



Hello all,

Welcome to Coherent Breathing®, Volume 2, Issue 11, My Commentary On The *New York Times* article of September 7th, **“How Covid Affects The Heart - Three years into the pandemic, the short-and long-term risks are becoming more clear.”** (My apology if unable to access the link. NYT requires a subscription.)

First, I will relate to you my COVID experiences, the latest being about about 8 weeks ago, when I was apparently beset by the current strain going around. (I received the full Moderna vaccine regimen of 2021, February, March, & October.) Since then, I have tested positive for COVID twice with the CDC test kit, neither experience being very severe or lasting more than a few days. Since early 2020 I’ve been very attentive to my blood oxygen, when in public wearing a pulse-oximeter around my neck (under my shirt as need be) for a couple of years. I only stopped doing this in early 2023 when COVID outbreaks appeared to be at a lull. Low blood oxygen (O2 saturation) was one of the very first major indications of COVID infection to be discovered. **See Volume 2, Issue 2, May 2020, A Couple Of Things About This Disease** where I reference Dr. Richard Levitan of Littleton Regional Healthcare in New Hampshire referring to COVID as “silent hypoxia”, where patients were showing up with what was dubbed “happy hypoxia”, the sick arriving that were functioning “normally” but that had O2 saturation levels that suggested that they should not be able to walk or talk. The NYT article focuses on the increased probability of experiencing a circulatory incident, heart attack, stroke, “and other problems” post-COVID infection, where researchers are trying to understand why. A significant number go on to develop elevated blood pressure post-COVID. Why?

During what I am guessing was a COVID experience, I tested negative with the test kit provided by the CDC in 2022. However, I had what I consider to be the tell-tale sign. I went to bed on a Friday night feeling fine, but knowing that I had been exposed to several people that reported having had “a weird bug” that made them feel very strange, specifically, the feeling that they were on a boat, “dizzy”, having to hold on to the walls to walk around in the house. I woke up at 2:30 AM with a screaming headache - very abnormal for me. I reached for my pulse oximeter to find that my blood oxygen level was 88%, my lowest personal record. I stood up to go to the bathroom and could barely walk without falling down, in fact having to hold onto the walls to get there. I returned to the bed and began breathing slowly, deeply, rhythmically, i.e., “coherently” (using Vocal Instructive Sequence) and within a minute or two my blood oxygen level returned to its normal 96-98%. I continued breathing coherently for the rest of the night, dozing on and off. When I woke up Saturday morning about 8 AM, my blood oxygen was “normal” but when I stood up I was still dizzy and remained faint and lightheaded all day when standing. I continued monitoring my oxygen level throughout Saturday and it remained at its normal level of 96-98%. When I woke up on Sunday morning the dizziness was gone. Regarding other symptoms, I had a very slight runny nose and had to clear my throat on occasion for a couple of days. Thats it. The obvious questions are: What if the headache had not woken me up? Would my O2 level have continued to drop while I slept? Was it the low O2 that caused the headache?

The focus of the September 7th article is “circulatory risk”, yet there is no mention of “O2 saturation” or “breathing”. I posit, but not for the first time, that COVID causes low O2 saturation by tricking the autonomic nervous system into sub-optimal breathing. Most of us use only ~10% of our diaphragm range under normal circumstances anyway, and if COVID infection reduces that, we cross the line into the O2 danger zone. But low O2 is a symptom, not a cause. The cause is failure of the diaphragm to move with significance, as though the autonomic nervous system and its phrenic nerve are asleep at the wheel. The circulatory implication is that blood flow throughout the body slows down and stagnates, particularly venous blood which is dependent on diaphragm motion to return to the heart and lungs. I see no evidence that the Medical Industrial Complex is connecting the dots between breathing and circulation. Regarding my personal episode, *conscious breathing* brought my blood oxygen level back from the brink during some kind of infection event where I *suspect* an evolved form of COVID, but it may have only done so because I woke up, I don’t know. Again, evidence that consciousness over rules autonomic control of the diaphragm. To conclude, the NYTimes article points out that one’s chance of circulatory event such as heart attack, stroke, etc., increases significantly post-COVID, but that we don’t know why this is true. It recommends that we be sure to inform our health care professional if we’ve had COVID, and to exercise regularly and eat a healthy diet.

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