

**Anxiety and Panic Attacks
In Emphysema/ Chronic Obstructive
Pulmonary Diseases (COPD)**

Mind Publications

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<http://www.mindpub.com>

The COPD-ANXIETY CONNECTION

“Most COPD patients do not particularly fear death....Instead, patients worry most about how they will die. They imagine themselves suffocating in anguish and delirium as they fail to receive enough oxygen and eliminate carbon dioxide. This often panics them.”

Dr. Tom petty goes on to say, “In COPD—as in other illnesses---death is not the enemy. The true enemies are fear of abandonment, loneliness, and pain and the anxiety that accompanies such fear.”¹

Dr. Tom Petty
(COPD Digest, spring 2005)

Anxiety and Panic Attacks in Emphysema/COPD
(Chronic Obstructive Pulmonary Disease)*
Vijai Sharma, PhD

Foreword

Of all the issues related to living with COPD and other chronic lung diseases, there is probably none other as confusing – nor frightening – than anxiety and panic.

In his groundbreaking piece, *Anxiety and Panic Attacks in Emphysema/Chronic Obstructive Pulmonary Disease (COPD)*, Dr. Vijai Sharma, psychologist, yoga expert, and a COPD patient himself, takes the mystery – and the stigma – out of panic and anxiety by facing them head on with clarity and simplicity.

With expert knowledge of the subject combined with understanding and compassion for the daily struggles of the person with COPD, he gives readers permission not only to accept these experiences, but more importantly provides the information needed to move on and take control of their breathing – and their lives.

Thanks, Dr. Sharma, for shining the light on a dark road, so people with pulmonary disease can find their way to a brighter day.

Jane Martin, BA, CRT

Author, *Breathe Better, Live in Wellness: Winning Your Battle Over Shortness of Breath*.

Founder and Director, Breathing Better Living Well

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Praise from a person with COPD

“Your article (or should I say, “your book?”) “Anxiety and Panic Attacks in COPD” is very helpful. Earlier tonight I thought I was going to have a heart attack. My heart started racing, I started feeling faint and was sweating. But after I read your “Anxiety and Panic Attacks in COPD” I’m pretty sure it was just a panic attack opposed to heart problems, I’m going to check in to the doctors tomorrow to make sure everything is alright with me, but thanks. This article definitely put me at ease, I feel much better. If I can’t breathe, it’s only human to have feelings of panic and anxiety!

Thanks for the information!”

“David”

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Chapter 1

- Introduction: Anxiety and Panic Attacks in COPD
- In the Words of People with COPD
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- Suggestions: How to Get What You Want Out of this Book; Easiest and Quickest!

Main Messages of this Presentation

- Anxiety and Panic attacks are not uncommon in COPD. Some estimates indicate that symptoms of anxiety and panic attacks may be experienced by 25% to 60% of people with COPD.
- Many COPD patients may also experience symptoms of depression and other forms of emotional stress with or without anxiety. However, we focus on anxiety and panic symptoms in this presentation
- If you experience anxiety, panic attacks, depression or any other emotional challenge, it does not mean you are “weak” or “going crazy.” Actually, the presence of anxiety or depression simply shows you are human and react like a normal human being
- Seeking help or accepting treatment does not mean, “I’ve lost control,” “I have failed” or “I am falling apart.” It is smart to seek help when you need it.
- Breathing problems can increase anxiety and anxiety can increase breathlessness. For example, over breathing, rapid and shallow breathing can trap too much stale air in the lungs making it more difficult to get in the fresh air in the lungs (called “dynamic hyperinflation”) which can also result in shortness of breath, Dyspnea (breathing discomfort) and/or panic attacks. Corrective breathing and physical and mental relaxation can change this chain reaction.
- Untreated anxiety and anxious breathing pattern can negatively affect your health and your ability to exercise or perform other activities.
- Right breathing can reduce anxiety. Utilize right breathing techniques to manage and control anxiety.
- Physical and mental relaxation can be a powerful tool for dealing with breathlessness and anxiety. Learn the master skill, that is, the “Relaxation skill.” Relax those tense muscles, anxious thoughts, and anxious mind with the techniques described here.

We will provide you the following important tips:

- Tips for changing anxious thoughts and symptoms and learn about the “worry busters”
- Tips for breathing correctly to reduce anxiety and/or hyperventilation
- And, the “nuts and bolts” of relaxation techniques.

* This section is a part of the book, “Overcoming Anxiety and Depression and Breathing Correctly in COPD/Emphysema: A Self Care Book for People with COPD & Psychosocial Manual for Professionals” by Vijai Sharma, intended for future publication
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In the Words of People with COPD

About Fear, SOB (Shortness of Breath), heart racing, etc.

Below, are a few samples of e-mails I have received from people with COPD who have had problems with anxiety and/or panic attacks. In order to protect their identity, assumed names are used. This first hand experience illustrates the nature of the problem and makes a few important observations.

“I must be having some sort of breakdown as I am constantly sad, worried and live in fear each and every day I fear getting up each morning because I am fearful of feeling not well again I cannot enjoy my family as I feel I am not part of there life anymore as I am always not well, I cannot enjoy my food or social life. I have become almost reclusive as I fear becoming breathless and spoil my partner’s time out. I find myself constantly holding my breath and fear that my COPD is raging on.

The more breathless and anxious I feel, the more I notice myself holding my breath. I feel there is no quality of life. I seriously think Emphysema gives me that chronic fatigue, aches and pains and depression, NOT the Fibromyalgia. I am frightened that emphysema may be progressing rapidly. Sorry for moaning but I can’t seem to get in control.

Exercise is proving difficult as I am anxious of starting of a flare of pain and becoming more breathless which in turn makes it harder for me to manage my life. I fear living as I feel very isolated and trapped in this body that doesn’t work.

My aim is to try to be more positive and take each day as it comes, and focusing on my self and my well being, hopefully without fear.

It is wonderful to know there is someone out there who is going through the same* (Yes, I too have grappled with anxiety problems from time to time-Sharma) and is offering there expertise and experiences.

”Julia”

“I think my "panic" attacks result from not getting enough oxygen in my system. Please don't confuse this with a "normal" person panting for breath and hyperventilating. Not the same thing. Panic/anxiety is the feeling I have when I can't get my breath. Then I begin to tense up, feeling overwhelmed, jittery and very nervous.”

“John”

“I have been to a cardiologist, pulmonary doctor, psychiatrist, and no one can tell me why I am having heart palpitations and shortness of breath. Some days I don't have it at all. Some days I have it all day long and all night long. It drives me right up the wall. I have had anxiety disorder most of my adult life and never experienced anything like this

before. I did finally sleep last night but when I woke up, I woke up with palpitations and shortness of breath. So I took Combivent after I took Foradil (may not be a good idea to take them one after another-Sharma), but it didn't help.”

“Rhonda”

“My heart races at times, I get sweaty and I am short of breath when I move around. I am on O2 when I am up doing things. I sometimes wonder if it is possibly atrial fibrillation? Should I get a sleep study done or ask my doctor if I should wear a Holter monitor for 24 hours or more? (Holter provides a continuous recording of heart rhythm) My friend told me I may even need an "event monitor" (tiny ECG) implanted to monitor any suspicious heart activity. It could be a combination of all the meds I take. I do try to stay calm and use the PLB (Pursed Lip Breathing). Sometimes it works and sometimes it doesn't. Can you tell me what else I can do?

“Don”

“I have had shortness of breath and heart palpitation and tremors for last several years and yet to date all testing has shown is “nothing.” At times, I feel the onset of these things is from excitement or stress. So, I take a Xanax (anxiety pill) to calm me before the breathlessness sets in. The only thing the heart monitor can show is that my heart was beating extra early beat and fast. We still haven't got to the bottom of it.”

“Brenda”

“My O2 sats go up and down. I am now on O2 at bedtime and when I am out and about I am getting these really bad panic attacks here lately. I wake up in the middle of the night with panicky feelings and have hard time trying to fall asleep. Can you tell me anything I can do to lessen these feelings?”

“Rodney”

Important Observations

1. If you too experience some of the problems described by Julia, John, Rhonda, Don, Brenda and Rodney, you are not alone! Perhaps, 30 to 60 % people with COPD experience them.
2. Untreated anxiety can be a full time affair, keeping you constantly worried, fearful and even sad
3. COPD-related concerns can cause significant anxiety and fear
4. COPD with or without anxiety or depression can affect family and marriage relationship and participation in social life in such ways as, feeling isolated from your partner and family and losing all interest and joy in relating to others
5. Breathlessness tends to make us anxious about breathing
6. The more anxious we feel about breathing, the worse the breathlessness gets
7. Anxiety and breathlessness combined can strongly discourage us from performing daily life activities and exercise.

Suggestions

1. Along with the tests for the lung function and heart function, sometimes, we need an assessment for anxiety to fully understand the problem of breathlessness and heart racing. Tell your doctor how you feel on the inside.
2. Learn anxiety reduction breathing techniques such as the abdominal breathing, paced breathing, and PLB, discussed elsewhere in this book.
3. Learn to identify and change your anxious thoughts, also discussed elsewhere in this book.

We All Are Not Exactly Alike

The impact of breathing discomfort on me may be more severe on me than on you. John may have a tendency to be more anxious than Don. Jane might have had an anxiety disorder before she was ever diagnosed with a breathing disorder. Rhonda might have more concerns about her COPD symptoms or other symptoms related to other medical conditions than Brenda. COPD has many faces and we come in all sizes and shapes. And, yet there are many challenges, doubts, hopes and fears that we all share alike.

How bothered are you by the breathing discomfort you are experiencing? Are you bothered “a little” “quite a bit” or “extremely?”

Two people with same degree of shortness of breath (SOB) may differ with regard to the extent SOB bothers them. For example, given the same objective level of breathing discomfort, individual “A” may just say, “I am having trouble breathing” while “B” may experience an alarming sensation, “I will die of suffocation.”

Both “A” and “B” will store these experiences in their memory differently setting different levels of apprehension and anticipatory anxiety. “A” would remember it simply as a discomforting experience which is a nuisance but it can be managed. “B” would remember it as “I could have died” or “I really felt I was going to die. I never want to go through that again”

B might have “oversensitivity” to SOB, heart palpitations, and other physical sensations. Some, when anxious hold their breath or start breathing rapidly and some seem to feel the chest tightening and throat closing more than others do. These are all variations of normal human response to our perception of danger or threat of harm.

If you are one on the high end of anxiety, gradually reduce your anxiety related to breathing. For a start, breathe out slowly and say to yourself silently “Relax!”

Reduce the panic about panic itself! Say to yourself something like “By calming down, it will blow over in just a few minutes.” Remind yourself of the saying “You have nothing to fear but fear itself!”

Learn to slow down your breathing on purpose and lengthen your exhalation, just a little bit at a time. Many have benefited from a technique, called “Systematic Exposure and Desensitization.” Say, you are oversensitive about SOB. In order to decrease your sensitivity, you take charge of SOB than allowing SOB to take charge of you. What that means is look for a time when you are not experiencing SOB and in that moment you would deliberately increase SOB just a tiny bit, say on the breathlessness scale of 0 to 10, where extreme breathlessness is 10, you increase it to point 1 or 2 by breathing a little more rapidly or by walking or using the treadmill. Then do PLB or belly breathing to bring your breathing back to your normal level.

Here is another example of how you can implement the principle of systematic exposure and desensitization: Walk a few steps hurriedly to feel a little bit of SOB, like 1 or 2 breaths per minute more than your usual. For example, if you breathe at the rate of 12 breaths a minute, walk a little faster so the rate of your breathing goes up to 13-15. So, to continue with the example, walk a little faster and bring your breathing at the rate of 13-15. Then slow down your walking and do PLB and/or walk at your normal pace until the rate of your breathing is down to normal. Keep on doing this experiment until you feel you have learned to accelerate and normalize your breathing at will and thus gained some degree of control over it.

There will be more details later on proper breathing techniques and alleviation of anxiety. Please understand this is not a medical advice, but the explanation of a technique for reducing oversensitivity to breathing discomfort for educational purpose only.

It is better to try such techniques first under the guidance of a psychologist, Physical Therapist (PT) or Respiratory Therapist (RT) preferably in a clinical or pulmonary rehabilitation setting.

Suggestions: How to Get What You Want Out of this Book; Easiest and Quickest!

Though we recommend that you read the whole book before you practice any of the techniques presented here. However, there can be exceptions to this rule in which case you can first refer to the chapter you desire, follow the steps and then read the rest of the book at your convenience. For example, you or your health care professional wants you to practice relaxation or slow your breathing right away in which case you may first refer to the chapters 9 and 10, “Correct Breathing” and “Physical and Mental Relaxation.”

If you are already experiencing panic attacks and presumably you have discussed panic attack problem with your doctor, refer to the following chapters: 2,4, 6 and 8. Start bringing the panic attacks under control and then read the other chapters as you make progress with panic attacks.

Chapter 2

When We Can't Breathe, Panic is the Normal Reaction – But it can be Controlled and Modified by the Mind

- **Incidence of Anxiety and Depression in COPD**
- **Example of Panic Producing Thinking**
- **Emergency Tip Sheet for Panic Control**
- **Maintenance Program**
- **Self-Help Exercise**

INCIDENCE OF ANXIETY AND DEPRESSION IN COPD

Anxiety or panic attacks are among the most common and disabling problems encountered by both mental health professionals and general medical practitioners. Even otherwise healthy people can have an absolutely terrifying experience during anxiety and panic attacks. When a person actually has a breathing disorder, anxiety and panic attacks present even a bigger challenge.

It is estimated that 25 to 65% percent of people with chronic obstructive pulmonary disease (COPD) suffer from depression and/or anxiety. Less than a third of them might be receiving any form of mental health services. Unfortunately, depression and anxiety can intensify the emotional and physical effects of breathing disorders. Breathing disorders alone and even more so in combination with emotional disorders cause progressive impairment in the activities of daily living, employment, family life, social life and participation in any recreational activities or hobbies.

At the Veterans Affairs Medical Center, Houston, Texas, Kunik et al surveyed veteran COPD patients utilizing the Primary Evaluation of Mental Disorders (PRIME-MD) screening questionnaire and Structured Clinical Interview for the Diagnostic and Statistical Manual of Mental Disorders (SCID).

80% of patients screened with the PRIME-MD screened positive for depression, anxiety, or both. In the subgroup of patients with COPD who received a diagnosis using the SCID, 65% received an anxiety and/or depressive disorder diagnosis. Only 31% of these patients were currently receiving treatment.

"Our results show that healthcare providers are recognizing less than 40% of anxiety or depressive disorders in COPD patients," note the investigators.

Kunik and team suggest that mental health screening should be employed to identify anxiety and depression in medical patients.

(Kunik et al Chest 2005; 127: 1205-1211)

Example of Panic Producing Thinking

Anxiety or panic attacks are among the most common and disabling problems encountered by both mental health professionals and general medical practitioners. Even otherwise healthy people can have an absolutely terrifying experience during anxiety and panic attacks. When a person actually has a breathing disorder, anxiety and panic attacks present even a bigger challenge.

People with normal lung function are terrified by such thoughts as “I might not be able to catch my breath,” “I may smother to death” or “I may be having a heart attack (or stroke). For people who actually have lung impairment such fears feel dauntingly real.

However, fears of a person with COPD may not always be proportionate to the seriousness of the problem. For example, if you had a major episode in the past, it’s not necessary that chest tightness and more-than-usual shortness of breath you experience right now would result in a medical crisis and hospitalization.

I know a person with emphysema who used to panic every time she felt a common cold coming. The basis of her fear was that one time her cold caused several complications and she ended up having pneumonia. Since then, whenever she had a cold, she would think of lying in an intensive care unit bed with tubes in her throat with uncontrollable coughing and other medical complications. Since cold equaled pneumonia for her, the first signs of a cold she noticed would lead her to endlessly worry about it. Such obsessive worry would then lead to panic attacks.

One time she came to my office with a cold. She was crying and hyperventilating fearing pneumonia was on its way. I asked her why she was so upset, she said, “I don’t want to get that terrible pneumonia again!” This is how the rest of our conversation went:

Sharma: Every time you have a cold, do you end up developing pneumonia?

Client: “No, but that sure happened to me a couple of years ago and it was not pleasant!”

Sharma: What is the guarantee that it would happen again? How do you know it won’t just be an awful cold rather than pneumonia?

Client: True I don’t know for sure. All I know is that I don’t want it to happen to me ever again.

I asked her to join me for Pursed-Lip Breathing (PLB) to get control over the hyperventilation. Then we talked about the treatment and precautions she was taking for her cold. We talked about the steps she would take if she starts developing complications. I told her I could see the benefit in taking precautions for possible complication. She should talk with her doctor about her concerns, but I didn’t see any benefit in making herself scared of pneumonia before it happens. At this point she had

calmed down, her chest was not heaving any more and instead of whispering, she spoke in an audible voice.

What Do We Learn from this Example?

People with impaired lung function can have exaggerated fears, that is to say, but their fears may be disproportionate to the actual breathing problem at the time.

Panic attacks occur because of our highly exaggerated response to the following:

- 1) Breathing discomfort
- 2) Unpleasant bodily sensations
- 3) Due to the catastrophic thoughts that cross our mind in relation to the breathing discomfort and bodily sensations.

Self-help exercise

What you have a major problem with breathing, what are your worry/fear thoughts? _____

What do you think or do when you experience increase in your symptoms?

“Emergency Tip Sheet” for Panic Control

Please review the “Emergency Tips Sheet” for controlling anxiety and panic attacks. More detailed and extensive tips for panic control will be presented later. However, I must emphasize that there are no short cuts. Please review this presentation in its entirety to formulate your own action plan for controlling panic attacks and stabilizing your breathing.

1. Relax the shoulders, neck and whole body and start doing PLB. Don't strain the breathing, slow, soft, gentle, rhythmical and consistent flow of breath. Count your exhale silently in your head such as 1-2-3-4. Look in front of you and gaze at something to focus your mind at whatever is in front of you, wall paper, some object, table, chair, whatever you can focus on.
2. Remind yourself repeatedly until you can believe that your panic attack is a biological emergency response. During any emergency, your whole system gets into a high gear. It doesn't mean you will pass out or stop breathing or never catch your breath. Believing in a positive outcome helps to reduce the anxiety. Take all precautions as recommended by your doctor. Expect and believe that this moment will turn out all right for you.
3. Constantly repeat to yourself that panic symptoms are no doubt unpleasant, but not as dangerous as you might imagine them to be.
4. Know that just as you have a biological emergency response, you also have a biological "calming response." Yes, with steady practice you can learn to calm yourself out of a panic attack.
5. Unpleasant symptoms of an anxiety/panic attack can be brought under control in five minutes if you start calming down and not pump more adrenaline into your blood by "panicking" about the panic attack. By thinking calming thoughts, you will be able to stop pumping more new adrenaline. Adrenalin that was already released in your system “driving your motors” will eventually be neutralized.
6. Do not "fight" with panic attack symptoms. Fighting and desperately trying to stop them makes it worse. Start PLB. Try to "flow" with the symptoms with correct breathing. Form the intention of becoming calm in spite of what your body seems to be telling you.
7. The moment you notice any signs of a panic or anxiety attack, pace your breathing by counting silently in your head. If your exhalation is shorter than inhalation, first equalize it with the help of PLB and then try to make your exhalation 1 or 2 counts longer than inhalation.

8. Say silently in your head words that are reassuring and calming, such as, "I am becoming calm" "It will take a few minutes" "I can handle it as I have handled it before." "I am calm and steady. "

Maintenance Program

1. Learn a relaxation technique (refer to the Appendices) and practice it daily at least two or three times for 15 to 20 minutes each time. There are many self-taught methods of relaxation available on tapes and books.
2. Monitor your breathing all the time. The moment you notice a breathing irregularity, do PLB and acquire consistent flow of breath. Learn to breathe from your diaphragm. Pay steady attention to your breathing, monitor and normalize it right away. Form a habit of breathing slowly and smoothly.
3. Learn to notice the advance signs of an anxiety attack before it becomes severe. Step up your relaxation to bring about the calming response.

Please review the whole section carefully. Also refer to the "Tips for Anxiety/Panic Control: Calming the Breath, Mind and Body"

Self-Help Exercise

If you have experienced panic attack/s, write here things that have worked for you in the past?

Do you like any of the "Emergency Tips" you will like to use in future to get a handle on your panic attack? _____

Chapter 3

Anxiety and Panic Problems in Medical Patients

- Unique Features of Anxiety and Panic Condition in Medical Patients
- A Breathing Disorder such as COPD Can Resemble a Lot Like panic Disorder
- Psychiatric Perspective on Anxiety and Panic Attacks
- Thirteen Symptoms of Panic Attack According to the Psychiatric Manual (DSM IV)

Unique Features of Anxiety and Panic Condition in Medical patients

Anxiety and panic attacks can occur in medical patients who may or may not have had any history of anxiety disorder/s. A severe and chronic illness itself is a major stressor and may often create significant levels of anxiety.

Particularly vulnerable to anxiety and panic attacks are people suffering from such medical conditions as asthma, chronic obstructive pulmonary disease, heart disease, severe pain and medical obesity. Some of these patients might have had an underlying anxiety disorder, which could become worse with fears of possible death and disability due to their medical condition. Others may develop an anxiety problem as their medical condition worsens.

During a panic attack, you might think you were having a heart attack, lung collapse, stroke or some other form of medical crisis. Symptoms such as pounding heart, out-of-control breathing or sweating can be caused by exacerbation of the medical condition or the anxiety associated with the medical condition. However, when symptoms seem obviously ominous and physical, it is difficult to imagine that they might be anxiety related or caused by the mind rather than the body.

To illustrate the difficulty in differentiating between heart attack and panic attack, let's review guidelines of The American Heart Association and American Psychiatric Association, respectively.

The American Heart Association (AHA), among others, lists the following warning signals of a heart attack:

Uncomfortable pressure, fullness, squeezing or pain in the center of the chest lasting more than a few minutes

Pain spreading to the shoulders, neck or arms

Chest discomfort

Lightheadedness or fainting

Sweating

Nausea

Shortness of breath

According to the American Psychiatric Association (APA), a panic attack is diagnosed by the presence of at least four of the following symptoms:

Chest pain or pressure on the chest

Shortness of breath

Dizziness or faintness

Sweating

Palpitations or accelerated heart rate

Nausea

Numbness or tingling in one or more parts of the body

Hot flushes or chills

Fear of dying, “going crazy” or losing control.

Let’s now compare AHA’s heart attack warning signs and APA’s Panic attack symptoms in one glance. Make sure you understand this is not a complete list of all the warning signs of heart attack. There may be other significant warning signs of heart attack but these are the ones that AHA provides in their short list. If you suspect any problem with your heart function, consult your doctor. Do not use this as a reference for suspecting or ruling out heart problem. (Go to the next page)

<u>Symptoms</u>	<u>Heart attack</u>	<u>Panic Attack</u>
Chest pain or pressure on the chest	X	X
Pain spreading to arm	X	
Shortness of breath		X
Dizziness or faintness	X	X
Sweating	X	X
Palpitations or accelerated heart rate		X
Nausea	X	X
Numbness/tingling in one or more body parts		X
Hot flushes or chills		X
Fear of dying, “going crazy” or losing control.		X

Note that many warning signs of heart attack are similar to the symptoms of a panic attack. Therefore, it is best to get a thorough medical examination as recommended by your doctor so you would know if there is anything medically wrong with your heart or if you were having panic attacks.

One lady who has had congestive heart failure and also experiences panic attacks has found her own way to tell which is which.

Write your thoughts here how you can tell when you are having a panic attack or experiencing an exacerbation of your medical condition?

Make sure you discuss this with your doctor. Your doctor may advise you how to tell one apart from the other.

Research shows that a majority of people with healthy hearts can occasionally experience heart irregularity such as skipped beat, heart pounding, racing or palpitations. However, people who are prone to panic attacks react with an overwhelming sense of fear to even relatively harmless heart sensations. At such times, they may misinterpret abnormal physical sensations as virtually a matter of life and death.

There is no relationship between panic attacks and heart disease except that a few symptoms of both can feel alike.

After the first panic attack/s some people develop intense fear that they already have had or are headed for a future heart attack. They become hyper vigilant (sort of “paranoid,” as we colloquially say) trying to detect any signs of heart disease.

It is normal for the heart rate to increase when we experience emotional excitement, stress or fatigue. But, most people don’t focus on it or view it as anything serious. But panic-prone people get scared thinking they are having a heart attack. Mere thought of having a heart attack triggers emergency response in the brain, heart, lungs and other vital organs pushing the rest of the body into a panic state.

What I want to emphasize here is this: Many people who do not suffer from panic attacks also experience cardiac “events” such as heart palpitations or heart racing without regarding them as ominous signs of something terrible. They don’t get alarmed and don’t view them as warning signs of a heart attack, stroke or some other life threatening illness.

Since anxiety can mimic major medical symptoms, it creates an additional “burden” for medical patients. They must learn to differentiate between a real medical crisis and an anxiety attack.

Even healthy people have a hard time differentiating between the two. When panic attacks first begin to occur, even healthy individuals suspecting a heart attack may rush to the hospital emergency room. Only after being medically cleared and assured there is nothing wrong with their heart, they begin to realize that the problem is not with their heart or lungs but it has to do with panic attacks.

People who have heart or lung disease along with anxiety and panic attacks always have to figure out whether the symptoms stem from anxiety or from their medical condition. It gets even more complicated. Sometimes, it’s not just the anxiety or the medical condition, it is a combination of both and each one aids and abets the other. One lady who had a history of congestive heart failure and also suffered from depression and panic attacks explained how she can tell when it is her heart or a panic attack. She said the following: “My anxiety when panic attack is coming is much more severe. When my heart is acting up and I should be more panicky about it, but I have some anxiety and worry but it is nothing like a panic attack. When it is the heart problem, I take my Nitro(glycerine) and I feel better. But if it is a panic attack, Nitro won’t make a difference.” Isn’t it fascinating? She has worked out her own technique to tell the difference between a panic attack and a heart episode.

Another lady who had asthma and also suffered from panic attacks explains how she tells her asthma episode apart from a panic attack: “When I am having an asthma attack, I forget how to breathe. I have to remind myself how to breathe. Then I know it’s time to take my inhaler. I take a breath and slowly let it out. I take another breath and slowly let it out. Soon, I begin to see some relief. When it is not my asthma, I feel jittery. I can take a breath and let it out and I am still smothering. So I know it is not my asthma, it is my anxiety attack.”

You will experience at least some ongoing anxiety when you suffer from a major medical condition. But it is important that the anxiety remain in control and proportionate to the seriousness of the situation. A disproportionate mental reaction would increase breathing discomfort and shortness of breath.

Realistic anxiety is beneficial because it prompts us to take the required action but excessive anxiety helps nothing; it only complicates the medical condition.

Mother Nature has built into us a "suffocation alarm system" so that we don't go on suffocating to the point of death. This suffocation alarm is important for our survival. Consider the case of babies who die in their sleep, perhaps without a scream or a cry. Perhaps their suffocation alarm system failed or had never developed. Without such an alarm system, we may not recognize the need to get away from a toxic environment even when the pollution reaches a dangerous level. As the saying goes, “forewarned is forearmed.”

Spontaneous panic attacks," or “panic attacks with sudden onset” as they are often called, come like a bolt out of the blue. Patients are not thinking of any anxious or worrying thoughts to cause a panic attack. In fact, they may be resting and thinking about a harmless, everyday event, and then a panic attack may "spontaneously" appear. Their heart suddenly races, breathing goes haywire, the body shakes, they sweat like their body is on fire, legs feel weak and crumbling, and other menacing symptoms shake and rattle the body. Such symptoms occur even when there is not such an ominous cause for terror.

After the attack, one asks oneself, "I wasn't panicking about anything! Why did I have a panic attack?" The individual suspects he or she was having a heart attack but medical tests just failed to identify it.

Some when find out there is nothing wrong with their heart begin to worry even more. They begin to think something along these lines, "The Doctors told me there was nothing wrong with my heart but I had severe chest pains and my heart was in my mouth. If my heart is okay, does it mean my head is not? Am I going crazy?" No you are not! You are having a perfectly normal reaction because you have not been explained much about the panic attacks. Panic attacks can mimic medical symptoms such as chest pains, heart palpitations, breathlessness and many other symptoms.

Start saying something helpful to yourself such as, "It's a false alarm. I should try to stay calm!" Breathlessness and tightness of chest and throat can make you feel you are going to suffocate and die, or cause damage to your internal organs. But tell yourself, it is caused by anxiety that can produce all those symptoms.

If the body's alarm system is messed up, it can go off even when there is no real danger. Think of your house alarm. Sometimes, house alarms go off even by slight smoke when you are cooking. Picture this: The house is not on fire but the alarm has gone off. If you don't know it was a false alarm, you might panic and rush to try to put out the fire or you might run out in a frenzy to save your life. Likewise, the body and brain can sometime act on a false alarm as if it's the real alarm.

To continue with the analogy, some patients with heart or lung problems may receive a false alarm because of the presence of "smoke," that is, there is a problem but that heart or breathing problem is not a matter of life and death.

A Breathing Disorder Such as COPD Can Resemble a Lot Like Panic Disorder

The two major symptoms found in almost all panic attacks are heart palpitation (heart goes "thump, thump") and dyspnea (shortness of breath).

Shortness of breath, painful breathing, can set off a false suffocation alarm. In some cases, even a moderate change in heartbeat and breathing can trigger the alarm. After all, shortness of breath or any type of breathing discomfort raises a possibility in our minds that we may not be able to breathe at all! During a panic attack, one might rush to a window and throw it open in an attempt to fill their lungs with air. We all want to breathe. We all can panic if we are unable to breathe.

Severe and continued breathlessness can cause smothering sensations. Panic disorder is one of the most common psychiatric disorders in COPD. Note that not all COPD patients have panic attacks and not all panic attack patients have heart or lung problems. People who are highly anxious or tense can also have changes in their heart rate and breathing. Sometimes the suffocation alarm may be falsely activated by even moderate changes in the breathing and heart rate. Patient education regarding anxiety and panic attacks, breathing training and medication can provide significant relief.

It helps to stay calm and in control even when symptoms are severe. There are helpful techniques, and you can learn them in order to calm down and exercise reasonable control. More to come on our biological emergency alarm system later!

Write down how you can tell when it is your anxiety or panic attack and when it is a symptom caused by your medical condition:

Psychiatric Perspective on Anxiety and Panic attacks

“Anxiety,” “anxiety attacks,” or “panic attacks.” So far I have been using these words interchangeably. But psychiatrically speaking there is a difference between the two.

Anxiety is a “catch-all” term referring to the tension or stress a person experiences in the presence of an actual or anticipated threat. Anxiety can be severe, moderate or mild. There are many people who experience low-grade anxiety all the time and are unable to relax. In common parlance, we often refer to them as “worry warts.” Only some of them experience panic attacks.

I have constructed my own anxiety checklist, which I have been using and continually modifying for the last 15 years or so at my clinic with anxiety and panic attack patients. In this checklist, there are 43 symptoms that cover a wide spectrum of anxiety complaints. You can see Dr. Sharma’s Anxiety Checklist at the end of this file.

But, only 13 out of the 43 symptoms on my Anxiety Checklist fall in the category of panic attacks. Those 13 symptoms are classified as symptoms of a panic attack according to the Diagnostic and Statistical Manual IV of Mental Disorders, briefly referred to as DSM IV.

According to DSM IV, you have a “panic attack” when you experience at least 4 out of the 13 symptoms, which may gradually or suddenly escalate to the level of a full blown panic attack. Panic attacks with sudden onset rapidly build to a peak and are accompanied by an overwhelming sense of fear.

Panic attacks with “sudden onset” or without sudden onset typically last for a few minutes. They peak out anywhere between 5 to 15 minutes. But, in some circumstances they can last even an hour or two.

It can be a scary experience when you have no inkling of a panic attack coming, and you suddenly experience such symptoms as heart pounding, panting and shaking and trembling like a train is running towards you from a blind corner.

If you experience fewer than four symptoms, some clinicians would refer to it as a “limited-symptom panic attack.”

“Anxiety attack” is not a DSM IV term. When one has some of the panic symptoms but they don’t meet the criteria of a panic attack, we refer to them as “anxiety attacks.” I don’t believe there is a precise definition of an “anxiety attack” upon which we all can agree.

Thirteen (13) Symptoms of a Panic Attack according to the Psychiatric manual (DSM IV)

1. Palpitations, pounding heart, or accelerated heart rate
2. Sweating (not due to heat or exertion)
3. Trembling or shaking
4. Shortness of breath or smothering
5. Feeling of choking
6. Chest pain or discomfort
7. Nausea or abdominal distress
8. Dizziness or lightheadedness or fainting feeling
9. Feeling of unreality or of being detached from self
10. Fear of losing control or going crazy
11. Fear of dying
12. Numbness or tingling sensations
13. Chills or hot flashes

According to the psychiatric manual (DSM IV) a person must experience at least 4 out of 13 symptoms to meet the criteria of “panic attack”

“Fear of dying” and “fear of losing control or going crazy,” refer to one’s thought process at the time. But the remaining 11 symptoms consist of uncomfortable and unpleasant bodily sensations. No wonder they APPEAR as a medical crisis on hand. Yet, in many cases, panic attack symptoms occur even though there is no medical basis for the symptoms.

If you are a medical patient and have panic attacks, you can train yourself to “smell” a panic attack coming without anxiety and can even take measures to “nip it in the bud.”

Dr. Sharma’s Anxiety checklist

In the next page, we provide Dr. Sharma’s Anxiety Checklist. It was adapted from the psychiatric manual (DSM IV) and several other anxiety checklists. The first thirteen symptoms of panic attack are also included in this checklist. It is a comprehensive list of anxiety symptoms but not exhaustive. You may have some or most of the symptoms listed here. You may also have some which are not listed here. You can rate each symptom you have as “none” “mild” “moderate” or “severe.”

Name _____

Date _____

DR. SHARMA'S ANXIETY CHECKLIST
(Adapted from DSM-IV, Beck, Burns Anxiety Inventories)

Please rate each symptom by putting (x) mark to indicate how bothered ("none", "mild", "moderate", or "severe")
you have been by these symptoms in the past 2 weeks, including today.

	non e 0	mil d 1	moder ate 2	seve re 3
SWEATING/COLD SWEAT/BREAK INTO SWEAT (not due to heat)				
TREMBLING/SHAKING				
HOT FLASHES/COLD CHILLS				
NAUSEA/ABDOMINAL DISTRESS/BUTTERFLIES				
PALPITATION/ HEART RACING OR POUNDING				
SHORTNESS OF BREATH/SMOTHERING/CAN'T GET AIR				
UNSTEADINESS/DIZZINESS/FAINTING/LIGHTHEADEDNESS				
TINGLING/NUMBNESS				
CHEST PAINS/TIGHTNESS/PRESSURE				
CHOKING				
FEELING OF UNREALITY				
FEEL THINGS CHANGE SIZE				
FEEL BODY CHANGES SIZE				
THINGS APPEAR STRANGE				
FEEL DETACHED FROM SELF				
FEAR OF DYING				
FEAR OF GOING CRAZY/LOSING CONTROL				
RINGING IN EARS				
VOICES FADING OR THINGS BECOMING DISTANT				
MUSCLE TENSION/ACHES/SORENESS				
RESTLESSNESS/JUMPINESS				
EASY FATIGUABILITY/FEELING WEAK/EASILY EXHAUSTED				
EXAGGERATED STARTLE RESPONSE				
FREQUENT URINATION				
TROUBLE SWALLOWING/"LUMP IN THROAT)				
DRY MOUTH/LIKE COTTON (Not due to medicine)				
FEELING KEYED UP/ ON EDGE"				
IRRITABILITY				

RUBBERY, "JELLY LEG				
HEADACHES/PAIN IN NECK OR BACK				
SUDDEN FEAR OF STROKE				
SUDDEN FEAR OF HEART ATTACK				
SUDDEN OVERWHLMING FEAR				
DIFFICULTY CONCENTRATING/ MIND GOING BLANK				
TROUBLE FALLING SLEP DUE TO WORRIES/FEAR				
APPREHENSION/SENSE OF IMPENDING DOOM				
FEARS OF THE WORST HAPPENING				
FREQUENT ANXIOUS DREAMS				
ANXIETY INCREASES IN SOCIAL OR OTHER SITUATIONS				
WORRYING TOO MUCH ABOUT ERVERYTHING				
FRIGHTENING FANTASY THOUGHTS OR DAYDREAMING				
FEAR OF BEING ALONE OR IN DARK				
FEELING SCARED				
FEELING TERRIFIED				
ALWAYS TENSE AND UNABLE TO RELAX				
FEAR OF SICKNESS/ INCAPACTATION				
IRREGULAR HEARTBEAT/SKIPPING/ FLUTTERING				
FEELING BLOATED OR GASSY (NON DRUG/ DISEASE)				
OTHER (specify)				
OTHER (specify)				

Chapter 4
The “Anatomy” and “Physiology” of a Panic attack

- How Does a Panic Attack Start and Escalate
- Anxiety, Panic Attacks Feed on Breath, Body and Thought Discomfort
- Self-Help Exercise
- Tips for Panic Control

How Does a Panic Attack Start and Escalate

Since many panic attacks occur suddenly, that is without prior warning and without an identifiable cause you may feel totally at loss in trying to make sense of it. In this section, we will discuss how these symptoms are interconnected and the mechanisms that escalate symptoms to a full blown panic attack.

Hopefully, when you understand how a panic attack starts and escalates, you may be able to forestall the onset or modify the intensity of the symptoms and as you acquire further knowledge and skills in this area, you may be able to stop them altogether.

Breath dysregulation may be the major reason for setting off the emergency alarm or let's say, our "panic button." A panic attack is nothing but the body's emergency system at work! The emergency system that is swung into action by an alarm (often false alarm) set off by your brain.

Breathing involves both brain and lungs. You hear a lot about the lungs, airways, air sacs, diaphragm, ribcage etc. in connection with breathing, but you rarely hear about the central and critical role your brain plays in monitoring and regulating breath. Let's call it the "central respiratory control system."

It can't be any other way! Breathing is absolutely essential for our survival, hence it has got to be under the control of the "higher ups," your brain. Your brain is constantly monitoring the oxygen (O₂) and carbon dioxide (CO₂) levels and the ratio between the two.

If the O₂-CO₂ levels and their ratio ever go outside "acceptable range," the brain will give distress signals or set off the emergency alarm. The higher order brain, also called the "thinking brain" or our "mind" may also get involved in modifying or magnifying the problem depending on perception, interpretation and other thoughts related to the breathing episode.

Recurrent panic attacks may be defined as a "dysfunction of the central respiratory control system." That dysfunction may be temporary or permanent. The areas of brain involved in monitoring and protecting the airways from acute respiratory danger (e.g. suffocation) become over sensitized and react inappropriately.

Breathing being a major cause of panic attacks makes it particularly tricky for heart and lung patients. We will discuss that aspect later. For now, let's continue to explore the mechanisms of how the central respiratory control system may begin to overreact and trigger emergency response even though there may not be a real emergency.

Here are three popular theories prevalent in psychological literature regarding panic attack and central respiratory control dysfunction:

Brain Suffocation Alarm Theory: Brain is constantly reading oxygen and carbon dioxide levels to protect you from suffocation. When O₂- CO₂ levels get to the unacceptable level, brain sounds the emergency alarm. Emergency operation, that is, the body's fight-flight operation swings into action releasing adrenaline, accelerating heart and lung activity, creating hot flashes, cold chills, and hundreds of other changes that prepare us to fight or flee. That emergency operation, also known as "fight flight" reflex, is what we experience in a "panic attack."

It constantly samples our blood to be sure that we are breathing well and nontoxic air. If there is a problem, our brain alarm wants us to run away from the dangerous situation. With COPD, even small changes in the air such as odors, pollutions, pollens, sudden temperature changes, emotional excitement, acting as if in a hurry can trigger false suffocation alarms.

Hyperventilation and Hyperinflation Theory: Some people tend to mildly hyperventilate a lot of times. I call it "over breathing." Over breathing can create unacceptable levels of O₂-CO₂ ratio. When O₂- CO₂ levels get to the unacceptable level, the body's emergency system takes over, resulting in a panic attack. Over-breathing causes the lungs to hyper inflate, which means that the lungs are not able to get rid of the excess air they are taking in. Since all the old and stale air doesn't get out of the lungs, there is very little room for the fresh air to get in. In such condition, one tries even harder to take in more air. As a result, a person feels out of breath. They are unable to catch their breath or feel "hungry" for air. Panic sets in.

Catastrophic Theory: Here we rise beyond the territory of the brain and enter the corridors of the mind. Note that thoughts can trigger fight-flight reflex. Theory says that when you think such catastrophic thoughts as, "I may never be able to catch my breath and die" or, "I might be having a heart attack and I might not make it to the hospital." Such catastrophic thoughts can signal the brain of an impending danger and set off the body's emergency alarm system.

These theories offer us some insight into how body, breath and mind interact in a "crisis" to trigger a panic attack. However, quite often, the perceived crisis is not always a real crisis, but an exaggerated view of uncomfortable body sensations further confounded by our catastrophic thoughts. .

Write, which of the above three (3) theories make sense to you or applies in your case?

Anxiety, Panic Attacks Feed on Breath, Body and Thought Discomfort

In light of the above theories, namely, suffocation-, hyperventilation and/or hyperinflation and Catastrophic threat theories, we can now list the various panic attack symptoms in three categories: 1) Breath-related discomfort. 2) Uncomfortable bodily sensations 3) Catastrophic thoughts

Let us review the thirteen (13) symptoms of a panic attack as per the psychiatric manual (DSM IV) and note how 13 panic attack symptoms fit into in the above three categories.

Breath related discomfort

- Shortness of breath or smothering
- Feeling of choking
- Dizziness or lightheadedness or fainting feeling

Uncomfortable bodily sensations

- Palpitations, pounding heart, or accelerated heart rate
- Chest pain or discomfort
- Sweating (not due to heat or exertion)
- Trembling or shaking (extremities or the insides)
- Numbness or tingling sensations (parts of body or whole body)
- Chills or hot flashes (parts of body or whole body)
- Nausea or abdominal distress
- Feeling of unreality or of detached from self.

Catastrophic thoughts

- Fear of losing control or going crazy (e.g. "I am losing my mind!")
- Fear of dying (e.g. I won't make it to the hospital!)

Many cognitive therapists believe panic attacks occur because of our highly exaggerated response to breathing discomfort and unpleasant bodily sensations, and due to the catastrophic thoughts that cross our mind at that time.

Please go to the next page to the Self-Help Exercise and identify which ones do you think might be playing a part in your anxiety/panic attacks!

Self-Help Exercise

Out of three (3) “Breath Related Discomforts listed above,” which ones do you have?

Out of eight (8) “Uncomfortable Bodily Sensations,” listed above, which ones do you have?

Out of two (2) “Catastrophic Thoughts,” listed above, which ones do you have?

Tips For Panic Control

WHAT SHOULD YOU DO FOR YOUR PANIC ATTACKS?

Learn to work with your body's defense system, often called, "emergency/rescue system" or "fight-flight" response. It's true that panic symptoms are an enormous nuisance, but still their purpose is to ensure our survival! Thank your body it is doing what it's supposed to do but it's operating in the over drive and receiving false signals.

Understand your body's defense system, honor it and try to work with it. With that attitude of mind, you might just be able to counter such catastrophic thoughts as, "Am I losing my mind?" or, "I have lost total control over my body!" and superimpose assuring and calming thoughts such as, "This will be lot better as I calm down and do my pursed-lip breathing," or "This too shall pass. It can pass when I focus on exhaling and relaxing."

Note I didn't suggest that you try to "avoid" or "not think" catastrophic thoughts, I am asking you to "counter" the catastrophic thoughts and "superimpose" more helpful thoughts. This technique is different from the more common advice you might receive such as, "Don't think those morbid thoughts!"

Why should you counter catastrophic thoughts? Because, those thoughts can produce massive fear, and trigger or aggravate the fight-flight response.

Some would say, "Well, those are just thoughts. Thoughts come and go. Why do I need to do anything about them?" The problem is that thoughts are also physical in nature. Thoughts release real chemicals and hormones and thus have a real effect on the body, breath and mind.

Watch those negative thoughts. Remember most people tend to think negative and worrisome thoughts over and over again, but they don't do the same thing with positive and encouraging thoughts!

Thoughts can be as real as real things. For example, one doesn't have to actually see a tiger; just the thought of meeting a tiger in the lonely woods can trigger a real fight-flight response. The thought of a tiger attacking you or your tiger-like boss attacking you can set off your emergency alarm.

Some don't believe they had any thoughts before they panicked, "I wasn't thinking of anything, it (panic attack) just came out of the blue."

By understanding and cooperating with the body's defense system, you can modify the symptoms of a panic attack.

Suppose you SUDDENLY notice rapid breathing, chest heaving up and down, hot flashes and heart racing. But it might not have been so sudden. Your anxiety or concern might have been building up all day below your level of awareness. Perhaps, you were

worried all day about your more-than-usual wheezing or tightness in the chest you noticed that morning. As you noticed it, maybe thoughts crossed your mind about a possible flare up of COPD symptoms or pneumonia. As the pneumonia thought crossed your mind, perhaps you saw a “flash” in the mind’s eye of being in the ICU of your local hospital.

And, from that point on, to continue with the example, perhaps your breathing speeded a little, heartbeat quickened and chest tightened. You took all that on the chin without making a big deal of it, until the panic symptoms loudly knocked on the door and the “emergency alarm” went off.

Not being aware of the relationship between your anxious thoughts and rapid breathing, you might feel you’ve lost all control over yourself. The adrenaline “rush,” the fuel for the “fight-flight motor” wants you to flee but you can’t because someone is right there in the room. You don’t want to look like you’re doing something “crazy” right in front of your house guest. You become more tense up and ever more breathless!

This takes you right to the panic state and you start hyperventilating. You begin to think catastrophic thoughts such as, “My breathing could get out of control, “I am going crazy” “I’m losing control (or losing my mind)” or “I won’t make it to the hospital!” can increase the anxiety severely.

Now, the panic attack has reached the “Point of No Return” and you experience a full-blown panic attack.

Logical Explanation of Specific Symptoms

Here is the explanation of how and why these symptoms take place:

Shortness of breath or rapid breathing is intended by nature to help us run or fight (notice when runners run or fighters fight, they are breathing rapidly). The heart beats fast and strong because it’s the heart’s job to rush the blood to the arms and legs. After all, we need our arms and legs to run or to fight.

Reason you feel lightheaded, faintish or dizzy is because the blood is being diverted from the head and rushed to the peripheries, that is, your arms and legs.

Some panic attack patients feel as if they are in a dream or that panic attack events are happening to someone else. This is called a state of dissociation. Anxiety can cause dissociation from the normal level of awareness. Such experiences also result from blood/oxygen being diverted from the brain.

Since you need the “fuel” for your “fight-flight engine,” adrenaline is being pumped into the blood. Adrenaline is sheer energy which creates excess heat in the body. The heat can sometimes cause hot flashes all over the body or in parts of the body. Since blood is being diverted to some areas of the body, you may experience cold chills in other

parts of the body. Sweating also serves an important function, so the body's engine doesn't get too heated. In a panic attack, you may start sweating which occurs to cool down your body after excessive heat has been generated in the system.

Trembling or shaking in the arms and legs, or numbness or tingling sensations in parts of the body or the whole body can result from oxygen-carbon dioxide imbalance and the nervous system firing off. I like to explain to myself that my engine is "racing" but the vehicle is not going anywhere. By that I mean, that all the chemicals and hormones, the "fuel" is rapidly pouring in to prepare me to fight or run but I am not actually fighting or running. I am just sitting there huffing and puffing.

If I were to actually run, I would view my rapid breathing, heart racing and leg shaking as very normal result of my running. Runners don't think they are having a panic attack. They are just running!

Experiences such as, "rubbery legs" "jelly legs" or "wobbly feeling" can result from expanded blood vessels in the legs. Legs are supplied with plenty of blood to make them extra efficient for fighting or fleeing.

The rumor (or fact) is that Elvis Presley, the king of the rock, invented the gyrating movements as part of his singing because his legs would constantly shake as a result of stage fright. Presley acted on the age old wisdom "when you can't fight them, join them." So, constant shaking and moving of the legs became a part of his rock music.

You might also experience 'butterflies,' upset tummy or even diarrhea. Anxious patients also commonly report the need for frequent urination which is not due to prostate or bladder problems. So, abdominal discomfort or urinary urgency are undoubtedly a nuisance but still a part of Mother Nature clever design! Think about it— Why would you want to carry "excess weight" when the house is on fire? You want to run out of the house as fast as you can.

In order to "travel light" or more appropriately "fighting fleeing operation, the body intends to empty the bowel and bladder during the emergency operation.

A scenario with better ending: Forestalling a panic attack!

Let's now draw a scenario with a better ending! Say, you had read the chapter on "Panic Attacks in Medical Patients," from this book. As a result, you know there is no real emergency though your body might FEEL it is an emergency. Were you to experience wheezing or chest tightness that morning, you would've halted or at least ameliorated those worrisome thoughts and focused on taking proactive steps such as checking your breathing function, blood pressure, pulse and oxygen level, and the recommended medication.

Say, you were still anxious during the day lest your symptoms escalate. As soon as you were to notice shallow breathing, accelerated heart rate or rapid breathing, you

would've right away taken such corrective breathing measures as slowing down your breathing, pacing the breathing or doing pursed lip breathing before it could escalate to the point of hyperventilation.

To continue with the "happy-ending" example, instead of catastrophic thoughts, you would've given yourself positive messages such as, "My breathing is slowing down," or "I am going to calm down." Or "Pursed lip breathing will help me to get the excess air out of my lungs. I'll feel better in a short while!"

Thus, by recognizing the signs early on, you can nip a panic attack in the bud. When you try to regulate your breathing and change anxiety provoking thoughts as they show up, panic attack symptoms are less likely to escalate to the point of no return. As the saying goes, "A stitch in time saves nine," you might experience symptoms that are uncomfortable but you might just be able to avoid a full-blown panic attack.

At any rate, with practice as you get better in recognizing the symptoms pretty early on and bring your breathing to normal, panic attacks might become a thing of the past.

Note: When you acquire skills in slowing and normalizing your breathing and in changing your hot thoughts to cool thoughts, you may also be able to reduce the severity of your breathlessness.

Panic attack symptoms despite their unpleasantness are proof that your emergency system works!

Biologically speaking, panic symptoms perform a very vital function. Panic symptoms occur because the body is preparing itself to deal with an emergency. Therefore, panic symptoms show that the body is doing its job, even though in a bizarre way! It's weird to think that we should be grateful for having a fight-flight system in our body that gives us so much trouble. But the fight-flight system shows that our body and mind are working normally and logically. That is exactly how we are supposed to react in case of an emergency.

The problem is that once the alarm falsely goes off, it keeps going off. I like to draw the analogy of a house alarm. Suppose the two wires in the house smoke alarm come loose. They might start touching each other and accidentally setting off the alarm. For instance, you walk on the floor in your house that causes vibrations/tremors in the wall on which the house smoke alarm hangs. As a result of the vibrations, wires touch each other and the alarm goes off! We have to be able to tell when it's a false alarm. We must also learn to shut it off at will by using the techniques in the Chapter 8, "Calming the Breath, Mind and Body for Anxiety and Panic Control."

Chapter 5

Understanding Anxiety, Panic and Related Conditions

- Anxiety and Depression
- Anxiety and Possible Impact on Appetite
- Appetite and Weight loss in COPD

Anxiety and Depression

Many times, depression is mixed with anxiety. Many people develop depression after the onset of suffering from a serious chronic medical condition. Some develop a significant level of anxiety related to their medical condition. Chronically severe anxiety can also cause or contribute to depression.

Studies show that depression and anxiety go hand in hand in about sixty percent of cases. Some depressed individuals feel restless and agitated. Restlessness and agitation, which may be caused by heightened anxiety and despair resulting from worthlessness, hopelessness, sense of failure and indecision.

Loss of job and of the role as an earner and family nurturer or as a provider, disability, confinement or overall impairment in the ability to function in daily life are severe stressors and among the most powerful circumstances leading to depression. Incidence of depression and anxiety is high in the COPD population. Anxiety often accompanies depression and vice versa.

Renee D. Goodwin of Columbia University and a team led by her reported evidence of suicidal thoughts with patients diagnosed with pulmonary disease. These suicidal thoughts seem to be more prominent than those with major depression. In her study of 3000 patients she found that 11 percent had thoughts of suicide or hurting themselves, and this 11 percent had no diagnosis of depression. Goodwin notes several reasons as to why patients would want to hurt themselves. One, diseases dealing with COPD may create “a sense of hopelessness and despair”. Secondly, medications could account for these suicidal thoughts. Medications such as steroid based drugs, which could increase “feelings of sadness and anxiety”. Cigarette and alcohol use can also attribute to the cause. “Pulmonary diseases often induce panic attacks, which could contribute to thoughts of killing oneself ...”⁴ (Bower, Bruce, 2003)

Another study was done investigating whether “psychological factors predict outcome after emergency treatment for obstructive pulmonary disease”. The study found that 40 % (17 patients) had anxiety/depression, and that of the 17 patients 53% (9 patients) were admitted to the hospital or had a relapse within 1 month. These patients were compared with 19 % (5 patients) who did not have anxiety/depression. The study indicated that “anxiety and depression are related to the outcome of emergency treatment in patients with obstructive pulmonary disease.”⁵ (Inger Dahlen, Jansen Chirster, 2002)

Pulmonary Rehabilitation (PR) can improve anxiety and depression in patients with COPD. 29.2% of patients studied had significant amounts of anxiety and 15% had significant depression. After a 6-month follow up the use of Pulmonary Rehabilitation helped in reducing the amount of anxiety and depression in patients. “Anxious patients showed statistically greater improvements in exercise capacity following PR.”⁶ (Withers NJ., Rudkin ST., White RJ, 1999)

Dr. Kozora studied the Neurobehavioral Improvement in patients with depression after three weeks of rehabilitation. “Decline in depressive symptoms and increased exercise capacity occurred in patients with COPD after brief rehabilitation. Clinical improvement in visual attention, verbal memory, and visuospatial functions occurred in the impaired patients with COPD participating in treatment.”⁷
(Kozora E., Tran ZV., Make B, 2002)

In a study done to determine the risk of depression in patients with COPD and its determinants found that “the prevalence of depression in COPD patients with severe airways obstruction was 25 % and that they had a 2.5 times greater risk of depression than controls who were comparable for demographic variables and the presence of comorbidity.”⁸ (van Manen JG, et al, 2002)

Anxiety and its possible impact on appetite

Changes in appetite and eating behavior are generally associated with depression, but lesser known is the fact that anxiety can also cause an eating disorder.

Anxiety and depression affect the appetite and eating behavior quite differently. Depression tends to suppress most biological functions, especially the drives and desires related to hunger: thirst, sex, movement or exploration of the environment.

Anxiety seems to over stimulate and overcharge the same systems. Therefore, when anxious, we become "hyper," "fidgety," over focused and super vigilant.

For sake of simplicity, let's say that in depression a person becomes "under reactive" and in anxiety, "over reactive." Pursuing this line of thinking, we can see that, by and large, in depression the appetite and eating should be reduced, while in anxiety, the same should be increased. Sounds logical? Right?

But, in real life things are often unpredictable and inconsistent. In depression, patients can experience either increase or decrease in the appetite or alternately both. Some depressed individuals develop a hyper appetite and crave for food all the time. Likewise, anxiety can either kill appetite or turn a person into a voracious eater. How is that possible? How come the anxiety and depression both can take us to the opposite extreme?

It's possible that the increase in appetite and craving for food seen in depression is really caused by anxiety. I am not offering this as just "food for thought," but it can be important for the treatment of eating disorders associated with anxiety and depression.

Therefore, a depressed individual who also exhibits hyper appetite and craving for food should be evaluated for presence of anxiety. If there is a significant level of anxiety, then therapy should obviously include techniques for anxiety reduction.

Some anxious individuals report severe loss of appetite. They can become emaciated. They should, of course, be evaluated for depression, but, keep in mind that anxiety can also cause the same symptoms.

Here is one explanation regarding how anxiety can kill the appetite and suppress eating behavior: Anxiety causes excessive secretion of acids in the stomach causing low-grade nausea and giving the feeling of fullness in the stomach. Furthermore, a feeling of fullness in the throat and difficulty in swallowing experienced in anxiety can also suppress the desire to eat.

Other associations between anxiety and eating disturbance are not yet clearly understood. For instance, social fears and thoughts of being negatively judged or evaluated by others are sometimes associated with loss of appetite or food refusal.

Relationship conflicts, or "tangles," are also associated with both under eating and over eating. Perhaps, anger and anxiety are responsible for this. The reverse is also true. Anxiety and eating problems improve as relationships improve.

In the case of people with COPD, loss of appetite and/or weight is even more complicated. Lung impairment is often associated with loss of appetite and digestive tract problems such as Irritable Bowel Syndrome (IBS), diarrhea, flatulence, constipation and the like. Side-effects of some medications people with COPD take can also cause digestive tract problems.

Appetite and weight loss in COPD

One friend with COPD shared the following:

“I feel better with little or no food, but that's not going to help me gain weight. I've lost another 5 lbs. since this last March. I look anorexic and was sent to a eating disorder clinic, but I don't fit into this category. It's because I am struggling to breathe---which uses up a lot of calories and I don't know what to do about this too-full feeling. It's not constant, but happens three or four times a week and lasts for hours.”

Many people with COPD have significant level of anxiety and depression problems. For those people, loss of appetite could be an interaction of anxiety, depression and complication of lung impairment. If anxiety alone is causing overeating or under eating, calming the over reactivity of the nervous system can be helpful. And, you should calm the mind as well. Obviously, if there is a situation that is keeping you tensed up, it needs to be modified.

Chapter 6

Frequently Asked Questions re. Panic Attacks

- Role of MEMORY in Anxiety and Panic Attacks
- Role of Stress in Panic Attacks
- Role of Exercise in Anxiety Management
- Medication and Therapy

Role of MEMORY in anxiety and panic attacks

Catastrophic thoughts create catastrophic memories. If you thought you were going to die of suffocation, you are likely to remember, "I could've died of suffocation! I don't know but somehow I made it!"

Previous panic attacks or severe dyspnea can also increase the likelihood of future panic attacks. The more one tries to forget an experience that caused fear or severe discomfort, the stronger the memory of that experience can become.

When people suffer from recurring panic attacks or from a specific phobia such as that of height, bridges or highways, they usually don't think of a specific memory or thought as the real culprit behind their predicament, but sometimes that is exactly the case.

Once the frightening experience such as of choking, shaking, trembling, heart racing, hot flashes, cold chills or dizziness occurs, a catastrophic memory of that experience is created. The body and the mind from then on will remember that specific physiological state, along with specific thoughts related to that situation. Such a combination will drive the disorder by reacting to everything that appears close to the original experience.

In my diagnostic interview, when I ask people about their first panic attack or a frightening experience, they often remember the physical symptoms of that frightening experience but not the specific thoughts or circumstances. But that does not mean they have really forgotten them. The body remembers it, whether the mind does or not.

In many cases, when clients begin to get better in therapy, at some point the memory of that traumatic/frightening experience emerges from the deep recesses of the mind like a flash. When fearful memories are confronted and dealt with, it gives a boost to the process of recovery.

Role of STRESS in Panic attacks

The answer to the question, "Can stress cause panic attacks?" is "Yes."

Let's take the example of "Joe." Joe was not a COPD patient but the example will still illustrate the relationship between continual stress and emergence of panic attack at some point.

Joe habitually carries a high level of stress. "Joe" had several deadlines to meet. Things get really hectic towards the end of the year at work, with worsening health, financial pressures and other family concerns. Joe was not getting a break on any of these fronts. One day Joe felt a mild chest pain but forgot all about it as he focused on things he needed to finish that day.

Driving home Joe experienced a sudden increase in heart rate along with rapid breathing. He felt a hot flash permeate his entire body, leading to profuse perspiration. He felt tingling and numbing in the feet and hands followed by shaking and trembling. Joe was puzzled that he would have hot flashes in some parts of his body and cold chills in others. He felt faintish, somewhat dizzy and nauseated. Joe began to think, "This never happened to me before. I am either going crazy or I am really having a heart attack. What if I die right now here on this road! Nobody will come to help me here. Nobody will ever find me until it's too late!"

Joe felt overwhelming fear along with fast breathing, heart pounding, sweating, and shaking. Just then, Joe saw a blue sign that read, "Hospital" and he sped down to the hospital emergency room. At the E.R. they did an arterial blood gas test and EKG to assess the heart function. Upon completion of tests, doctors advised Joe that his heart was in "good" condition and his symptoms were consistent with a panic attack and hyperventilation. He was released to the care of his primary care physician.

Joe was more confused than ever and thought to himself, "If I don't have a heart problem, why did it feel like a heart attack? Does this mean I am going crazy?"

The story of Joe is not a unique one. This commonly occurs in individuals who have not had the opportunity to learn about panic attacks. Patients are seldom medical experts. During a panic attack, people experience symptoms that appear much like those of a heart attack. They believe they are facing a truly life threatening event and until they are medically cleared of any danger, they fear they may be dying of a heart attack.

Even after several panic attacks, a person may still believe that "unlike the last time this time it is for real." When a panic attack is over, patients know that their heart is normal, but during an attack, they cannot think logically. In the panic mode, catastrophic thinking replaces the normal thinking and reasoning ability. The pounding heart deafens the faint voice of the logical mind at such a time. However, after ten to fifteen minutes,

which is the average duration of a panic attack, a person can again believe that his or her heart is okay, but he or she wouldn't do that during a panic attack.

I have worked with hundreds of people who suffered from phobias and panic attacks. Many of them had been on anxiety pills for years with limited relief. We have usually been able to identify the circumstances when they first experienced severe discomfort or a panic attack in a specific situation. They were experiencing some sort of impasse or a highly frustrating and challenging situation in their lives.

The ongoing stress of a major illness such as COPD is enormous. Long-term ongoing severe stress creates a certain kind of physiology, which, in turn, creates negative thoughts such as those pertaining to anger, frustration, helplessness, powerlessness, being suffocated or simply "getting stuck." Understand that my explanation is an oversimplification of what might happen in the body and the mind. I am of the opinion that panic attacks result from a combination of specific physiological stated, high-stress and cognitive factors such as negative thoughts and traumatic memories.

So the road to recovery from the grips of a panic disorder or phobia involves becoming aware of the specific thoughts, memories, experiences and stressful circumstances so we can begin to change them. It is important because if you don't know your "enemy," you can't fight it. With just a little training, anyone can become good at "catching" those thoughts and memories, the enemy of our peace of mind.

Role of EXERCISE in anxiety management

There is another tool one can use to alter the anxiety physiology, more specifically the tool of "exercise!"

Researchers at the university of Missouri-Columbia have found that even low to moderate intensity workouts immediately reduce the level of anxiety and stress. High intensity workouts lower the anxiety and stress levels even more.

Don't let the term "high intensity exercise" put you off! You don't have to do high intensity exercises in order to derive mood benefits of exercise. You as a person with COPD may want to exercise lightly and gradually increase the duration of your exercise.

In addition to reduction in stress and anxiety levels, participants in the above cited study felt healthier and more energized. The psychological benefits of the vigorous exercise lasted from 30 to 90 minutes.

The study was conducted on non-COPD individuals. I believe the value of exercise for anxiety and stress management and for overall health is even greater for people with COPD.

Please exercise regularly once or twice a week according to the level that is medically safe for you.

Medication and Therapy

So far, we have discussed self-help tools such as breathing regulation, emotional modification, thoughts and memories. How does an anxiety pill fit into all this? Is anxiety medication is all I need?

Anxiety medication alone may be sufficient in some cases. In other cases, it may be helpful but may not provide adequate relief. A pill may temporarily change the physiology, that high anxiety state, and make it possible for the anxious individual to venture out into an erstwhile fearful situation and thus create new memories and thoughts.

Unfortunately, many people fail to improve because they keep on avoiding the situations that created the bad experiences and memories for them. Because of such avoidance, they never get to unlearn the fear.

If you are experiencing significant problem in spite of the medical treatment and have trouble in facing certain situations, consider combining chemical treatment with psychological work such as cognitive-behavioral therapy or panic control therapy.

Chapter 7

The Role of Worry in Panic and Anxiety

What Exactly is Worrying?

Tips for Cutting Down on the Habit of Worrying: Use
One-Minute Manager

Worry-Buster Exercises

What Exactly is Worrying

The origin of the word “worry” offers interesting insights regarding the nature and function of worry. According to the Webster Unabridged Dictionary, the word “worry” is derived from the Medieval English word, “Worrown,” “wirien,” and Anglo-Saxon root “Wyrgran.” These root words meant “to choke” or “to strangle.”

In my own research I traced the possible root of the word “anxiety” in a Sanskrit root word “ahanti” which also means to choke or to strangle. Isn’t that interesting? The root meanings of both words “worry” and “anxiety” originally meant to choke or to strangle, thus referring to their impact on breathing.

Such symptoms as “choking” “smothering” “suffocating,” closing of the throat or “lump in the throat” are commonly experienced by people who chronically worry and/or suffer from chronic anxiety or panic attacks. Anxiety and the act of worrying affected the respiratory system in the ancient times exactly as it does now!

In the Medieval English the verb “worry” also meant “to gnaw,” or to continually bite or tear something with the teeth seen in such expression as, “The dog was worrying an old shoe.” Here is the irony: Worry does the same thing to us that the dog in that expression does to an old shoe! Worries and chronic anxiety gnaw at us, bite us and wear away our peace of mind bit by bit. Such is the work of worrying on the worrier's sense of inner security and peace of mind.

Worrying, like rumination, is to chew over and over again that which has already been chewed. Worrying has a repetitive and obsessive quality about it. A worrier is obsessed with the negative outcomes and pitfalls and “ruminates” over them.

Dr. Edward Hallowell, a psychiatrist and author of “Driven to Distraction” fame describes worrying as a “disease of the imagination.” A worrier imagines every misfortune that might befall the victim. Oh, those errors, accidents, and all possible bad things that can go wrong! Remember, some of our “demons” are created by us in the first place.

In order to work with a problem you have to first accept you have a problem. Likewise, in order to change something, you first have to accept you need to change some thing. Do you recognize you have a worry problem?

Consider the following questions to decide if you have a worry problem:

Have you begun to worry more than you ever did?

Do you worry more than others do?

Do you tend to multiply the possibilities of what can go wrong?

On an average day, over the past month what percentage of the day did you feel worried?

Have you frequently been so worried that you kept on tossing and turning in the bed and couldn't sleep?

Have you ever been told, "Stop worrying! Relax?"

Did it help? No? Don't worry, we will provide tips to help you cut down on your worry time. Read on!

I am sure that after worrying all night long you find yourself in the morning exactly in the same situation you were in the night before, except more sleepy and tired! My point is this: In spite of worrying all night, you didn't solve anything, learn anything new, or acquire any possession, except perhaps a headache.

God gave us the ability to worry to help us assess the risks facing us, and to plan appropriate steps to meet our needs. The purpose of the "work of worrying" is summarized in the saying, "forewarned is forearmed!" If you only worry and not take the next step and don't take the required action, you don't ever get out of the swirling waters onto the shore.

Tips for cutting down on the habit of worrying: Use “One - Minute Manager”

If you are a chronic worrier, it means that through the practice of many years of worrying, you have gotten really good at the work of worrying.

Know that the mind learns to have "worry spasms," or a kind of "brain hiccups" that just refuse to quit. When the first worry thought strikes you, you have just a few seconds, maximum one minute, to break the chain of worry thoughts before your entire mind gets involved in it.

Once you get too involved with your worrying thoughts, you end up in the "worry grip!" Then you might not be able to relax for the next several hours or the whole night. Therefore, the first few seconds as you start worrying are critical to stop the ever growing worry web. Break the sequence of worry thoughts as one worry thought start connecting with the next worry thought!

Because when your mind gets involved with the action of worrying, the body too gets involved. The body tenses up and the level of stress hormones keep rising which keeps fueling worrying thoughts non stop.

Train yourself to stop worrying Just as you train your muscles to learn a golf swing, you can train your brain to take a swing at the worry monster. Here are the tips to take a swing at the worry thoughts:

1. As soon as you catch the first worry thought, challenge it! Say something positive to yourself right away. Offer counter evidence to oppose the main thrust of your worry thoughts. Offer thoughts to yourself that negate your worst fears.
2. Imagine all possible outcomes instead of the negative outcomes. Give counter evidence of what your worry thought suggests might happen. Challenge "What if.....?" thoughts with "So what....." thoughts. Also challenge your negative thoughts with skeptical attitude and ask "How so?"

Here is an example of countering the “What if” thoughts:

Worry thought: “What if no body comes to see me anymore?”

Counter thought: “So what if they don’t come to see me anymore. I can do without them.”

Worry thought: “They may all be tired of me.”

Counter thought: “How so? I feel they genuinely care about me.” Reverse the tables on your worry thoughts!

1. However, you have just one minute to get on top of the worry monster. You have to literally become a “One minute Manager.” When a worry tries to

seize your mind you have about one minute to bounce that worry off you. The sooner the better! If you let those first few seconds slip, that one worry will spread its tentacles and multiply into dozens of related worries.

Worry is like your garden weed in the spring. Before you know it weeds take over the whole yard. Catch it young. Apply weed killer as soon as you see weed sprouting. You can break a single stick with ease; it's difficult to break a bunch of them together.

2. If you've tried everything else and you still can't shake off your worry thoughts, it's better to get out of the bed, sit at the desk or on your sofa and write them down. When you write them down, read them to yourself. You may often find that your imagination is somewhat exaggerated.
3. When a worry strikes you, do something physical for five minutes such as, stretch, hum or whistle. Then sit at the desk and write down the problem that you were worried about. Write down the actions you can to address that problem. Note the earliest time when you can act on them.
4. Think of a positive self-affirming thought, for example, "I am a doer, not a worrier!"
5. Blow your breath into both your palms and say to yourself, "I just blew off my worry," and go to bed. Then, the next morning, follow the actions you wrote down.

One reason some chronic worriers have trouble sleeping is that there are not just a few reasons for their worrying, there are many! They must fear or worry about many people and situations. If you don't quickly strike at worries, they multiply adding to an ever-growing list of situations to worry about. Soon, the world seems to be a dangerous place. Previously one sensed danger from just a few sources, now he or she sees it everywhere. The fact is that there is no short cut and no easy way out. The dragons have to be slain one by one.

We worry about everything, ranging from things less likely to happen to those that are most unlikely to happen. All things are not lions and tigers. They may APPEAR so to us. We underestimate our own power and overestimate the danger of things that confront us. You can learn to extricate your life from the clutches of anxiety.

If needed, seek the help of a therapist who can teach you how to tackle the problem rather than avoid it.

Give yourself a gift: Learn ways to calm your fears. As you involve yourself in new situations and new activities, preoccupation with anxiety will decrease. As you develop greater self-confidence and find your life more satisfying, you may not even need anxiety pills and wouldn't have to worry about whether a pill is habit forming or would it negatively interact with other medications you take.

The knowledge that we have the power to choose our thoughts is one of the best kept secrets! Most people believe they don't have a choice regarding what they think and how they feel. They think that negative and disturbing thoughts come from nowhere and invade their mind.

Others believe they have always thought and felt this way, so they are unable to think anything different. Not true! If there is anything we have power over, it is our own thoughts. You may not have power over the outside world, but you have the choice to decide what thoughts you want to think all day long!

Empowering thoughts can infuse you with strength you never thought you had! Negative thoughts can deplete you of the power you always thought you had. Your power within can go up and down depending on the kind of thoughts you choose to dwell upon. So, what would you like to think?

In some cases, worrying is just a symptom of an anxiety disorder, depressive disorder, or a result of a deeply painful life event, such as betrayal of trust, abandonment, severe humiliation or abuse.

Or, you may have had a "Generalized Anxiety Disorder (GAD)" from very early on, long before you developed COPD. You may have been born with what is called "anxious temperament." (e.g. J. Kagan's work on variable heart rate in infants). According to temperament related research, perhaps 20% of children are born with anxious temperament.

Out of the 20% anxious temperament children, some will develop one or more anxiety spectrum disorders, notably, GAD, phobias, panic attacks or Obsessive-Compulsive Disorder.

A person with COPD may have had an anxiety disorder prior to developing COPD or develop one after the onset of the lung impairment. If you have excessive anxiety or concern associated with breathing difficulty, get an evaluation for a possible underlying disorder.

If there is a traumatic event in your past that keeps gnawing at you, work through it with a counselor. Often the way to overcome pain is through it and not around it.

Chronic and excessive worrying can get you trapped inside and isolate you from others, thus stripping you of your social support system. Don't get so involved in the act of worrying that you might not find time to connect with others. For sure, don't let worrying isolate you from people who love you!

****Go to the "WORRY BUSTER" EXERCISES on the Next Page****

“WORRY BUSTER” EXERCISES

Write Down Your Three (3) Major Worries

Write Down your “Worry thoughts” related to each of the three major Worries

Write Down Your “Counter Thoughts” for three (3) Major “Worry Thoughts of Yours

Chapter 8

Calming the Breath, Mind and Body for Anxiety and Panic Control

1. Steps to Calm Your Breathing: slowing and steadying and bringing the breath back to normal
2. Steps to Calm Your Mind: Replace “Hot thoughts” with “Cool thoughts”
3. Steps to Calm Your Body: Reduce Muscle Tension, Prevent Further Release of Stress Hormones Including Adrenaline and Cortisol and Slow Down Your Heart

Bonus Exercise: Visualization for Health Enhancement

This Chapter explains how you can calm your breathing, mind and the body. Breath is the “master skill” to our calming and controlling strategy. It’s important that you utilize these steps in any order that works best for you.

Note: I have numbered the steps as 1, 2 and 3, but you don’t have to follow them in that order. Actually, you might be working on all of them simultaneously.

1) STEPS TO CALM YOUR BREATHING

Breath is the “master skill” to our calming and controlling strategy. Calming the breath is absolutely the first step! As breathing slows down and exhalation becomes more complete and efficient, the body automatically begins to calm down. In order to control your catastrophic thoughts, change your thoughts right when you get the correct breathing started.

Begin Pursed-Lip Breathing (PLB): The moment you notice the first signs of your breathing or heartbeat speeding up even though you are not exerting, start the PLB. The goal of doing PLB is to slow your breathing and get the excess air out of your lungs so you can breathe more easily.

Blow your breath out slowly while trying to maintain consistent flow of breath.

Do not blow your breath out too hard or fast as that could make you more anxious or jittery.

Don't blow your breath out too long as that could force you to breathe in abruptly or rapidly.

Maintain slow, soft and rhythmical breathing out and in. Gradually make your exhalation longer than inhalation. Longer exhalation helps to make more room in the lungs so your inhalation can become slow and steady. Refer to PLB instructions to make sure you do it correctly. Do PLB regularly so you can get really good at it and can use it effectively when you need it.

Gently and lightly contract abdominal muscles during PLB: If you prefer and only if it feels comfortable, slightly pull in or press in your solar plexus muscles while exhaling. Don't squeeze the solar plexus too hard, be gentle and slightly engage them as you exhale.

You don't need to make any deliberate effort to inflate your belly muscles while inhaling. All you have to do is this: During inhalation, allow the abdominal muscles and lower ribs to do their own work. Abdomen and lower ribs will expand during inhalation. However, remain somewhat passive and relaxed during inhalation.

Pace your breathing through mental counting: Count silently in your head while exhaling and inhaling. For example, exhaling 1-2-3-4-5-6 inhaling 1-2-3-4 taking approximately one second for each number.

Notice that in the above example, I have given the count from 1 to 6 for exhalation but only 1 to 4 for inhalation. Through this example I want to point out that exhaling longer than inhaling is more desirable. However, when you are hyperventilating, you might be inhaling longer than exhaling. Be patient. First equalize your inhalation and exhalation and slowly work towards making your exhalation longer than inhalation.

Focus on a neutral object: Focus on something other than your panic, preferably something neutral such as the pattern on the wall, your knee caps, fabric or yarn of your clothes or anything that's there which you can look at. Continue to gaze at it. You may even focus at a "body anchor." For example, bend your thumb and cover it with your index and middle finger. Bring your mind to it, press it and feel the sensation of pressure and touch. Breathe into your hand. The goal here is to provide yourself a neutral object or point for focusing so you can take your mind off the source of your anxiety. It's a form of healthy mental distraction.

2) STEPS TO CALM YOUR MIND

Superimpose "cool thoughts" on "hot thoughts." Catastrophic thoughts are euphemistically called "hot thoughts." Calming and assuring thoughts are called "cool thoughts."

Catastrophic thoughts such as, "I'll die of suffocation," pump adrenaline and create excessive heat in the body. Cool thoughts such as, "PLB will help calm you down and prevent further pumping of adrenaline in the body."

Such thoughts are automatic. At first you may not be aware of them. However, when you begin to pay attention to them and start recording them right away, you learn to easily and quickly identify them. At first, you may keep on thinking those thoughts for a while before you realize you had been thinking them. But, over a period of time, you can really get good in "catching them" as soon as those thoughts cross your mind.

People tend to offer advice in the negative such as, "Don't think negative thoughts." But that's hard to do when you are huffing and puffing and panicky thoughts are storming through your mind and gaining momentum. Don't try to fight those thoughts. Just keep throwing cool thoughts at the hot thoughts like you would throw sand at fire to put it out.

"Throw" cool thoughts over hot thoughts faster and in larger numbers. If you can't think of several cool thoughts, repeat one that you like most over and over again like you would repeat a positive affirmation or incantation.

To get you started, we have provided a list of hot thoughts and cool thoughts from which you can select the ones you like. Please review the list provided towards the end of this chapter.

Flash comforting “pictures” in your mind’s eye: Clinical analysis of the accounts given by panic attack patients shows that while thinking catastrophic thoughts, some patients also see catastrophic pictures in their mind’s eye. For example, the catastrophic pictures may consist of ambulance rushing to the hospital or the person lying in the bed at the intensive care unit or collapsing during a heart attack and being revived.

These pictures may be like quick flashes and may disappear before you become conscious of them. Whether you draw such catastrophic pictures in your mind or not, it would still be helpful to flash positive pictures in your mind.

Examples of positive pictures: Picture yourself walking, talking and laughing with your best friend; walking at the lake or the beach; standing in the middle of a spring garden or forest; looking at the flowers and fluttering butterflies; listening to the chirping of birds and smelling that sweet fragrance of flowers.

In the above examples of positive pictures, I have given examples of involving various sensory modalities. I did so because many psychologists recommend utilizing multiple sensory modalities (seeing, hearing, smelling, touching, feeling it in the body, etc.). More senses you can involve while imagining an experience, the more “real” it can feel to you. The more real it feels, the greater the physical and mental benefits you might receive.

3) STEPS TO CALM THE BODY

Inhale relaxation and exhale tension: As you inhale, imagine your mind and body are becoming relaxed. As you exhale, imagine all the tension and anxious thoughts from the top are exiting out through your toes. Just say to yourself, “I inhale relaxation into me. I exhale tension out of me.”

Release the muscle tension: Let your whole body become soft and loose. Let go of the muscle tension. Pay special attention to relaxing your face, neck, head and shoulders,

Towards the end of this chapter, there is a brief relaxation exercise that you may practice regularly and daily, preferably two or three times a day as a maintenance therapy. Here are three good reasons why you want to include such a practice in your daily routine:

1. The more you practice, the more it will sharpen your skill to relax.
2. Such a regular practice will also “nip in the bud” many future panic attacks or anxiety episodes.

The more practice you have under your belt, the more it will serve you when you need it most. You might be able to control a panic attack more quickly and bring your breathing back to your normal.

Examples of catastrophic thoughts or also known as “hot thoughts”

Given exactly the same level of breathlessness, the perceived level of threat may vary significantly from one person to another. One person may look at it as an unpleasant experience, but the other may view it as a matter of life and death. When your breathing problem escalates, an accurate or objective thought can be, “I am having trouble breathing.” But you may view it as a catastrophe and your catastrophic thought may be something like “I will die of suffocation.” Such a thought is likely to set off the “alarm.”

- “I can die of suffocation before anyone notices it.”
- “My heart can stop before I can get to the hospital.”
- “My breathing could get out of control”
- “I am going crazy!”
- “I’m losing control!”
- “I’m losing my mind!”
- “I won’t make it to the hospital!”
- “What will happen now?”
- “I have totally lost control!”
- I can’t (or won’t be able to) stop it ever!”

Examples of calming thoughts or “cool thoughts.”

- “People do get breathless and they come out of it.”
- “I have been breathless before and I survived it.”
- “I can get over it.”
- “Others also have had them (breathless episodes) and they have lived.”
- “My breathing is slowing down”
- “I am having trouble breathing but I’m calming down.”
- “I have started PLB (Pursed lip breathing). It will help me to get the excess air out of my lungs”
- “By slowing down my breathing and PLB, I will feel lot better.”
- “I am claming down.”
- “It will blow over in just a few minutes.”
- “I can handle it because I have handled it before.”
- “I am becoming calm and steady.”

Write down your “Hot thoughts”

Write Down the “Cool Thoughts” that you like and can work for you

How would you Calm Your Breath?

How would you Calm your Body

Bonus Exercise-- Visualization for Health Enhancement

Use images that are vivid, strong, and meaningful for you. You can create any image you like. It doesn't have to be a medically accurate image. If you feel good when you hold an image in your mind, that's the right imagery for you. Adhere to your medical treatment and make use of inner powers of healing. Imagination or visualization of a positive and healing imagery is like adding condiments to your food. Be creative in your imagination.

Note, we don't really know if visualization helps with symptom control or not. But visualization has been utilized by many cancer patients. There are many patients who claim that visualization definitely helped them. It has great psychological value because it empowers the visualizing patients and satisfies them with the sense of doing something for themselves. I recommend it and I regularly do it for my own benefit.

Visualization should be done every day after you have relaxed the body and calmed the mind. For clogged arteries, imagine a miniature "Roto Rooter" truck cleaning out your clogged pipes. Breathe and visualize the gunk that was there in your blood or was sticking to the wall of your arteries is draining down and coming out through your toes. You may even visualize a pool of black tar liquid collecting near your feet that you drained out with your out breath.

To support your immune function, create such pictures in your mind that support, stimulate and strengthen your immune function. For example, imagine your immune

cells are multiplying to make your immune system more effective and efficient. Your immune cells are removing or swallowing the infected cells.

If you feel your airways have been tightening and constricting such as happens in asthma, imagine that the tiny elastic rubber bands that were wrapped around your airways and were constricting them have begun to loosen up. The inflammation inside the walls of the airways is reducing. Airways are becoming more open, etc.

To support your lung health, sit or lie down. Make yourself relaxed. As you exhale, feel all the stale and poor quality air is leaving your lungs and the lungs are becoming healthy and pink in color. As you inhale, feel pure air and light is entering your lungs making your lungs white and energized.

Correct Breathing

- Signs of Irregular Breathing
- Breathing Pattern Disorder
- Signs of Regular and Relaxed Breathing
- Potential Benefits of Breathing Training
- Correct Process of Breathing
- Check and Improve Your Own Breathing
- Form the Habit of Conscious Breathing
- How to do “Diaphragmatic Breathing” or “Lower Ribs Breathing”
- Pursed-Lip Breathing (PLB)

Learn correct breathing and relaxed breathing. Avoid incorrect breathing. Correct breathing and physical and mental relaxation, the two master skills which can make a big difference in your quality of life. Make sure you also read the section on Physical and Mental Relaxation for a more enjoyable and relaxed life.

Signs of Irregular Breathing

When you are not exerting and you still experience any of the following:

- Neck and shoulders moving while breathing
- Shallow breathing (chest breathing)
- Jerky breathing (like sobbing or sighing)
- Rapid breathing
- Uneven breathing
- Mouth breathing even when the nostrils are not blocked
- Too long a pause from one breath to the next
- Loud and noisy breathing unless there is a medical reason for that

Negative effects of chronic hyperventilation (over breathing)

Chronic hyperventilation sometimes can cause one or more of the following:

Breathlessness and/or difficulty breathing

Tingling sensation

Chest pains frequent yawning

Feelings of dizziness or faintness

Breathing Pattern Disorder (BPD)

A faulty or incorrect breathing pattern such as habitual over breathing, breath holding or shallow breathing may be genetically acquired, learned or affected by physical or psycho-emotional factors.

Here are some of the factors associated with BPD:

Habitual mouth breathing due to such problems as chronic sinus blockage or malocclusion of teeth.

Chronically tight chest

Poor posture such as “forward head,” raised shoulders, tilted head or hunch back (excessive kyphosis)

Weak or restricted diaphragm

Habitually tense chest, shoulders or neck muscles.

“Emotional breathing,” influenced by such chronic negative emotions as anxiety, depression or anger.

Potential Benefits of Breathing training

- Increased sense of control over breathlessness
- Increased sense of personal well-being
- Increased self-confidence
- Better quality of sleep
- Improved posture
- Exercise endurance
- Reduction in anxiety and depression

Therefore, if possible seek breathing training

Many (not all) teachers of eastern exercise systems such as Yoga, Tai Chi, Qui Gong provide breathing training

Find a teacher who has some experience of working with a person with COPD

Tips For Coorrecting Breathing

- **Slow Your Breathing**

If you breathe more than 20 breaths per minutes, you will likely be using your upper chest, neck and shoulder muscles during breathing resulting in shallow and anxious breathing.

- **Make the Diaphragmatic Muscle and Ribcage Flexible**

Depending on the flexibility of the diaphragmatic muscle, the movement of the diaphragm varies from individual to individual. For example, in a person with extreme rigidity of the diaphragmatic muscle and the lower ribs, the movement may be only 1 cm. But in a person with great flexibility of diaphragmatic muscle and the lower ribs, the movement of the diaphragmatic muscle may be as much as 10 cm.

- Do upper and lower body exercises.
- Stretch the whole body
- Move your spine in every which direction. Practice gentle forward bending, backward bending, side ways bending, spine elongation and spinal twists
- Learn and practice gentle yoga

Signs of regular and relaxed breathing

The following tend to relax the body and the mind

- Neck and shoulders relaxed
- Belly breathing
- Slow breathing
- Smooth and rhythmical breathing
- Quiet breathing
- No long pauses between breaths
- Exhalation is equal or longer than inhalation.

Helpful Tips

- Practice relaxed breathing several times a day for a few minutes at a time
- Schedule several one minute “relaxed breathing moment” during the day, when you quickly relax, focus on your belly or forehead and trigger relaxed breathing
- Learn physical and mental relaxation technique from the chapter “Physical and Mental Relaxation which would also facilitate relaxed breathing

Correct Process of Breathing

DURING INHALATION

Neck and shoulders remain relaxed. As the breath goes downward, the chest expands, the rib cage elevates, diaphragm goes down and the belly comes out. The area between sternum, navel and perineum stretches. The upper back widens and the lumbar arch slightly deepens.

DURING EXHALATION

Neck and shoulders remain relaxed. Diaphragm relaxes, chest and ribcage retract to their pre-inhalation size and position, the belly goes in, navel slightly pulled in towards the back and the lumbar arch in the low back slightly flattens.

Helpful Hints

- Do upper and lower body exercises.
- Stretch the whole body
- Move your spine in every which direction. Practice gentle forward bending, backward bending, side ways bending, spine elongation and spinal twists
- Learn at least one technique of physical and mental relaxation and practice it at least three times a day
- Manage and temper your emotions because they can compromise your breathing.
- Reduce and manage your stress because your breathing is affected during stressful moments
- Learn and practice gentle yoga

Check and Improve Your Own Breathing

Use the “hand Technique”

Sit in a quiet place and just settle down for a minute or two. Put your hand, horizontally, about one inch above your navel. Close your eyes. Breathe normally without trying to influence your breathing one way or the other. Observe how your belly moves every time you breathe in and breathe out. If you are breathing correctly, you should find that the hand over the tummy moves as you breathe in and out.

This is called “abdominal breathing.” Abdominal breathing is good but don’t deliberately puff your belly out, let the belly be relaxed. Also, if upper chest and/or shoulder and neck go up and down as you breathe in and out, let your neck and shoulder relax.

Belly Movement

Having checked yourself for the abdominal breathing, you may now check if your belly is moving in the right pattern.

Close your eyes again and track your hand on the belly.

Belly should bulge OUT when you breathe IN

Belly should pull IN when you breathe OUT.

Tips for Correcting Belly Movement

If the belly does not move correctly as for example, belly moves in when you inhale, you need to correct it. Here is how to:

“Take a slow, deep breath in and breathe out slowly and steadily. The next breath will come in automatically, that is without your effort. Your tummy will move outward as you breathe in and move inward as you breathe out.”

If your tummy begins to move incorrectly or not move at all or only chest moves but not belly, relax and reestablish correct breathing. Take a deep, slow, easy breath and blow it out, slowly and steadily. Do it as many times as you need to. It will get better.

Form the Habit of Conscious Breathing

As you begin to pay steady attention to your breathing, it will be easier for you to monitor your breathing. Any time you find yourself holding your breath or having a jerky breath, breathing irregular or faster, go back to belly breathing

Pay attention to your breathing. While inhaling move your attention downward and follow the lungs filling, chest expanding horizontally and vertically and the belly bulging out. While exhaling, move your attention upward from abdomen to chest, notice the belly and solar plexus slightly contracting and the breath finally exiting through the nostrils.

Make it a habit to breathe consciously. Conscious breathing can be very beneficial. Develop positive and relaxed awareness of your breathing.

While driving, even when you use the cruise, you continue to monitor the road conditions all the time. Likewise, you should monitor your breathing. When you monitor the breath, you can decide when you want to leave your breathing on the "automatic pilot" and when to take charge and regulate your breath with awareness

Beneficial for COPD, anxiety and depression

Belly Breathing

One of the most beneficial breathing techniques for people with COPD is belly breathing.

When you breathe in, abdomen should expand and protrude.

When you breathe out, abdomen should go in towards the back.

While breathing in, the focus should be on the descending diaphragm and expanding lower ribs and abdomen

During exhalation, attention should be on the diaphragm ascending, the lower ribs squeezing and the belly contracting.

Pay gentle attention to this process and not get frustrated if the lower ribs don't move at all.

In light of the relatively flattened diaphragm and shortened intercostals in the case of many people with COPD, when you gently contract the abdomen and lower ribs during exhalation, you are assisting your diaphragm to move upward and empty the lungs.

During inhalation, simply allow the expansion of the belly and lower ribs during so the diaphragm moves down,.

How to Do “Diaphragmatic Breathing” or “Lower Ribs Breathing”

“Diaphragmatic breathing” which is also called “lower ribs breathing” may be done in a seated position or lying down position.

Some people with COPD experience aggravation of their breathing problem when lying down. They have a hard time mobilizing the diaphragm in that position. They should practice breathing technique in comfortable seated position.

Those who don't have this problem can practice diaphragm breathing in a prone position. Lying down with a sandbag, bag of rice, beanbag or a book weighing one or two pounds on the abdomen while practicing diaphragm breathing for 5 to 15 minutes strengthens the diaphragm and also promotes relaxation. Later the weight can be increased to 5 or 10 pounds. After the sandbag method is mastered, they can practice diaphragm breathing in the sitting and standing positions and then while walking.

Walking is a highly beneficial exercise for people with COPD, and if they can do diaphragm breathing while walking, the benefits are likely to be even greater. One should learn both techniques of diaphragm breathing: (1) abdominal breathing--pressing the belly in for exhalation and expanding the belly for inhalation and (2) side rib breathing--squeezing the side ribs with the hands while exhaling and releasing them while inhaling.

Pursed-Lip Breathing (PLB) for Shortness of Breath

Pursed -Lip Breathing (PLB) is one of the most helpful things you can do when you are feeling breathless. Pursed lips help to keep the breathing tubes (bronchi) open and maintain right pressure in those tiny, tiny air sacs. Mouth is closer to lungs than the nose is, so it's easier to blow the breath out through the mouth.

Benefits of PLB

1. Reduces breathlessness
2. Slows the breathing rate
3. Lengthens the exhalation
4. Helps to empty the stale air out of the lungs
5. Increases the size of your breath volume

Instructions for PLB

Lean slightly forward and s-l-o-w-l-y blow out through

pursed lips as if gently blowing a kiss at someone or cooling hot soup in a bowl.

You may breathe in through the nose, if possible, and breathe out through the pursed lips. The action of leaning slightly forward and blowing out against pursed lips encourages the contraction of abdominal muscles, thereby forcing the diaphragm upward to empty the lungs more completely. People with COPD tend to cut short exhalation and rush to swallow more air, making breathlessness even worse.

Pursed-lip breathing slows down exhalation and assists with the action of emptying the lungs and may also help strengthen the breathing muscles.

Lengthen your exhalation. Silently counting while exhaling and inhaling can help. At first they should inhale for a count of three or four and exhale for the same count.

Over time, you may aim to increase the exhalation to a count of perhaps six or eight. An ideal ratio for the length of inhalation to exhalation is 1:2.

10- Steps of PLB

1. "Imagine you are smelling a rose (Inhaling slowly) blowing at the candle like you are bending or flickering the flame but not so forcefully as to put out the candle. Imagine blowing softly, gently and slowly."
2. "Relax your shoulders and neck."
3. "Pucker your lips as if you were going to whistle or kiss a baby."
"Softly, VERY GENTLY, and s-l-o-o-w-w-ly breathe out through the pursed lips.
If possible, through both sides of the lips."
4. "Breathe in slowly through your nose."
5. "Do not force air out of your lungs. Blow out the breath softly."
6. "Exhalation should be longer than inhalation. However, increase the length of exhalation gradually. Exhaling longer than your capacity could make the next breath jerky. If your breathing gets agitated, take a break."
7. Count in your head as you inhale and exhale so you can keep track of the length of breath. Always breathe slowly and softly.
8. As much as possible, breathe in through the nose and breathe out through the pursed lips.
9. Gradually learn to exhale twice longer than inhale. For example, if possible, inhale to a count of 5 and exhale to a count of 10. Never inhale longer than exhale.
10. Over time, lengthen your exhale and inhale maintaining the same ratio. For example, at present, if you exhale to a count of 8 and inhale 4, over time, perhaps several month, lengthen your exhale to a count of 10 or 12 and inhalation to a count of 5 or 6.

Remember about the length of inhalation and exhalation

It is generally better to exhale longer than inhale
However, if you must, you may exhale and inhale for equal length
But, do not inhale longer than you exhale.

Chapter 10

PHYSICAL AND MENTAL RELAXATION

- Identify the Difference between Relaxation and Tension
- Three Types of Physical and mental relaxation exercises
- “Full” Relaxation Methods (15-20 minutes)
- “Short” Relaxation Methods (5 to 10 minutes)
- Quick Relaxation Methods (1-2 minutes)

Identify the Difference between Relaxation and Tension

People mean different things by the word, "relax." For some people, relaxing means coming home from work, taking their shoes off, sipping that drink, reading the paper or watching TV. Sitting in the recliner is relaxation for some people while for some relaxation is that nap they sneak in during the day. Not being mad and upset all the time is relaxation for others. Actually, physical and mental relaxation means undoing the physical and mental stress or tension one is experiencing at the time.

There are people who are really apprehensive of the word relaxation. They view it with suspicion and hesitancy. They fear that if they begin to relax, they will become lazy, unproductive, and lose the "fight" in them. Nothing could be further from the truth. Relaxation can nourish you, make you stronger and help you fight better with any challenge/s you might face.

We do not always recognize that we are tense even when we are tense. Most people who have been habitually tense have been that way for many years. Tension and stress has become the natural state of their body and mind. They are unaware of the tension they carry it with them day and night, literally, twenty four hours a day and seven days a week. If one were to ask them, "Are you tense?" They would say "No! I'm okay," because they have not truly experienced relaxation and thus do not know any different.

Benefits of Relaxation

I often wonder when so many effective relaxation methods are available today, why do people go for sleeping pills and chemical relaxants. Relaxation techniques can help us to sleep and feel better. The effect of sleeping pills and chemical relaxants wears off over time as one develops tolerance for them. "The more you use them, the more you lose them" as the saying goes. With relaxation techniques, the more you use them, the more effective they become. When you can deepen your relaxation, you can enjoy it even more. And unlike the sleeping pills or other chemical relaxants, there are no bad side effects of relaxation!

Regular practice of mental and physical relaxation may help you to breathe more easily and may also relieve part of your breathing discomfort.

Three Types of Physical and mental relaxation exercises

Learning Objectives

- Identify the Difference between Relaxation and Tension
- Learn three Types of Physical and mental relaxation exercises
 1. “Full” Relaxation Methods (15-20 minutes)
 2. “Short” Relaxation Methods (5 to 10 minutes)
 3. “Quick” Relaxation Methods (1-2 minutes)

It takes about 15 to 20 minutes to do a "**full relaxation**" session. In the beginning, it is more effective to learn relaxation by using full relaxation methods. If the stress level, pain or another type of challenge is really high, do even two or three full sessions a day. One session a day is "good," two times "better" and three times is "excellent."

Once basic relaxation skills are acquired, you may practice “**short relaxation**” session for 5-10 ten minutes for most of the time and do full relaxation methods once or twice a week.

As short methods are learned, "**quick relaxation**" method for 1 to 2 minutes can be practiced many times a day and as time permits, practice full and short methods as many times as you want or need in order to manage your stress and maintain a relaxed attitude as you go about the business of the day. Quick methods take the “wind out of the sail” of the stress ship. When you are actually in the middle of a challenging situation and things are happening, you can apply quick methods right then and there, in the face of the situation.

Helpful Tips

- Review all the techniques provided in the following pages. Out of all the techniques, adopt one “full relaxation” method, one “short relaxation” and one method of “quick relaxation” and practice them daily several times a day.
- It is the best thing you can do for your breathing!
- Record and Play: You may tape the scripts of the relaxation sessions in your own voice and play them during your relaxation session. After sufficient practice these words will become part of you and then you wouldn't need to play the tape.

“Full” Relaxation Methods (15-20 minutes)

Preparation for Relaxation

Relaxation exercise can be done lying down or sitting down. If you prefer to lie down, make sure you have proper pillow support under your neck and low back or knees if needed. Lie if you prefer, sitting, make yourself comfortable. Sit with arms and hands in the lap or the thighs, back, neck and head straight but relaxed.

Affirmation (You may silently or out loud say to yourself with conviction)

"I do my best to relax physically and mentally in spite of such annoying problems as the outside noise, cough, shortness of breath or pain. Thoughts, feelings and sensations may interrupt me but I can quickly bring my mind to the part of the body I want to relax. Staying relaxed and calm, I simply bring my attention to each part of the body.

Progressive Relaxation

"Feet relax....Relaxing soles of the feet, toes and ankle joints.... Legs from ankle joints to knee joints....From knee joints to thigh joints.

Relaxing pelvis....abdomen....mid-sectionand chest.

Relaxing, hips...the low back....mid-back....and now the upper back.

The whole upper body relaxes...front....back....from inside....from outside...the entire upper body relaxes." Aaah! (Sigh while exhaling)

"Relaxing shoulders, shoulder pads and the shoulder blades...now the space between the shoulder blades.

Relaxing the upper arms from shoulder joints to elbow joints....

Upper arms and elbows lower down towards the hips...

Forearms to wrists...

Hands relax all the way down to the finger tips.

The top of my hands and palms relax.

Nice, lazy, relaxing feeling of warmth and heaviness...from finger tips all the way up through the arms and shoulders....

The back of the neck and head relaxes.

All the tiny, tiny and large muscles in my neck and throat relax.

Feeling of relaxation spreads over to the nape of the neck....back of the head....over the entire scalp....Down to my forehead.

Forehead feels smooth and shiny like the touch of lavender or cool breeze.

"The feeling of relaxation flows down my face.

Nostrils relax and feel more open than before.

Any blockages in the upper part of nose relax and shrink.
Sinuses relax and open up.
My jaw relaxes.
Gums, teeth, tongue, hard and soft palate, and the throat relax from inside.

"I observe my breathing without trying to change it in any way."
While inhaling, silently saying, "in."
While exhaling, silently saying, "out."
"In".....and "Out"
"In".....and "Out"
"In".....and "Out"
"In".....and "Out"
"In".....and "Out."

"I can imagine as if the breath enters through the crown of my head...and exits through the feet. Breathing in as if through the crown of the head and breathing out through the toes and the soles of the feet.
Inhaling "Inn...." exhaling "Ouutt...."
Inhaling "Inn...." exhaling "Ouutt...."
Inhaling "Inn...." exhaling "Ouutt...."
Inhaling "Inn...." exhaling "Ouutt...."
Inhaling "Inn...." exhaling "Ouutt...."

"Neck and shoulders become more relaxed and loose.
Shoulders back and down....shoulder blades slightly lowered towards the mid-back.

"Diaphragm is soft, relaxed and increased in length.
It contracts and relaxes and breathes me.
When I exhale, my diaphragm goes up higher than ever before and pushes up against the bottom of my lungs.
It expels the air more completely.
I can picture my diaphragm attached to my lower ribs as a sheath separating abdomen from lower chest.
I can feel the diaphragm moving in all the three dimensions, up and down, sideways and back to front.
As my diaphragm moves the lower ribs also move. Muscles between the ribs are becoming strong and flexible, helping my ribcage to move.

"I exhale softly and slowly. Diaphragm on both sides goes up like two domes pushing at the bottom of the lungs. The center of the diaphragm goes up and massages my heart at the same time. As the diaphragm moves up, lower ribs slightly lower down towards the hips. I exhale and feel the diaphragm moving up towards the lungs.

"Observing effortlessly and calmly. As I breathe IN softly and gently, my diaphragm goes down....side ribs spread out and up like the little wings on both sides. My ribcage

lifts, lumbar curve arches...at the same time, abdomen between the navel and the breastbone tip lengthens.

Whole Body Breathing

"Whole body breathing! Ten relaxing breaths!

Ten....Inhaling as if through the head going down all the way into the toes. Exhaling, starting with toes, going up and out as if through the crown of the head.

Nine.... Inhaling from crown to the toes and exhaling from toes to the crown.

Eight...Inhaling crown to toes...Exhaling toes to the crown.

Seven...In through the crown...Out through the crown.

Six...In through the crown...Out through the crown.

Five...In....Out...

Four...In....Out...

Three...In....Out...

Two...In....Out...

One...In....Out...

Whole body breathing from head to toes!

Visualization

Picture for a few minutes in your “mind’s eye” any of the following:

Think about the place you would like to be right now

Or, the time of your life you loved and enjoyed most?

Spend as much time as you have at your disposal. Savor that time and place in your mind and occasionally return to whole body breathing.

Relaxed Breathing

Relax your body, relax your breathing and relax your mind!

Take a few minutes now and just do relaxed breathing. Relaxed breathing is smooth, rhythmic and consistent flow of breath. Inhale and exhale slowly and gently.

Regular practice of relaxed breathing over time can help towards regulating your breath.

“STRING” or “SWITCH” RELAXATION TECHNIQUE

Lie flat on your back.

1. Raise the arms and drop them 18 inches away from the body with an exhaling breath-palms facing up.

2. Raise the legs a few inches and drop them with the feet falling about 18 inches apart, with the toes pointing out.
3. Let your body sink into the floor. Take a few deep relaxing breaths and each time let your body sink more into the floor as if the force of the gravity is pulling your body into the earth.
4. Keep the mind alert and observe the flow of the breath. With every exhaling breath feel as if tension is flowing out from the muscles and joints. With each inhalation stay passive. Do not create tension. Try to relax further with each succeeding exhalation.
5. Focus your mind on the soles of your feet, top of your feet, the toes, the space between the toes, and then the ankle joints. Imagine that the "strings" at the ankle joints are cut off, or the "switch" is turned off, cutting off the current as in the case of a light, leaving the ankles and feet totally loose and relaxed.
6. Decide which example works better for you, the "string" or the "switch." Use it consistently for other parts of the body as you proceed.
7. Scan the lower legs, the shins and the calves, right up to the knee joints. Cut off the strings or turn off the switch in the knees.
8. Scan the entire upper legs, front and the back of the thighs, up to the hip joints including the pelvis and the buttocks. Use "string" or the "switch" imagery.
9. Scan the pelvis and lower abdomen internally and externally, string or switch.
10. Scan the midsection, internally and externally, string or switch.
11. This time as you breathe in, scan your chest and rib cage moving with the in breath and as you breathe out, let the chest collapse completely.
12. Scan your upper chest and neck joint. Use string or switch.
13. Scan your neck, back of the head and around the head. Feel the skin of the head stretching and becoming loose. Let the forehead, face, eyes, nose, jaws, and cheeks cut loose from the string or switched off. Scan your nostrils, the septum in the middle and the nose from inside. Feel the cool breath going in and warm breath flowing out.
14. With the next outbreath, feel the whole body from head to toes becoming more loose, cut off or switched off.
15. Scan the collarbone, shoulder pads (trapezius and deltoid muscles) and shoulder joints. Use the string or the switch imagery. Scan the arms from shoulder joints down to the elbow joints. Cut the string or switch off. Scan the forearms, from elbow joints to the wrists and hands including the ten fingers right down to the finger tips.
16. As you breathe out, imagine the whole body loosing all the tension and resistance, melting or evaporating into nothingness. Let the rest of the body fade into oblivion or vanish as you simply note the breath flowing in and out.
17. Allow the body to be totally passive and stilled as if there is no life in it, just like the corpse would be without any tension. Observe the body without attachment, as if it were a corpse.
18. When you are ready to come out of Shavasana, take a couple deep and slow breaths. Wiggle your hands and feet. Rub your palms gently but briskly to generate warmth in your palms and cup your eyes with the palm.

Turn on the side, fold your legs and sit up.

31/61 POINT BODY SCAN

1. Lie in relaxation pose.
2. Relax completely for next 12 to 15 breaths. Take your time
3. Bring your attention to the point between the eyebrows and think of the number "1". Keep the attention fixed on that point for one to two seconds. In the same manner, continue concentrating on the points and corresponding numbers through point 31.
4. Practice this for several weeks. When you can do the 31-point body scan without the mind wandering, proceed to the 61-point body scan.
5. If you are right handed, begin the body scan on the right side. If you are left handed, begin it from the left. Be consistent. If you first do the right arm, then also do the right leg first and vice versa.
6. Practice the body scan after relaxation.

THIRTY-ONE POINTS BODY SCAN

1. Eyebrow Center
2. Throat Center
3. Right Shoulder Joint
4. Right Elbow
5. Right Wrist
6. Right Thumb
7. Right Index Finger
8. Right Middle Finger
9. Right Ring Finger
10. Right Small Finger
11. Right Wrist
12. Right Elbow
13. Right Shoulder Joint
14. Throat Center
15. Left Shoulder Joint
16. Left Elbow
17. Left Wrist
18. Left Thumb
19. Left Index Finger
20. Left Middle Finger
21. Left Ring Finger
22. Left Small Finger
23. Left Wrist
24. Left Elbow
25. Left Shoulder Joint
26. Throat Center
27. Heart Center

28. Right Nipple Center

29. Heart Center

30. Left Nipple Center

31. Heart Center

(Beginners may stop here. When you feel you can maintain your concentration beyond the 31 points, you may do the 61-points body scan).

SIXTY-ONE POINTS BODY SCAN

For the points 1-31 body scan, refer to the “Thirty-One Point Body Scan”

32. Solar Plexus Center

33. Pelvic Center

34. Right Hip Joint

35. Right Knee

36. Right Ankle

37. Right Large Toe

38. Right Second Toe

39. Right Third Toe

40. Right Fourth Toe

41. Right Small Toe

42. Right Ankle

43. Right Knee

44. Right Hip Joint

45. Pelvic Center

46. Left Hip Joint

47. Left Knee

48. Left Ankle

49. Left Large Toe

50. Left Second Toe

51. Left Third Toe

52. Left Fourth Toe

53. Left Small Toe

54. Left Ankle

55. Left Knee

56. Left Hip Joint

57. Pelvic Center

58. Solar Plexus Center

59. Heart Center

60. Throat Center

61. Eyebrow Center

“Short” Relaxation Methods (5 to 10 minutes)

Preparation for Short Relaxation

After 20-30 practices of “full relaxation” sessions, you may begin utilizing the short relaxation.

This relaxation exercise can be done lying down or sitting down. If you prefer to lie down, make sure you have proper pillow support under your neck and low back or knees if needed. Lie if you prefer, sitting, make yourself comfortable. Sit with arms and hands in the lap or the thighs, back, neck and head straight but relaxed.

Body Scan--Putting the Mind into the body

Scan and relax one body part at a time and silently say to yourself the name of the body part just scanned

- Eyes, ears, nose, cheeks, lips, inside mouth, palate, throat and guts, silently saying "face."
- Right arm and hand silently saying "right arm"
- Left arm and hand saying "left arm"
- Scan shoulders, neck and head "shoulders, neck and head"
- Entire right side of the body "right body"
- Entire left side of the body "left body"
- Scan the lower body "lower body"
- The upper body "upper body"
- Scan the entire body "whole body"

“Joints” Breathing--Putting the breath and the mind into the body

We all know that we breathe in and out through the nose and if the nose is blocked we breathe through the mouth. So just for the sake of relaxation exercise, if I ask you to “Breathe in as if through the crown of your head and breathe out as if through your toes” it would sound silly. Wouldn’t it? But, it is a relaxation exercise and we use our imagination a lot to relax the body and the mind. So, do the exercise “as if” it is true. Remember as children how we played “Let’s pretend” games? Play the “game” and enjoy it.

Basic Instruction

Each time inhale "as if" inhaling through the crown of your head. So, the inhalation will always be through the crown.

However the point of exhalation will change each time. Therefore, each time you may exhale "as if" through a particular joint. I will say the name of the joint you are supposed to exhale from. Then you exhale from the joint specified.

Let's begin

Inhale through the crown

Exhale as if through the toes

Inhale crown-exhale toes 1
Inhale crown-exhale toes 2
Inhale crown-exhale toes-3

Inhale through the crown

Exhale as if through the ankle joints

Inhale crown-exhale ankles 1
Inhale crown-exhale ankles 2
Inhale crown-exhale ankles-3

Inhale through the crown

Exhale as if through the knees

Inhale crown-exhale knees 1
Inhale crown-exhale knees 2
Inhale crown-exhale knees-3

Inhale through the crown

Exhale through the hip joints

Inhale crown-exhale hips 1
Inhale crown-exhale hips 2
Inhale crown-exhale hips-3

Inhale through the crown

Exhale as if through the pelvis and perineum

Inhale crown-exhale pelvis 1

Inhale crown-exhale pelvis 2

Inhale crown-exhale pelvis 3

Inhale through the crown

Exhale as if through the solar plexus and lumbar area

Inhale crown-exhale solar plexus 1

Inhale crown-exhale solar plexus 2

Inhale crown-exhale solar plexus-3)

Inhale through the crown

Exhale as if through the heart area

Inhale crown-exhale heart 1

Inhale crown-exhale heart 2

Inhale crown-exhale heart-3

Inhale through the crown

Exhale as if through the pit of the throat

Inhale crown-exhale throat 1

Inhale crown-exhale throat 2

Inhale crown-exhale throat-3

Inhale through the crown

Exhale as if through the center of the eyebrows

Inhale crown-exhale center of the eyebrows 1

Inhale crown-exhale center of the eyebrows 2

Inhale crown-exhale center of the eyebrows-3

Back to exhaling as if through the toes!

Inhale crown-exhale toes 1

Inhale crown-exhale toes 2

Inhale crown-exhale toes-3

Inhale crown-exhale toes 4

Inhale crown-exhale toes 5

Inhale...and exhale through the left side of the body

Inhale...and exhale through the right side of the body

Inhale...and exhale through the center of the body

Inhale...and exhale through the upper body

Inhale...and exhale through the lower body

Inhale...and exhale through the outer side of the body

Inhale...exhale through the inside of the body

Whole body breathes 1

Whole body breathes 2

Whole body breathes 3

Whole body breathes 4

Whole body breathes 5

My breath lengthens vertically

Quick Relaxation Methods (1-2 minutes)

Preparation for Quick Relaxation

After you have had adequate practice of the “full relaxation” and “short relaxation” sessions, you may begin utilizing the quick relaxation method.

It is important that you continue practicing both the full relaxation and short relaxation methods as well. Without the continuation of the full and short relaxation exercises, quick relaxation method is not likely to be very effective.

Quick relaxation exercise can be done lying down or sitting down.

Three exercises are provided here, the “balloon technique,” “elevator technique” and the “switch off technique.” Each one takes a minute or two. Do the one that works best for you.

1. Balloon Technique

Remember when the air escapes out of the balloon, how the balloon shrinks and becomes totally flaccid, soft and limp. So, imagine you have air tubes in your hands and feet. Now exhale as if the whole air escapes from your “body balloon.”

Try again. Take in a breath, fill up the air in the body balloon, squeeze (tighten) the whole body from toes to head and release. Exhale as if all the air escapes out of those tubes. Let the whole body become loose and limp just like the balloon emptied out of the air.

Take as many rounds of this exercise as you like.

2. Elevator Technique

Imagine you are standing, sitting or lying down in your own private elevator on the seventh floor.

Take in a breath and exhale. While exhaling imagine and feel the elevator comes down to the 6th floor.

Take in a breath and exhale. While exhaling imagine and feel the elevator comes down to the 5th floor.

Take in a breath and exhale. While exhaling imagine and feel the elevator comes down to the 4th floor.

Take in a breath and exhale. While exhaling imagine and feel the elevator comes down to the 3rd floor.

Take in a breath and exhale. While exhaling imagine and feel the elevator comes down to the 2nd floor.

Take in a breath and exhale. While exhaling imagine and feel the elevator comes down to the ground floor.

As you come down to the ground floor, “see” the elevator opening out to a beautiful scenery that makes you totally refreshed and energized.

3. Switch Off Technique

You may try the switch off technique at night before going to bed.

Imagine your body is a multi storey house. Start from the top floor, the “head room.” You are to go from the top floor to the bottom floor, the feet, switching the lights off in each room.

Thus, while exhaling switch off the lights of the head room and come down to the middle room, the “mid-chest” room.

Inhale. While exhaling switch off the lights of the mid-chest room and come down to the “waist room.”

Inhale. While exhaling switch off the lights of the waist room and come down to the “leg room.”

Inhale. While exhaling switch off the lights of the leg room and come down all the way to the bottom floor the “toe room.”

Feel all the lights are off, it is dark, quiet and very relaxing. The whole body and the mind are relaxed.

4. Tension release and relaxation

In order to relieve tension and stress, imagine your tension is something like tight and twisted ropes spread throughout your body. As you exhale, those ropes inside you are slowly untwisting. Or tension is that dirty and blackened liquid swirling out of your body, draining downward until it totally drains out through your toes. Gentle music can enhance the effect. While breathing out, let the whole torso become loose and relaxed.

After a round or two of relaxing the whole body, bring your arms overhead and lightly stretch the abdominal and pelvic area. Relax the abdomen externally and internally. Breathe softly and gently diaphragmatically.

5. Inhale and tense, exhale and release

1. Lie flat on the back, feet about 24 inches apart, hands about 18 inches from the sides of the body, and palms facing upward.
2. Scan your body and exhale fully.
3. Draw in a deep breath and simultaneously tense all the muscles of the body while lifting the arms, head, and legs from the floor.*
4. Try to balance on the lower back while holding your breath.
5. Hold this pose for 5 seconds after the inhaled deep breath.
6. Release the tension from all the muscles, gently dropping the body down to a relaxed position on the floor.
7. Exhale while gently pulling the abdomen in.
8. Inhale, allowing the ribcage moving up the breath filling in both lungs evenly.
9. If you still feel tense, repeat the steps from 1 to 8.
10. Gently roll the legs, arms, and body from side to side a few times and relax in Savasana.

*Helpful Hints

Beginners may do the arms and head together first, and then the legs separately.

If you are flexible and have a strong back, you may place your hands on your waist.

Primary involvement of muscles

Muscles strengthened: Abdominal muscles, hip flexors and knee extensors.

Benefits

Leads to relaxation of the whole body and prepares for Savasana.

Cautions

People with heart disorders or hypertension (high blood pressure) should not hold their breath during this pose.

Chapter 11

Questions and Answers (Q & A)

Question-1

I just have a question about the symptoms of anxiety or panic attacks. A few months ago, I saw blood in my sputum. After several tests, I was told I have Chronic Bronchitis and Emphysema that resulted in the blood in my sputum. They assured me that I have no cancer. However, I keep worrying about it. At times my mouth dries out and I hyperventilate to a small degree. Could the dry mouth and slight elevation in my blood pressure be caused by panic or anxiety. I was given anxiety medication, but I still feel anxious.

Answer

It is important that you discuss your symptoms with your doctors. Also, tell them about your worry problem. When we are diagnosed the first time, it is a shock. We go through extraordinary stress for a long time trying to sort it out in our mind what it all means for the rest of our life. I have been advocating a brief psychosocial support for a few visits for every newly diagnosed patient so they can digest the news and figure out all the new stuff that is coming on to them.

Note that anxiety is nothing but stress

Dry mouth is a symptom of anxiety and stress

Blood pressure can rise with stress. The connection between stress and blood pressure is well studied.

In a panic attack, blood pressure can rise dramatically.

Hyperventilation can also result from stress and anxiety.

Make sure you take advantage of any patient education and pulmonary rehabilitation that is available.

Also, make full use of any local and/or online support groups you can find.

The more you will know about the condition and connect with the people who have the condition, more confident and less anxious you will feel

Question—2

In reading your presentation on Anxiety and Panic in COPD, I found it very interesting how you explained what takes place, physically, when we get anxious. "The Anatomy and Physiology of a Panic Attack" is fascinating. Anyway, my question is, what are some ways we can keep our suffocation alarms from getting out of control? Sometimes anxiety is like a ball rolling down hill. Once it gets away from you and starts on a roll, there's no way you can stop it!

Answer

"Suffocation alarm" is one of the major explanations but not the only one. However, let us see what we can do to bring it under control if the alarm has gone out of control.

I would give example of "house smoke alarm" which has gone bad. Say, the two wires in the smoke alarm are touching each other and it keeps giving false alarm. You run to the kitchen and check and there is no real fire. Or, may be there is just a little bit of smoke from something you had put on the oven but there is no real fire. Actually, there is no real danger.

Here are some steps to get on top of this problem:

1. Suffocation alarm like the house smoke alarm is intended to alert us from danger so we can keep ourselves safe. Our understanding and belief that the safety alarm is for our safety and not meant to scare us is the first step.
2. Keep reminding yourself that panic is caused by our overreaction to a body signal that is bad but it is not dangerous and not life threatening. Therefore, over breathing, rapid breathing, chest tightness, chest pain, heart pounding and the like are uncomfortable but not life threatening. So, try to be cool about it and tell yourself it will blow over in a few minutes if I calm down and do breathing
3. Remember to do your Pursed Lip Breathing (PLB) from your abdomen and relax your neck and shoulders
4. If you need to take some medical type of action, do what you need to do. But, you will still be better off if you continue to calm yourself and do your corrective breathing and try to do mental and physical relaxation.
5. IMPORTANT: WHEN YOU BECOME BREATH AWARE LIKE A YOGA PERSON AND KEEP MONITORING YOUR BREATH. YOU WILL NOTICE WHEN BREATH CHANGES EVER SO SLIGHTLY AND CORRECT IT RIGHT AWAY, YOU WON'T REACH UP TO A PANIC ATTACK. YOU TAKE CARE OF IT RIGHT AWAY BEFORE IT REACHES THAT POINT

Question-3

How can somebody with COPD or other chronic lung disease tell if they're having "just" a panic attack or if what they're experiencing is more physical in nature? In other words, how does somebody know if it is safe to try to get themselves to relax at home, and "talk themselves down" from a panic episode or if their lungs are actually so tight from inflammation and bronchospasm that they are in danger and they should go to the emergency room?

Answer

First things first! First, we have to make sure that the person is in continuing care of a physician/pulmonologist and medically stabilized and has been educated in the signs of COPD exacerbation, color of sputum, force of coughing, or ongoing wheezing etc. to determine if breathlessness and breathing distress is resulting from the lung condition. If that is the case, call the doctor or go to the hospital E.R.

If that is not the case, then we look at the possibility of a panic attack. Whether it is a panic attack, or dyspnea (breathing distress and breathlessness) resulting from the COPD exacerbation or a combination of the both (that is, panic attack and COPD exacerbation). In all the three possibilities, we still need to do the following:

1. Calm our anxiety
2. Say calming and self assuring words to ourselves (mental calming or 'talking down to ourselves as you say)
- 3 Use Pursed Lip Breathing (PLB) and make sure we are doing abdominal breathing.
4. When we have done all that and symptoms have not come under control, we need to call the doctor or in case of doctor not being available, go to the E.R.

In summing, what we as persons with COPD can do at our end is still the same in all the three possibilities. We use mental calming and correct breathing techniques mentioned above. But when the symptoms still continue, we check in the medical facility.

Good news is that the panic attack articles we have posted and the information and education health professionals can provide about panic and anxiety and COPD or asthma exacerbations, the easier it will become for a person to differentiate between a panic attack and a medically-caused exacerbation

Question 4

How can we control and manage our emotions in our everyday life? How do we prevent our illness from taking over our life?

Answer

It is a vast subject so know that I am just giving a brief answer.

Emotional work, like any other part of self-care or medical care, requires us to constantly work on it. For instance, one might be taking medicine "A" 3 times a day, Medicine "B" twice a day and an "inhaler" as soon as one notices something coming on. Likewise, we keep ourselves giving emotional medicine of several difference kinds through out the day. Remember emotional work is never completed. You just keep getting better at it if you constantly keep working at it.

Therefore, surround yourself with positive people, books, quotations, affirmations, visualizations, pictures, objects, and above all, your own thoughts and emotions to remind you all the time that you must spend as much time staying in the positive mental attitude as possible.

Don't focus on what you have lost, but on what is left!

Find a positive meaning of your life and your disease!

When you experience troubling symptoms, see yourself getting past them and

getting better, such as mucus clearing, cough subsiding, breath calming down and wondering how it all got better.

Keep a calm attitude even when you are experiencing troubling symptoms by constantly telling yourself something like "If I get more angry, frustrated, anxious or depressed, it won't be helpful. If I stay positive and somehow manage to get a smile on my face or find something funny to laugh about, I will be helping the healing forces."

Yes, there is something in the age old saying, "Mind over matter!"

Question 5

I worry far too much. I can't remember not worrying about something or another. I'm afraid a worry quickly spreads its tentacles and strangles me. How do I break a pattern that is so ingrained in me and keep getting worse as my lung disease progresses. I can generally manage my worries but when I get another respiratory infection and don't feel well, it gets harder to fight the worries with positive thoughts. I feel like I have no energy left to keep fighting the ugly beast of worry. What should I do when my mind and body feel overwhelmed and tired?

Answer

Congratulate yourself for what you already have been doing to manage your worries. You have been making some progress in controlling worries in spite of your severe medical condition.

Let me now come to your question as to what to do. To begin with recognize that "work of controlling worries" is energy saving and not energy wasting. Fighting with the disease and the symptoms is very exhausting but the less energy you spend on worries, fears, and distress over why it is happening to you is the energy you save to do other work.

Here are four suggestions to get you started:

1. Come to terms with the "final stage of growth" that is, death. Personally, I don't fear or feel bad about my death but I hope and pray that my last phase is not too painful or too long.
2. Immerse yourself in spirituality and spiritual growth. Note that spirituality is different from religion. For example, spiritual belief is that God is one but people and religions call him (or her) by different names and that we are all one whether we see ourselves one or not.
3. Don't try to "stop worrying!" Instead, get really good in diverting your thoughts and emotions to something good such as love and/or compassion.

When worry hits you, recognize it right away and say, "Worry! My old friend!" Right ways start sending your love to each and every loved ones of yours or feeling compassion and sending love for all the people you heard on radio or TV being afflicted by floods, hurricanes, tornadoes, starvation, etc. Of, for example, pray for everyone else you know or hear about being sick

4. Do some helping act for someone else, which you can do even when you are

confined in bed, like prayers, sending love, writing a card, etc.

Believe in the power of the positive! Disbelieving in it is a nonstarter! Miracles happen to those who believe in miracles!

Question 6

I have lung and heart disease which have been causing much pain and suffering and with the progression of disease will continue to grow much worse. As I become more disabled, my wife has to bear the entire burden at home. My wife is the sole bread earner. Guilt, Guilt, Guilt! When I get thinking about the trouble this will all become I sometimes worry that I may not die soon enough. We don't have insurance. Is my thinking normal or am I becoming a wacko?

Answer

Your thoughts about your situation are pretty normal. I think you are a brave person! It takes great courage to fight with such major conditions as yours!

I am sure you love your wife. As long as you love her, don't feel guilty. I am sure your wife doesn't want you to feel guilty or burdened. Only thing you can and should do is to keep taking care of your own self the best you can. Keep loving her and take care of her to the best of your ability. Just giving her smiles every now and then and asking her how she was doing amounts to taking care of her.

However, many people don't feel anxiety, panic attacks or depression and that is perfectly normal.

It is also perfectly normal to experience these emotions!

Questions 7

I notice that terrible memories of my past directly affect my condition. These are memories of my life before the disease and of past acute exacerbations and medical crisis that would result in hospitalization. Sometimes those memories can pop up suddenly and flood me with fear and other emotions that affect my breathing. It helps for me to talk myself through the feelings and try to focus my mind on today

and how much God truly cares about me, regardless of those old mental tapes that say differently. Is there a direct correlation between horrible memories of my past and my asthma and COPD?

Answer

I believe anxiety is the real culprit here. The memories of terrible past are stored with anxiety, fear, shame and other negative emotions. Severity of asthma or COPD symptoms cause can cause severe anxiety. When the body and mind experience anxiety, the anxious memories are triggered.

It is an over simplified example, but the point is that the anxiety linked with these memories can cause panic attacks and chronic panic attacks can cause abnormal breathing patterns.

Discover more and more of your inner strength!

Question 8

I have read your article on "Anxiety and Panic Attacks in Emphysema/COPD. It seems that in some cases, you're saying that just thinking or visualizing something can actually help. My question is this: How does this work? If you have tight muscles and bad lungs, how can just "thinking" about something improve your health?

Answer

It is not "just thinking and visualizing of something" it involves the whole mind and body in a very constructive process. When we picture a relaxing and calming event or an image in our mind, our body and mind become calm and relaxed. Likewise when we remember a pleasant event or a time when we were in the company of people we love and doing things we enjoy, our mood begins to brighten up. Visualizing and thinking about positive, constructive and joyful things, muscles relax, breathing becomes fuller and deeper and mind becomes calm. It is an inner fountain that we can learn to turn on over and over again. Depending on the total state of the mind and body, such visualization and thinking may have a big impact on your thoughts, mood and muscles and at times only modest improvement. But the point is that it STOPS the negative process and STARTS off a positive change and that is a big deal.

Remember even if you make a small gain by such visualization, relaxation, positive thinking, meditation or some other mind body techniques, "Something is better than nothing." When you begin to practice these mind body techniques regularly and habitually, you begin to notice the change that is more than temporary.

Question 9

I have heard yoga is good for stress management and mood management. Does it really help you feel healthier, more relaxed, and just better in general? What do you teach in your program "Yoga for COPD?"

Answer

Thank you for asking me about the subject that is closest to my heart!

Yoga is not just positive thinking and visualization. That is one part of it. Yoga includes 8 different parts, let me mention three parts out of the eight which are most relevant for most people with COPD:

1. Psycho-emotional and behavioral guidelines (Yama and Niyama) for positive mental attitude, lifestyle and relationships
2. Musculo-skeletal exercises (Asanas) some of which can be very beneficial for general flexibility and endurance and spinal flexibility and strength (good for muscles of respiration) without raising the heart rate and can create mental effect of calmness and relaxation and sense of well-being. The ability to stretch, exercise and relax the upper body is very important for people with COPD. People with COPD carry a lot of tension in the shoulders and chest. Likewise, it is crucial to stretch, relax, bend, twist and elongate the spine for increasing the efficiency of breathing.
3. Breathing technique (Pranayama) which has hundreds of techniques and some of them can be very beneficial for slowing the breathing and lengthening the exhalation and thus for more efficient emptying of the lungs. We practice coordinating the breathing with spinal movements which is particularly good for the breathing and spine
4. Concentration and mind-training techniques (Dharna and Dhyana) which too can be highly beneficial for relaxation and mental and emotional control which can have effect on your own healing powers.

What is unique about yoga is that you may just do the musculo-skeletal exercises alone and not bother with any other parts of yoga and you will still derive physical and mental benefits, increased breathing efficiency, sense of well being and improved outlook and mood.

However, you have to know which exercises are particularly good and how to coordinate it with your breathing. Some of the exercises specifically adapted for people with COPD are provided in my DVDs "Stretching and Breathing Adapted for People with COPD" This is not a sales pitch but that is the only yoga based stretching and breathing DVD for COPD that I know of.

Question 10

I am interested in taking a yoga class. How do I know that the yoga teacher is well-trained and reputable and not just somebody who has no idea what they're doing and just wants my money? Moreover, I have COPD. I am limited in my exercise ability and I might need special instruction. How should I go about finding a good yoga teacher?

Answer

Your concern is very valid. There are a lot of untrained as well as highly trained yoga teachers in U.S.

Here are a few guidelines:

1. Only go to a teacher who is registered with Yoga Alliance (a credential evaluation body) at least 200 hours, preferably at 500 hours level, which means that they have received teachings in Yoga for 200 hours or 500 hours.
2. Go to a teacher who teaches "gentle" yoga, soothing and nourishing yoga rather than strong, power, or challenging yoga
3. Go to a teacher who teaches coordinating breathing with yoga poses. Some teachers would only focus on yoga poses and that is not good
4. If they have seen my DVD or attended my workshop in "Yoga for COPD" that would be an added bonus

IMPORTANT: A YOGA TEACHER OR PERSON WITH COPD SHOULD NEVER ADVOCATE THAT YOGA ALONE IS ALL YOU NEED. PEOPLE WITH COPD NEED YOGA, SOME AEROBIC EXERCISE (WALKING OR TREAD MILL) AND SOME RESISTANCE TRAINING SUCH AS WITH WEIGHTS