

Report on Buteyko centres in Russia, United Kingdom, Holland and Germany.

Peter Kolb

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Background

The delivery of Buteyko therapy into the west, by Russians, particularly Alexander Stalmatski, has been a very exciting new development in health care and heralds a promising new approach to dealing with diseases that have hitherto eluded medical understanding. Taking asthma as an example, it is clear both from anecdotal evidence as well as from an objective evaluation of the various clinical trials that have been held in Australia and the United Kingdom, that chronic hyperventilation is, indeed, the cause of asthma and that a new approach to dealing with it needs to be urgently brought into medicine.

Although there are more clinical trials under way (Calgary) and planned (Aberdeen), some of the momentum of the Buteyko movement has dissipated.

Buteyko centres tend to be isolated particularly with some fractiousness in the Buteyko movement. In particular we have little contact with the centres in Russia, where Buteyko therapy has been established for a lot longer than here in the west.

Apart from the Buteyko method being around for a lot longer in Russia, there is another important difference between Russian and Western Buteyko centres. In Russia the method is taught by medical doctors while in the west it is rarely taught by doctors. In fact, my understanding is that only general practitioners Dr. Gerald Spence of Glasgow and Dr. James Oliver of Mullion in Cornwall, actually teach the method. One of the questions that has concerned me for some time is whether our efforts at delivering Buteyko therapy in the west are being compromised by practitioners not being medically trained.

In November and December of 2004 I set aside my long service leave to undertake a tour of various European Buteyko centres. Specifically I was interested in how the doctors in Russia approach the teaching of Buteyko. I was also interested in establishing links with the Russian practitioners and getting to know a little more about them.

Part I: Moscow

Together with a Russian/German interpreter, I attended all or part of several consultations and classes run by different doctors at the two Buteyko centres in Moscow. I also had some informal contact with the staff, particularly at Ludmila's birthday party. In addition I was fortunate in being able to attend an ongoing education class for practitioners run by Ludmila.

Buteyko therapy is no longer provided at government hospitals and is no longer covered by the free health care system provided to all Russians. It would be interesting to discover the reason for this reversal, and whether it has anything to do with the political changes that came about in the early 90's. The only Buteyko clinic in Moscow is the privately run clinic where Dr. Buteyko practiced for many years.



Interpreter: Lieubev



The Moscow clinic has two branches. The main branch is in Vladimirskaya Street, while a country branch is located in an agricultural department building on the Dmitrovskoye Highway. Currently four doctors are attached to this clinic, some of whom also practice medicine in the government hospitals.

Ludmila Buteyko, Dr. Buteyko's widow, has a background in medical science and has a reputation for being extremely good with children. She is also responsible for ongoing practitioner education.

Ludmila Buteyko





Dr. Andrey Novozhilov



*Dr. Natalia
Iskandarova*



*Dr. Alexander
Goriounov*

Dr. Andrey Novozhilov, a general practitioner, is the director of the clinic. He also deals with international enquiries and is the only one who speaks English.

Dr. Alexander Goriounov is a paediatrician

Dr. Nadezhda is an internist.

Dr. Natalia Iskandarova is an internist.

Dr. Svetlana Aleksevna Chukanova

I also met Dr. Vladimir Kassimov from Moldova. He was teaching at the clinic as a guest while familiarizing himself with the way the method was being taught in Moscow. Dr. Kassimov had worked with Dr. Buteyko at the prestigious Soviet research centre at Akademgorodok near Novosibirsk in Siberia and has written a book about the Buteyko method.



Dr. Vladimir Kassimov

The breakdown of reasons for attending the Buteyko clinic in Moscow is as follows:

- Asthma 70%
- Hypertension 20%
- Bronchitis, Rhinitis Cough , Allergies, Adenoids 10%

All of these conditions are potentially completely reversible.

The clinics are run as follows. Firstly, there is a consultation at which the patient is clinically examined and the full medical records are studied. Based on this examination as well as the performance of a hyperventilation provocation test, the patient is given an explanation of how the symptoms are caused by over breathing. In addition, a prognosis is provided. The patient can then elect to do a course. The first lesson of the course is always given individually, with most of the training done during that lesson. Subsequent lessons are held in groups and are mainly re-enforcements of material that was already covered.

Differences between Russian and Western Buteyko practices

Although one of my goals was to get more of an understanding of how the delivery of Buteyko therapy by medically trained practitioners differs from that provided by the non-medical western practitioners, I found it difficult to extract this information.

The Russian Buteyko practitioners are medical practitioners first and treat their clients as patients. This has implications in the delivery of Buteyko therapy to clients. They are able to perform full medical examinations on their patients and study medical records, including X-Rays, from both a traditional medical as well as a Buteyko perspective. They are also able to deal with medicating patients and have to understand why a particular medicine is not effective. For example, allergies respond well to steroids while infections respond to antibiotics, which are often prescribed, although injudicious use of antibiotics can be counter productive from a Buteyko perspective. The doctors are also able to control when a patient should receive medication and when he should be able to replace the medication with Buteyko breathing exercises.

I also observed patients dealing with the quiet authority of a real doctor. There is no doubt in my mind that the established and recognized medical background of the Russian Buteyko practitioners presents a huge advantage in terms of patient confidence, an important element in their recovery. This element was quite palpable in the clinical setting in Russia. To a large extent practitioners in the west with a background in a paramedical area such as physiotherapy or nursing would enjoy a similar advantage. Russian doctors are also very "hands on". They put their hands on patients' chests and stomachs to feel breathing movements. They also use their hands to free up stiff shoulders. Again, physiotherapists and nurses in the west would have no trouble with this, while it would present a problem to non-medical practitioners since Buteyko therapy has to be presented as an education program rather than a medical or paramedical treatment.

The only class I was able to attend in the West was with Jill McGowan. It is neither my role nor is it in my competency to pass judgement on the quality of Buteyko delivery by western practitioners. That role will hopefully increasingly be filled by Andrey in the near future. But I have to say that from my observation Jill is working very much along the lines of the practitioners in Russia.

There are a few differences that emerged. The Russian practitioners do the hyperventilation provocation test with their patients, something that non-medical people rightly shy away from. They also teach various yoga positions and specify how often and for how long these have to be practiced. I am not aware that western practitioners teach these yoga positions, notwithstanding that it was introduced by Professor Buteyko during his visit to New Zealand. Another important difference is that all patients, adults and children of all ages, are taught reduced breathing and how to do a control pause. While the steps are used, they are not used as a replacement for CP or reduced breathing exercises. Andrey says that young children will learn it only if they have a parent that has successfully learnt it with them.

In group classes, control pauses are measured individually rather than in a group.

Selling the Buteyko message

I share Ludmila's desire to bring Buteyko into mainstream medicine. For a start, it would bring Buteyko to people who rely exclusively on the wisdom of their doctors for health care advice. With the limitless supply of patients potentially available through referral, the huge waste in advertising costs could be avoided. The central Moscow branch of the Buteyko clinic shares the same problem with western practitioners, notably a poor flow of patients through the clinic. This in part, may be due to the high cost of medical professional time required for the training.

Interestingly, the rural branch of the clinic is very busy, running full clinics all day from early morning till late at night. This branch has an excellent business manager, Taras, to bring in customers. Taras and I had several meetings planned, but sadly all of them were postponed and eventually cancelled. I would have loved to have heard his secret. I have heard that he is quite popular on radio and television and that he spends quite a bit on advertising. There is probably a lesson in there for all of us from Taras.

Buteyko Research in Moscow

I had a chat to Dr. Natalia Iskandarova. She is conducting a special program with certain wealthy people over 1 year, not just a half year as is usual. A colleague of hers, a Professor (PhD) in Pediatrics at the Moscow Medical Academy, specialist immunologist Dr. Olga Alexandrovna Subbotina is conducting a study into improvements in immune system by evaluating skin prick and blood tests, before, during and after Buteyko. They are looking for changes in anti-bacterial and anti-viral activity.

So far only 8 children are in the program. This is because the laboratory tests are very expensive and the people have to pay for these tests themselves. Only 2 have finished the 1 year course and Natalia says so far so good! However, it is not always easy to maintain high CP in children, because it drops with infection. It is necessary to maintain a high CP over 40 for some time.

Another thing they are investigating are patients with Hyper immunoglobulin-E. One cannot treat such asthmatics with hormones, as they could die. Buteyko is the only treatment option available. But this investigation is in a very early stage.

Voronezh

I spent one day in Voronezh, during which time I met Dr. Buteyko's son, Dr. Vladimir Buteyko, as well as Vladimir's wife, Dr Marina Buteyko. Through the services of an excellent professional interpreter I had a long discussion with Vladimir that lasted all morning, and further discussions with both Vladimir and Marina in the afternoon.



Vladimir is a physicist specializing in mathematics with a particular interest in decision-making in conditions of uncertainty. He combines work in the Buteyko center with teaching at the Voronezh state university where he is a senior lecturer. He has a science degree, is the author more than 60 scientific publications and 9 patents. It is possible to find his scientific works in radio physics and mathematics in the western editions under the name Buteiko. He also helps his wife who is a medical doctor with a higher medical degree. He helps her Buteyko practice in questions of science, administration and teaching methodology. The practice saw around three new patients a week during the period of my visit.

Besides Marina, two more practitioners work in the Voronezh center. These were trained by Marina. Marina is a very active hostess on a Russian internet forum attached to their website. Vladimir told me that both she and Vladimir have diplomas as auditors of the method since 1990 after long training by KPB in Novosibirsk.

Since 1991 Vladimir has been involved in the organisational part of Buteyko although he kept himself in the background while KPB was alive. He cares deeply about the image of his father and hopes that his children will keep it up. Vladimir has been preoccupied with how to explain the science to doctors and to practitioners, as he believes this holds the key to a correct scientific understanding of the Buteyko theory. The main task at Voronezh is not to treat as many patients as possible, but to protect and distribute the correct Buteyko method, give scientific explanations and have it accepted by the medical community.

Vladimir explained that, in his view, the valid Buteyko theory differs considerably from a known populist substantiation of the method. In particular, this theory contains interesting physiological structure of the whole organism and explains how KPB's theory has developed, including diagnostics, the method of treatment, factors affecting the increase and decrease of respiration, laws relating to the intensification of the illness and convalescence, new principles of application of medicines and so on. He is convinced that once the

comprehensive theory is published, doctors will no longer be able to refute it. Vladimir has drawn this conclusion on the basis of being told by doctors reviewing a draft copy of his article, that there was nothing that could be refuted in the text.

Other tasks at the Voronezh centre involve the enhancement of the quality of teaching and using the method. Vladimir thinks that KPB was interested in expanding the method at the expense of proper application of the method. In Vladimir's view he may have been a little loose in giving permission to people to use it, hoping that natural selection would weed out those practitioners doing it badly. The patient should be the active participant in the process of recovery according to the Buteyko method. Therefore, Vladimir believes that doctors should be selected on ability in teaching the Buteyko method, especially in teaching methodology and psychology.

Also, if mainstream doctors learn the method and the theory, they may be able to use traditional methods more effectively.

Like her husband Vladimir, Marina Buteyko is driven by the same fidelity to the Buteyko method, and is concerned about the perceived possible proliferation of bad Buteyko techniques in the west.

I greatly valued the time that Vladimir and Marina gave up to see me and see it as an important step in the bridge building exercises that was part of my mission. In particular, Marina has provided some excellent material to the Buteyko practitioner support network (BPSN).

Part II: UK, Holland and Germany

Glasgow

I spent 8 days with Jill McGowan, who is based in Glasgow. For those who don't know Jill, she has a background in nursing and has had experience as a university lecturer and researcher. In 1996 Dr. Gerald Spence persuaded Jill to give Buteyko a try for her asthma. She is now totally dedicated to Buteyko and there is little room in her life for anything else.

While running her Buteyko practice, training patients and practitioners, she is also completing her PhD, which includes running the biggest Buteyko clinical trial ever held. Her tenacity and hard work at bringing Buteyko to the public was rewarded with the Great Scot award in 2001 and the Pride of Britain "Carer of the Year" award in 2002.



Jill has been involved in spreading Buteyko at an international level too. She helped the emergency workers in New York following the terrorist attack on the world trade centre. She also has work lined up in Africa and has helped train patients and practitioners in Cuba for the Cuban health department. She also has extensive links with Australia.

Jill is organizing an Asthma Relief Day on the 7th May 2005 with the aim of raising funds for training 365 practitioners and 100 children. She has already gathered support from the Rangers and Celtic football clubs and has booked Glasgow Green and London's Hyde Park. There's even a chance the Prime Minister will be opening the event. Jill would like to make this an international event.

I attended a meeting Jill had with Asthma UK. She paid them a courtesy call to tell them she was planning Asthma Relief Day and hoping for some cooperation. Jill was very well prepared for the meeting, although I don't think she expects much from them.

We spent the week based in London and travelled daily an hour to Reading and Henley where I could observe the public seminars and practitioner and patient training. There was a disappointing turn out at the seminars with just 1 person at each venue, and of those only one did the training. And for this Jill had come all the way from Glasgow and then drove daily to these venues and back without complaint! But Jill was not deterred. When I raised the subject with her she said it would grow, and you only get out of life what you #%*&?! put in!!!

Jill has a vast amount of practical medical knowledge which she brings to her training sessions in addition to the experience she has had training Buteyko students and practitioners.

We were invited to a vegan lunch with one of her students, who has set up a Buteyko clinic for horses. Apparently horses suffer from CHVS too. She applies a restrictive breathing device over the horses' noses, which they tolerate remarkably well. We watched a DVD

taken of a 27 year old mare that had suffered from chronic fatigue and was now frolicking like a lamb!

So how does Jill's class compare with what the Russian doctors are doing? It is, of course, not my role to make that sort of judgement. That is something hopefully Andrey will be doing increasingly around the world. But as far as I can tell Jill teaches the method the same way as the Russians do. She clearly took full advantage of the two weeks she spent with Professor Buteyko when he came to Scotland. In addition she has an advantage over non-medical practitioners in the west in that she can apply her medical knowledge and experience for the benefit of her patients.

Since Jill has been involved with clinical trials for some time, she is used to doing thorough follow ups with her patients. I would expect her to have excellent records of their progress. Good record keeping is essential for practitioners who train other practitioners. Practitioners who cannot point to good results, in my view, should not be teaching other practitioners since the danger exists that they are passing on ineffective methodology.

Cornwall — *Dr. James Oliver and Janet Brindley*

I spent two days with Dr. James Oliver in a lovely country village called Mullion in Cornwall, South of England. James is a GP and shares a practice with a few others. He has not been able to get the others to share his interest in Buteyko.



James is one of the few medical doctors around to understand the value of Buteyko. He has a steady stream of patients who see him for Buteyko therapy although he does not advertise this since he is worried about running out of asthmatics for a possible future medical trial. As a doctor, James is particularly interested in the theory behind the Buteyko method.

One of James's chief concerns is the low numbers of Buteyko practitioners around in the community. For this reason he and Janet Brindley are actively involved in training Buteyko practitioners. He and Janet originally did the course with Rosalba Courtney and Leonid Motin at the same time as most of the practitioners from Germany and Holland. This is the group that formed the BBA.

What was of particular interest to me was the preoccupation they have with Nitric Oxide and how this impacts on Buteyko training. It turns out that chronic hyperventilation is still the basis of the model, but there is some concern that CO₂ alone does not explain everything. Specifically, the apparent paradox of Asthma often disappearing at altitude, when PaCO₂ decreases, needed a thorough explanation. But even after further discussions with Janet, we were not able to agree on this and I am still left with the impression that the inclusion of Nitric Oxide in the hyperventilation model at best sexes up the hyperventilation theory and, at worst, confuses it. On the other hand, it has to be said that the hyperventilation theory is

really just a framework and that significant Biochemical processes still need to be explored and understood.

Holland

I met the four Dutch practitioners in Amsterdam. They are Dirk van Ginneken, Dick Kuiper, Henrietta Karsten and Masha Kotousova. Another practitioner asked specifically not to be mentioned.



Masha Kotousova



Dirk van Ginneken



Dick Kuiper

Masha is originally from Russia and was taught the Buteyko method by Professor Buteyko while he was working in Akademgorodok in the 1980's. She was present at virtually every Buteyko conference in the 1980's and early 1990's. She had a large practice in St. Petersburg at that time when the Buteyko method was quite famous. Masha has written an excellent introductory book on Buteyko in Dutch: ("Leef Gezond, adem rustig" Anthonissen-Kotousova M; Pub: Ankh-hermes BV Deventer 2001; ISBN:90 202 0133 6.)

The situation in Holland is a little different to what it is elsewhere. The practitioners tend not to get arguments from doctors. Although doctors are too busy for formal contact, they are supportive and allow Buteyko pamphlets to be provided from surgeries. People sometimes come to the clinics when they sense there is something wrong with their breathing, or when their doctors tell them they are hyperventilating.

Masha does not need to advertise. People come to the courses because they get information from their acquaintances, books, television, the internet etc. Sometimes journalists get in contact with her for a story. They're usually informed about the method by pupils. Editorial articles are clearly far more effective than advertising at getting the message out into the community. They have also discovered the value of writing articles for magazines and journals themselves.

The patients are expected to remain in contact for at least three months. Then after 6 months to a year they are sent questionnaires, which provide some feedback, but not everyone returns

the questionnaires. Masha always invites them to feedback sessions which take place two or three months after finishing the course. She also sends them questionnaires after six months and after one or two years.

While in Holland I learnt that one of the more successful practices in the west is that of Patrick McKeown from Ireland. Patrick has close links with the media and frequently appears on television and radio. He also does not need to advertise at all.

The Dutch group are very keen to establish a Buteyko practitioner training center because of the projected shortage of practitioners. They are also concerned about standards of training. In February 2005 they hosted a very successful European meeting attended by Andrey, Ludmila, Jill McGowan, Cathy Burckhard and Silvia Smolka.

Germany

Silvia and Cathy arranged a meeting to coincide with my arrival in Braunschweig. We were joined by a Middendorf breathing therapist, Iris Ness who came all the way from Switzerland, as well as Feldenkraise practitioner, Vincent Levesque, and ENT specialist Dr. Gortz Lindener.

Dr. Silvia Smolka is a microbiologist with a PhD in plant medicine. She suffered from allergies, a blocked nose and asthma for most of her life. With an interest in alternative and complementary health care, she researched asthma on the internet and eventually arrived at Richard Friedel's newsgroup. From there she got hold of Hooper's instruction "how to unblock your nose" and was able to clear her nose consistently. She then contacted Aaron



Cathy and Silvia

Lumsdaine, Lola Motina, Hale Clinic with Stalmatski and eventually did the course with Rosalba Courtney and Leonid Motin. She found the Hale clinic /Stalmatski offer for training unrealistic as she would have had to travel to London for 18 weekends (once a month).

Cathy is an experienced physiotherapist and worked in respiratory physiotherapy for many years. Her daughter had asthma. She found an article on Buteyko in Mothering Magazine, written by Rosalba Courtney. She started reading what she could find on Buteyko and contacted Rosalba, the Starks and Chris Drake about how to become a Buteyko practitioner. Rosalba's option was the most attractive because it was closest (in Oxford), was designed for people with a life science background and Rosalba assured her that she was interested in standardizing the training of practitioners.

Cathy and Silvia both come from Braunschweig but didn't know each other before they heard about the Buteyko Method. Through emails with the Australian instructors, they learned that

there were “two women” coming from Germany to the course in Oxford, in 1999; and they both happened to come from Braunschweig. They took this “coincidence” as a sign that they were meant to work together.

At the course they also met Janet Brindley and Dr. James Oliver, among others. This was the group that started the Buteyko Breathing Association.

The course cost 1650 British Pounds (DM5000) and lasted 6 days, with 10 hours of theory each day, followed by a class. Having a background in a bio-medical field was a pre-requisite. Both felt that the course was good but that they still had a lot to learn. They kept in contact with the practitioners in England and take part in the BPSN on-line support group. Silvia does a lot of research in the medical literature and both accumulated more knowledge and practice as time went on.

Part of the course requirement was 10 written case studies and presentation of one case or class for examination. If it was not possible to present their class personally then they had to make a video and submit this for examination. This simple solution was developed to take care of the logistical problems that result from teachers and students living so far apart.

Another part of the course requirement was to answer a catalog of questions covering all the basics of the Buteyko Method. They needed between six months and a year to finish this written part of the examination.

Silvia wrote articles for the local paper, including many reader’s letters. They gave seminars to self-help groups which generated some indirect interest in their courses. But self-help groups tended to be dominated by commercial interests, and Silvia and Cathy found themselves marginalized.

Silvia succeeded in getting a freelance writer to write an article about Buteyko and Cathy’s and her courses. It was published in the local newspaper and generated around 100 calls for Silvia. Thirty of these callers ended up doing her course.

A lady from the lung association and the head of the pulmonology department at the medical school wrote a reader’s letter to the paper, claiming that the method was dangerous. They were especially scathing of the practice of mouth taping. Apparently Richard Friedel had irritated the lady from the lung association by pushing the method too hard. Significantly, after this letter Silvia was not able to have any more of her articles published in this paper.

Ernst Adams, a yoga instructor, had come across Buteyko on the Net and improved his asthma with this method. He wrote articles about his experience with Buteyko and succeeded in getting them published in two Yoga magazines and a lay practitioner magazine. These articles generated some interest amongst Yoga teachers and alternative practitioners.

Silvia had been going to see ENT specialist Dr. Lindener for her sinus infections. She had also taken her children to see him with their problems. After learning about Buteyko she told him about the nose unblocking exercise, which, interestingly, he already knew about. But he said that he didn’t tell patients because they want medicine. He started referring patients to Silvia. He invited Silvia to give a talk at a conference and bring leaflets for his surgery, which he replaces regularly. He has been very supportive. Silvia’s house doctor initially refused to provide space for her pamphlets since too many people wanted such space, but

after reading the article in “Gesundheit Sprechstunde” (A second article and much bigger than the first), she now supports Silvia. Silvia says she gets few people from pamphlets.

Iris Ness, (also present at the meeting) learned the Buteyko method from Silvia and Cathy, and talked about her experience with Middendorf breathing therapy. It is not really a breathing therapy, but a sort of self discovery through focusing on breathing. It is akin to painting therapy. She said that one stores strong emotions like anger in the muscles and this therapy helps release it by releasing “blockages”. In other words, it deals with the emotional reason for bad breathing.



In 2004 Silvia gave a lecture and workshop to breathing therapists on a big conference in Switzerland. This and an article published in a big health journal about Buteyko and Silvia’s and Cathy’s courses has resulted in an explosion of interest in Buteyko in Switzerland and many breathing therapists took part in Silvia’s courses which she offered afterwards in Switzerland and Germany.

One of the Swiss Middendorf breathing therapists, Brigitte Ruff, did a practitioner course with James & Janet and is now teaching the principles to breathing therapists in Switzerland.

I took advantage of being able to talk to a sympathetic doctor and questioned Dr. Goetz Lindener about medical intransigence on CHVS. Dr. Lindener offered the following explanations:

- It is not covered in medical school
- It does not fit into the medical paradigm.
- They just don’t feel like getting involved.

Dr.Lindener said that in Baden-Baden and Freudeberg doctors have a meeting twice a year where they discuss alternative medicine. This would be an excellent platform from which to introduce Buteyko theory into medicine.

I asked Dr. Lindener about the possibility of cooperation between Buteyko practitioners and medical doctors on the question of tonsillectomies. He suggested there were probably around 15-20 people a year who die in Germany from tonsillectomy as a result of haemorrhage from the surgery. This was the main reason doctors were reluctant to do them, although tonsils have fulfilled their function in the immune system by the age of 14, following which they atrophy. Hence they are not really of any use in adulthood.

I asked Silvia about technical discussions she has with medical doctors. Silvia says she has no arguments from doctors, but also gets no patients from them. However, they occasionally bring up the question of the high CO₂ in severe asthma, which is often cited against Buteyko theory. Usually they just listen interestedly to her explanations and confess not to know much about breathing (except lung specialists).

Silvia says that about 50% of her students see her for their asthma, 30% for nose problems such as rhinitis and sinus problems, and the rest for sleep apnea, panic attacks and shortness of breath. Some come because they feel they are not breathing correctly or just to improve their condition.

The Buteyko message gets out in a number of ways, some being more successful than others. Advertising in the self help announcement section of newspapers produces about 2 people per advertisement. Best results come from good short articles in newspapers, particularly when relevant, such as asthma in pollen season, etc. Also, Silvia replies in the readers' section to present the Buteyko explanation to medical articles that invariably fail to provide adequate explanations from the mainstream medical perspective. While this produces some students for their Buteyko clinics, most come in via the internet.

I asked Silvia and Cathy about how they go about motivating children and adults. They gave me the same explanation as I received from the Dutch group, notably that they make exercises applicable to the individual.

Silvia and Cathy run their courses on weekends, because their students mostly travel long distances to come to the courses. Having children makes it very difficult for both Cathy and Silvia to travel any distance. As far as follow up is concerned, they get their feedback from a questionnaire that is sent out after 2-4 months. But students are encouraged to get in touch if they have any questions.

Silvia said she had 28 students in 2003, and 45 in 2004, 180 on the whole since 1999 (200 until April 2005).

Silvia has written many articles for Journals and papers. But many are not published. Journal editors want to see a more substantive Buteyko infrastructure to deal with the rush of inquiries before they publish. This is one of the reasons Cathy and Silvia are interested in starting a Buteyko school in Germany for practitioners.

Silvia has also tried promoting Buteyko to TV producers. She has been helped by a free-lance journalist for NDR, but so far they have not any success.

However, an opportunity opened up for her by Dr. Lindener has enabled her to present Buteyko therapy to a group of 10 interested doctors.

In Brief

I naturally met many other interesting people while on this trip. I did not mention practitioner Anne Burns, whom I met only very briefly on a stop over while returning to London from Cornwall. I spent half a day with Dean Rees-Evans in Colchester, half a day with Victor Lunn-Rockliffe and two days with Inna and Thomas Kirschner in Potsdam (publisher of Andrey's book.) I also spent some time with some interesting people from our public support group. I tried to get hold of Dr. Natalia Lapa and Dr. L.C.Lum but was unable to contact them.



Thomas and Inna Kirschner

In Switzerland I met with Dieter Stoeklin, a Feldenkraise practitioner very interested in Buteyko. Feldenkraise had similar problems to those we are facing in the Buteyko movement, and what I learnt from Dieter and Thomas I hope to include in a presentation in Glasgow in August.

While in Switzerland I met with pediatrician Dr. Knoepfli at the Alpine asthma Kinderklinik in Davos and gave my seminar to two of his physiotherapists. Since then I have not heard from them.



Picture of me, compliments of Silvia Smolka
