Ease of Breathing Impact Upon integration of the Physical/Anatomical/Biochemical/Physiological/Mental/Emotional/Spiritual

Arthur M. Strauss, DDS December 2021

A copy of "Breathing Problems, Sleep Disorders, and ADHD" for Your Health Magazine July 2015 which is printed below. Consider reading it first as a reference and foundation.

Consider "not enough activity", even nodding out (decreased circulating catecholamine) and how, through "Relaxation", the muscles of the tongue and throat lose control of managing airflow and the body reacts with a "booster of these hormones" bringing the "adrenaline rush" or sensations of the rapid and/or intensified heart beating with the accompanying stress sensations.

Extensive, even strenuous physical activity requiring elevated levels of norepinephrine to increase circulation and beathing to enhance oxygenation to satisfy extra energy requirements, when "suddenly" halted, also results in an excess of circulating "catecholamines" with an "adrenaline rush". Can you feel it? Right now? Through what you just read?

Now, notice how your interaction with me afforded the following:

I did not get into this in the above, linked to article, nor did I discuss my observations of how "Distractions" cause stimulus of our senses as in "Be Here Now" impact of an "Undelivered Communication", "Unfulfilled Expectation" and "Thwarted Intention". Any stimulus to our senses and the "suddenness" of them, upsets the equilibrium of these muscles that control our airway, immediately threatening life and instantaneously moving stress hormones into the bloodstream to save us by increasing the heart beating and blood pressure and breathing to get more air to our cells.

Yes, we just created this together. I have "penned" this last paragraph before, although I have discussed it numerous times. I feel recognition of the above relationships is missing as an academic and scientific inquiry! One can observe that the rhythm and tempo of the heartbeat result in different sensations, we often mistakenly call stress as "Anger, Fear, Joy, Sadness, Grief, etc. This is observable if one goes through, what I understand as a state used in method acting. Like "imagining a wild animal as a lion coming through your front door" or "the loss of someone near and dear to us" or "being genuinely surprised at a surprise party for you" or picture" a young child being separated from their parent at our 'Southern Border'". Notice the different sensation (the rhythm and tempo of the heartbeat, it creates and how you or we, customarily, label it. How does that conform to the norm or what we consider sanity?

This demonstrates the integration of the physical/anatomical, biochemical, physiological, mental, emotional, spiritual. Yet, I have not been able to find recognition or study of this integration through literature search. Is there a misunderstanding of the human body and how it works upon which care and nurturing of it is being based? Is science, as the drive for understanding being thwarted from driving inquiry?

Breathing Problems, Sleep Disorders, and ADHD By Arthur M. Strauss, DDS For Your Health Magazine July 2015

In a New York Times wellness blog, Kate Murphy posted, "Many children are given a diagnosis of ADHD, researchers say, when in fact they have another problem: a sleep disorder, like sleep apnea. The confusion may account for a significant number of ADHD cases in children, and the drugs used to treat them may only be exacerbating the problem."

She suggested "a link between inadequate sleep and A.D.H.D. symptoms", referencing a March of 2012 Pediatrics publication of a study of 11,000 British children, whose sleep was affected by breathing problems like snoring, mouth breathing or apnea. It showed they were 40 to 100 percent more likely than normal breathers to develop behavioral problems resembling ADHD.

Ms. Murphy added that, after their adenoids and tonsils were removed, children were "significantly less likely than untreated children with sleep-disordered breathing to be given an ADHD diagnosis in the ensuing months and years", concluding, because they were getting a better night's sleep. I question the validity of this conclusion because:

- ADHD behavior is while the child is awake. A broader perspective is that this is an airway
 problem affecting us round-the-clock. And Obstructive Sleep Apnea (OSA) is partial description of
 it during sleep.
- It's Anatomical! The pharyngeal component of the Oral-Pharyngeal airway (throat) is "static" in nature; therefore, tonsillar influence on airflow and ability to breath is constant. In contrast, the "oral component", namely, the tongue, in its relation to the throat, is dynamic, "constantly" changing.
- It's Dental! Oral-Pharyngeal posture and position changes of the "tongue" impacts swallowing, speaking, and breathing. This, in turn, is influenced by the posture, position, size and shape of the jaws and mouth, that houses it.
- And, reduction of tongue space, when a child's baby teeth are replaced by larger adult teeth, occurs at the time the incidence of ADHD diagnosis is highest.

Consider one's reaction to a compromised airway – when one can't breathe. It causes a "flight or fight," "adrenaline" or "stress" response that interferes with restful sleep and how we feel when awake. These stress hormones biochemically support and induce whatever physiological or physical activity needed, to keep the airway open, and oxygen flowing. This has an impact on all behavior including the ability to sleep, quality of activity during sleep and behavior while awake, including that of ADHD.

Consider ADHD behavior socially unsophisticated reaction to the "stress" sensations of the "heart pounding or fluttering". Physical activity more effectively uses up excess 'catecholamines" in circulation, than does mental activity as seen in "insomnia".

Understanding the dental impact upon stress is critical to improving the anatomy and quality of life.