Respiratory therapy and metabolic training on air

Who we are:

A clinic team on Usedom in Germany is currently busy providing a special lung training programme for all citizens in a multimedia format. The team of Prof. Dr. med. Trabandt (chief physician of the internal department, specialist for pneumology, rheumatology, allergology, physical medicine) is specialized in the care of lung operated, COPD and asthma patients. Dr. med. Sandra Gawehn (specialist for internal and occupational medicine, sports medicine, emergency medicine, travel and tropical medicine) works in his team and supports the above mentioned project with this mail. Please read and spread it widely, to help the idea.

The news are currently informing us what the people should not do at the moment (no shaking-hands, no leaving children with their grandparents, no panic, no hamster purchases etc.). People in the world seem to be in a state of shock, everyone leans back and holds his/her breath, hoping that COVID-19 does not affect them. The people are in an attitude: "You can't do anything anyway...it is the way it is.... „Now it’s all up to the politicians...". The problem solution becomes externalized and mechanized, attempts are made to organize masks, protective gloves, beds, doctors, breathing devices, ventilator etc. and it is hoped that the measures taken so far will be sufficient.

One resource that definitely still has potential is the resource "human"

We are convinced that potential can be released if people could be motivated NOW to move out of their state of shock and to undergo metabolic training and breathing therapy!

In a sitting position we ventilate only the upper 2/3 of the lungs. The lower 1/3 of the lung is not ventilated and therefore only minimal blood circulation is provided. Our defence cells can hardly reach it. COVID-19 can lead to fatal bilateral pneumonia, which usually develops in the lower 1/3 of the lung. We have two types of respiratory muscles: abdominal respiration and thoracic respiration including all respiratory auxiliary muscles. Breathing can be trained - just like in the gym -, neuronal circuits can be traced and strengthened, the diaphragm can be lured out of reserve. Just a few days of training can make a big difference! Also important: Do sports! A short, crisp workout at home or nordic walking, cycling, jogging will result in our lungs being completely and fully ventilated.

It is proven that people, who have trained before a planned-lung-surgery, recover faster, that they overcome pneumonia better and that these people have an improved immune system (corresponding literature is included below). The Covid-19 wave is coming, and the peak of reported new cases i.e. Germany is expected to begin in the last week of March through mid-April. That means we have little time left and in this time we want you to train! Nobody knows if he/she will suffer from bilateral pneumonia in two weeks time or not. If you only start with respiratory therapy then, it will be quite late. There are people - for example lung tumour patients - who know that they will have a lung operation in two weeks time. These people are trained with breathing therapy and metabolic training beforehand and it is scientifically proven that these people get away from the ventilator faster (by 1-2,15 days) and can cope better with possible pneumonia as a complication of their surgery. Contents of such a lung training usually include the following points, which can easily be adapted to the current COVID-19 situation:

- 30 min sports per day such as jogging in front of the TV, push-ups (good for the respiratory muscles), jumping jacks, stretching, breath therapy training (go to: YouTube you can find small films of 3-5min-length for example: version for non-athletes, or sporty version)
- 150min. sport/week boost the immune system (Translated article)
- at home loudly singing, playing a wind instrument, doing straw cotton blowing contests with children, blowing up balloons etc...
- no smoking, no alcohol, good nutrition
- lots of drinking (for healthy people 3 liters of tea/water per day)
- lots of sleep (at least 7.5 or more hours per day)
- enjoy 1 hour of daylight every day

Every affected citizen, who is able to breathe just one day earlier without the support of a breathing machine, releases resources for others. Using this domino-effect, together we could save countless lives!

We hope we can reach as many people as possible! Besides social media, newspapers, internet and TV, our goals are the radio-stations of this world and physiotherapists and doctors on site.

We recommend send on-air 20 minutes of daily training: at least 5-10 minutes for your lung and your breathing muscles, the rest should support your general fitness. Each unit could end with a song that should be sung aloud at home, i.e. "I've got my mind seeeet on youuuuuuuu! With this catchy tune people should hum through the day and stick together. Singing loudly after the breathing-/metabolism training unit would again make sure that the pulmonary alveoli would open. The aeration of the lungs would be improved, bacteria would have more difficulty causing a super-infection.

Please join in!

Nobody can train for you, nobody can spend an hour in daylight for you.

Thank you very much!

I've got my mind seeeet on youuuuuuu!

References:


Which ICU patients benefit most from inspiratory muscle training? Retrospective analysis of a randomized trial, Bernie M Bissett PhD, Jiali Wang MSc, Teresa Neeman PhD, I Anne Leditschke MBBS, Robert Boots PhD & Jennifer Paratz PhD, Received 29 Aug 2018, Accepted 10 Jan 2019, Published online: 09 Feb 2019