

Improve Your Chest Expansion

by Joan R. Dewe, M.A.

The following procedure is taken from our Professional Health Provider program (PHP 1) and has been used for many years by my husband, Dr. Bruce Dewe, in his medical practice. He has taught many mothers how to take care of their children when they have had chest infections, congestion, tightness or pain on breathing. This has reduced their need for medication.

Many people, for various reasons, do not breathe correctly. Rather than filling the lower lobes of the lungs first, they tend instead to raise their shoulders and fill the upper lobes with resultant minimal lower rib-cage and diaphragm movement.

Correct breathing should cause the diaphragm to flatten, thus making the stomach protrude on inhalation, and to flatten on exhalation. If you think of the lungs as a cup to be filled, you pour into the bottom first and gradually fill it up. In the same way, the most efficient breathing allows the lungs to fill from the bottom upwards.

If you do not have a tape measure handy, useful pretest is to place both thumbs at the xiphoid process at the base of the sternum and rest the palms of your hands around the rib margins. Observe on inhalation the degree to which the thumbs move apart.

The reason for poor chest expansion is sometimes due to the disharmony between proprioceptors of the three layers of muscles which run diagonally between the ribs. Nerve impulses pass to the external intercostal muscles on inspiration and to the internal intercostal muscles on expiration. The muscles act as each other's antagonists, and mutual inhibition can cause restriction of

breathing and reduce rib-cage expansion. (The innermost intercostal layer is incomplete, but can be involved.)

Use an indicator muscle and circuit-locate, using all your finger tips, lengthwise between the ribs, on the front and back of the chest. Indicator muscle change shows intercostal muscle involvement in that area.

Before correcting, find the emotion involved with the constriction of the chest.

Correction exercise:

This is a non-specific stimulation. The spindle cells of the muscles are stimulated transversely. (Because of the narrow space between the ribs it is probable that golgi stimulation also occurs). It may help prevent friction if you use moisturizer or talc.

Pressure is in a linear direction along each rib space. Move specifically from the side forwards to the sternum, and from the side back towards the spine. (This is to follow the lymph and venous drainage). Repeat the movement four to five times.

Retest with circuit-locating and indicator muscle. Check that the emotion no longer causes indicator muscle change.

Finally retest chest expansion exercise as above, with hands around rib cage on inhalation. It is very likely that some teaching will be required on correct breathing habits.

To have this technique performed when one has an acute or chronic chest condition brings wonderful relief to the sufferer.