

Deconstructing Obstructive Sleep Apnea

How it develops and why typical treatments may not address its root causes.

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I signed up for Brazilian Jiu-Jitsu at PTAC this spring. My first class had me defending against throat-crushing, jaw-twisting moves that pulled on nerves reaching all the way to my toes. I was giving in and “tapping-out” of chokeholds as quickly as I could while my practice partner—who was at a much higher level of training—could not be choked no matter how forcefully I squeezed and pulled up on his throat; he could not be persuaded to tap out. He was thoroughly immune to being choked.

I was quite perplexed ... as a Structural Integrator who has manually manipulated joints and deep tissue for eleven years, and who has cured himself of snoring and sleep apnea symptoms with bodywork, and who has continued to research the causes and treatments of breathing disorders.... I was curious: What keeps the breath unobstructed during a full-on Jiu-Jitsu chokehold and how might that relate to obstructive sleep apnea and snoring? Were the Samurai in Brazil immune to sleep apnea and snoring?

I remember a time when the simple act of sleeping closed off my throat enough to cause me to gasp for air. That was years ago and now I no longer have symptoms of sleep apnea, nor snoring—no matter in what position I sleep.

When I addressed my own breathing problems, I came face to face with a history of sports injuries, whiplashes, bike crashes, teeth extractions, and orthodontia. In my body, it had all added up to poor posture, labored breathing, weakened musculature, and a collapsing throat. Structural bodywork applied to both day and nighttime breathing muscles and fascia along with specific exercises gave me room to breath—I no longer had symptoms due to both a restored posture and balanced breathing muscles working optimally together. My posture was not collapsed, but suspended; my throat was not collapsed either, but held structurally sound by balanced and toned muscles—I became immune to choking at night—but not immune yet, like others I know, to Jiu-Jitsu chokeholds.

Had I been diagnosed for obstructive sleep apnea, the treatment likely would have called for dental-appliance therapy, surgery to open the airway, or a ‘CPAP’ machine to help me breathe at night. These tools have helped many people but using treatments like these to address the structural problems in the throat, jaw, and face are short-sighted if not part of a treatment plan that respects the entire body’s breathing apparatus—a breathing machine will do little to improve posture or teach good breathing habits.

My approach to treating sleep apnea focuses on what I consider to be the root causes of the nighttime collapse of breathing structures. Remember, I am saying that the structures in the throat, face, and jaw finally collapse under the pressure of systemic, long-term, often undiagnosed problems of posture and breathing.

My approach uses specific Structural Integration techniques to reeducate nerve, muscle, and soft tissue and exercises that rebuild strong, balanced breathing habits. Clients with snoring and apnea symptoms need more room to breath in the abdominals, diaphragm, chest, shoulders, spine, throat, nose, and jaw.

Obviously, it is good to address poor breathing patterns before they manifest as snoring, to address snoring before it becomes highly obstructive snoring and to address that before it becomes mild apnea, and so on; but my understanding, given the work I have done, is that even severe obstructive sleep apnea can be cured when the entire “back log” of structural inefficiencies within the breathing apparatus have been successfully addressed. (I am not suggesting that every structural inefficiency can be solved with bodywork.)

Once sleep apnea sets-in, quality of life is quickly and seriously affected if not treated because of interrupted sleep, limited oxygen, and stresses to the heart and other organs and body systems. What I have seen is that at this stage, daytime breathing is labored and emphasized in the upper front chest.

What keeps the breath unobstructed during a full-on Jiu-Jitsu chokehold is a surprising ability to force the upper airway open even under extreme pressure. Practice and training develops highly toned and balanced musculature that can effectively brace against the collapsing forces of an opponents crushing arm. Most people who snore and who develop apnea have (but to a lesser degree) the same skill--but in reverse—they have strong muscles that work not against collapse but toward collapse of the upper airway. (Yes we have muscles that do that! Try swallowing and you will feel them.) In the daytime, with the help of gravity and extra energy put into holding the airway open, the collapse is staved off; but at night sleeping with gravity working in the other direction, those same muscles, likely fatigued and in need of rest, stop defending against the choke and, you could say, give up the fight during the night and “tap out.” Now, more or less unopposed, the tighter, shorter muscles that collapse the airway can take hold, or take a chokehold actually. I do suspect they were immune to sleep apnea and snoring and that, also, it would have been very difficult to choke one—speaking about the Samurai, whether or not they actually made it to Brazil.

A superior book on the posture and breathing relationship is The New Rules of Posture —How to Sit, Stand, and Move in the Modern World by Mary Bond. She says, “To change any habit—and poor posture and poor use are mainly habits—requires, as a starting point, understanding.” I highly recommend checking it out to help you move forward with clear understanding toward learning safe and efficient breathing habits—a “root-solution” for the root cause of snoring and sleep apnea.