage section that is attached at the sternum. In diaphragm breathing, the ribs are both stretched and raised during inhalation in order to allow a three-dimensional expansion in the height, width and diameter of the chest area. There are quite a few patients who complain about presumed heart pain and unfortunately end up in the machinery of cardiological examinations with suspicion of heart attack that is not subsequently confirmed. This is much more frequently a chondropathia tuberosa[5], a painful swelling of the rib cartilage at the sternal attachment of the 2nd and 3rd rib or at the transition from the bones to the cartilage of the 2nd and 3rd rib on the right or left. The pain can become intense at every inhalation and radiates into the left and/or right arm. When the pain occurs on the left side, it feels somewhat like stabbing chest pain. But the heart rhythm or even the heart muscle is not affected by this. From the perspective of allopathic medicine, there is no explanation for the swelling of the rib cartilage because it is only focussed on the local symptom and does not look for any correlations. But researching the life situation of the affected patients results in comprehendible correlations and simple treatment methods. On the one hand, the local swelling can be reduced by means of neural therapy (raising wheals). On the other hand, the symmetry of diaphragm breathing must be checked because when people engage too long in a sitting activity – which frequently happens for 80% of the day in the modern age – and do not compensate for it with deep breathing, the breath becomes shallow in addition to one-sided. An intense acidification of the blood and tissue contributes to the disposition towards inflammation and swelling. As a result, people unconsciously assume a compensatory posture. It makes sense that the pain occurs just when the organism has reached a phase of relaxation, detoxification and deacidification such as during fasting or other types of therapeutic treatments. When people begin to breathe consciously once again, the pain can occur because this means giving up the compensatory posture.

To summarise the topic of the most important breath muscle, I would like to emphasise how closely our locomotor system is connected with breathing. Everything in the body is built upon synergies and rhythms. A basic rhythm is distinguished by the interplay of the forces such as tension – relaxation, concentration – dilution, contraction – extension or firmness – mobility. This also applies to our spinal column.

In Fig. 5 we can recognise the polar forces that reflect the miracle of our spinal column. If it was absolutely straight, it would lose the pliancy and flexibility that are possible because of the change from lordosis to kyphosis. In

5 Also called the Tietze Syndrome after Alexander Tietze (1864-1927, surgeon from Breslau).



## 3.2 The Art of Breathing

This book is certainly not the right place to go into all of the details about breath training as the basis of spiritual instruction. But since consciousness training always also implies the physical health aspect and a holistic therapy always also includes the spiritual aspect of healing, the following section addresses the fundamental principles of the art of breath.

The previous chapters have created an adequately sensitive consciousness for the idea that the breath should be cultivated, deepened and expanded in any case of chronic disease – but especially for illnesses of the respiratory organs.

**Breath is life,**
**Breath is being conscious.**

Practitioners cannot communicate this idea often enough to their patients because Western medicine and its therapy scene is inundated with material remedies, which only promotes the spirit of consumption and not the consciousness for holistic healing. As the harmonist Werner Schulze emphasised, nature is always interested in simple solutions. Healing substances are artificial in comparison to what the organism itself has available in the way of healing programmes. Breathing is the source of healing per se.

There are many trends in breath therapy. Some are simple, and others are highly complicated. Singers can literally "sing a song" about the diversity of opinions on the "right control of the breath". As soon as we enter the field of methods, we see that it is teeming with the "one truth" that each school represents. This also applies to the therapeutic – and even the esoteric – market. As a former concert singer, I have become personally acquainted with many different types of singing schools, breath therapies and breath meditations. I endeavoured to draw an essence from each of them that could easily be put into practice in every life situation and under all circumstances. I had the good fortune to learn the simplest conscious flow of breath with a masterful singing teacher, Eva Kraszнai-Gombos of Hungary. She summarised it like this: "Mouth open, belly in, completely relaxed and one hundred percent attentive." The only difference with my previous Zen training was that the mouth had to remain closed. But apart from that, taking the breath and singing on the exhalation was exactly the same: Being completely relaxed and attentive. This simple way of consciously dealing with the breath and moving the entire diaphragm gave me freedom from hoarseness or feeling indisposed, even if I had to sing virtuoso music for up to eight hours at a time for a CD recording.

I had another gifted teacher on the topic of breath/consciousness during my research in northern India in 1978. It was the legendary "living encyclopaedia", the Nepalese Traya Loka Rāṇa who knew all of the sutras (teaching texts) of Buddhism and the yoga sciences by heart. He was a Tantra master of the Nepalese-Tibetan tradition, in which the breath, rhythm, sound and body movement (dance) form a unity. He instructed me in Prāṇāyāma Yoga[13], the oldest and unique school for the

13 The Sanskrit word is composed of prāna = breath of life, wind, breath, expression of life: nose, mouth, eyes and ears. It also has the meaning of mental movement (intellect). The intellect is understood as the 6th sense. The second part of the word is āyāma = tension, restraint, extension and length. The combination of the two results in this meaning: breath extension.



art of breathing with an Indian origin. The exercises are challenging. Their recording in writing is based on an oral tradition that dates back many centuries and is therefore restricted to what is absolutely necessary. In other words: The written tradition requires considerable background knowledge because it only serves as a memory aid when someone is on a spiritual path with practical instruction by a teacher. This is why it was very helpful to have a teacher show me especially those basic exercises that I was already familiar with from Zen Buddhism but with whose immense healing power I had not yet become acquainted. Traya Loka Rāṇa was a pragmatist – a typical attribute of an Indian memory genius – and therefore first taught me that the basic breath exercises are nothing other than "reflections" of human behaviour. This means that the basis of breath yoga was created by observing the breath during stirrings of the emotions. The following section presents an exercise canon that has proven to be simple for the instruction of therapists on my courses, as well as for patients. The description of the exercises obviously does not replace the practical instruction; it solely serves as information and an impulse to deepen the meaning of the breath and consciousness.

## 1st Exercise – The I Am Posture

Sit on a chair in a way that you can feel both of your sitting bones. Place your feet at shoulder width on the floor and let your hands lay relaxed on your thighs. Keep your spinal column straight without leaning on anything. Imagine that you are wearing a crown on your head. Let your eyes stay open with a lowered gaze.

This posture allows a free flow of the breath and has the message of I AM.

Now make sure that your lips are gently touching each other, that your tongue is at the bottom of your mouth and that the jaw is relaxed. This allows the mouth cavity to be free. Let your breath flow in and out through your nose in a natural way without any effort. Concentrate only on letting the breath flow in and out. Practice this several times every day for 3-5 minutes.

## 2nd Exercise – Increasing the Quality of the Breath

In the I Am posture, place your hands on your belly in order to feel the fine changes in the quality of the breath when you shift the position of your tongue. Keep your tongue on the floor of the mouth and let the breath flow freely.

Now raise the tongue to the gums and continue breathing. After 3-5 breaths, lower your tongue back on the floor of the mouth. After another 3-5 breaths, raise the tongue once again to the gums and take 3-5 breaths. Then lower your tongue to the floor of the mouth once again. What did you feel?

When you raise your tongue to the gums, the breath becomes shallow and tension arises in the abdomen and in the back. As soon as you place your tongue on the floor of the mouth, your breath becomes deep and wide and you relax.

People tend to be tense for the larger part of the day and unconsciously have their tongue stuck to the gums. If they do not correct this state, the familiar tensions occur in the diaphragm and – as a result – in the jaw joint and area of the abdomen and back. This is why it is advisable to pause several times every day for a minute and do Exercise 2.

## 3rd Exercise – Diaphragm Breathing

In the I Am posture, place the palm of one hand on the abdomen and the back of the other hand on the upper lumbar vertebrae area (L 1-3) in order to feel the fine movements of the diaphragm in the front and back when you change the position of the tongue. The tongue is on the floor of your mouth. Let your breath flow freely and concentrate on the back area where your hand is located.

Now raise your tongue to the gums and continue breathing. After 3-5 breaths, lower your tongue back on the floor of the mouth. After another 3-5 breaths, raise your tongue to the gums one more time and take 3-5 breaths. Then lower your tongue back to the floor of your mouth. What did you feel?

When you raise your tongue to your gums, the breath becomes shallow and tension arises in the area of the abdomen and LS. As soon as you place your tongue on the floor of the mouth, the breath becomes deep and wide and there is a fine breath movement in the area of the lumbar vertebrae.

What we do in our everyday lives can hardly be called omnidirectional breathing. Another factor is that the Western idea of deep breathing is concentrated on the abdomen and causes us to breathe in a very one-sided way as a result. In order to expand your diaphragm in all directions while inhaling and curve it upwards in all directions while exhaling, do the following exercise for longer period of time until you have the feeling of omnidirectional breathing.

## 4th Exercise – Omnidirectional Breathing

Assume the I Am posture. Your tongue is on the floor of the mouth, the jaw joints are relaxed and the lower jaw is lowered with closed lips to the point that the mouth cavity is open. Your hands lie on your thighs or touch each other in any way.

Let your breath flow freely. With every breath, direct your attention to the area of L1-2.

You will gradually acquire a good sense for how the flanks, the lower abdomen and – at the inside of the back – the diaphragm ultimately also moves.

These four simple exercises will help promote your optimal breath quality and inner collection, which is also called "meditation". Simple things are not easy to translate into action because they lack a sense of the spectacular, which is what our ego consciousness seeks. You may experience this as well: Nothing is more difficult than letting the breath flow freely, evenly and calmly.

Once your breath is actually flowing freely and calmly and the diaphragm can optimally expand its movement, then you can move on to the second group of exercises.

## 5th Exercise – Diaphragm Training

We train the relaxation of the diaphragm in a natural way when we sob or laugh. Exercises in the art of breathing have been derived from these expressions of human feelings. The basic exercise is done in a slow rhythm in four-four time. Choose either a clock with a clearly visible second hand or set a metronome to 60

## 5.2 Homeopathic Remedies for the Respiratory Organs

Now that the miasmatic background of the diseases of the respiratory organs has been explained in some detail, here is an initial overview of the typical diseases of the respiratory tract and their main remedies. It is always sensible to find remedies in addition to those on the list through repertorisation. The remedies listed here serve solely as suggestions for approaching respiratory disorders in an organotropic, constitutional and miasmatic manner and also offer the opportunity to become familiar with new remedies that are necessary today. These can help therapists to perceive and consider more possibilities than we learn in school homeopathy.

**Table 2 Diseases of the Respiratory Organs and their Homeopathic Remedies**

The most often indicated remedies are printed in capitals.

| Illness | Pathology | Remedies |
|---|---|---|
| Disorder in the respiratory centre | Nerve cell nuclei of breathing and reflexes (swallowing and coughing) in the medulla oblongata are traumatised (e.g. due to an accident) | Carb-ac |
| Bronchiectasis | Sack-like bulging of the medium-sized or small bronchial tubes | Ant-t, Bac, Beryl, Carb-v, Fl-ac, Hippoz, Kreos, Penic, Phel, Phos, Psor, Rad-br, SENEG, Sul-i, Tub |
| Dilatation of the bronchial tubes | Expansion of the bronchial branches | Penic, Pert, BAC (in children) |
| Bronchiospasm | Spasm of the bron-chial muscles | Acetyls-ac, Anis, China, Hyos, Ip, Meph, Naja, Paracet, Sal-ac, Spong |
| Shortness of breath | Shortness of breath due to constriction of the respiratory pathways | ADREN, AM-C, ANT-T, ARS-I, BAC, BROM, CUPR, DROS, HIPPOZ, IOD, KALI- BR, MORG-P, MORG-G, MUT, NAPHTIN, PENIC, PULM-V, PULMON, THUJ, TUB |
| Asthma as a consequence of amalgam | | Amlg-aur, Amlg-arg |
| Asthma as a consequence of alcoholism | | Mosch |
| Asthma, acute attack | | Kali-n, Lob, Ip, Nux-v |
| Asthma, allergic | | Acetyls-ac, Ars, Blatta, Carc, Coff, Cortiso, Cupr, Gels, Iod, Lach, Med, Moni, Paracet, Penic, Pulm-a, Thuj, Tub, Tub-a, Verat |

*The cancer patient completes this detachment ritual for every individual relative and organises his/her systematic field:*
*The father on the right and the mother on the left side, if they are still alive.*
*The male ancestors stand behind the patient to the right and the female ancestors stand behind the patient to the left.*
*After he/she has spoken with all of them, there is one last task: leaning on the power of the ancestors and feeling the power of the living people who are flanking on the right and the left. Then the forward-looking perspective is free and order has returned to the chaos of assumptions.*
*Note: The ancestors who stand behind us strengthen us. The ancestors who stand in front of us weaken us. The living flank us.*

Sonnenschmidt:
*Ibid*

Below is a picture that I drew for the patients to make the instructions and meaning of the exercise easier to understand:

During this decisive phase of the reconciliation work, the breath and recitation exercises obviously continue since a good amount of breath is truly necessary – in the sense of patience and serenity – for the reconciliation. Saying the above words of reconciliation out loud also helps the patients to feel whether what they say is correct and sense what is really going on inside of themselves. In terms of time required, the reconciliation ritual is short, which is especially helpful for people with the fear of death conflict so that they do not simultaneously get too deeply involved in the old trauma.

I prefer that the patients dose the frequency and intensity on their own according to the form that they are in on that day. With regard to the performance of this exercise in particular, I have received much positive feedback over a period of many years because the patients are completely involved with themselves; no one listens and they are not required to express themselves in front of a group. Sometimes patients want to go to an actual Family Constellation after this healing phase since this has a different quality and allows them to see and experience the fear of death conflict's meaning in a three-dimensional way.

### 5.4.2 Pneumonia – Victim Stance

Like every inflammation, lung parenchyma (alveolar pneumonia) and bronchopneumonia (transition from bronchioles to alveoles) are also part of secondary Sycosis, which is triggered by infectious, allergic and chemical causes. Although the main symptoms of fever, pain when breathing and coughing with sputum are reminiscent of the tubercular miasm, pneumonias are now very often the consequences of long allopathic treatments that weaken the immune system. Quite specifically, they affect the activity of the alveolar macrophages (pulmonal defence function) and the mucous membranes. This allows pathogens to reach the lung parenchyma more easily through breathing and the blood, penetrate deeply into the alveoles and populate it with bacteria since there are not enough cilia nor enough mucus to keep the respiratory pathways free. This applies in particular to previously damaged lungs with bronchiectasis or bronchial carcinoma. If there is also insufficiency of the left heart, then this is called secondary pneumonia. As long as

the patient is able to have a fever, the organism can still regulate itself. As can be seen in Table 2, homeopathy has enough remedies that can develop great healing power on the threshold from the syphilitic or carcinogenous to Sycosis and in Sycosis. If pneumonia occurs in its acute form, a brief allopathic treatment may be necessary. However, a holistic treatment should be initiated at the same time to look beyond the remedies to the conflict, which usually contains the victim stance in addition to the fear of death conflict.



Fig. 23 X-ray image: Pneumonia

Pneumonia or bronchopneumonia as a sign of the pulmonic defence weakness shows clearly that someone has not yet fully comprehended the difference between the self and others and believes to be a victim of life circumstances. Unfortunately, this path can most frequently be observed in cancer therapy: cancer diagnosis → operation, chemotherapy, radiation → pneumonia → pleural effusion → death. Primary pneumonia in a previously healthy organ can occur through an acute infection, an acute allergic reaction or even through a series of chemical medications; however, in this latter case we are dealing with a tubercular illness that may tend to assume syphilitic traits but must not necessarily do so. As a result, the healing process is initiated in primary pneumonia by *Phosphor*us together with *Tubercularum* or *Bacillinum* as a nosode – but this does not apply for secondary pneumonia. Once foci have formed in bronchopneumonia, therapy must begin on the syphilitic or carcinogenous level with remedies such as those listed in Table 2. Above all, this means *Carcinosinum*, *Mercurius* or *Arsenicum iodatum*. As soon as patients once again feel their life force and have advanced past the acute state, it is absolutely necessary to figure out which type of victim role this is, what is being carried for whom and whether the person is willing to assume personal responsibility. I have experienced patients with secondary pneumonia who preferred to continue the path of chemotherapy without even believing in it and only achieved the freedom of listening to themselves instead of others in the process of dying. In no case do I want to judge this because no one knows which path in life is determined for another person. But I have also – and fortunately quite frequently – been able to experience how secondary pneumonia (victim role) faded in the course of conflict solution and we were able to dedicate ourselves to the fear of death conflict.

For this solution phase of pneumonia conflicts, the following remedies have proved to be highly reliable:

*Hepar sulfuris, Iodum, Lycopodium, Pulsatilla, Sanguinaria* and *Sulphur.*

They can be prescribed as a type of acute remedy until the conflict is resolved. Since this

usually occurs in the Sycotic healing phase, especially *Lycopodium* and *Pulsatilla* gain in significance here if the miasmatic level of the secondary Sycosis (*Lyc*) or the primary Sycosis (*Puls*) have already been healed through the remedy or the patient is constitutionally in resonance with the genius of a remedy.

### 5.4.3 Pulmonary Fibrosis – "Old Scars"

The fear of death/victim role combination also relates to pulmonary fibrosis, but with a different emphasis. This illness involves a fibrous tissue transformation of the lung structure. This means that additional connective tissue is deposited localilly in the lung parenchyma, a process similar to scar formation; as a result, this is also referred to as "lung scarring".

From the miasmatic perspective, this describes a Sycotic process; however, it can assume syphilitic characteristics when the alveolar structure is destroyed. This leads to a severe disorder of the gas exchange and to congestion in the lung circulation (pulmonic hypertonia). The cause of this lies in chronic alveolitis (bronchiolitis, inflammation of the small bronchioles). The Sycotic processes have also already penetrated deep into the interior of the lungs and bronchial tubes and end up in a type of dead-end street because cell reproduction (fibrosis) and inflammation (killing of microorganisms through heat and dehydration) make additional biological solutions impossible. Therefore, a transition from tertiary Sycosis to the syphilitic occurs, whereby the exchange of carbon dioxide and oxygen becomes increasingly inadequate since the alveoles collapse and lose their elastic form.

On the one hand, pulmonary fibrosis is the final state of a destructive pulmonary disease such as pulmonary tuberculosis, pulmonary carcinoma and bronchial carcinoma. On the other hand, it is the result of harmful substances that have been inhaled. The diseases that develop as a result – the most familiar are pneumonoconiosis and asbestosis – start harmlessly with hacking cough, respiratory complaints and chronic exhaustion. But as in the conflict of pneumonia, something is accepted (inhaled) that the person knows is harmful. Anyone who still experienced the era of active coal mining in the Ruhr region of Germany knows how long men with a silicosis of 20% to 50% did their work through willpower alone. Not the disease itself was called the "mega-stress" but the day when the mine doctor once again checked the lungs to see how far the silicosis had progressed. Starting at an involvement of 40%, the physician urgently advised the man to no longer work underground but register for above ground at the mine. For the miner, this was an inconceivable devaluation of his vocational identity.

The day when my stepfather came home and reported that the physician would no longer accept a bribe at a pneumonoconiosis involvement of 47% and could no longer be responsible for him working as a head miner underground, he was a broken man. Every additional percent of silicosis was felt to be a death sentence. Because the miners were no longer exposed to the soot every day for 14 – 16 hours (!), it was possible for the silicosis to "encapsulate"(as it was called at that time). This developed into pulmonary fibrosis, which is a physical scarring. Although scars may be signs of physical healing, what has caused the

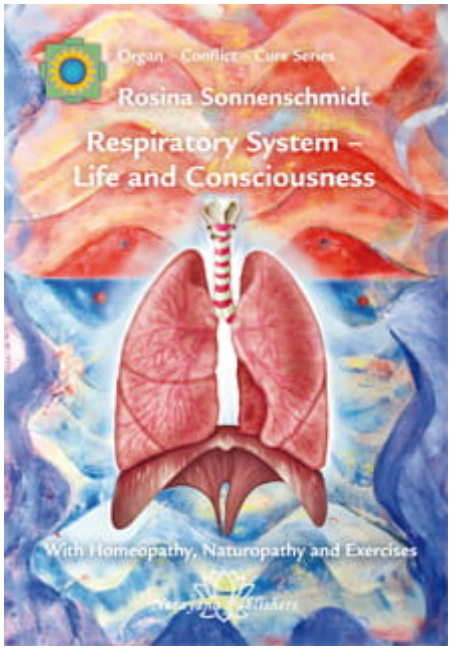
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