Hello all,

Welcome to *Swan & Stone*, *Volume 1*, *Issue 8*, *The Physiology Of Resonance*. This issue includes a high resolution wall chart developed for COHERENCE Practitioners. It can be printed in 8.5 x 11 or as a wall chart in Architectural A, D, or E size. Click here to download the full size chart. Glossy paper works best.

The chart captures the state of the art understanding of the thing we refer to as "Resonant Breathing". It's interesting to note that the very definition of "Resonant Breathing" relates to circulatory phenomena, specifics that really describe "circulatory resonance", i.e., the moment of circulatory optimality. I've argued for a very long time now that *breathing is a circulatory function*: a) diaphragm movement literally pumps the blood, b) in the process, gas is exchanged.

Seeing "breathing" in this way, makes it utterly and completely obvious why breathing well is supercritical to health, well-being, performance, and longevity, i.e. when breathing is productive, it hydrates, nourishes, cleans, and otherwise maintains all of the cells in the body. It accomplishes this by facilitating variation in pressure and flow that are experienced throughout the entirety of the body, head to toe, keeping the 42 liters of flu-

16. SYNCHRONY OF THE EXTERNAL ENVIRONMENT 1. DIAPHRAGM MOVES HEART RATE WITH BREATHING IS MAINTANED AND THE CONDUCTING AIRWAYS DOWN, PRESSURE IN SEALED THORACIC CAVITY BECOMES RELA-CIRCLE IS COMPLETE.

15. EXHALATION IS COMPLETE. INHALATION TIVELY NEGATIVE SEALED THORACIC CAVITY 2. LOW PRESSURE DRAWS VENOUS BLOOD INTO LUNGS VIA RIGHT HEART. NATURALLY BEGINS, THE DIAPHRAGM MOVING DOWNWARD. FLOW RISES LUNGS 3. VIA COMPLIANCE, LUNGS EXPAND TO AC IN THE VENOUS TREE EX-ERTING NEGATIVE PRES-COMMODATE INCREASED VOLUME OF BLOOD. SURE ON THE CELLUAR SINUSOIDAL 4. HEART RATE INCREAS-ENVIRON, EXPORTING CELLUAR WASTE, LYMPH COHERENT ES TO SHUTTLE BLOOD INTO LOW PRESSURE EN-DIAPHRAGM VIRONMENT OF LUNGS.

5. ARTERIAL FLOW AND RESONANCE MOTION PHASE SYNCHRONY OF HEART RATE WITH BREATHING INDUCED VALSALVA WAVE PRESSURE FALL.

6. ARTERIAL WALLS CONSTRICT, NARROW-ING ARTERIES SO AS TO CAPILLARY IRCULATIO MAINTAIN ARTERIAL PRESSURE AND FLOW.
7. AIR MOVES FROM ENVIRONMENT TO FILL LUNGS, MEETING BLOOD = 5L (12%) VENOUS BLOOD.

8. GAS EXCHANGE OBSERVED AT CAPILLARY CIRCULATION (EARLOBE) EXTRA-CELLULAR FLUID = 9L (21%) 14. WAVE RISES IN ARTE-EXTRA-CELLULAR OCCURS, CO₂ FOR O₂. **9.** INHALATION IS COM-PLETE EXHALATION BEGINS. RIAL TREE, PROPAGAT-ING TO FAR REACHES OF VIRONME 10. DIAPHRAGM MOVES UP. PRESSURE IN THO-CELLULAR ENVIRON INTRA-CELLULAR FLUID = 28L (66%) 13. ARTERIAL WALLS RELAX - ARTERIES WIDEN TO ACCOMMO-DATE BLOOD VOLUME. RACIC CAVITY BECOMES RELATIVELY POSITIVE. 11. VIA ELASTICITY, LUNGS SHRINK, EJECTING A VOLUME OF BLOOD CELI 12. HEART RATE SLOWS AND BUCKET SIZE CELL INCREASES TO ACCOMMODATE EQUAL TO THAT ACCU-MULATED DURING INTRA- CELLULAR ENVIRONMENT VOLUME EXITING INHALATION TO LEFT HEART. BLOOD AND FLUIDS ARE FLOWING TOTAL BODY FLUIDS IN A CIRCLE, HENCE "CIRCULATION". TOTAL BODY FLUIDS INCLUDING CEREBROSPINAL FLUID, LYMPH, AND SYNOVIAL FLUID = 42L (100%) THE MOTIVE FORCE IS SINUSOIDAL DIAPHRAGM MOVEMENT. DPYRIGHT COHERENCE LLC 2016

Figure 1: The Physiology Of Resonance

id we carry in our bodies, circulating. 28 liters of this fluid (66%) exists inside cells and it is fundamentally a function of circulation to maintain the viability of this fluid. The fact of the matter is this: When we are not breathing with relative depth and regularity there is no wave action in the circulation. There is just the steady beat of the heart. When breathing is resonant, the amplitude of the breathing induced variation in blood density as detected by Valsalva Wave Pro is approximately equal to that of the heartbeat. Please note that the Beta release of VWave Pro 2.0 is presently available at 50% discount. This is a profound

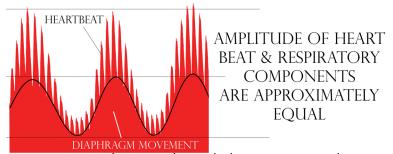


Figure 2: The Complex Valsalva Wave At Earlobe

point in that it indicates that the forces involved in moving the blood during resonant breathing roughly double, but note that the breathing induced wave is highly sinusoidal and half of it is negative going. This negative going period is the inhalatory phase, i.e. when inhalation occurs, blood volume in the capillary circulation falls. This is because the negative going pressure in the thoracic cavity is drawing venous blood from the capillary circulation through the venous tree and

right heart into the lungs. The diaphragm is generating this force, not the right heart. When the diaphragm is not performing this function, the heart must take on the role of pushing blood through the circulation, thereby resulting in systemic blood stagnation and excessive pressure. I hypothesize that this is the root cause of essential hypertension, the high blood pressure condition affecting 1 of 3 adults but that "has no known cause".

Stephen Elliott, President, COHERENCE

Subscribe to Swan & Stone - An Occasional Journal Of Complementary Solutions For Health, Well-being, Performance & Longevity – It's FREE!