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**From burnout
to a life of harmony**

**Another possible application for
the inhalation of energised air**

A scientific disputation



From burnout to a life of harmony

Another possible application for the inhalation of energised air

Case study: 63-year-old teacher; chronic fatigue syndrome for past 12 years (exhausted following slightest exertion, severely weakened immune system, outbreaks of sweating, headaches and myalgia, insomnia, palpitations, nervousness, prolonged recovery from infections, intestinal dysbacteria); symptoms continued to deteriorate despite various attempts at conventional medical treatment, also homeopathy, TCM, kinesiology, bioresonance therapy and various forms of psychotherapy; off work for three years, numerous spells in hospital, following intestinal and dental cleansing and learning ways of avoiding stress condition improved and was able to return to work; needed three hours' sleep at midday, very little time for leisure pursuits; "... was making my life a misery..."; since inhaling activated air sleep has been more recuperative (sleeps through and wakes rested), more cheerful, more zest for life, able to give up midday nap, no more colds.

Definition

Burnout syndrome refers to particularly severe work- and / or family-related exhaustion. As a state of total exhaustion burnout relates equally to mental, physical and emotional symptoms which can extend from a number of weeks to years. The term burnout syndrome is frequently used synonymously with chronic fatigue syndrome (CFS) where the symptoms tend to be attributable to physical causes however, such as chronic infection, for example, whereas burnout syndrome relates predominantly to psychological factors such as pressure at work and negative self-esteem. Burnout syndrome is also much more complex, tiredness being just "one" of many symptoms, even if it is the predominant one. With their "batteries" totally drained of energy, people with burnout syndrome simply do not have the strength required for normal life.

Statistics

The term was first used in the medical literature in 1973. Individuals responsible for educating / looking after / caring for and treating others were increasingly taking frequent sick leave, unable to work and retiring early due to ill health. Subjectively the reasons repeatedly given for burnout were excessive workload, high personal expectations and experiences of failure. There are numerous example of prominent personalities affected by the condition (Eminem, Sven Hannawald, Sebastian Deissler, etc.). According to recent estimates, between 300,000 and 1.5 million people in Germany of all ages and both sexes suffer from burnout syndrome. There are no precise data available, nor are there

likely to be in future for reasons associated with methodology (varying assessments of the syndrome, not a notifiable condition, delays in consulting a doctor, difficulty in diagnosing the condition, high number of unrecorded cases).

Aetiology and pathogenesis

So far expert opinion is divided. It is assumed that a whole range of causes is responsible for the condition. Chronic stresses such as infections, toxins and, above all, conflict may permanently weaken the immune system and represent the cause of the symptoms. On the one hand factors such as loss of autonomy, role conflict, excessively high expectations, lack of clear hierarchical structure, inappropriate goals and plans as well as insufficient support from supervisors are put forward from the academic perspective. Other experts place more emphasis upon interpersonal conflict or stress the increasing discrepancy between an initially high level of commitment with, to some extent, unrealistic expectations and an ultimately disappointing outcome.

Viewed objectively, these "external" stresses may possibly be minimal, however this estimation is regarded as unimportant for the development of burnout.

What is crucial is how the affected person themselves perceives and copes with stresses.

Their emotional, physical and psychosocial capacities at the time are crucial here.

External and psychological factors play an equal part in the development of burnout. Commitment, initiative and dedication – although, in principle, positive qualities – nevertheless inevitably carry with them the risk of excessive demands and exhaustion.

Considerable personal commitment and high expectations often conflict with the realities of everyday work. On the one hand an increasingly irritable, demanding, impatient sense of entitlement on the part of "clients", on the other steadily declining emotional resilience on the part of those at risk of burnout – how can this carry on in the long term? Hoped for success is very often not forthcoming, no recognition or praise is received, failures are perceived as personal defeats – all reasons for feelings of self worth being damaged, communication problems, isolation and regression resulting in diminished performance, depressive feelings of failure, psychovegetative exhaustion and ultimately functional disorders of susceptible organ systems (heart, circulation, stomach, intestines, spine, urinary bladder, immune system and sexual organs). Other cases are dominated by an increasing lack of interest at work or in the family environment. Very often professional ability is overestimated. Excessive ambition and drug / alcohol dependency may be factors in triggering the condition, as can bullying and stalking.

In the majority of cases of burnout the individual stages of the condition from the appearance of the first indications to the fully developed disorder can easily be traced back from the individual's medical history. It starts with the individual full of enthusiasm, turns into stagnation and increasingly into frustration and then apathy, finally resulting in burnout syndrome, as reported particularly in the "helping" professions.

Finally social changes towards an increasingly globalised environment also contribute to burnout symptoms. These include aspects such as the breakdown of family and social ties resulting in growing anonymity, the change in values leading to priorities which encourage ill health (money, power, influence), adverse conditions in the labour market (unemployment, inflation, recession) and also modern life in general (sensory overload, complexity, individualisation).

Clinical features

Burnout syndrome is a complex syndrome which often has a profound effect on the functional capacity and entire quality of life of those affected for years before it is finally diagnosed and effectively treated. The symptomatology is varied yet, when considered individually, the many possible symptoms are less helpful. Considered individually, they apply to numerous psychological and psychosomatic disorders, at the start of the disorder even to the overwhelming majority.

Science is now able to distinguish between several phases:

- warning symptoms of the initial phase
- reduced commitment
- emotional response (depression, aggression, attributing blame)
- reduction in motivation, creativity, willingness to perform
- blunting of personality (mental, emotional, social)
- psychosomatic responses
- despair, hopelessness, suicidal tendencies.

The individual signs and phases of the disorder may occur but do not necessarily do so.

Burnout is certainly understood as a process. However a typical course has not been identified which is the same for all those affected.

Nevertheless the majority of those affected display an individually characteristic course. This progresses from a sensitive (chronic tiredness) to an insensitive stage (cynicism), from confusion through frustration to despair, from idealistic enthusiasm devoting maximum energy and totally overestimating one's capabilities through stalemate and frustration to apathy, from emotional and physical exhaustion through withdrawal to self loathing, from work-related stress through stalemate to defensive attempts to control the situation through emotional dissociation, withdrawal and cynicism.

The most likely scenario is that permanent overload and insufficient time to recover leads to a gradual loss of resources. Individual symptoms do not necessary follow a set sequence although the presence of one symptom does increase the chance of other symptoms occurring. While healthy individuals can intercept and compensate for loss of resources, those persons already manifesting

a lack of adequate resources at the outset can, in time, slowly run out. In the end the effect is similar to severe long-term stress.

In addition to psychological effects, functional disorders and even organic diseases of individual organ systems increasingly occur: e.g. physical exhaustion after the slightest exertion, lassitude, weariness, myasthenia and myalgia, headaches, pain in the joints, high temperature, shivering, susceptibility to infection (common colds to flu), pharyngitis, swollen lymph nodes, gastro-intestinal cramp, loss of appetite, digestive problems, increased need for sleep coupled with insomnia, photophobia, scotoma, forgetfulness, poor concentration, loss of creativity, irritability, depressive feelings of failure, confusion, cardiac dysrhythmia, abnormal blood pressure, peripheral circulatory disturbances, sexual problems and back pain.

The last stage of the vicious circle ending in burnout begins with declining morale at work, perceptible reduction in quality of subjective performance and the individual giving up "internally". It generally continues with frustrated attempts by the individual to self-medicate especially with coffee, alcohol, cigarettes, drugs and medication, leads to problems with their partner and family and ends with lengthy periods of sick leave, despair with strong negative impact, suicidal thoughts and genuine threat to life.

Diagnosis

Diagnosis is best reached through a process of elimination. The symptoms should persist longer than six months, previous activity at work and in private life be considerably restricted. The time when the symptoms began is generally easy to pinpoint.

Laboratory tests (blood count, ECG, blood pressure, etc.) help to a large extent to eliminate organic diseases as does an accurate patient history and thorough clinical examination. Situation analysis reveals adverse living and working conditions (stress, toxic materials, bullying). Recording performance of regular physical exercise (generally dropping off and even, most recently, completely abandoned), eating habits (mineral and vitamin deficiency) and leisure activities (cut down and even abandoned) also helps with diagnosis.

General prevention and treatment

Timely and rigorous prevention is by far the most effective measure yet proves to be difficult due to the complexity of the syndrome, time-consuming indirect diagnosis by process of elimination and the persistent stubbornness of those affected.

After a thorough patient history, clinical examination, laboratory diagnosis and



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situation analysis, the individual symptoms and particular conditions surrounding the development of the syndrome should determine how to proceed.

Preventive measures should focus on mental hygiene, sufficient sleep, physical treatment methods, physical exercise, restrained intake of coffee, tea, alcohol, etc., balanced diet, relaxation techniques and social contact. It is important for those in danger of burning out that they find "time" and "space" where they can rest and recover, whether through sport, music, reading, meditation or in prayer. Attention should be diverted away from the problem to activities which provide positive experiences in order to distance the individual from everyday stresses. Those around the individual can contribute to the success of the endeavour by, on the one hand, allocating appropriate, defined and realistic tasks and, on the other, taking an interest, supporting, helping and boosting morale. Those directly and indirectly senior to the individual also bear responsibility, ensuring that health and safety regulations are met, realistic targets set and supervision offered throughout the process.

Despite numerous individual cases there is so far virtually no reliable evidence-based knowledge regarding treatment (for pronounced syndromes)

Treatment is predominantly individual adapted to the particular symptoms and conditions in which the syndrome arose.

In principle all preventive measures are valid as basic therapy. These can be supplemented by approaches based on behavioural therapy such as redirecting energy from tasks to hitherto generally neglected leisure pursuits, such as drawing up a timetable with sufficient free time as well as a relaxation programme to be followed rigorously. The factors responsible for causing the problem must be worked on and the individual must learn to handle frustration, aggression and harmful attempts to treat the condition (drugs, alcohol, dangerous sport) (emergency instructions). Drawing up an individual checklist with personal warning symptoms and an appropriate code of conduct is recommended. Treatment aims to completely change the earlier habits which triggered burnout and also achieve a new self-perception and self-evaluation as an ongoing adjustment.

Sociotherapeutic measures include suggestions for leading a healthy and orderly life, particularly in relation to aspects such as sleep, tea, coffee, alcohol and cigarette consumption, regeneration, diet and sport. A diet based primarily on seasonal, natural wholefood products is recommended with protein intake from fish rather than meat, plenty of fruit and vegetables, possibly food supplements such as minerals, trace elements and vitamins and gastric-intestinal cleansing for acidemia and elimination where focal processes are suspected. As regards physical activity, all the five main forms of motor load (coordination, flexibility, strength, speed and stamina) are appropriate apart from speed, with the actual amount tailored to the individual, starting fairly low and building up only slowly with (above all) the emphasis being on enjoyment so as not to introduce stress and ambition. A suitable weekly timetable could include, for example, one or two sessions of endurance training (walking, Nordic walking, jogging, cycling, swimming, cross country skiing), one session of strength training (in a well-run fitness studio or at home following prior instruction and monitoring by a trained physiotherapist) and daily gymnastics (15 mins). The intensity of the endurance training, in particular, should be maintained deliberately



low in the aerobic range. Otherwise the opposite effect could be achieved (overload).

As regards medication, psychopharmaceuticals may possibly be appropriate. These are generally refused however by burnout sufferers although many are dependent upon drugs, medication or alcohol as a result of their own attempts to cure their condition. In no circumstances should medication be taken independently at one's own discretion. It is imperative that a doctor is consulted. St John's wort, hops, valerian, passionflower and kava kava are possible remedies.

Inhaling energised air

Since inhaling energised air (Airnergy) was introduced about ten years ago feedback has been gathered systematically both from private users and practicing therapists and an initial evaluation is available.

According to this, over 400 therapists use energised air inhalation with their patients, 2500 activated air inhalation units are in private ownership and the method is used around one million times each year in Germany alone. Persons using this method reported on average 3.9 disorders, 77 percent of which were functional in nature. The effect was not dependent upon the age of the person affected. Following possible deterioration of the subjective symptoms in the first few days, the symptoms were relieved, the condition improved or the person's wellbeing increased from the seventh day onwards when the treatment was applied daily.

By their own account, end users successfully employed activated air inhalation for a wide variety of diseases of individual organ systems (cerebral dysfunction, multiple sclerosis, Parkinson's disease; vertigo; bronchial asthma, bronchitis, COPD, pulmonary emphysema, sleep apnoea; coronary syndrome, chronic coronary heart disease, dysrhythmia, hypertonia; hay fever, allergy, colds, flu, inflammations; headache, earache, cancer, burnout, chronic fatigue syndrome; dry macular degeneration, grey cataracts, vitreous detachment; arthrosis; hyperthyroidism), yet all agreed that, to their mind, as far as they could judge, their original disorder had only improved slightly or not at all, and in only a few cases had seen a big improvement, but that their vegetative, hormonal, psychological and immunological regulation had changed dramatically for the better affecting their whole life.

42 percent of all details relating to this refer primarily to an increase in energy levels (increase in exercise tolerance, strength, performance, motivation and activity). 37 percent of those affected stressed their much improved wellbeing (reported in the form of improved quality of sleep, better emotional state, easier breathing, problem-free digestion, reduction in pain and/or improved immune



state). 14 percent of users emphasised regenerative aspects in particular (such as deepening and acceleration as well as intensified and quicker relaxation and pulse calming). 6 percent of information related primarily to marked improvement in functioning of the sensory organs (smell, vision, touch and balance).

Alongside numerous diseases where therapists, by their own account, used activated air inhalation deliberately and successfully to supplement conventional medicine (asthma, COPD, macular degeneration, arthrosis, heart failure, hypertonia, tinnitus, varicosis, vertigo, autoimmune diseases, allergy, regeneration, cancer, pain, diabetes, amalgam removal), they also put up for discussion their success with functional disorders such as sleeping problems, diminished performance, immune deficiency and burnout.

The key to understanding the effect of inhaling energised air, universally recorded by many therapists and their patients, must be sought in the remedying of the dysfunction of the stroma and the disrupted energy supply to the cells and how this effect is also brought about by other natural therapies (pulsating magnetic field therapy, energy information therapy, etc.), especially when supplemented or reinforced by inhaling energised air. By briefly (artificially) raising the energy level of molecular oxygen in the inhaled air which then reverts spontaneously to its ground state before it can be inhaled, this method leads to the energy thereby released being transferred to the surrounding water in the inspiratory air, equivalent to energising the whole body. This occurs firstly via a direct route through the individual tissue (conduction), secondly via an indirect route in the blood stream (convection). The consequences are probably correctly judged to be harmonisation of the magnetic field, optimisation of the membrane potential of the individual cells of the body and resulting activation of cell metabolism, with some intermediate stages on the path from entry into

the body right into the mitochondria remaining unclear for the time being.

The fact, demonstrated by scientific studies, remains however that, due to a shift to the right of the oxygen dissociation curve at the same oxygen pressure caused by the energised inhaled air (O₂ content of erythrocytes, O₂ content of blood), significantly more oxygen is given off (this effect has gone down in the literature as improved O₂ utilisation) and that, due to inactivation of NADPH oxidase in the cell (responsible for the production of damaging oxygen radicals in the vascular endothelium, fibroblasts and myocardial cells), an increasing number of radicals present or recently developed during metabolism are neutralised while the electron flow and energy gain remain unchanged.

The subjectively perceived experience of activation of the body's own powers by inhaling energised air can easily be incorporated into the objective state of knowledge of harmonisation of the stroma and activation of cell metabolism. Likewise the impression of many therapists and end users is confirmed that inhaling energised air has a strong harmonising effect on the neurovegetative, hormonal and immunological control circuit and consequently, as it were, represents a basic therapy, upon which a targeted conventional

medical treatment will yield greater prospects of success in improving the underlying disease as well as the specific illness in detail. One method of therapy builds upon the other, supplementing and extending it. Both have their own value.

Case studies

- Professional racing driver; long-term increase in functional capacity and concentration
- 36 years old; overcome low spirits due to overexertion and lack of sleep; increased resistance to infection; significant increase in alertness and functional capacity
- University lecturer, high stress levels at work; "miracle cure" – hardly ever put out of circulation by flu, pain and exhaustion since began using Airnergy
- Since began using activated air inhalation no longer sensitive to weather, significant improvement in sleep disorders, more motivated and better able to concentrate, general wellbeing improved, quicker recovery, greater level of fitness
- 45 years old, lassitude, lacking in energy, bad nerves; significant improvement in

overall state of health and no more earache since began inhaling energised air



Literaturhinweise

- „Burnout- Syndrom“, Wikipedia, 5.12.2008
- Prof. Dr. med. V. Faust: Das Burnout-Syndrom und seine Folgen: erschöpft – verbittert – ausgebrannt. Int. 1 - Burnout- Syndrom. doc, 2008
- "Chronisches Müdigkeitssyndrom", Onmeda, 7.12.2008
- Dr. R. Merkle: Burnout Test – leiden Sie unter Burnout?“, www.palverlag.de, 7.12.2008
- Protokolle von Therapeuten und Endanwendern von Airnergy, Airnergy AG, Hennef
- Prof. Dr. K. Jung: Airnergy – Energetisierung der Atemluft. Vortrag, Deutsches Sport- & Olympia- Museum, Köln, 3. 12. 2008
- Prof. Dr. K. Jung: Energetisierung der Atemluft – eine neue Methode zur Therapie von Schlafstörungen. Natur-Heilkunde Journal, Nov. 2008
- PD Dr. A. Hillert: Burnout – eine neue Krankheit ? Versicherungsmedizin, Dez. 2008
- Ch. Maslach u. M. P. Leiter: Die Wahrheit über Burnout. Stress am Arbeitsplatz und was Sie dagegen tun können. Springer, Wien – New York 2001
- H. J. Freudenberg: Staff Burn- Out. J. Social Issues 30, 159 (1974)