

THE INTERNATIONAL ASSOCIATION OF YOGA THERAPISTS

YogaTherapyToday

June 2010

Volume 6, Issue 2

Our Best Defense

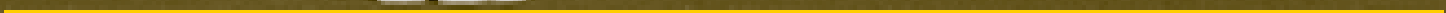
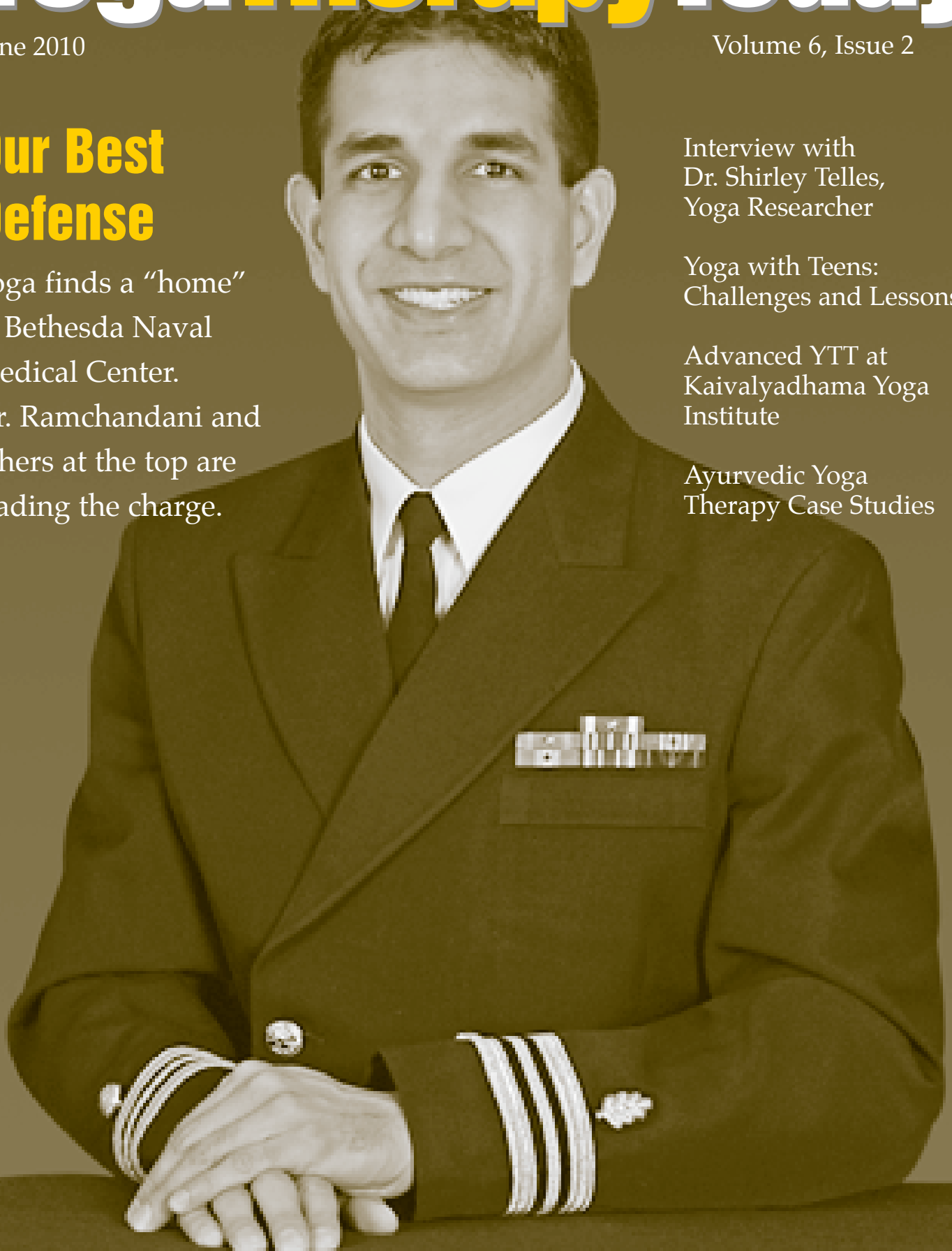
Yoga finds a “home” at Bethesda Naval Medical Center. Dr. Ramchandani and others at the top are leading the charge.

Interview with Dr. Shirley Telles, Yoga Researcher

Yoga with Teens: Challenges and Lessons

Advanced YTT at Kaivalyadhama Yoga Institute

Ayurvedic Yoga Therapy Case Studies



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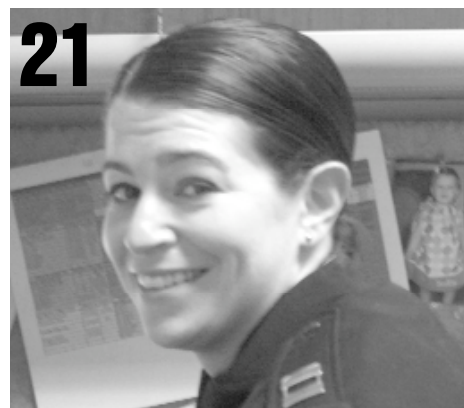
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PUBLISHER International Association of
Yoga Therapists
EDITOR-IN-CHIEF Julie Deife
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COPY EDITORS Kelly Birch, Denise Hodges

Yoga Therapy Today is published in March, June, and December.

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ENVIRONMENTAL STATEMENT

This publication is printed using soy-based inks. The paper contains 30% recycled fiber. It is bleached without using chlorine and the wood pulp is harvested from sustainable forests.

No challenge too big



You've probably never seen a military officer on the cover of a Yoga publication and it may be a while before you see one there again. But let's give credit where credit is due. The military has always been in the forefront of high tech medical advances—much of today's emergency room medicine is a product of innovation that took place to address the wounds of war.

We're used to high tech military innovation—from digital imaging to nuclear medicine. And recently the military has even been bringing the softer side of care, including Yoga practices, to the treatment of posttraumatic stress disorders. But it has never until now so clearly brought Yoga into the realm of its treatment regimens for both soldiers and their families, as you'll learn in the issues' feature article "Our Best Defense," by Nancy O'Brien.

"Our Best Defense" is the story of a dramatic innovation involving Yoga and "medical homes" at the acclaimed Bethesda Naval Medical Center in Bethesda, Maryland. Ms. O'Brien has managed to make a very complex story about mind-body medicine and the "medical homes" concept simple. When you read this article take time to imagine the sweeping changes that could seep into the civilian sector as a result. In "medical homes" we have innovation with adaptive and long-range capacities for settings outside the military in community, private, and corporate health. Attitudes of openness toward alternative and complementary medical modalities, including Yoga as adjunct treatments to conventional medicine, are welcomed.

No less important than innovations in the delivery and mix of healthcare services is how we reach the youth of today. An area of Yoga education and therapy that has been spreading for a while within the population at large, is Yoga for teens. You'll find two articles in this issue offering insights on Yoga practice with this difficult-to-reach group, addressing not only the physical, but also the emotional and behavioral elements that are so challenging yet so critical to healthy development.

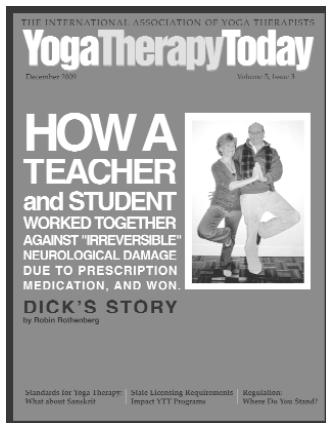
The three articles mentioned above offer hope for the future at a time when the tendency is to view with despair the direction the world is heading. If Yoga can help affect cultural change within the military and also forge a connection with teens, other "big" challenges may be small by comparison.

In Service,
Julie Deife

Letters to The Editor

Get involved by sharing your thoughts with other members of IAYT. All submissions may be edited for grammar, style, length, and clarity. Send your letters directly to jdeife@iayt.org.

To the Editor,



The article in the December 2009 issue of *Yoga Therapy Today*, "Sanskrit and Yoga for Yoga Therapists" by Nicolai Bachman, not only tells a good story, it amplifies core issues: linguistic roots and the human mind. We have inherited and been taught language skills to help us think, ponder, feel, explain, act, understand, choose, agree, imagine, and "yammer." Much of what we do as people on this earth relates to language. Bachman eloquently explains the need to preserve and develop Sanskrit training for Yoga therapists. After reading this piece, I had the sensation that right now when I think of the word *asana*, millions of people all over the space we inhabit together on our earth, with a palette of languages, know this word *asana*; it is a connection across the planet. If we glance back at all the folks who knew this word before we had the facility to say, learn, and do it, all of them through time back to the beginning, and maybe even what came before the beginning, also knew what it meant. It's part of our time and space "mind connection" with each other. I agree with Mr. Bachman and appreciate the work he is doing in Sanskrit and Yoga education.

Years ago there was a discussion about the appropriate rendering of the word *Yoga*. The question was whether or not the first letter of the word should be upper or lower case. Georg Feuerstein, Ph.D., wrote an excellent piece successfully advocating the appropriateness of the capital form, and this is another part of the article I appreciate: Mr. Bachman used the correct form to explain, simply, very complex ideas of Yoga.

Respectfully,
Amy Kline Gage
Former executive director and president of IAYT

To the Editor,

Jennie Lee's article "Magic Carpet or Life Raft" in the March 2009 issue of *Yoga Therapy Today* moved me greatly. Yoga has been my anchor for almost 40 years, and it has never let me down. It is so utterly reliable, as long as you do it. Life rarely turns out the way we plan, but Integral Yoga does enable us to accept seemingly unwelcome change, transform our reactivity, and count our blessings. Thank you for sharing your journey.

Namaste
Jane Mackarness
Exeter, Devon, UK

To the Editor,



As Motherwell™ founder and teacher trainer, I have been working with pregnant women for over 30 years. I would like to make a few points as relate to Ms. Bachman's article "Insights on Pregnancy from Yoga and Ayurveda" in the March issue of *Yoga Therapy Today*.

Practicing Yoga in the first trimester of pregnancy is fine, although many newly pregnant women need the guidance and support of a knowledgeable teacher in order to get through the challenges of early physical adjustments. The reason many practitioners choose not to accept pregnant women in their classes is the practitioner's fear of miscarriage. However, the relaxation and meditation in the early months of pregnancy help women decrease stress, which could possibly prevent a miscarriage as well as help them handle this situation in more positive ways, should a loss occur.

In my view, pregnant women should be practicing *bandhas* from early in pregnancy and continuing for a lifetime. Contracting the pelvic floor is essential to help prevent incontinence and low back issues during and after pregnancy. Strengthening the abdominal wall is also important, and the earlier women start in pregnancy and the longer they continue, the more benefits they will derive. I do not recommend standing poses in the third trimester since there is a lot of weight on the hips, knees, and back. Sitting and side-lying poses are preferable. Also, standing exercises are more demanding on the entire maternal system and during the third trimester, energy conservation is key.

Anyone working with pregnant women should become familiar with the safety guidelines of the American College of Obstetricians and Gynecologists, which state that pregnant women should avoid any kind of exercise while lying flat on their backs after the first trimester (supine position) because less blood flow is available for the fetus in that position. Lying flat on the back in the latter months of pregnancy may also cause women to become light-headed and dizzy.

Although Ms. Bachman has studied the teachings of T.K.V. Desikachar and I also use his material in my Yoga teacher training program, we need to remember that traditionally, women were encouraged to avoid Yoga poses, especially during pregnancy. So, in order to use Yoga as a therapeutic modality during the childbearing years, we need to look at the exercise science and obstetrical literature in order to deliver services that best meet the pregnant woman's needs until more research is done on the effects of Yoga on pregnancy.

Be Well,
Bonnie Berk, RN, MS, ERYT
Carlisle, Pennsylvania

Manage the Future with Grace

We've come a long way since a government official said to me in 1973, "Yoga was something I had for breakfast this morning."

In 1978 at SuperHealth, a specialized hospital for substance abusers, we worked to meet standards set by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO, now known as The Joint Commission), a nonprofit set up as an affiliate of many organizations for healthcare accreditation, including the AMA. The process of being affiliated with such a distinguished credentialing body involved complying with 1,400 standards. Honestly, even though I was deeply immersed in this process of attempting to meet accreditation regulations, I was clueless as to the meaning of half the words. However, our team managed to apply ourselves sufficiently to the process to be prepared for three grueling days with two reviewers examining the program with a fine-toothed comb. Then a miracle occurred: SuperHealth gained accreditation by JCAHO in that very year. By 1990, we had established ourselves to receive their highest commendation: a rating in the top 10% of all residential behavioral health programs for substance abuse in the United States.

I focus on this achievement because it is a tribute to *all* Yoga practitioners today. Yoga practitioners are analytic technicians of the teachings. I would like to quote my teacher Yogi Bhajan:

"All knowledge, all help, all therapy

Will become absolutely obsolete.

What is needed is an immediate self-exalted experience.

Otherwise, all that is left is the hassle of life."

We've come to understand what a blessing it is to practice Yoga in our lives. However, with that blessing now comes a responsibility to usher in the Aquarian Age. In the coming years, people will want to know one thing: how did you get beyond your own

mental dramas and traumas and what technique do you use? People want from us a technology that allows them to feel complete within themselves and to experience their own self-exaltation. We have a responsibility to share our knowledge.

I have been reading with great interest the articles in this publication discussing the many challenges Yoga faces—or may face—internally as a community of practitioners and externally because we are at a crossroads as to how to work with other entities (government agencies, hospitals, insurance companies, conventional medicine, and even Ayurvedic organizations). My experience and studies have taught me that we can meet challenges such as creating standards, intelligent recognition of pros and cons of licensing, or how even to fund our programs and collaborate with others both inside and outside the "system" without fear if we are unwavering in our belief that the technologies we teach, work.

As harbingers of the future, though, there are several responsibilities we must always keep at the fore:

- Our caliber as ambassadors of Yogic technologies must be dependable
- We must have a personal discipline and self-dignity
- We must have professional ethics
- We must be clear that it is the other person's job to heal the self. We are messengers of the teachings, we are not there for emotional involvement or to have our personal needs met
- We must feel compassion deep within us
- We must heal through the heart not the intellect
- We must speak gracefully and respectfully

Over several decades at SuperHealth, we have worked with every imaginable official. We have been funded by all levels of government—federal, state, city, and county; been a provider through insurance companies receiving third-party payment; received private foundation donations; and we have been self-funded. I have learned that people who don't understand something often

question its credibility; or, sometimes, out of insecurity, they tend toward condescension. My suggestion to you is: don't react to it—expect it.

My heartfelt sentiment to each one of you who may feel held back by the governmental or conventional medical model: we are just a bit ahead of the times. Collaborate with these officials and enhance their programs or services. It is not "instead of," it is "in addition to." Remember that the Age of Aquarius is about forming partnerships and working together.

God Bless you. **YTT**



Mukta Kaur Khalsa, PhD, personally studied the SuperHealth technology with Yogi Bhajan and served as his secretary of foreign affairs from 1996 to his passing in October 2004; she continues in this capacity through

Sikh Dharma. SuperHealth is approved by NAADAC for CEUs to addictions professionals and counselors as an educational and training provider. Mukta is the author of Meditations for Addictive Behavior.

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Doing Yoga with Teens in Trouble

When a psychologist friend of mine approached me with a proposal that I teach Yoga to middle school students in a new program for those who had been suspended from school, I was intrigued, although I approached the project with some trepidation. How would the most incorrigible students in the school system react to a novice Yoga teacher? All of the students who were remanded to the program were students of color, from African American, Haitian American, or Latino backgrounds, so how would they react to a practice far outside of their cultural experience, I wondered. As Yoga is seen as a feminine activity in some sectors, would the largely male group refuse to participate? Would their problems be more than I could handle? I also did not know if I would be able to provide tools that would benefit them in such a short time span. Although I believed that everyone holds a “divine spark,” would I be able to reach that in each of these students?

Luckily, I accepted the challenge to teach Yoga in the PASS (Providing Alternatives for Suspended Students) program and have been richly rewarded by the experience. To my surprise, many of the young men I worked with found within Yoga that which brings practitioners to the mat: a haven, a safe space, and a strategy to approach stress and challenge in their lives.

The school environment poses unique challenges for male teens, and for those of color those challenges are even more chronic and extreme. According to James Earl Davis (2003), “To be black and male in American schools places one at risk for a variety of negative consequences: school failure, special education assignment, suspensions, expulsions, and violence.”¹ By the fourth grade, these boys are falling behind other students in all areas of academic achievement. This decline is illustrated by the number of black males in top reading groups, which drops from 23% in the first grade to 12% in the fourth grade. National Assessment of Educational Progress (NAEP) test scores illustrate the fourth grade gap in reading proficiency between



white and black students, with black students scoring 29 points or 12% below their white counterparts in the 2007 NAEP. Across the board, males score 5-8 points lower in reading than females.² Boys are poorly matched to an educational environment that is often hostile to their needs for kinesthetic engagement and visual, engaged learning, which puts them at risk for academic failure. Academic failure may lead to serious antisocial behavior. Zagar (1991)³ lists seven risk factors that correlate to a boy's chance of becoming a violent offender. They include child abuse, gangs, substance abuse, access to weapons, arrests, neurological problems, and difficulties in school. Some of the students who land in the PASS program share in one or more of these risk factors. All share in the last.

Our culture adds to this by presenting high school age males of color with a narrow set of responses to challenges to their masculinity. The media constantly bombards these young men with visions of violence as a preferred solution to problems while failing to offer comparable imagina-

tive alternatives of either a positive or non-violent nature.

Attention deficit disorders are affecting a large number of children in schools. The majority of these children are males, who are subjected to a host of interventions, most prominent among them the use of psychotropic drugs. Despite the lack of evidence on the safety of drug interventions in children, a study by Zito (2003)⁴ showed that 5.3-6.9% of children in a cross-sectional study were being prescribed psychotropic drugs, an increase of 2-3 fold in the 10-year period before 1996 and a percentage that has undoubtedly grown since this study. Our young people are largely ignorant about alternative ways to handle their emotions, fears, and longings.

The PASS program in which I became involved was created by the Volunteer Counseling Service of Rockland in conjunction with the East Ramapo School District in New York State and funded by the New York State Criminal Justice System. Middle school students who were suspended from school had often been left home alone and

ended up getting in much more serious trouble than they had in school. A grant proposal that outlined the PASS program was submitted to the New York State Department of Corrections to create a program at an alternate site designed to give students a "time out" that allowed them to examine their behavior and discover new ways to respond to difficult situations. The PASS program is housed in a building owned by the local community college. The program is directed by a young psychologist, Maria Cadet, who works with students in groups and individually, addressing issues of mental health; it is run by full time staff that includes a teacher who provides academic support so students can keep up with their class assignments while attending the program. Most students attend the program for about a week, and the 18% rate of recidivism in terms of repeat suspensions is substantially lower than pre-program rates.

The PASS students who I worked with included both females and males, though the males far outnumbered the females. This paper focuses on the males, in part

Their tough exteriors melted for extended periods of time.

because they were the vast majority but also because the psychology that lands females in this program is quite different from that of males. (Addressing the girls' issues is a very different but important issue in its own right.) The male students had been suspended for fighting, altercations with a teacher, or other transgressions deemed inappropriate. One young man was assigned to PASS because of an out-of-school Internet issue. Because of the nurturing aspect of PASS, some young men who were simply failing a number of subjects were sent to the program for an evaluation of their problems. The students who came to the program ranged from the highly troubled with horrendous home environments, to the very cooperative with supportive families; however, there were far more of the former than the latter. The number of students in the program fluctuated from week to week, although usually there were from 2-7 students in a class. Initially, and occasionally, the staff of the pro-

gram would also participate in the Yoga class.

The Yoga Experience

The Yoga experience was new and challenging to most of the students, the majority of whom had never participated in a Yoga class. The central goal of the Yoga class was to help students learn how to get in touch with and access inner resources in order to deal with disturbances in the outer environment. In Yoga, this is referred to as *pratyahara*. My challenge was to apply my own beliefs that education is based on the heart as well as the mind and is most effective when strategies to integrate the body, the mind, and the spirit are utilized. This is the basic premise of mindfulness education. I hoped to introduce students to the concept and practice of mindful attention and spark an internal exploration of what it means to act or respond consciously rather than habitually to the *(continued on page 9)*

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OnPractice *continued*

challenges and stresses of our lives. The students' presence in the PASS program was a clear indication that they lacked these tools.

The Yoga class met once a week for an hour. I usually faced a completely new group of students each week. A small number of students were repeaters, especially toward the end of the year. Typically they would be initially reticent to participate until a connection to preparatory warm-ups for sports or exercise—an accepted, “manly” behavior—was made. Students expressed surprise at how much strength is required to attain and hold the *asanas*.

Each class began with an extended *dirga pranayama*, the deep, slow, three part breath that forms the foundation of Yogic breathing, and a discussion of the breath connection to the fight or flight response. Sitting in a comfortable cross-legged position, the students began to learn the basics of yogic breathing. To assist them in understanding the mechanics of breath, I had a balloon and bottle model of the lung functions with me. As students completed the controlled breathing exercises ending with a series of elongated exhalations, I asked them if they had noticed any mood changes as a result of the breathing exercise. Almost invariably students responded affirmatively, saying that they felt calmer; sometimes they simply identified the effect they felt as one of sleepiness.

In these sessions we discussed how the elongated exhale assists in retaining carbon dioxide and provides a natural sedative. This change in the blood chemistry leads to a calming of emotions. On the other hand, the mechanisms of the fight or flight response flood the bloodstream with adrenaline, preparing the muscles to fight or flee a danger. The usefulness of the fight or flight response in the jungle when a lion is on your tail was clear to the students. I asked them to think about what happens when the situation that elicits the adrenaline response is not one wherein fighting or fleeing is appropriate or even possible, such as an insult hurled in a lunchroom or a denigrating comment by a teacher. Students were surprised to learn that the mechanisms by which we feel stress and anxiety are biological, and that we can dissipate stress using yogic breathing to restore a hormonal balance. We discussed how using Yogic



breathing in challenging situations could give us time to gain clarity to come up with more appropriate responses that could lead to more frequent positive behavioral outcomes. I emphasized throughout the class that although we do not have control of our outer environment, we can and must take control of our inner environment. I also asked the students about specific times in their lives when they could use this kind of breathing to calm their emotions and settle their thoughts, to which they responded that they could use it in class; in social situations with peers; and with their families.

Identifying and choosing an appropriate response as opposed to anger, for example, was another recurring theme throughout the class. I pointed out that the word anger comes from a Latin root meaning “without breath,” and is also the root for anguish, angst, and angina. Allowing ourselves to become angry and reactive limits our possibilities for response, and therefore also limits positive outcomes.

From the *pranayama*, we moved into a series of *asanas*, focusing on the *surya namaskara* sequence with breath, cat and dog back, twists, and back bends. Students typically responded well to the warrior poses and related to the warrior image. Some students were tight and weak while

others were flexible and strong and displayed remarkable kinesthetic talent. Some participated with a serious demeanor while others did the minimum requested of them. As each student found a posture at which they could excel, they became more involved in the class. Students typically did balances well and had little trouble with shoulder stand. Despite considerable complaining, students were successful at attaining many of the *asanas* presented. Because each student was different, as was the dynamic of class each week, all planned classes were adjusted according to the responses and skill levels in each group.

What was most surprising and most gratifying was the success of *savasana*, the 10 minutes of complete relaxation that is the final *asana* of the Yoga class. Invariably students were initially resistant to complete relaxation, wary of letting down their guard in a quasi-school situation. However, as they reverted to the *dirga pranayama* and listened to the guided relaxation talk in which I included direct focus to each area of the body and relaxing visualizations, students went into deep *savasana*—so much so that I often summoned the director of the program just to observe the whole class of the school's “baddest” boys lying peacefully with their eyes closed in a blissful state. These young people—who previously could not quiet their bodies, their minds, or their mouths for as long as two seconds—were now able to engage in extensive and deep *savasana*. As I brought students out of *savasana* back to their physical surroundings and then to *sukasana*, they would typically ask how much time had gone by. We would sit quietly in a short meditation and end the class with *namaste* and a brief discussion about the class and its applications in their daily lives. More often than not, students left the room peaceful, happy, quiet, and very subdued and returned to their classrooms more receptive, inwardly focused, and less preoccupied with each other. Their voices were lower, their speech slower, their movements more languid and flowing instead of the jerky aggressive movements that they typically displayed preceding the class.

In this relaxed and unguarded state the boys seemed childlike, open, and engaging. Their tough exteriors melted for an extend-

Helping young men to navigate the emotional and physical challenges of violent confrontation in their home and school environments is an unaddressed and crucial need.

ed period of time. They continued to tease each other, but they were individually softened and much more communally aware. They became a perfect illustration of Garbarino's description in *Lost Boys: Why Our Sons Turn Violent and How We Can Save Them* (1999): "Some of these boys appear so tough on the outside. But when I get a glimpse of their inner life, I am deeply touched by their vulnerability and their pain, and I come to see their toughness as a survival strategy, as something that helps them get through another day. In many ways their cold exterior is a defense against overwhelming emotions inside."⁵

The students' perception of my role varied. As a middle-age white female, I resembled the majority of their teachers. However, my teaching approach and the content of the class were far removed from their experiences of traditional academic

classes. While students were typically resistant at the beginning of the class, they gradually softened as the class proceeded; they understood that they would not be judged or reprimanded and would instead receive abundant positive reinforcement for their efforts. One student was quite resistant until he asked me "Do they pay you to do this?" and I replied that no, they did not, that I did it out of love. I had no more problems with him.

I followed special rules in teaching this class, which included no touching and only positive feedback. Students were free to approximate the *asanas* to the degree to which they were able. Although many of the students may have accepted and benefited from manipulative corrections, not knowing their backgrounds and issues I did not feel it was a risk important enough to take. I did, however, ask them about their

lives, in what activities they participated both in and out of school, and why they had been suspended. If they chose not talk about any of these things, I accepted that as well. I also made it clear that I understood that it was not always the perpetrator of the incident that ended up being punished but the one who reacted to the provocation.

My basic rule was that anyone could stay in the room as long as they were not prohibiting the rest of the students from productive participation. Anyone who stayed in the room had to participate. On three occasions I had to exclude students who were making it impossible for the other students to participate. One notable problem occurred when one of the students continued to make sexual observations about each pose. In the middle school years, students are still engaged in sorting out the changes to their bodies and their minds that adolescence brings. Some students have such fragile body images that they are not able to take the risk that putting their body in Yoga positions requires.

(continued on page 11)


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OnPractice *continued*

I felt that each class was a success, some wildly and some less so. I should be clear, however, that the students did not just sit quietly in front of me and proceed to perform the postures. Although every session had a positive outcome, getting there was not smooth and effortless. The students were active, wiggly, on and off their mats, sometimes rebellious and hostile and more often just plain silly. The tightness of the students' clothing was often an unfortunate limiting factor to their participation. Some students would not take off their shoes; some would refuse to do certain poses; some found their dramatic talents in dramatizing the pain they said this was causing; but the majority participated fully in the class.

Two kinds of students benefited most from the program: those who had some connection to sports or who had innate physical talents that allowed them to perform the postures well, and those who could connect the spiritual aspect to church experiences. Those who had spent a few days in the program before taking Yoga were much more

Allowing ourselves to become angry and reactive limits our possibilities for response, and therefore also limits positive outcomes.

cooperative and willing to risk and try the *asanas* in a serious manner. The supportive environment had begun to melt away the resistance of most of the participants by the third or fourth day in the program, which was when the Yoga class was offered. I venture to say that the majority of students who participated in the program could be classified as highly gifted kinesthetically; these are gifts that often go unnoticed and unused

in the academic environment.

Although no attempt was made to formally evaluate the effect of the students' participation in the Yoga class, their comments on leaving class were overall positive and expressed appreciation of the experience.

Certainly, a one-time experience with a Yoga class is not a life changer. I do hope, however, that students who participated in my class may have new tools that they will use in confronting the everyday challenges they face in and out of school—debilitating and dangerous challenges that would paralyze many adults. Garbarino's perspective also argues for a place for mindfulness training in the in-school and/or supplementary education curriculum. Students, as well as their teachers, can benefit from mindfulness programs that develop the capacity to be responsive rather than reactive. As we use the tools of mindfulness we can begin to change students' environments toward healthy communities that support the development of the whole child.

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What's on the Line?

Helping young men to navigate the emotional and physical challenges of violent confrontation in their home and school environments is an unaddressed and crucial need. Garbarino characterizes the current situation as an epidemic of violence among young men across racial and class lines. Such an epidemic is a precursor to a population of young men who will be more likely to graduate from the criminal justice system than from college.

The PASS program is a well-considered attempt to provide positive influences to counter and revive the humanity that all children possess and to let them see that there are adults on their side who care about them as individuals. It is a place where they can get help with some of the problems that overwhelm them and to reorient themselves to reenter the academic environment with a different perspective. **YTI**

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Teen Teaches Teacher

Challenges provide learning experience for both

Once heard physical therapist and master Yoga teacher Judith Hanson Lasater in a workshop explain that the client is first and foremost to be viewed as the *atman*, or true self. Really? Even if the client is a smug thirteen-year-old? Judith's words and that once rhetorical question I'd asked myself years ago now rang in my ears as I prepared to meet with a student's teenage son.

The mother was part of a class I had taught offering a *hatha*, alignment-based style of static poses at a beginner/intermediate level, making use of props and modifications as needed. One day after class she explained that she thought this technique for practicing Yoga could benefit her son whose mild cerebral palsy was interfering with his ability to participate in team sports. She asked if I took private clients.

I wondered if the blank look on my face told her that I was unprepared to consider the possibility of working with children. On top of that, I was not soliciting new clients at that time, rather looking to free up my schedule somewhat. My previous therapeutic efforts had primarily focused on teaching Yoga for adults with multiple sclerosis in group classes, and the few private therapeutic clients I did have were in their 60s. A private client who was a teenager would be a new experience for me.

The first question I asked myself when she approached me about working with her son was whether I had sufficient time and energy to properly serve this client. I would need to look over my schedule and get back to her.

As I took down her email address, she explained that she had initially been reluctant to try Yoga for herself because of her religious background. Once she did try it, however, she felt silly for not having taken it up sooner because it made her feel better and didn't in any way interfere with her religious beliefs and practices. She told me that over the summer her son had met with a Yoga teacher at a local studio, but at the end of summer the teacher was no longer available. She really needed someone to work



with Tommy during the fall semester.

Several things about this conversation with Tommy's mother inspired me to clear a timeslot for him:

- Her deep desire to find help for her son
- Her bravery in overcoming a perceived obstacle to try Yoga for herself
- Her recognition of Yoga as a therapeutic tool
- A finite timeframe of one semester in case I couldn't develop a rapport with a client from an unfamiliar age group

The next question I asked myself was: How do I, a 40-year-old woman without children, interact with a 13-year-old?

The path of least resistance seemed tempting. She was going to bring Tommy for Yoga instruction to me whether he liked it or not. In theory I could mechanically move him through the poses and then just send him home each week. In practice, though, the code of ethics for Yoga teaching

demands more than mere mechanics.

Judith's words hearkened back to me. If a thirteen-year-old is really an expression of the *atman*, he would deserve more than the path of least resistance. But how would I deliver?

I have never found myself needing to work very hard to develop a rapport with my adult clients. In so many ways, Yoga therapy sells not only itself but also the therapist. A carefully placed blanket fold under the head soothes my elderly client who has had cervical spine surgery. Supported downward facing dog with a strap at the hip crease relieves back discomfort in my overworked client who tries to sell real estate in this tough economy. Therapeutic techniques themselves that ease discomfort create loyal adult clients.

I had no illusions that I would dazzle a teenager with strategically placed bolsters and ankle wedges. I was going to have to try getting into the mind, the heart, the snakes, the snails, and the puppy dog tails of a thirteen-year-old boy.

The flopping had to go; I needed Tommy to engage physically and mentally.

Not only did I have precious little experience interacting as an adult with teens, I had never mastered the subtle art of asking open-ended questions. Typical early interactions between Tommy and me went something like:

“So, Tommy, why do you do Yoga?”
“My mom makes me.”
“How was school today?”
“Fine.”
“What was fine about it?”
Shoulder shrug.

Tommy's physical responses to the Yoga poses were no more inspired than the flat conversation. Sure, he would do as I said and go into the poses, but he would flop out of them with a loud, burdened sigh of utter disinterest. The look on his face said to me, “I dare you to make me want to care about this or anything else in life.”

Because of his flopping and disinterest, it was difficult to identify through observation the muscles weaknesses and imbalances caused by Tommy's condition. Instead, during the first session I had to go by what his mom had told me in discussions with her: the cerebral palsy was creating shortness and weakness in the right arm and leg, relative to the left. Even with that verbal information, I needed to see for myself how those issues were manifesting in his body so that I could create an effective program for him. The flopping had to go; I needed Tommy to engage physically and mentally.

Even though I had never had a need to develop the patience to indulge teenage attitudes, it turns out my inexperience with teenagers had somewhat of a positive side here. By the middle of the second session I was already tired of spending time with an apathetic teen and frustrated by not being able to observe his body mechanics well. My exasperation bubbled over that evening and came out as:

“Tommy. I know your mom makes you come and do Yoga with me. But this is your time, your hour. If you don't want to spend it doing Yoga, go down to the lobby and tell your mom to find something else for you to

do on Tuesday nights. But if you do choose to be here, then you need to commit to the experience. Figure out what you want out of this time and what you are willing to put into it.”

More bubbled out:

“I know teenagers find themselves doing a lot of things that adults tell them to do—that's part of being a teenager. But this is also your time to begin figuring out who you are. You're a 13-year-old boy. You have your whole life ahead of you. I invite you to spend some time thinking about who you are and what kinds of things inspire you. Think about what you want out of life and what you're willing to put into it. Then just go for it!”

I removed the new-age music from the CD player and put in Pink Floyd, which served to solidify the change in dynamic of Tommy's private sessions.

He began displaying an engaged mix of determination and playfulness. If he toppled out of tree pose, he would say, “Wait, wait—lemme try that again,” and he'd put himself back into the pose. When I asked how he felt at the end of a recent session he said, “like a fruit roll-up that someone has unrolled.” Only a kid could analogize Yoga to candy! He has renamed warrior II “surfer pose” because he says he feels like a surfer when he's in it.

Tommy's mom reports that he likes and respects me, adding that this is unusual for him. While I'm flattered to have elicited a positive emotion from a teenager, my hope is that Tommy is learning to like and respect himself and that Yoga is in some way introducing Tommy to the *atman* within.

The biggest lesson I learned from working with Tommy is the power of practicing with intention. Before working with this client, I had taken the concept of intention for granted. The adults who seek my services develop their intentions on their own before they even have their first session with me; they come to me precisely because they want to feel better. With teens—and perhaps anyone who is coming to a Yoga therapist because someone else is “making” them come—that might not be the case.

A therapist should be prepared to help

the client find a sense of purpose—an intention that will help the client engage his or her own physical and mental resources. In Tommy's case, I was caught off guard by his lack of intention. Only upon stumbling onto a sense of motivation for him did I help his practice blossom.

Tommy reports, and observations by his mother and me confirm, that his balance, strength, and flexibility have improved. Soccer season is over for the year, so I do not have reports on whether his game has improved. But I suspect that Tommy's hard work will get him what he seeks next season: a better ability to keep up with his teammates. **YTT**



Laura Starling is a Yoga Alliance Registered Yoga Teacher in the Washington, D.C. area, working toward her 500-hour certification through the Glenmore Yoga and Wellness Center in Richmond, VA. Her class and private session offerings include therapeutic applications of Yoga for neurological conditions, weight management, and stress reduction. She recently completed the Yoga for Seniors Yoga therapy certification program at Duke Integrative Medicine. starlingl@hotmail.com.

Dr. Shirley Telles, Yoga Researcher

Shirley Telles, MBBS, MPhil, PhD (Neurophysiology), DSc (Yoga), is the director of research at Patanjali Yoga Peeth, Haridwar, Uttarakhand in the north of India. She also heads the ethics body for research in India, called the Indian Council of Medical Research, which has specifically funded a center for advanced research in Yoga and neurophysiology where research on meditation is a special focus.

When I contacted Dr. Telles for this interview compelled by the sheer volume of Yoga research she publishes, she quickly accepted via email with an attached list of her published research on Yoga that included 95 studies. Gulp. We then spoke by phone.

Julie: What is your secret to publishing so much in the field of Yoga research?

Dr. Telles: The chance to combine two things that I like: Yoga and writing.

Julie: What made you decide to have a research focus on Yoga? Did you grow up with Yoga?

Dr. Telles: I didn't grow up with Yoga at all. My mother had and still has a book on Yoga, but I had never read it. My background is in conventional medicine and then I got into a research career in order to study neurophysiology. My interest was to do a basic degree in medicine and follow that with a PhD at the National Institute in the south of India. I was interested in understanding what happens to the brain in different states of consciousness such as asleep and awake. It was decided that I would study the neurophysiological changes in people who were comatose. But as it turned out, I didn't find that inspiring. So then I asked my guide, is there anything else that you can think of that I could do? He said I could do something in the area of Yoga. At that stage I did not know anything about it so he gave me books to read and arranged for me to meet a person who practiced Yoga. I got really hooked by the theory and by the practice.

Julie: Do you believe that science can explain consciousness?



Dr. Telles: In a very simplistic sense, a neurologist understands consciousness as an awareness and responsiveness to one's environment. To that extent, science can study the spectrum of consciousness. But consciousness is something far beyond that, and I believe that there are various dimensions of consciousness that current scientific tools cannot study.

Julie: Why do you choose to study higher states of consciousness induced by meditation?

Dr. Telles: The sage Patanjali has described that as a person progresses into higher states of meditation certain faculties become particularly active, like the ability to pay attention, to direct one's attention at will, and so on. If this is really so, it would have a number of applications in daily life and even in therapy.

Julie: Please talk a little more about the purpose of researching information found in classical Yoga texts. Could some of the information be wrong? Misinterpreted?

Dr. Telles: It's important to understand whether these writings about the effects of

Yoga practice which are very old (for example, Patanjali's *Yoga Sutras* probably originated around 900 BC), would hold up today and can be verified in the laboratory. The classical texts are based partly on the experiences of the sages, passed on by word-of-mouth, until this compilation by Patanjali. The environment at the time was very different from the environment today and in a sense our physiology itself, our bodies, have evolved. The level of activity, the types of stresses to which we're exposed, the types of foods we eat are different now. Much has changed.

Julie: You're now able to work in this vein at Patanjali Yoga Peeth, are you not?

Dr. Telles: It is an opportunity really, to look in-depth at practices emphasized there such as the importance of breath and *pranayama*. And, yes, I've been looking at that from a number of the ancient texts. I've been trying to read in more detail one text in particular which dates back to so many years ago that its origin cannot be traced, and that's the *Svara* Yoga text. *Svara* means breath or the sound of the breath.

Julie: Besides the classical texts, where do your research ideas come from?

Dr. Telles: We have a patient population so we can plan studies assessing whether Yoga is effective as a therapy, and the mechanisms involved. Other projects are often need-based. Institutions we are affiliated with approach us to have a Yoga program for a particular group and then I say let's convert it into a research project so that we can really understand to what extent the program is benefiting the people. We evaluate the effects at different stages so that we can modify it, if needed.

In India there are quite a large number of young people working in the software industry. Many of them are in their early 20's and have already developed severe musculoskeletal problems—even as severe as carpal tunnel syndrome—, very high levels of mental stress, many of them on anti-anxiety medication, very unhealthy life-

styles, and so on. Some of the software companies in India have approached us to develop and evaluate a Yoga module for them. We did put together a 45-minute module targeting visual strain, musculoskeletal discomfort, and mental stress.

Julie: Do these become long-range studies?

Dr. Telles: In some cases. One of the really big difficulties we encounter is a high drop-out rate—take computer professionals for example. We tried to communicate with them and do a follow-up at least a year later. Most of them were in different parts of India. Some of them were out of the country so the follow-up was virtually impossible. We did try to get in contact with them by email but that is very difficult. So, one of the things which is difficult in Yoga research of this kind is the long-term follow-up.

Julie: What are some other challenges in researching Yoga?

Dr. Telles: One of the main research challenges is doing a randomized controlled

One of the main research challenges is doing a randomized controlled trial—which is what is expected in order to publish the findings in a good journal... Also, I have certain doubts about how well this model really suits studies on Yoga.

trial—which is what is expected in order to publish the findings in a good journal. It is very difficult to have a situation where you can actually randomize people to Yoga and to say, a conventional treatment because people usually either come forward for Yoga on their own or, if you do the randomization, sometimes you find some people are unwilling to be in the Yoga group and want the conventional treatment. It's not like a drug trial where you have a drug and a placebo. Also, I have certain doubts about how well this model [randomized controlled trial] really suits studies on Yoga.

Julie: Should Yoga research have a place in Yoga therapy training programs?

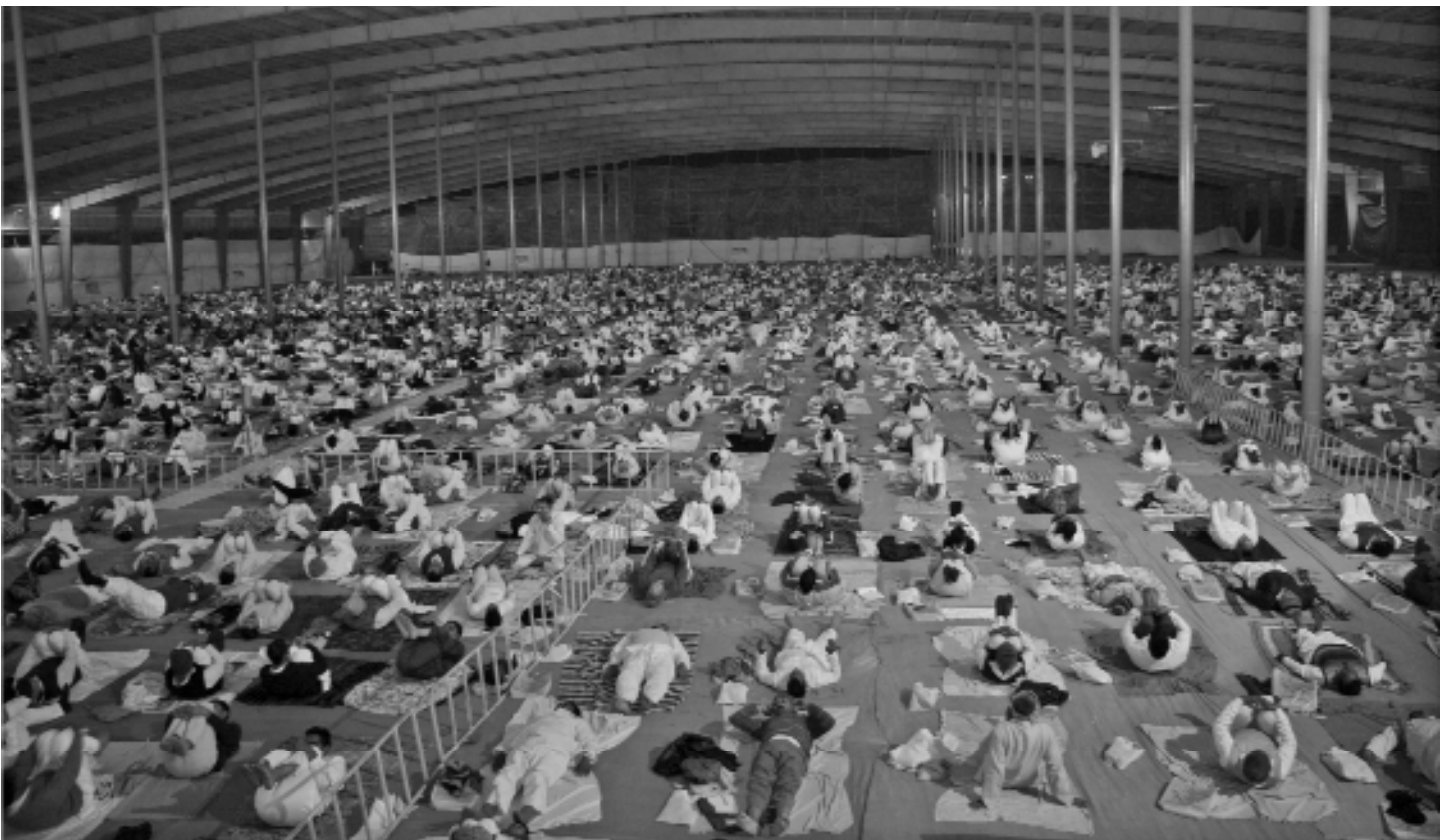
Dr. Telles: Undoubtedly, yes. In fact, in India we are now moving toward evidence-based Yoga therapy. The corporate hospitals in

India are ready to use those practices that have been researched and found to be useful in the Yoga module in larger hospitals. For example, cardiologists, who want to refer patients, first want to see the available literature on Yoga for cardiac problems. We are in the process of making such a compilation based on the available literature.

Those in Yoga therapy training programs should be aware of studies that have shown the good effects of Yoga practice as well as those which have shown negative effects or adverse effects of the practices. If they're not aware of these studies, there is a risk that they could be teaching people practices that are not so good for them.

Julie: What happens to the spirituality component of Yoga in all of this?

(continued on page 17)



Hall at Patanjali Yoga Peeth, Haridwar, Uttarakhand, India where 10,000 can practice Yoga.



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Interview *continued*

Dr. Telles: It's very difficult to say. Spirituality is an inherent part of Yoga. One of the things which may surprise you is that when we do public programs in India, we cannot always emphasize it because when we talk about spirituality it often gets linked with religious beliefs and the people in India who may attend a Yoga program will be from different belief systems. We have people of Islamic belief or Christians as well as Hindus and if one emphasizes the spiritual aspect sometimes people do not like it. So instead the emphasis is placed on principles of living, including philosophical principles which are good and applicable to anyone anywhere, irrespective of their religious beliefs. This is good, as this is really the essence of spirituality.

Julie: You wrote an essay in that regard and it won the John Templeton Foundation Award for creative ideas in neurobiology. Would you comment on that, please?

Dr. Telles: The gist of the research idea was that using neuro-imaging I would like to compare what happens to the brain when people do either prayer or meditation related to different faiths. It need not be specific to any one belief, but could be related to beliefs of Hinduism or Buddhism or Christianity or Judaism, or whatever. In India we have people representing almost every faith, every ritual belief, and so I thought that it would be nice to draw people from different faiths and actually see if we could show that irrespective of religious practices, the changes in the brain and the changes in the body are fairly comparable. It would have a unifying effect.

Since then we have applied to the Templeton Foundation for funding. If the project is funded we would probably have at least some answers a year from now.

Julie: Does it trouble you that making available on the Internet the results of your Yoga research may encourage people to try Yoga practices without knowing much, if anything at all, about Yoga?

Dr. Telles: It does. And to my email address, which is cited in most of the publications, I get large numbers of such queries. There's just a single, very clear, straightforward message that we give to everyone who sends a query about using a technique in a certain way. The answer is that one should never learn Yoga or practice it based on something you've read until you've contacted a qualified teacher who can verify that what you're doing is alright because while Yoga can actually help in the management of a large number of conditions if done properly, it is equally likely if it is done in a wrong way it can create damage. I'm really clear about this.

Julie: What research could you point out that you feel most proud of?

Dr. Telles: I will cite one study in which I felt involved both academically and personally. One month after the Boxing Day tsunami in South Asia, we went to the Andaman Islands, an archipelago in the Bay of Bengal, to give them medical relief, first of all, and Yoga, if possible. At this stage we had no clear plans to do a research study. There



Featured presenters at 8th Integrated Medicine Symposium: Yoga and Qi Gong, June 27, 2009, organized by the Chinese University of Hong Kong (Hong Kong). Dr. Telles fourth from left and Sat Bir Khalsa, fifth from left.

Those in Yoga therapy training programs should be aware of studies that have shown the good effects of Yoga practice as well as those which have shown negative effects or adverse effects of the practices.

were about 1,000 people housed in a large camp, with very minimal facilities. They were keeping the camp clean and were getting food supplies. However there were frequent aftershocks and people were all very fearful and hopeless about their future. We ended up teaching them Yoga, documenting the findings, and publishing them.

More recently we have seen that Yoga can also help people who are subjected to repetitive trauma, in the form of floods in the north Indian state of Bihar. I am pleased to say that a week of Yoga practice reduced their feelings of sadness and reduced their anxiety. These results have appeared in *BMC Psychiatry* this year [2010]. Unlike the earlier study on tsunami survivors, I did not travel to Bihar myself, so my involvement here was more academic.

In connection with these studies, I may mention that one of the most satisfying outcomes was when I was approached by a person in the U.S. after the southern states were affected by a hurricane. The paper on tsunami survivors was out and someone contacted me and said I would like to use your work. I think she did and we were in touch for a while, but I never really got to know if it helped the people or how long she carried on with it. It is very satisfying if research reaches people.

Julie: What about effects of Yoga research on Yoga?

Dr. Telles: It depends on the extent to which the findings reach the common man. In India we have quite an active press. I am often queried and very soon after an article, based on the manuscript, is published in a widely read paper, then there are a large number of people sending queries and wanting to practice Yoga for the reason mentioned in the study. I don't know how it works in the west, but my experience has been within maybe the first four months after I publish a paper I get quite a number of queries from magazines and newspapers to cover it.

Julie: Do you foresee Yoga becoming part of the mainstream of health care?

Dr. Telles: We're moving that way. In the last five years it's been much quicker, probably because on one side people are seeing benefits of Yoga and on the other side people are frustrated with certain diseases in which conventional medicine doesn't bring about the relief to the extent they would have imagined. So the two have combined to reach a state where people are now much more receptive to Yoga as a therapy and yes, I do believe that the future is good.

Julie: Would you share a few of your goals with us?

Dr. Telles: There are many practical applications that I want to look at. I'm very keen on looking at Yoga for children, and in fact Yoga Peeth is very keen on introducing it in schools. I believe that change should happen early in life. I would like to have begun practicing Yoga earlier than I did. I would like children to learn Yoga as early as possible and see even more how it impacts their lives over a period of time. I also feel that promotion of positive health is important in the prevention of disease. We can study people who are regularly practicing Yoga now and over a five-year period see how many of them develop a disease compared to a group of people who do not practice Yoga. Over here we get really large numbers coming to the institution, easily 3,000 come for a camp—you probably can't imagine such numbers. We're planning to monitor the effect Yoga has on their lives.

Julie: What would you like to say in closing?

Dr. Telles: If you have a way of making Yoga a lifestyle in its entirety probably the benefits will be many, many times more than what we see when we separate the components and have just, say, a 30-minute practice every day. I do feel very strongly about that. **YTI**

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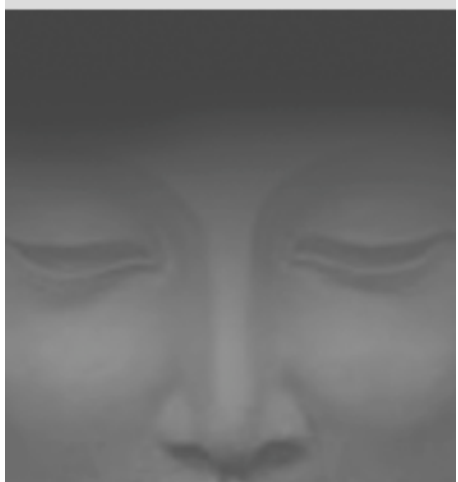
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The Alchemy of Healing Ayurvedic Yoga Therapy Case Studies

Healing always entails transformation and a system out of balance will direct itself back into a state of harmony, although not always through a linear Newtonian process. Western allopathic medicine and Western psychology often strive to standardize the healing process whereby all patients receive the same therapy, resulting in a homogenized clinical protocol. The following case studies reveal the intricate ways in which various integral protocols catalyze the healing process and show how Ayurvedic medicine plays a crucial role in Yoga therapy. One goal of Ayurveda is to view every person as an individual with unique symptoms and underlying causes of dis-ease that demand unique clinical protocols.

Both cases illustrate the diversity inherent within Ayurveda and Yoga and reflect the bio-chemical individuality of each patient. The patients in these case studies were seasoned Yoga practitioners and at the time of referral to me by Yoga instructors, neither were experiencing effective results with the “standard” approaches of their respective Yoga traditions. I used an integrative approach combining Ayurvedic medicine, *marma* therapy, and Yogic protocols with each case. Diagnostic evaluation reflects how Ayurvedic medicine helps refine and individualize therapeutic protocols based on the biochemical individuality of the patient (*prakriti*) and the unique disease presentation that is a reflection of disharmony (*vikriti*).

While many technical Ayurvedic terms and therapies are discussed here, it is important to remember that each therapy is only a conduit for the body's own inherent healing power or *prana*. Each therapy helps to awaken and direct each patient's *prana* in order to reestablish a state of peace and harmony on all levels of body, mind, and spirit. This is the ultimate goal of all medicine and the true gift of Ayurveda and Yoga.

Before examining the case studies, it is important to address the issue of scope of practice. I am a licensed acupuncturist and clinical herbalist with extensive training in

Western medicine, Traditional Chinese Medicine (TCM), acupuncture, Ayurveda, nutrition, western herbalism, and Yoga. Patients in my clinic are not diagnosed with allopathic protocols, rather with the differential and energetic protocols of TCM and Ayurveda. My training in Western medicine allows me to refer patients to their primary care physician if needed or to an emergency room in “red flag” cases. No practitioner or therapist should recommend or use herbs or natural supplements without extensive training and or licensure. It is critical for Yoga therapists and Ayurvedic practitioners to have effective referral systems in place to safeguard the health of their patients. There is much wisdom in the adage “when in doubt, refer out.”

Case Study #1

The patient was a 35-year-old woman presenting with chronic lower back pain focused specifically at L2-L4 vertebrae. Other symptoms included insomnia and depression as a result of chronic pain and inability to pursue physical activities. Lower back pain had caused occasional constipation along with occasional muscle spasms in her legs and lumbar area. Her complexion was clear, appetite was low, and no menstrual irregularities were reported. Blood pressure was stable (118/78) and an MRI revealed no spinal or disc damage. There were no other presenting symptoms or complications. The patient was following a low-fat, whole foods-based vegetarian diet with no digestive complications resulting and was taking no prescribed medications or dietary supplements.

Eight Methods of Clinical Examination (*Ashtavidha Pariksha*)

1. Tongue (*Jihva*): fat plump body with teeth marks, no cracks in tongue body; body color is bluish-purple with engorged sublingual veins and a thin and slightly white coating
2. Pulse (*Nadi Pariksha*): fast, wiry, spiking in *vata* finger (index finger) with strong force

3. Feces (*Mala*): small pebble-sized, no flatulence, occasional straining
4. Urine (*Mutra*): clear, no burning or pain, no excess amounts
5. Speech (*Shabda*): normal
6. Palpation (*Sparsha*): skin is dry and rough, pain upon deep palpation along L2-L4
7. Eyes (*Drig*): Clear, steady gaze, no photosensitivity
8. General Body Form (*Akruti*): thin and lean physique, healthy muscle definition, prominent veins, visible spider nevi in lower extremities, fingernails strong without ridges, skin tended toward dry and rough

Constitutional Evaluation

Constitution/Body Type (*Prakriti*): *vata pitta dosha*

Disease Expression/Pattern of Disharmony (*Vikriti*): Elevated *vata dosha* with stagnant *vata* in *apana* and *vyana* sub-*doshas*; elevated *vata* in muscle channels (*mamsa vaha srotas*)

Digestive Strength (*agni*): variable (*vishama*)

The patient was referred to my office after trying Yoga therapy sessions that provided minor relief from lower back pain. The Yoga therapy sessions were primarily a specific sequencing of selected *asanas* designed to reduce strain on the lumbar area. She had previously had an active *asana* practice, primarily Ashtanga Yoga, which, for her, entailed daily workouts that she described as “intense.” The lower back pain had started after a weekend workshop where she pushed herself beyond her usual activity level. She described herself as depressed and “without focus” due to her inability to pursue her daily *asana* practice.

My main clinical focus was to stop the chronic lower back pain and improve sleep quality. However it was also important to guide the patient toward deeper Yoga practices that would not involve strenuous physical activity, yet could inspire and motivate

while acting as a catalyst to her body's inherent healing intelligence.

The primary physical therapy or *chikitsa* was using Acupuncture needles on specific *marma* points to assuage the lower back pain. The *marma* points used were *angushtha mala*, *vrukka*, and *janu* (posterior point). The *marma* protocol included weekly sessions for a period of 4 weeks.

Despite having a vigorous daily *asana* practice, the patient had not engaged in significant or consistent *pranayama* practices. She was instructed to significantly lessen her physical *asana* practice and instead focus on *pranayama* as well as devote time daily to inspired reading and meditation. She was taught a simple alternate nostril breathing practice of guiding the breath up and down the spine and advised to practice it 10 minutes per day.

Herbal medicine recommendations were tailored with the goal of improving digestive function or stimulating *agni*; ameliorating constipation; calming and normalizing elevated or stagnant *vata*; and relieving

ing pain. The following Ayurvedic medicinals were used:

Triphala: Four 500-mg tablets before bed with ginger tea
Ashwagandha 1000 mg three times a day (TID) between meals
Boswellia/Turmeric: 500 mg TID with meals

The reasoning behind these medicinals is as follows. Triphala—considered perhaps the most important medicinal substance in Ayurveda—is a combination of the herbs Amalaki, Haritaki, and Bibhitaki. It has the ability to lower all excess *doshic* states and targets the root of *vata* vitiation in the large intestine. It also has the ability to regulate both excess or deficient states of the digestive system or *agni*. By facilitating the coursing of blocked *apana vayu* in the lower pelvic region, triphala is able to assist in the reduction of chronic pain. Pain is a key sign of *vata dosha* involvement, therefore targeting the root of *vata dosha* in the large intestine always plays an important role in pain management.

Ashwagandha is an herb for treating *vata* disorders, particularly when *vata dosha* affects the bones, lower back, knees, hips, or colon. Ashwagandha is able to reduce pain (*vedanasthapana*) and promote deep restorative sleep (*nidrajanana*). Sleep deprivation due to chronic pain causes a vicious cycle of inflammation and stress, which exacerbates painful conditions. Ashwagandha is also considered a rejuvenative, or *rasayana*, for the muscle tissue (*mamsa dhatu*) and is used to evoke reduction of muscle pain and improvement of anabolic muscle activity. It also has a particular affinity for the nervous system (*majja dhatu*), thereby calming an overexcited stress response, a common contributing factor in chronic inflammatory states.

The combination of boswellia/turmeric is used to reduce elevated *vata*, clear congested *vata*, and alleviate pain. Boswellia has a specific ability to redirect the flow of *vata* downward (*anulomana*), which helps course the stagnant *apana vayu*. It is an analgesic (*vedanasthapana*) and has a “scraping” action (*lekhana*) that (continued on page 25)

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OUR BEST DEFENSE

By Nancy O'Brien

Medical Homes come to Bethesda Naval Medical Center

The decades-long work of Dr. Jim Gordon weaves its way in and out of the story of Bethesda Naval Hospital's Medical Home. Dr. Gordon, who has been fighting for health care transformation since before leading President Clinton's White House Commission on Complementary and Alternative Medicine Policy in the 1990s, says, "The time is right for Yoga teachers as well as Yoga therapists to see themselves as part of the healthcare system." Maybe it's true.

In the outpatient clinic in the midst of the sprawling National Naval Medical Center in Bethesda, Maryland, a conference room has been transformed with paint, low lighting, a fountain—and a vision—into a meditation room. Patients and clinic staff retreat to this space, an oasis in the midst of a vast military medical complex, a healing environment central to one of the most innovative patient-centered outpatient clinics in America: the National Naval Medical Center Medical Home.

A medical home is an exciting and relatively recent innovation in health care delivery, and Bethesda is leading the way. The model for a medical home is a holistic team approach to patient-centered primary care. Medical homes gained exposure—though no real legislative boost—during the long debate surrounding the Health Care and Education Affordability Reconciliation Act of 2010. Despite its scant presence in the act's final version, the debate served to spread the word on the merits of this evidence-driven model. Yoga therapists take note: *you, too, could be working soon at a medical home near you!*

Weekly, whenever a series of mind-body skills classes is being held here, the patients in the meditation room can be soothed by the sound of the fountain and learn such mind-body practices as biofeedback and deep relaxation. The medical home's patients are active duty military and their dependents or retired military and their dependents.

Patients range in age from 18 into their 90s, and their ailments span the full range of clinic woes from sniffles and coughs to respiratory problems and chronic conditions like diabetes. They come to the meditation room, where they will hear guided imagery, perhaps a belly-softening de-stressing meditation, or practice a breathing technique such as some that have proven effective for posttraumatic stress disorder (PTSD). They will talk about what is happening in their lives and about integrating these mind-body techniques. They will be empowered by all-around holistic support from a carefully selected team from their doctor's office to be a partner in their own healing.

And by the time you read this, if all went according to plan, Bethesda's medical home will have hired a Yoga teacher as a full-time staff member. With benefits!

At Bethesda, "our hope is that the Yoga teacher would be on board by September [2010]," said Lt. Meghan Corso, a clinical psychologist with the medical home. The Yoga teacher will join a clinic staff that, in addition to Corso, already includes a nutritionist and a pharmacist as well as four teams of practitioners who together will become the patient's medical family. Each team is composed of a licensed practical nurse, three health care providers (the term

providers as used at Bethesda means only doctors, physician's assistants, and nurse practitioners), two administrative assistants, and one registered nurse. The goal is to create one team for each patient, at one place of care, known as a medical home.

This strategy of one team and one place reduces referrals while connecting a patient with someone they're familiar with and who will answer their questions. The structure helps create healing relationships of trust and familiarity between patient and provider that can serve across all stages of a patient's life.

The options of seeing more health care providers and the nutritionist, the pharmacist, and soon, the Yoga teacher, at one time and sometimes even in the next room makes it easier for the patient, Lt. Corso explains. Corso is looking forward to being able to include Yoga in the suggested interventions and strategies medical home staffers can offer their patients for a host of conditions that can range from chronic pain to heart disease.

The medical home's leadership team will depend on the Yoga teacher brought in to help establish the structure of the clinic's Yoga offerings. Weekend and evening Yoga classes as well as symptom-specific programming are already part of the game plan, however.

The idea of including a Yoga teacher was not part of the original vision by the medical home's co-founders, Dr. Sunny Ramchandani, a lieutenant commander with 16 years of service, and Navy Cmdr. Kevin Dorrance, a doctor at the National Naval Medical Center. First, came the Ten-Page Memo.

Dr. Ramchandani, who, through his Indian ancestry is no stranger to Yoga, tells it this way: He and Dr. Dorrance agreed that huge "holes" existed in the delivery of care to their clinic's patients. Dr. Dorrance came across a 20-page document by the American College of Physicians describing the concept of a medical home (see sidebar: Learn more about Medical Homes). Inspired, the Navy doctors put together a ten-page memo and sent it up the chain of command. "Go for it," was the response.

It wasn't until the doctors visited Alaska in 2008, though, that they set their sights on bringing integrated care (a service that com-



Dr. James Gordon (center)

bines medical and behavioral health services to more fully address the spectrum of problems that patients bring to their primary medical care providers) into the medical home model. The doctors were won over after meeting Dr. Doug Eby and seeing the positive outcomes integrated care and alternative practices were creating with the Native American population at the Central Foundation's medical home in Anchorage, Alaska. Then, says Ramchandani, "We realized the importance of integrated care and complementary and alternative practices for our patients."

The goal is to create one team for each patient, at one place of care, known as a medical home.

Having spent 2009 serving in Afghanistan, Ramchandani missed a lot of the incremental progress at the clinic, but was happy to be back to find progress on the Yoga teacher component of the plan. That was in April—just a short two-and-a-half years since the Ten-Page Memo. Already, Dr. Ramchandani relates, the Navy is now saying it will use Bethesda's medical home model of health care delivery going forward. There are plans to expand to another outpatient clinic of 12,000 patients at Bethesda and then another outpatient clinic, until everyone in the naval hospitals' outpatient primary care clinics has medical homes.

BEYOND BETHESDA

Health care expert and Yoga practitioner Ellen-Marie Whelan of the Center for American Progress, who can cite chapter and verse on what is in and out of the new health care reform act, says Bethesda is the first medical home she knows of in the United States to bring a Yoga teacher on staff full time. She has long seen the potential for Yoga teachers to fit right into America's health care picture, perhaps now more than ever because of—and in spite of—the new health reform law.

In fact, the health care reform act does fall short in the eyes of medical home advocates. The American Academy of Family Physicians expressed its disappointment, saying in a March 21 news staff story on its website that "the medical home provisions in the legislation are limited to high-need beneficiaries and, thus, do not go far enough." But Surgeon General Regina Benjamin, MD, in her address to the Patient-Centered Primary Care Collaborative in March, called on providers to lead the way with innovations such as the medical home model and other patient- and family-centered structures, despite the legislation.

As Whelan sees it, the debate and high-stakes legislative process that surrounded the health care act "tapped into the innovation that's out there" with providers. Now, an acupuncturist with a massage technique who is able to turn a breech baby or a Yoga teacher able to guide a returning service member toward breathing in a way that reduces his or her symptoms of PTSD are among those highly trained, nontraditional health care professionals who will more often be part of the more integrative approach that clinics like the Bethesda medical home adopt.

Whelan does see the new act broadening opportunity for practitioners such as Yoga teachers and Yoga therapists in its inclination



*Bethesda's Medical Home co-founders:
Dr. Sunny Ramchandani (top)
and Dr. Kevin Dorrance (right)*



to leave licensing and certification issues to the states. She sees the law supporting such potentially yoga-teacher-friendly reforms as the "bundling" of payment for a series of health care treatments (for instance, pre- through postnatal services); accountable care organizations that group providers together, and transitional care providers who apply a proactive approach to post hospital care.

To Whelan, the heart of these innovations is better primary care. And, she says, "The best primary care prevents you from going to the hospital."

With more evidence and exposure adding to a broader acceptance of Yoga's effectiveness in prevention, which has the capacity to translate to preventing hospitalization, preventing surgery, preventing or ameliorating chronic disease, Whelan says Yoga teachers can and should now be seen as part of the delivery of primary care.

The health reform act can be credited, as well, with fostering one big change that is expected to create a more efficient platform for evaluating pilot projects that research the effectiveness of integrative care practices. Instead of pilot projects having to be passed by Congress and regularly reauthorized, pilot projects such as those going on in medical homes across the country, including at Bethesda—even though the Bethesda medical home comes under the Department of Defense budget, and as a military installation, is basically unaffected by the new health care reform—will now be evaluated relatively quickly through the Center for Medicare and Medicaid. Good practices can be replicated and bad ones halted without the political fallout a visit to the Hill would create.

(continued on page 23)

These reforms included in the new law and many that lay bruised and battered but still breathing outside its current reach are prying restricted-access medical doors open for Yoga teachers. The hard work of setting the stage for more Yoga providers in more medical settings has been carried out through the end of one century and into the beginning of another by leaders in the various fields of complementary, alternative, and integrative practices, most notably in this case by Dr. Gordon.

Yoga teachers can and should now be seen as part of the delivery of primary care.

Gordon has trained some of Bethesda's staffers and he has been helpful in advising the medical home's leadership. The model used in Bethesda's mind-body classes is the one developed-in this case, specifically for work with military populations-by Gordon's Center for Mind-Body Medicine in Washington D.C.

Lt. Corso is looking forward to training at Gordon's Center for Mind-Body Medicine in D.C., and a number of staffers throughout Bethesda's naval hospital have already participated. Some of the mind-body skills classes at Bethesda's medical home are being held as part of Mind-Body Medicine certification, a training and supervision program that usually takes about two years to complete. Thirteen Bethesda staffers from throughout the hospital have gone through the center's initial five-day training, with four staffers having completed the advanced training.

Those drawn to the center's training include physicians, nurses, counselors, acupuncturists, recreation and occupational therapists, psychologists, social workers, and Yoga teachers. It teaches a broad range of practices and takes self-care to heart. Every day of training begins with Yoga instruction and practice.

The work initiated by Dr. Gordon that has taken root and flowered at Bethesda's medical home has enormous implications for Yoga therapists as the profession develops. Gordon likens the seemingly slow pace of this development to his own Yoga practice, which started forty years ago: "I think how strange it was then. Now it's happening everywhere."

To get there, Gordon urges all those interested in making Yoga a more sustainable component of patient care to look to what's next. He sees the future of Yoga as therapy as one of combining practices and approaches and in focusing on prevention. Gordon believes Yoga should and can be a part of all health care, saying, "It's just a question of flexing the muscles."

With patience that comes from decades of applying steady effort with a heavy dose of nonattachment, Gordon can be forgiven for displaying a bit of reserve regarding Bethesda's full-time Yoga teacher component. With his deep-rooted gentleness, he says, "I don't know whether people will pick this up, but I hope this will be a model for medical homes all over the country." **YTI**

Photo credits

*Lt. Corso (see page 2): courtesy of Bethesda Naval Center
Drs. Ramchandani and Dorrance: courtesy of Sean Lynch
Dr. James Gordon: Center for Mind-Body Medicine
Writer, Nancy O'Brien: Sally Morrow Gomez*

LEARN MORE ABOUT MEDICAL HOMES

An everything-you-ever-wanted-to-know about the Navy's Medical Home platform can be found on the NNMC website.

Access this information by clicking on the National Naval Medical Center Medical Home logo on the naval hospital's home website or use this link: www.bethesda.med.navy.mil/Patient/Health_Care/Medical_Services/Internal_Medicine/Medical_Home.aspx

Here, you can track the birth of Bethesda's Medical Home. You will also find the proposals and charts for numbers of teams covering numbers of patients, prognostications, tables, job descriptions, and goals. Some of these documents, happily, include the term *Yoga teacher*. Other gems to be found are the formative Ten-Page Memo, a video of interviews with patients and staffers, a Plan for Measuring Outcomes, and a Delivery System Design Breakout.

Those interested can also link to the standards and guidelines for medical homes established by a consortium of physicians' organizations called Physician Practice Connections-Patient-Centered Medical Home (PPC-PCMH), a registered trademark of the National Committee for Quality Assurance.



Nancy O'Brien, a health writer and Yoga teacher who credits Yoga with her ongoing recovery from serious illness, has taught at Bellevue Hospital's World Trade Center Clinic, the hospital's Parkinson's Support Group, and its Mind-Body Program. She also teaches a Yoga for Arthritis workshop at Integral Yoga Institute in New York City and has taught at senior centers and bedside at Coler-Goldwater, the city's long-term nursing and rehab facility. Nancyobrienyoga.com

In addition to those mentioned in the article, Ms. O'Brien would like to thank Klara Royal, professional coordinator and manager of mind-body medicine programs at the Center for Mind-Body Medicine in D.C. and Bethesda Medical Home's senior research coordinator director Sean Lynch for their expertise and their time.

1 Tricare, the insurer of qualified non-active duty patients, states: "Tricare does not cover Yoga outside military treatment facilities, but active duty service members, family members, and others in the medical home may be referred to the classes for treatment as appropriate."



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Lilias Folan, author and host of the PBS Yoga series "Lilias"

can help clear inflammatory compounds that prevent adequate blood circulation to injured and inflamed tissue. Turmeric shares these same two actions with boswellia and has the ability to lower excess *vata* as well. Turmeric also acts to enkindle *agni* and is helpful in *vishama* digestive states. Therefore this two-herb combination is able to target all areas of this patient's particular disease expression or *vikriti*.

Besides the Ayurvedic medicinals, I also directed the patient to take 400-mg magnesium citrate before bed. This mineral helps lower elevated *vata dosha*, which is often the cause of recalcitrant muscle spasms and insomnia. I also suggested increasing the consumption of olive oil in her daily meals.

The specific combination of Ayurvedic medicinals combined with ginger tea, magnesium citrate, slight dietary modification, and daily *pranayama* can help strengthen digestion, stop pain, improve circulation, and clear inflammatory compounds. From an Ayurvedic perspective, chronic pain can cause stagnant flow of blood and *prana*, resulting in poor nutrient circulation; it can also lead to concomitant digestive difficulties that will further contribute to pain and stagnation in various channels or *srotas*, resulting in constipation and sleep disturbances.

After 4 weeks of integrative protocols, chronic lower back pain and constipation had completely resolved, appetite was steady, and the patient was able to sleep deeply. She commented that she no longer felt the need to “push herself” daily in her *asana* practice and was inspired to pursue deeper studies in meditation. At the 6-week follow-up, all symptoms had resolved, so she stopped taking the Ayurvedic medicinals. She commented on her skin being less dry and that she no longer experienced straining with bowel movements since she had increased consumption of olive oil, so this dietary modification was continued.

Case Study #2

The patient was a 25-year-old woman presenting with chronic migraine headaches. She was a daily practitioner of “hot Yoga” and was also an instructor in this type of Yoga. She had no other presenting symp-

toms. Dietary triggers of headaches had been identified and eliminated and she was following a high-protein, low-carbohydrate diet in an attempt to lower the frequency of headaches. There were no menstrual irregularities or digestive issues. She also experienced extreme sensitivity to loud noises, poor night vision, and excessive sweating on exertion. She was not taking any prescription medications; however, she was taking the following supplements: fish oil, magnesium glycinate, and B complex. At the time of the initial visit, she was experiencing migraine headaches once a week.

Eight Methods of Clinical Examination (*Ashtavidha Pariksha*)

1. Tongue (*Jihva*): normal body, no cracks in body, no swollen sublingual veins, body color crimson red, geographic coating
2. Pulse (*Nadi Pariksha*): fast, wiry, strongly spiking in pitta finger (middle finger)
3. Feces (*Mala*): regular, well-formed bowel movements, no constipation or loose stool
4. Urine (*Mutra*): regular, no burning or excessive amounts
5. Speech (*Shabda*): normal
6. Palpation (*Sparsha*): tender areas of vertex of head and forehead, no other painful areas
7. Eyes (*Drig*): dry, bloodshot, poor night vision
8. General Body Form (*Akruti*): lean, muscular body; soft, moist skin; nails strong and well formed; hair dry and brittle

Constitutional Evaluation

Constitution/Body Type (*Prakriti*): *pitta dosha*

Disease Expression/Pattern of Disharmony (*Vikriti*): Elevated *pitta dosha*, deficient *rasa dhatu*

Since the patient had been diligent in evaluating and eliminating food sensitivities and was following a strict dietary protocol, therapies were focused on Ayurvedic medicines, *pranayama*, and *marma* therapy. The following therapies were administered for a period of 4 weeks: weekly *marma* therapy session using the following *marma*

points with Acupuncture needles: *murdhni*, *brahmarandhra*, *shivrandhra*, *kapala*, *pada kshipra*, and *pada madhya*. The patient was advised to take a break from “hot Yoga”—as this type of heated practice can exacerbate elevated *pitta* symptoms—and substitute relaxing restorative *asana* sessions instead.

The following Ayurvedic medicines were administered:

Draksha: 2 tablespoons once daily before dinner

Jatamansi: 500 mg TID between meals

Bacopa: 500 mg TID between meals

Ashwagandha: 500 mg TID between meals

The use of the fermented herbal wine draksha was focused on nourishing and cultivating *rasa dhatu*, the initial tissue in the seven-tissue system of the body according to Ayurveda. *Rasa dhatu* provides the foundational nourishment for all subsequent tissues; it is often correlated with plasma and is directly affected by excess heat and excess sweating. Draksha gently stimulates *agni* and helps regenerate tissues after excess sweating. Jatamansi and bacopa are both used to calm an overheated nervous system, induce deep restorative sleep, and alleviate pain. Bacopa can also calm *vata*, subsequently alleviating pain and directing *vata* downward (*anulama*) to prevent pain in the upper part of the body. *Jatamansi* can also decrease *pitta* and stop burning sensations (*dahaprasamana*) that can contribute to elevated *pitta dosha*. Ashwagandha was recommended to help calm *vata* as well as induce deep restorative sleep. When the nervous system is calm and rested, *pitta dosha* is less likely to become vitiated.

The patient was instructed in a variety of cooling (*shitali*) *pranayama* methods that were to be practiced 10 minutes daily. The patient had not utilized *pranayama* in her personal practice, so simple *shitali* techniques were given with emphasis on slow, relaxed breathing with retention after exhalation. She was also instructed in left nostril breathing or *chandra bhedana* using the same methodology.

After 4 weeks of integrated *marma* therapy, *pranayama*, and Ayurvedic medicines, the patient experienced a 50% reduction in frequency of migraines. After 6 weeks of

therapy, migraines were no longer occurring unless she was extremely stressed or fatigued. She commented that sleep quality was improved and that she was less sensitive to loud noises. Ayurvedic medicines were continued for 8 weeks. At the 12-week follow up, she reported that she experienced migraines only if stressed or tired, and on average had one migraine every 2-3 months. She also decided to suspend teaching "hot Yoga" and to pursue studies in restorative Hatha Yoga practices.

These cases also reveal ways in which referral systems can be highly effective within the practice of Yoga therapy. A complete integrative protocol used with each patient, combining Ayurveda and Yoga therapies, achieves a more satisfactory clinical outcome. I encourage Yoga therapists to find qualified Ayurvedic practitioners to add to their referral systems and to strive to see each patient as a unique individual with a unique expression of health and disease.

YTT



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These two case studies reveal the unique interplay between Ayurveda and Yoga therapies. They also offer a challenge to a Western reductionist viewpoint. What was the one therapy that helped each patient? What if only Ayurvedic medicines were used? What if only *marma* therapies were used? These are important therapeutic questions. From an Ayurvedic viewpoint each type of therapy contributed in its own way in combination with the others to the shift toward a pattern of health and harmony.



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Advanced Teacher Training Course at Kaivalyadhama Yoga Institute

Kaivalyadhama Yoga Institute was founded in 1924 by Swami Kuvalyananda (1883-1966). It is located on 160 acres on the outskirts of Lonavala, an old British hill station midway between Mumbai and Pune in the Western Ghats Mountains in Maharashtra, India. Swami Kuvalyananda, who was Yoga therapist to Mohandas Gandhi, believed that “Yoga has a complete message for humanity. It has a message for the human body. It has a message for the human mind and it has also a message for the human soul.” He went on to advise his followers, “I have brought up this Institute out of nothing. Even if it goes to nothing, I do not mind, but the Yoga should not be diluted.”

I chose to study at Kaivalyadhama because of the Institute's strict adherence to the teachings of the classical Yoga tradition; its 80 years of literary and scientific research into Yoga; and its decades of experience running a Yogic hospital. It was the first institute in modern India to teach Yoga according to the classical Sanskrit Yoga texts: Patanjali's *Yoga Sutras*, the *Hathapradipika*, the *Gheranda Samhita*, and others. The Institute is divided into five sections: the Scientific Research Department (SRD); the Philosophico-Literary Research Department; the College of Yoga and Cultural Synthesis; a Yogic hospital; and an ashram.

Kaivalyadhama's Advanced Teacher Training Course is open to Yoga teachers who have at least three years of teaching experience. This one-month training is intended to provide experienced Yoga teachers with a deeper understanding of the classical Yoga tradition and training in its application to themselves and their students. The course comprises classroom lectures, reading assignments, research projects, and practical classes; it culminates with theoretical and practical examinations and teaching demonstrations. Depending on campus accommodation choice, the total cost is \$1,000-1,500 U.S., which includes meals.

Students attend daily lectures on Anatomy and Physiology of Yoga Practices; Ayurveda; Textual Understanding of Classical Yoga Texts; Patanjali's *Yoga Sutras*; Psycholo-



gy of Yoga; Yoga and Value Education; and Yoga and Physical Education. In addition, there are twice-daily practical classes in which students learn to practice—exactly as they are described in the ancient Hatha Yoga texts—*kriyas*, *asanas*, *mudras*, *bandhas*, *pranayamas*, and meditation techniques.

At the end of the course, a three-fold examination is required. First is a two-part theoretical exam. This begins with a written exam requiring detailed essays covering all subject areas studied. Each student then sits before an oral examination board (in my case, an allopathic medical doctor, a psychologist, and a monk who is a Sanskrit expert) and answers all questions posed to the satisfaction of the examiners. In the practical examinations, students must demonstrate *asanas*, *pranayamas*, *mudras*, *bandhas*, and *kriyas*. Finally, teaching demonstrations are required in which students prepare lesson plans and handouts as well as lead classes. Students are graded and if they pass are awarded an Advanced Yoga Teaching Certification.

The Scientific Research Department

During the training, students visit the SRD laboratories and study with the research staff who teach the classes on Anatomy and Physiology of Yoga Practices, Psychology of Yoga, and Yoga and Physical Education.

Kaivalyadhama was one of the first places in the world to begin scientific investi-

gations into Yogic practices. Since 1924, when Swami Kuvalyananda established the SRD, their team of researchers has used modern scientific equipment to study Yoga techniques from the perspectives of physiology, biochemistry, radiology, neuropsychology, and physical education. The SRD has worked to standardize Yogic research techniques to produce experimentally verifiable results.

The SRD has even at times invented special research equipment. A “nostril dominance apparatus” was invented to monitor the effect of various Yoga practices on nostril dominance in test subjects. Results showed that subjects with right nostril dominance tended toward hyperactivity and sympathetic dominance in the autonomic nervous system. Those with left nostril dominance tended toward hypoactivity and parasympathetic dominance. Certain forward-bending *asanas* were found to balance the flow of air through both nostrils, thus helping to balance hemispheric functioning of the brain.

Pranayama—with its special features such as an exhalation twice the length of inhalation, closure of one nostril and partial closure of the glottis—serves to slow the breathing rate. This in turn, raises the CO₂ level in the blood, which helps to lower the heart rate and metabolism; combined with the reduced O₂ levels, it is a sort of natural antioxidant therapy that may improve longevity. With the reduced cellular metabolism, cells use less oxygen, nutrients, and

endocrine secretions. This allows more energy to be available to the body, helps improve thinking ability and concentration, and produces a more introverted meditative state of consciousness.

One study that was discussed found that *kapalbhata* raised O₂ levels and reduced CO₂ levels in the blood. It is believed that this reduction of CO₂ is why classic Yoga texts categorize *kapalbhata* as a *kriya* and not a *pranayama*.

These and other findings of the SRD are published in the journal *Yoga Mimamsa* (since 1924) and are used to update the curriculum at the Yoga College and the Yoga therapy protocols at the Yogic hospital.

The Kaivalyadhama Yogic Hospital

While students in the course were able to visit the hospital, observe Yoga therapy sessions, and were taught by therapists and doctors at the hospital, we did not actually work in the hospital.

The Yogic hospital at Kaivalyadhama is a residential hospital offering patients a Yoga therapy program based on the classical Yoga tradition combined with research results into the therapeutic effects of Yoga. Yoga therapy is given in conjunction with Ayurvedic and Naturopathic treatments. The hospital has successfully treated numerous conditions, including: arthritis, asthma, back pain, diabetes, neurosis, obesity, and spondylitis.

The hospital's integrated system of Yoga therapy uses the *pancha kosha* model (physical, energy, mental, wisdom, and bliss sheaths) of human beings. The approach is to:

- Purify the *nadis* via detoxification
- Recondition the neuro-muscular system in order to increase immunity
- Cultivate a positive psychological attitude so that patients are better able to cope with the stresses of life

Patients are also taught the important role of proper lifestyle and diet in the treatment and prevention of disease.

The College of Yoga and Cultural Synthesis

Through lectures and outside reading assignments on Patanjali's *Yoga Sutras* and other classical Yoga literature, we learned that traditional Indian philosophy is not merely theoretical, it also provides a practical means for

overcoming suffering. Three types of pain or suffering are identified:

- Intraorganic (*adhyatmika*)—caused by oneself due to ignorance, ego, anger, overattachment, desire, etc.
- Extraorganic (*adhibhautika*)—caused by external forces such as disease-causing organisms, animals, and other humans
- Supernatural (*adhidaivika*)—caused by disasters such as floods, drought, fire, earthquakes, etc.

Yoga can help to remove the causes of intraorganic pain, and while it cannot prevent extraorganic and supernatural pain it may help to rehabilitate those affected.

Beginning in the *Upanishads*, one first encounters the Fourfold Theory of Caturvyuha, namely:

- *Heya*—also known as dukka or suffering from the cycles of samsara
- *Heyahetu*—the cause of suffering
- *Hana*—freedom from suffering
- *Hanopaya*—the means to achieve *hana*

This concept, with only slight variation, is also found in Ayurveda, The Four Noble Truths of Buddhism, and in Patanjali's *Yoga Sutras*. This has led some scholars to consider Patanjali as the first Yoga therapist. According to Patanjali pain, depression, tremors of the body, and disturbed breathing are symptoms of psychosomatic disturbances. Disturbances arise when one or more of the five *kleshas* (misperception, egoism, overattachment, hatred, fear of loss) interacts with hereditary and environmental factors leading to mental agitation (*chitta vritti*). Left unchecked, these disturbances can develop into somatic or physical disorders, which in time can create new negative *samskaras* (lingering impressions and patterns) that can further adversely affect the mind and body of the individual.

By regular practice (*abhyasa*) and detachment (*viragya*), one can lessen the influence of the five *kleshas* and develop a more positive mind-body relationship, which improves one's response pattern to stress. For those unable to initially practice *abhyasa* and *viragya*, Patanjali recommends Kriya Yoga with its eight limbs (*ashtanga*): *yama*, *niyama*, *asana*, *pranayama*, *pratyahara*, *dharana*, *dhyana*, and *samadi*. This will bring an integration of the body, speech, and mind, helping one to transcend the *kleshas*, still the mind, and establish oneself in one's own true nature, which is the ultimate remedy for suffering.

The Philosophico-Literary Research Department

One of the world's largest and finest collections of Yoga texts, a 25,000 volume library, is housed in the Philosophico-Literary Research Department. Here, scholars work on collecting, critically editing, translating, and publishing ancient Yoga manuscripts. They also do the important work of reconstructing "extinct" Yogic texts, which were lost during the invasions of the last 1000 years. While most commonly available editions of the *Hathapradipika* contain only four chapters, recent discoveries have revealed that there are actually a total of ten chapters. In chapter five, one finds a description of remedies for the ill effects of improper Yoga practice. Elsewhere it is stated that from proper practice of Hatha Yoga one gains "stability of body and mind, freedom from disease (*aroga*) and lightness." The *Goraksa Sataka* states "*asana* removes disease." As an unhealthy body and mind are hindrances to Yoga practice, the ancient texts also recommend the use of Ayurveda to restore health so that one can regain health and progress on the path of Yoga. Students in the Advanced Teacher Training course are able to use the library in the course of their reading and research assignments.

One highlight of my time at Kaivalyadhama was being mentored by Professor G.S. Sahay of the Philosophico-Literary Research Department. Professor Sahay is a Sanskrit scholar and an expert in the ancient Hatha Yoga texts. He has conducted an in-depth study of Yoga therapy references in the classical Sanskrit Yoga literature (including the *Upanishads*, ancient Tantric Hatha Yoga texts, and Patanjali's *Yoga Sutras*). My mentorship with Prof. Sahay was informal, not part of the official curriculum. He saw my keen interest in the subject and took me under his wing. We had many wonderful discussions in his office after class and he continues to share with me his notes, papers, and many insights gained over a lifetime devoted to preserving the ancient Yoga tradition.

According to the ancient texts, the root causes of most disease stem from the following: (1) malfunctioning *vayu*, (2) weak *jatharagni* (digestive strength), (3) hyperfunctioning of *chitta* (mind), (4) unbalanced diet, (5) improper practice of Yoga, and (6) imbalance of the three *doshas* (*vata*, *pitta*, and *kapha*).
(continued on page 29)

Some references mention specific diseases by name, others use Ayurvedic terminology, while others describe physiological effects.

Of the 36 texts surveyed, 23 have mentioned the therapeutic value of Hatha Yoga practices. Of the 110 *asanas* described in the classical texts, 13 are said to have specific therapeutic value; four of these *asanas* are meditative poses, which suggests the psychosomatic origin of many diseases. Of the 23 varieties of *kriyas* mentioned in the ancient texts, all are said to have therapeutic value. Eleven varieties of *pranayama* are said to have therapeutic value. In addition, 13 *mudras* and three *bandhas* also have therapeutic value. The texts go on to recommend specific techniques for specific diseases. In addition, means for correcting imbalances of the three Ayurvedic *doshas vata, pitta, and kapha* are given. *Vata* disorders can best be treated with *asana, kriyas, pranayama, mudra, and bandhas*, while *pitta* and *kapha* disorders are best treated with *kriyas* and *pranayama*.

Obviously, we moderns are not the first to have considered the therapeutic potential of Yoga.

Each system of healing has its own unique system of anatomy, diagnosis, and treatment. Today some are superimposing an allopathic model upon Yoga therapy. However, if we study the classical texts of Yoga, we find that Yoga has its own unique system of anatomy. This system can be used in addition to the current scientific model of anatomy, which focuses almost entirely upon the physical level (*annamaya kosha*). Yoga also has its own unique treatment methods (*yamas, niyamas, diet, kriyas, asana, pranayama, mudras, bandhas, mantras, meditation, etc.*).

My studies at Kaivalyadhama reconfirmed my belief that if Yoga is to be established as its own system of therapy, it needs its own model of anatomy, disease, and standardized treatment protocols. Rather than trying to reinvent the wheel and risk diluting and distorting Yoga, modern-day Yoga teachers and therapists could use the vast store of wisdom and experience that the ancient Yogis left for us in the classical texts. In this way, innovation within the field of Yoga therapy would have a textual basis and remain true to the original teachings.

For those Yoga teachers interested in gaining a solid foundation in the classical Yoga tradition, Kaivalyadhama offers a unique combination of a scientific approach with roots in the ancient Yoga texts, and a teaching and therapy program that have proven successful over many decades of practical experience that is still evolving today. **YTT**



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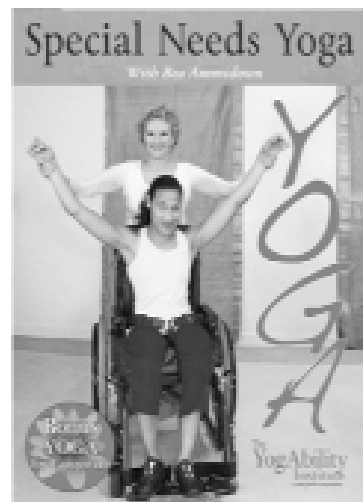
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Lessons from The Breathing Project

Reflections on studies with Yoga educator Leslie Kaminoff of The Breathing Project and observing the ABCs clinic

As an experienced Yoga teacher who had already completed multiple teacher trainings, I went to The Breathing Project, Leslie Kaminoff's non-profit organization in New York City, for continuing education. My background is in the same T. Krishnamacharya tradition upon which Leslie's approach is founded. Studying with him greatly deepened my appreciation for the depth of wisdom intrinsic in this tradition, and I gained an understanding of how its methods can be scientifically and rationally justified.

Throughout 2009, I served as notetaker for the year-long course, Application of Breath-Centered Yoga (ABCs). I wish to provide a general overview of what ABCs is about and share an account based on my notes from a typical class during which the students observed Leslie working one-on-one with a guest seeking help with chronic pain.

ABCs meets weekly for two hours and the format alternates on a biweekly basis. One week there is a workshop-style environment in which the class, composed mainly of Yoga teachers, works in pairs or small groups to develop practical skills such as hands-on assists; the next week is a "clinic" in which the class observes Leslie working one-on-one with invited guests. ABCs classes are offered back-to-back with those of another year-long course, Yoga Anatomy.

Most of the guests to ABCs clinics are invited by the students. An effort is made to procure guests who are seeking help with health issues relevant to the material being covered concurrently in Yoga Anatomy.

In ABCs, good use is made of students' diverse backgrounds. Feedback and questions are welcomed and discussed openly. The class also receives visits from physicians, physical therapists, and other specialists.

While ABCs is grounded in the teachings of Leslie's teacher, T.K.V. Desikachar, and the tradition established by Desikachar's father and teacher, Tirumalai Krish-

namacharya, Leslie also draws upon his own sizable, diverse, and ever-evolving experience.

Scientific basis for ancient concepts

In ABCs, more time is devoted to breath and the anatomy of breathing than to all other topics combined. While the structure and function of the human anatomy and the special significance of components such as the diaphragm is taught from a scientific standpoint, the human body and experience is also continually recontextualized through the Yoga tradition. The focus returns constantly to interpreting and applying ancient Yogic concepts such as *prana*, *apana*, *sthira*, and *sukha*.

Honoring the individual

In ABCs, great emphasis is placed upon honoring the uniqueness of the individual and upon the importance of a person's active participation in his or her own healing process. Guests are not viewed or treated as patients into whose problems one would intervene therapeutically, but as fellow human beings seeking to educate themselves in order to better to address their own health and wellness concerns by changing their habits, beginning with increased awareness of their own patterns in body, breath, and mind. Addressing such patterns often involves a mix of physical, psychological, and emotional processes.

The intake of guests to an ABCs clinic always begins with a conversation through which the class gets to know a bit about them. This may help them to relax in a potentially unnerving situation where they are presenting personal matters before a group of strangers. Not only what they say but how they say it, and of course their overall comportment and presence, factor into how the sessions unfold.

The value of genuine interpersonal relationship is emphasized constantly in ABCs, and it is through the students' observations of Leslie's highly spontaneous and intuitive interactions with the guests that a very deep but unquantifiable type of learning occurs. I believe this is an example of what is often called "transmission." It could never be substituted by reading or distance learning; one would have to be there to appreciate the transformations that often take place.

There is no standard formula. Each interaction is different, evolving from moment to moment. Observation of multiple guests reveals a wide spectrum in the overall tone of the consultations and teaches by example the wisdom of having great flexibility in approaching clients as unique individuals.

Removing blockages

Leslie quotes his teacher T.K.V. Desikachar as having said, "Yoga is 95 percent waste removal." This concept, like the tradition, has the *Yoga Sutras* as its main inspiration. In *sutra* 4.3, Patanjali makes brilliant use of metaphor to tell us that just as a farmer may irrigate a field by removing a blockage to let the water flow through the irrigation channels, likewise in the human being it is when restrictive patterns are released that *prana*, or life force, is able to flow unobstructed through the *nadis*, the channels of the body.

Challenging patterns

In ABCs, the central task of finding ways to remove blockages, or release restrictions, is explored through an anatomically informed approach to integrating postures and movements with specific breathing patterns.

In the course of such explorations, one may discover many types of blockages. While probably nobody has any intention of acquiring blockages, (continued on page 31)

perhaps everyone has experienced at some point how even a minor mishap or injury can produce a pain that can result in the acquisition of new habits that may cause the condition to worsen or “snowball.”

In ABCs, great emphasis is placed on finding ways of helping others to feel for themselves how they may be inadvertently but actively holding on to restrictive patterns. One comes to appreciate Leslie's maxim that it is no surprise if the body stabilizes an area if one restricts one's own movement there. He maintains that it is merely an example of the remarkable efficiency of the human body.

That is an optimistic view, because it suggests it is often possible to do something about blockages.

New but not “correct”

In ABCs it is said that the aim is not to “fix” anything; rather, “We learn to get out of our own way.” To master something as challenging as an unfamiliar breathing pattern is viewed not as a matter of trying to learn the “correct way” but as an exercise that is useful because it requires releasing old patterns. Furthermore, when learning a new pattern, “You have to be able to find the off switch,” Leslie tells us, because, “If you can't let go of the new pattern, you're still stuck.”

Transformation through breath

Disordered breathing is generally the first thing we look for in guests who come to ABCs clinics, whether we are looking at highly trained practitioners or people with no Yoga training. In our observations in ABCs clinics, we often see individuals experience a major transformation in their breathing patterns within a matter of minutes.

Leslie has analyzed in great detail, and synopsized with elegant simplicity, the fundamental physics and mechanisms of “the breathing body as it stabilizes itself in Earth's gravitational field.” All of the main techniques in ABCs are essentially explorations that develop one's ability to maintain posture that is stable (*sthira*) while at the same time having the freedom to move and breathe with ease (*sukha*), reflecting the extremely concise definition of *asana* given

in the *Yoga Sutras* (*sutra* 2.46: *Sthira sukham asanam*).

Permission to do an “ugly” pose

A basic tenet of Leslie's approach is that form cedes ground to function. Simple postures are employed that are often so basic and clunky-looking that Leslie sometimes jokingly calls them “ugly Yoga.” The beauty of it all is not in the outward appearance of the postures and movements but in the deep grounding and the huge release that they bring about. In ABCs, *asanas* are given permission to look less elegant than the forms many students have been taught elsewhere to idealize as aligned.

Sample class

I would like to share a synopsis of an actual class from a clinic day in October 2009, when a guest visited whose session may shed some light on how ABCs works. The clinic described below represents one of the most challenging cases seen by the class in all of 2009.

One of our classmates introduced her friend Andres, an architect. He had experienced mid-back pain for two months. He believed it to be the result of a muscle pull from working out in a gym. He had initially tried massage and acupuncture, but neither seemed to help. Adjustments by a network chiropractor provided only momentary relief, and the best results so far had come from ongoing work with a Muscle Activation Technique specialist. With pain levels ranging up to 7 on a scale of 1-10, Andres said, “It feels like a muscle is clamped down on a nerve.” He had pain radiating down through the arm that had recently migrated to the chest, and for the past two days his thumb had been twitching. As an architect, he spends a great deal of time sitting hunched over a laptop, but also sometimes uses an inclined drawing table that is more conducive to good posture. He reported no history of breathing problems or asthma, although he had sometimes experienced seasonal allergies.

“Un-stacking” the spine

Andres was asked to stand barefoot on a

rubber mat and allow his head to drop forward. Upon doing so, he reported pain in his arm. He was encouraged to continue “un-stacking the spine.” The initial step of this exercise is to allow the head to gently pitch forward so that one can feel a stretch at the base of the skull. Gradually, the flexion continues down the spine one vertebra at a time. As this wave travels below the cervical spine to the thoracic spine, the shoulders are allowed to slump forward so that the chest appears closed in on itself. Eventually, the un-stacking pattern travels down the lumbar until one comes into *uttanasana* with deeply bent knees and rounded back.

At a certain point in Andres's first go at this un-stacking process, he suddenly reported that he no longer felt pain. He was asked to stop, to reverse the movement and “re-stack” up the spine, then to continue un-stacking downward until the pain relented. Through this process it was determined that the sticking point was at about the 9th thoracic vertebra. When Andres held the position where the pain had stopped, it quickly returned; when asked to drop a bit lower, the pain subsided.

Andres continued un-stacking and a point came where he felt pain in his low back. He was asked to bend his knees and this helped. He was also reminded to breathe and alerted to the fact that he was grounding mostly in his heels. When asked to try to shift his weight to the center of the foot, over the arches, he did not succeed in doing so; he remained on his heels. He was then asked to try standing on his toes. When he did so, he reported pain in the arm again. He was coached through the final steps of un-stacking into *uttanasana* and asked to hold the position.

Standing behind him, Leslie coached Andres through a “trust fall” backwards so that he came to sit on Leslie's knees, his torso flopping over his own thighs. He was asked to remain there for about a minute and was invited to “feel the nervous system release.” Shakiness that was noted initially subsided quickly. He was then shifted forward with two hands securing his pelvis, to balance over the centers of his feet in *uttanasana*. Andres was asked to remain there for a few breaths and then to slowly “re-stack” the spine (to come to standing up again). When almost to the top, he reported arm pain again.

Spiraling the arms

Standing again, Andres was then given instruction in a *vinyasa* based on *samasthithi* that involves what is referred to in ABCs as “spiraling the arms.” On each inhale the thoracic spine comes into extension as one reaches the arms overhead, lifting the sternum high and turning the arms to “spiral outward” with a gradual lateral rotation that runs all the way from the hands to the rotator cuff. The exhale is synchronized with a gradual return movement where the arms “spiral inward” or medially rotate, and the thoracic spine flexes so that the head drops over the chest and the hands come down to meet one another in front of the pelvis.

This *vinyasa* typically creates a great deal of release and revitalization, but in Andres's case, it looked as though the more he did, the more pain he was experiencing. Noting this, Leslie said that it seemed to be a case of inflammation and that rather than continue with standing exercises, he would prefer to see Andres work on the breathing while lying down.

Andres was invited to lie supine on a massage table. The class watched Andres's breathing closely, and Leslie pointed out how his belly protruded upward quite a bit even though he was quite lean. He asked Andres if he had any breath training, and Andres said yes, from “rebirthing.” It was discussed how, similar to the classic three-part breath taught by some schools of Hatha Yoga, “rebirthing” employs a bracing of the base of the ribcage during the initiation of inhales. This effects a bulge in the belly—a pattern many consider desirable but which if practiced excessively or in the wrong context, either consciously or out of habit, can cause a host of problems.

Andres demonstrated the pattern he had been taught in “rebirthing.” Leslie said, “I don't have a problem with that, because it's done lying down,” but he explained to Andres that in standing, such a bracing of the ribcage and release of the abdomen takes away support for the spine. He then explained further that the thoracic and abdominal cavities can together be compared to an accordion stacked on top of a water balloon. Breathing is, per Leslie's definition, shape change in the cavities. The chest changes both in shape and volume (like an accordion) while the belly does not

change volume but only shape (like a water balloon being squeezed at one end).

Using one hand to slowly push downward into Andres's belly, Leslie explained to Andres that by maintaining consistent pressure there he was providing abdominal support that was lacking in his habitual posture. He asked Andres about pain and he said he felt it along the top of his shoulder blade. Continuing, Leslie said, “I'm challenging the pattern, but I'm just going to trust that it will eventually let go.” He explained to the class in terms of what had been covered in the day's anatomy class: pushing down into the lower part of the “water balloon” of the abdomen stabilizes the central tendon, the horizontal top of the diaphragm, and helps the diaphragm to lift and open the base of the ribcage.

Andres was then asked to (1) exhale fully and then push hard upward against the hand on his belly; (2) holding out the breath, relax and let his belly drop; and then (3) open his mouth and “just *let* the breath come in: don't *make* it happen.”

Pigeonesque supine adjustment

Leslie bent one of Andres's knees and helped him ease into a supine variation of a pigeon pose. He leaned with his shoulder down onto Andres's outer shin, pointing out to the class that the leg is a great lever to use to achieve the aforementioned effect in the diaphragm without having to push directly down into the belly. He asked the class if anyone had noticed when Andres shifted his neck and head to “let out the slack in his spine.” Nobody had noticed, so Leslie shifted Andres's hips so that his spine was back as it had been. He did the same pigeon-like assist on the other side, and we soon saw Andres “correct” his own spine with a shift in his neck and head.

“Chest nostrils”

As he continued this assist and waited for Andres's breathing pattern to unwind, Leslie gave him the “pranic power drill initiation.” Providing the appropriate sound effects, Leslie mimed with his index finger a drill that was adding an extra pair of nostrils to Andres's anatomy—one on each side of his upper chest, just under the clavicles, way out where the pectorals run under the

deltoids. He asked Andres to breathe as if he could take air directly into the lungs through these new, imaginary chest nostrils.

Leslie then set Andres up in a deep twist, assisting by holding him in place and encouraging him to “find more space to breathe.” Because the belly was restricted due to the twist, this of course meant that thoracic cavity release would be required in order for more space to be found.

After having twisted to both sides, Andres was asked to just lie down, and the class watched closely. His breathing now had a bit more freedom of movement in the chest. He was also fidgety and said he felt asymmetrical and “out of whack.” Following a brief discussion of the difference between balance and symmetry, Leslie said that part of being balanced is to relax in the face of experiencing asymmetry; the human body may look symmetrical at first glance, but on closer inspection—especially obvious when one looks inside—it is by no means symmetrical.

Andres was invited to lie down again and as earlier, Leslie pushed down into his abdomen and waited as he lay breathing. He noted how Andres soon adjusted his neck and head again, a result of the fact that breathing with this abdominal support had made his spine get even longer than before.

Andres was invited to stand and try the unstacking exercise again. He reported that he still felt some pain over his shoulder blade and in his upper back. Leslie had him return to sitting and the class watched his breathing. Initially, Andres was sitting up tall and had good movement in the ribcage, but he soon reverted to his more slouched habitual posture and a much less efficient breathing pattern. His shoulders began to get involved in the breath with accessory muscle action, and his ribcage was again clenched to produce the increased downward thrust of the diaphragm that bulges the belly on the inhale.

Leslie again mimed the power drill and asked Andres to imagine breathing through nostrils in his upper chest. Andres soon found the chest breath again, and Leslie pointed out that there was still movement in the shoulders but that now it was not due to “massive accessory muscle action” in that area; now the shoulders were merely riding atop the waves of ribcage expansion. He coached Andres to continue to allow this, and to draw his low belly back toward his spine on exhales. *(continued on page 33)*

After breathing like that for a couple of minutes, the pains subsided and Andres said that he felt good. Leslie asked him to try a belly breath for comparison, and when he did it felt downward-pressing and tight this time.

Andres was asked to stand up and just breathe. The class watched as he now stood taller than before and maintained (briefly) an upright posture with abdominal support, and nice breath movement in the ribcage. He had no pain. He was asked to try un-stacking again. As he began-dropping his head—he again reported arm pain, but it was now just a slight pain by his elbow. Leslie had him continue un-stacking all the way down into *uttanasana* and then hang there about two minutes. He was soon shifting onto his heels and extending his spine a bit with each inhale. He was asked to try a deep belly breath and feel how that created a feeling of getting “backed up,” and impeded the forward bend. Andres tried this and then soon, as he released the belly breathing pattern (in other words, he had just learned to engage *bandha*) he settled more easily into folding.

Leslie invited Andres to sit again and opened up the room for questions. A classmate asked what Andres could do moving forward. Leslie said he recommended breathing with the chest nostrils image, and he gave Andres the following *mantra*: my lungs [pause] are in [pause] my chest.

As previously mentioned, Andres exhibited a protruding belly despite his lean build. The class concluded from its observations of his behavior that he is unwittingly destabilizing his spine through a lack of core support. Intertwined with a peculiar habit of breathing, the muscular tension that braces the ribcage, forces an excessive downward thrust of the diaphragm, which in turn requires a laxity in the abdomen. When this pattern was changed by moving the stabilizing effort away from the upper torso and down to the lower abdomen, his pains subsided.

Follow-up

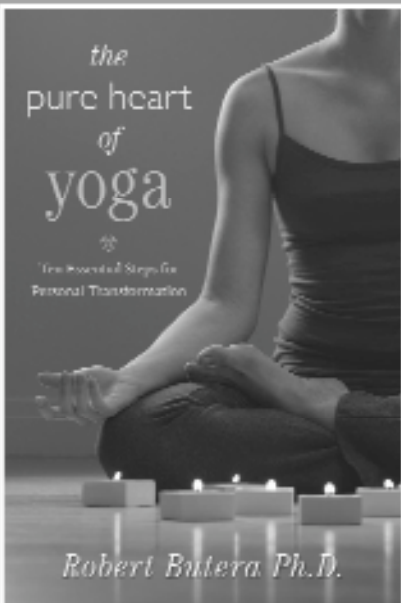
Five months later Andres reported that he is now more conscious about his posture and

how he sits at work. He thinks often about the ideas he took away from his experience as a guest in ABCs—“ideas like trying to dissipate tension.” He had not practiced any of the exercises he had learned during his visit, and could not recall any of them specifically, although he said that since his visit, he now tries to take time every day to lie down and relax.

He still has pain, and has since sought medical advice. Based on an MRI of his spine, his doctor's assessment was that Andres's pain is due to an injury in the cervical spine at C5-C6 (Andres did not recall the diagnosis in greater detail). He has also been to physical therapy.

Andres's doctor had presented the following options: (1) wait and see if his pain gets better on its own, (2) have a steroid injection into the spine, or (3) operate. Andres does not like the second two recommendations and is open to exploring alternative ways of dealing with his situation.

He is planning on visiting the Breathing Project again for another session with Leslie.



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10 Essential Steps for
Personal Transformation
Robert Butera Ph.D.

The Pure Heart of Yoga

10 Essential Steps for Personal Transformation


by **Bob Butera, PhD,**
Publisher of Yoga Living Magazine

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The options Andres' doctor recommended are typical of the medical advice many ABCs guests describe having experienced.

It is worth noting that Andres' doctor told him that his pain was due to a specific spinal injury that could be located with an MRI. This seems to contradict what we observed in Andres's session in the ABCs clinic, during which he experienced immediate relief from his pain as long as he avoided his habitual postural and breathing patterns. It is also counter to several scientific studies that have concluded that there is very weak correlation between clinical symptoms and what is observed in MRI images of the spine. Many people have pain that mimics the pain expected from a spinal injury, and yet their MRIs show no spinal abnormalities. There are also many non-symptomatic individuals (with no pain) who undergo spinal MRIs and present with abnormalities that might appear to be predictors of great pain.

In Andres's particular case, although an MRI later showed a cervical spine abnormality, during his time as a guest in the

ABCs clinic, his pain subsided whenever he managed to let go of a habitual belly-breathing pattern and maintain posture with abdominal support that allowed his ribcage freedom to move with the breath.

In conclusion

The methods of ABCs and of the Krishnamacharya tradition as a whole are not considered a substitute for medicine. However, if one is willing to entertain the notion that the Western medical establishment has blind spots and is failing to address many issues due to such limitations, then the model here described of finding ways to address behavior and change habitual patterns, may be of great interest.

The education offered in ABCs imparts practical knowledge that can better enable one to relate ancient Yogic concepts to anatomical structures and physiological processes and to discern between opposing viewpoints and contradictory teachings based on informed critical judgment founded on observable phenomena.

I am now better able to incorporate traditional Yogic principles into my teaching in practical ways that are less about instructing people in how to do their practice and more about inviting them to be more aware of what they are feeling, to explore ways of finding better groundedness and space. My personal practice has also changed significantly, becoming less rigid and rote, more experimental, spontaneous and intuitive.

YTT



Daniel Dale was introduced to Yoga in 1996, and to the tradition of Tirumalai Krishna - macharya in 1999. His main inspirations are Richard Freeman, Sri - vatsa Ramaswami, and Leslie Kaminoff.

Daniel resides in Manhattan and has taught asana, pranayama, and meditation since 2002. His site OmAgain.com maintains links and information on Yoga.



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Big Yoga: A Simple Guide for Bigger Bodies

By Meera Patricia Kerr

Square One Publishers 2010

Big Yoga: A Simple Guide for Bigger Bodies presents an all-inclusive Yoga program for any body. Meera Patricia Kerr's gentle style and sense of humor impart a "you can do it" feeling—so much so that while reading I found myself fighting the urge to go back to my mat to practice yet another technique offered. Written primarily for those with larger bodies, this book is also appropriate for all beginners and informative to those with health challenges often related to obesity. While the book speaks to the Yoga student, because instructions and modifications given are applicable to a variety of student populations, *Big Yoga* also serves as an excellent resource for Yoga teachers.

Big Yoga's beginning chapters are devoted to relevant discussions of the history, evolution, and benefits of Yoga. The reader also initially gains information on the use of props—from blocks and straps to flip flops—and tips for starting a Yoga practice that include a thought-provoking section on vegetarianism. The chapter titled "Overcoming Stumbling Blocks" is outstanding, offering insightful and creative encouragement for such issues as finding plus-size yoga clothing (the Resource section of the book covers this) to getting yourself on the mat when you are involved in an internal "fight." Here, she writes, "we all get caught in emotional webs of anger and resentment and can't seem to find our way out." It is so human and refreshing to read this from a seasoned Yogini. Although I was anxious to get to the *asana* section, I found myself rereading these first few chapters. They are rich with history, practicality, and compassion.

Forty-four *asanas* accompanied by straightforward instructions and black-and-white photos of the author in each pose are presented in the chapter titled "Hatha Yoga

Poses." It is divided into seven sections: warm ups, backbends, forward bends, inversions, twists, standing poses, and seated poses, which correspond to sequencing as taught in the Integral Yoga method. Modifications given are based on where the practitioner carries his or her weight, and students are instructed to take *asana* from each section to build sequences for home practice.

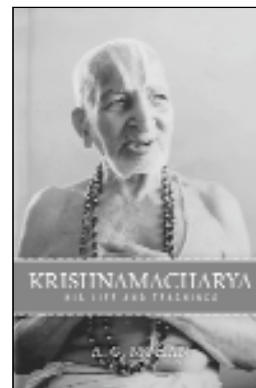
The *asana* section is followed by two chapters that, respectively, address *pranaya-* *ma* and meditation in what I found to be a surprisingly accessible way. Aside from the inclusion of *kumbhaka* (retention of breath, an advanced *pranayama* practice), these chapters appropriately instruct the beginner or big Yogi how to gently incorporate *pranayama* and meditation. Crucial to these initial chapters is the author's repeated instruction to find the "sweet spot" of a pose without straining. She also suggests holding poses for just a few breaths, and she is clear as to which poses can be repeated and which poses should be done just once.

As a physical therapist, I found these poses and their instructions to be safe. I agree wholeheartedly with Kerr's "less is more" approach, and I particularly like her chair and wall versions of *surya namaskara* (sun salutation). The version of *vrikshasana* (tree pose) featured in *Big Yoga* might, however, be modified by placing one foot on a chair until such time that size and/or flexibility permits the foot to be placed on the opposite thigh/groin. The pressure of the foot at the medial knee might lead, over time, to damage of the fragile knee joint structures.

The final chapter of the book titled "Service and Devotion" summarizes the idea of big Yoga as being "more than its physical adaptations for bigger bodies." Big Yoga is also "big" because it is expansive and includes a variety of practices along the Yoga spectrum; *Big Yoga*, the book, also covers Hatha, Raja, Jnana, Karma, and Bhakti Yogas. Kerr lovingly writes, "we can't all be great Hatha Yogis, and not everyone is suited for the disciplines of Raja and Jnana Yoga. However, everyone can love and serve their fellow human beings, and ... the practices of Bhakti and Karma Yoga might be a good fit."

Meera Patricia Kerr has provided us with a valuable book that fulfills its multidimensional title. **YTT**

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Krishnamacharya: His Life and Teachings

By A.G. Mohan with Ganesh Mohan

Shambhala Press 2010

T. Krishnamacharya is widely known in Yoga circles as the teacher of nearly every major 20th century Hatha Yoga teacher, including T.K.V. Desikachar, Indra Devi, B.K.S. Iyengar, and Pattabhi Jois. A.G. Mohan, a student of Krishnamacharya's for 18 years, and his son, Ganesh, have now written a memoir about this remarkable man. *Krishnamacharya: His Life and Teachings* is woven of two alternating strands: one is the presentation of Krishnamacharya's Yoga teachings; the other is A.G. Mohan's own life. Their juxtaposition shows how A.G. Mohan grew under the influence of his teacher. As a whole, the text stands as a tribute from one spiritual seeker to his guru.

The introductory biographical sketch, though frustratingly short, covers in greater detail than I have seen elsewhere Krishnamacharya's many accomplishments, including study of the *nyaya* and *mimamsa* philosophies in Mysore; *samkhya* studies in Varanasi (1906); and eight years in Tibet studying Yoga (1910-1918), only returning to the Mysore Palace in 1926. The authors frankly acknowledge the difficulty of dating events in Krishnamacharya's life and the lack of corroborating secondhand accounts; they suggest it is not the chronology of events but the wisdom distilled from them that matters. Still, knowledge of Krishnamacharya's real biography could bring a synoptic view of this man shorn of the near-demigod status that has hitherto tended to obscure him.

In 1971, A.G. Mohan accompanied Sri-vatsa Ramaswami—another of Krishnamacharya's students—to a lecture by the latter's teacher. "Spellbound," A.G. Mohan began studying *asana* with T.K.V. Desikachar, Krishnamacharya's son, that year; soon afterward he started private lessons with Krishnamacharya, then later co-

founded with T.K.V. Desikachar the Krishnamacharya Yoga Mandiram in Chennai, only leaving after Krishnamacharya's death in 1989. During these 18 years, A.G. Mohan collected 5000-plus pages of handwritten notes and innumerable audio recordings, from which this work is drawn.

The authors cover Krishnamacharya's approach to *asana*, including *vinyasa*, personalization of practice, the role of devotion, and advice for *asana* teachers (such as teaching *asanas* first, then *vinyasa*). They point out that Yoga practice should be adapted to the three stages of life: vigor and strength in youth, health maintenance during middle-age, and meditation in old age. They also discuss Krishnamacharya's views on *pranayama* for cleansing and longevity; and that the *kriyas*, which are preparation for *pranayama*, are Ayurvedic in origin. In addition, they debunk the alchemical imagery of the *Hatha Yoga Pradapika*, including Krishnamacharya's view of *chakras* as mental imagery useful for proper bodily alignment.

Krishnamacharya taught Yoga therapy to A.G. Mohan and T.K.V. Desikachar. For this, he adapted the teachings of Ayurveda based on a disease list in the *Vishnu Purana* (a book of mythology, folklore, and spiritual knowledge concerning the Hindu god, Vishnu). This is significant because, despite attempts to identify ancient textual sources for Yoga therapy, there are no such Yoga texts. Yoga therapy is Ayurvedic in origin.

Also culled from his study of Yoga therapy under Krishnamacharya, A.G. Mohan relates important questions for Yoga teachers to ask of their students, such as not only "Is it useful?" but also "Are they capable of understanding it" and "Will they teach it to others?" These questions illuminate the different forms of relationship that a teacher can have with different students.

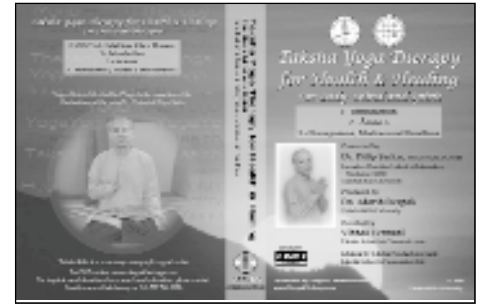
The chapter on mind includes detailed discussions of the *yamas* and *niyamas*; the need for control over food and sex; chanting and *mantras*; devotion and ritual; and *pratyahara* as a cure for boredom. The authors write that Krishnamacharya emphasized that devotion (trust and love for the Divine) is a sound way to reach *samadhi*, as demonstrated by his own life. Regarding the mental limbs of Yogas, Krishnamacharya said, "Yoga is awareness." Further, when asked about the best way to gauge accomplishment in Yoga, Krishnamacharya replied that it was by one's state of *vairagya* (detachment). And yet this detachment must be appropriate for one's stage of life, as illustrated by Krishnamacharya's unwillingness to teach Mohan certain Buddhist texts while he was still a householder.

Some aspects of biography and history emerge. In the mid-1930s, Krishnamacharya corresponded with Yogananda, Kuvalayananda, and Yogendra, but the planned meeting failed to materialize. We can only imagine how different Yoga would be today had differences in language and practice been resolved among these founders.

An annotated list of Krishnamacharya's thirty-five written works embracing ritual, devotion, philosophy, and Yoga, makes up the final chapter. Though disappointingly sparse (it excludes details regarding date, language, location, or disposition of these manuscripts), the annotations themselves are valuable as overviews of these rare writings. Appendix 1 presents an excerpt from Krishnamacharya's *Yoga Makaranda* and a summary of the *Yoga Rahasya*, which are equally valuable for beginning to understand these difficult texts. Appendix 2 is a sequential photo collage of A.G. Mohan demonstrating one of Krishnamacharya's favorite *vinyasa* based on *virabhadrasana*.

It would have been gratifying to see a bona fide biography, but unless Srivatsa Ramaswami (the only other living student who knew him well enough to write such a book) weighs in, this may be the closest we will ever come to an actual biography of Krishnamacharya. Still, it allows us to come nearer to knowing this accomplished man and experiencing his teachings. As Western visitors, we need to be properly oriented to Yoga. For this opportunity afforded us by A.G. Mohan and Ganesh Mohan, we should be properly grateful. **YTT**

Originally trained in Vishnudevyananda Yoga, John Ely worked closely with A.G. Mohan from 1993 to 2005, and edited 2 of his books (Yoga Yajnavalkya and Yoga und Ayurveda). He can be reached at yoga.twobirds@gmail.com.



Taksha Yoga Therapy for Health and Healing

3-DVD Set

By Dilip Sarkar, MD

TakshaShila University 2009

Taksha Yoga Therapy for Health and Healing offers a comprehensive program for health and healing of the body, mind, and spirit. Board-certified vascular surgeon of 35 years and certified Ayurvedic practitioner, Dr. Sarkar suffered a heart attack and underwent bypass surgery in 2001. Since then he has devoted himself to the study of Ayurvedic medicine, integrative medicine, and Yoga therapy in the United States and India. He is uniquely qualified to offer us a Yoga therapy program.

The 30-plus minutes Introduction delivered by Sarkar in perfect lotus posture contains valuable information related to the mechanisms and effects of *asanas*, *pranayama*, *kriyas*, and *mudras* in the context of contemporary medical science. However, it may be somewhat tedious to watch the Introduction in its entirety in one sitting; take the "Item Selection" option and savor one item at a time and then watch the corresponding section on the other two DVDs.

Sarkar offers a road map of Yoga therapy for medical disorders in these words: "Conventional treatment only relieves symptoms. In medicine, health is the absence of disease. In Yoga, disease is the absence of vibrant health. When you are healthy you can prevent a disease. However, if you do develop a disease you can prevent the progression of the disease."

He goes on to say that due to faulty lifestyle, organ malfunction, toxic elements, and various other reasons, our hormonal homeostasis is altered. This causes most of the diseases in our lives. It is explained how *pranayama* plays a central role in Yoga therapy because it controls endocrine glands, corrects and stabilizes the blood chemistry, and balances all natural hormones, thus correcting the hormonal imbalance. "Pranayama corrects the system, not the symptoms." However, Sarkar is careful to stress that Yoga or Yoga therapy tools should be utilized as adjunct therapy aids. (continued on page 37)

Forty-four *asanas* are personally demonstrated by Sarkar on the *asana* DVD, a few of which, though popular in northern India, are rarely seen in a Yoga class in America. *Asanas* are intended both for external alignment (muscles, bones, and joints) and internal alignment (heart, liver, kidneys, etc.). Physiological benefits and targeted medical conditions are specified for each *asana*. Sarkar, having a strong and flexible body, demonstrates each pose at an advanced level. I would also like to see these *asanas* with adaptations for people who are challenged by age or illness.

The *pranayama* segment includes ten *pranayama* techniques practiced in combination with 12 hand *mudras*. For example, *kapalabhati* is demonstrated with eight different *mudras* for different physical and mental effects. *Kapalabhati* together with *dhyana mudra* is supposed to open lower lobes of the lung; but when it is performed with *adhi mudra* it opens the upper lobes of the lungs. "Mudras," Sarkar explains, "are neurophysiological connectors connecting the body and mind" that stimulate or tranquilize and relax the mind and the body.

Viewers may also be interested in the Indian version of hand acupressure, which is based on the assumption that various

parts of the body such as eyes, ears, heart, kidney, liver, etc. are represented in different regions of the hand. For example, the heel of the hand under the thumb is the region of the thyroid gland. Likewise, each finger represents one of the *panchbhutas* (five elements), with the little finger representing the water element, thus connecting to the bladder. Therefore, when one holds *varun mudra* (*Varuna* is the God of water), in which the thumb lightly presses the little finger, one can acquire bladder control. Sarkar is pretty confident of this relationship and says while sitting in a meeting you may assume *varun mudra* and control the immediate urge to go to the bathroom. The scientific basis of these assumptions is debatable, but hand acupuncture and acupressure have existed in China and India since ancient times.

Some may be rattled by the following observation from the DVD: "We are noticing more and more that Yoga can cure chronic degenerative disease." Don't throw the baby out with the bathwater. There is a lot of rich material here, with insights from the ancient Yoga and contemporary medical science.

Millions of Indians are practicing Yoga therapy exercises similar to the ones presented in *Taksha Yoga Therapy* by simply

watching Yogis on television or attending Yoga camps. *Patanajali Yoga Peeth* of Haridwar has recorded hundreds of thousands of testimonies and anecdotes as to how Yoga has cured practitioners' chronic or intractable diseases. There is something mystical about many Yogic practices that may take medical science a long time to decode.

Don't let the perfect come in the way of good. Explore with an open mind how the *asanas*, *pranayamas*, *mudras*, *bandhas*, and the Yoga philosophy presented on *Taksha Yoga Therapy* interact with body, mind, and spirit for you. Furthermore, American Yoga practitioners are widely exposed to the Yoga lineage from south India (Krishnamacharya, Iyengar, Desikachar). This DVD presents a rich fare of Yogic teachings currently dominant in northern India and may be regarded as a compendium of north Indian Yoga.

YTT

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Effects of a Yoga breath intervention alone and in combination with an exposure therapy for post-traumatic stress disorder and depression in survivors of the 2004 South-East Asia tsunami

Source: *Acta Psychiatr Scand* 2009; 1-12

Authors: Descilo T, Vedamurtachar A, Gerbarg PL, Nagararaja D, Gangadhar BN, Damodaran B, Adelson B, Braslow LH, Marcus S, Brown RP.

Realizing the need to develop effective interventions for the psychological trauma from mass disasters that often render standard psychiatric services ineffective, this study explored the effects of two interventions targeting posttraumatic stress disorder (PTSD), depression, and quality of life.

The subjects were 183 survivors of the tsunami from nearby coastal fishing villages on the south-east coast of India that had suffered equivalent damage during the tsunami. Subjects were native Tamil speakers, many of whom could not read or write, still living in five demographically comparable temporary camps eight months after the disaster struck.

The study was designed to be a randomized wait-list controlled trial. The intervention a subject received was to be fully crossed with the camp in which the subject resided. However, modifications of camp conditions became necessary and all residents within each camp who volunteered to participate were instead given the same intervention at the same time. One camp had sufficient number of subjects to form one group, and the remaining four camps were paired to create a total of three approximately equal groups.

The authors hypothesized that the breath intervention called Breath, Water, Sound (BWS) with Sudarshan Kriya Yoga (SKY) would decrease the symptoms and experience of PTSD, depression, and decrements of quality of life in tsunami survivors. They also hypothesized that the exposure intervention, Traumatic Incident Reduction (TIR), when administered after breath intervention, would further reduce PTSD, depression, and decrements in quality of life.

The breath intervention was a combination of breathing techniques (*pranayama*), including three-state victory (*ujjayi*) and bellows (*bhastrika*) breathing, a breathing sequence at different rates (*Sudarshan Kriya*),

and the chanting of *om*. This was taught in groups in four 2-hour sessions, and participants were encouraged to develop a daily 20-minute practice and attend weekly group sessions. The TIR exposure intervention, which addressed trauma, was taught one-on-one in three to five sessions, each session lasting 1-3 hours. One-third of the participants received just the *pranayama*, one-third received the *pranayama* and TIR, and one-third acted as a control group.

Baseline data were collected at the beginning, including three surveys that had been translated into the local language Tamil, designed to measure PTSD, depression, and quality of life. Everyone was evaluated after 6 weeks, with the two intervention groups tested after 12 and 24 weeks as well, and the *pranayama* group additionally tested one week after the start of the intervention. Results of the analysis showed a significant improvement in PTSD, depression, and quality of life with *pranayama*, especially within the first week, and the effects lasted through 24 weeks. There was no significant difference between the two intervention groups, indicating that the *pranayama* practices were effective as a stand-alone treatment.

The authors discuss the many obstacles that impede research on mental health interventions in mass disasters, including bias in the selection of participants and testers in a chaotic, volatile, and unpredictable environment. Nevertheless, the results are compelling, evidenced by the rapid and significant improvements in the treatment groups compared to the control group. Qualitative feedback was also revealing, with many villagers reporting relief from anxiety, insomnia, and depression, and the ability to return to their fishing villages without the sound of the ocean causing retraumatization.

This study is important because mass disasters such as the South-East Asian tsunami of 2004 leave tremendous devasta-

tion in their wake, not only in the external environment with colossal destruction of infrastructure, but also in the internal environment of individuals involved. This study reinforces the critical importance of breathing techniques for stress management and as an optimal treatment response for trauma, naturally and cost-effectively transforming our internal environments one breath at a time. It has immediate and ubiquitous application not only for mass disasters, but also in our chronically stressed inner cities, which are regularly exposed to crime and violence, guns and gangs, drugs and death. Results of this study have potentially significant prevention policy impact in education and public and behavioral health.

YTT



*Bidyut Bose, PhD is the Executive Director of the Niroga Institute based in Oakland, CA.
www.niroga.org*

IAYT Educational Standards Progress Update

The IAYT Educational Standards Committee held its first face-to-face meeting in Albuquerque, New Mexico, March 26-28, 2010. We have pledged to be communicative and transparent in this effort, so it is timely to update our membership on this work, including the committee, the charge to the committee, the process, and the expected timetable. Candidly, there are no recommendations to report as a result of this first phase, but the process is of critical importance and is the main focus of this report.

The Committee

Last summer, IAYT solicited volunteers from IAYT member schools to serve on the Educational Standards Committee. The ten members selected are Leigh Blashki, Elissa Cobb, Beth Gibbs, Susi Hately, Shanti Shanti Khalsa, Hansa Knox, Gary Kraftsow, Sonia Nelson, Stephanie Sisson, and Marlysas Sullivan. Two IAYT board members, Molly Lannon Kenny and Clare Collins, along with consultant, Dan Seitz JD, EdD, and I have been steering the process. Dan is both a subject-matter expert and meeting facilitator. We are using an experienced consultant because, although costly, we believe it is much better—and ultimately more cost-effective—to do this right the first time. (For more on Dan's perspective, see "An Overview of Regulatory Issues for Yoga, Yoga Therapy, and Ayurveda" forthcoming in the 2010 *International Journal of Yoga Therapy*, but published early on iayt.org due to the timeliness of the material.) This is an outstanding committee, with many well-known leaders in our field, representing many diverse approaches to Yoga therapy and three countries. Each member is donating considerable time to this work. More information on each committee member can be found on www.iayt.org.

Charge to the Committee

"The charge to the committee is to provide recommendations to the IAYT Board about educational standards for Yoga therapist training programs, including theory/knowledge, core competencies/skills, clin-



Photo by John Kepner. Left to right, front row: Clare Collins, Molly Lannon Kenny; second row: Sonia Nelson, Marlysa Sullivan, Stephanie Sisson, Beth Gibbs, Shanti Shanti Kaur Khalsa; back row: Hansa Knox, Elissa Cobb, Gary Kraftsow, Dan Seitz

ical training, and length of training programs. As time permits, the committee may also develop recommendations about standards for different levels of training, prerequisite training, faculty qualifications, and scope of practice," as stated by the IAYT board of directors.

The Process

The committee has been teleconferencing monthly since October 2009, with discussions developing into a logical flow to answer these questions:

- What is Yoga therapy?
- What do Yoga therapists do?
- What do Yoga therapists need to know, in order to do what they do?
- What is the appropriate evidence that a person has the knowledge and skills to do what they do?

Developing a structure to address the standards issue is an education in itself. We owe a special thanks to committee member Leigh Blashki of Australia, who has worked hard, and diplomatically, to help the committee understand and utilize this flow, called the Developing a Curriculum (DACUM) process.

This is the process used by the Australian Association of Yoga Therapists (AAYT) to develop their standards, and Leigh is secretary to the AAYT. The AAYT (see www.aayt.org) appears to be a worldwide leader in standards development for

Yoga therapy, and their standards have been helpful to the committee by presenting an example of a complete framework. The Albuquerque meeting group first brainstormed on visions and values, to bring out and emphasize our common ground. One of the more highly ranked visions was "Yoga therapists stay grounded in the tradition and traditional practices while translating to the West." Similarly, one of the more popular values was "Yoga therapy is not about codependence with the therapist but about empowering people to be independent in their own self-care."

Following the AAYT structure, more or less, skills and competencies were organized into sections, parts, and categories. The three sections are knowledge, application, and professional practice.

Knowledge—to give an example of subdivision from sections to parts—was broken down into three parts: Yoga; western biomedical; and professional skills.

Yoga Knowledge was then divided into the following categories: philosophy, practice, theoretical framework of health and disease, and principles of application of Yoga techniques.

Although the committee is currently focusing on the core knowledge, skills, and competencies required to be a Yoga therapist, many other issues have to be addressed in order to have a complete set of standards.

Some of the other key issues are:

- Minimal length of training programs (total hours and duration)
- Minimal clinical training requirements (internships and externships)
- Delivery constraints (including distance and online learning)
- Prerequisites and corequisites (e.g., should Yoga teacher training and experience be required before entering, or finishing, a Yoga therapist training program?)
- Primary and secondary evidence for competency
- The role that specialty programs play in this structure
- Faculty qualifications and perhaps,
- Scope of practice

If this sounds incredibly bureaucratic and time-consuming, it is. A key part of the process, however, is allowing all members to be heard with “appreciative inquiry.” This is an evolving, organic process, with much mutual education and feedback taking place. It’s far too early to provide any specifics, and the current structure is subject to change. Not surprisingly, this process sometimes takes much patience and humor to endure.

As a participant, I can attest to what an education this is. I like to think I know a little about the field, but I have been impressed with the depth and breadth of the knowledge of the Yoga tradition displayed by committee members.

Timetable

The first report to the IAYT board of directors is due in July 2010, with a final report due in July 2011. At some point a draft will be presented to all the member schools and the general IAYT membership for review and comment, but we don’t have a timetable for this yet.

Building upon the progress made in Albuquerque, the committee will continue to build out the skills and competencies. Then it is expected to address the required depth and breadth in each part. Only then should we be able to start adding this up to total minimum hours and duration of Yoga therapist training. This could easily result in a reality check. My current expectations are that sometime after the IAYT summer retreat, and after the work has enough substance, the committee will publicize a first draft and seek comments.

How to Follow This

Go to IAYT’s Digital Resources Library (<http://iayt.fmdrl.org>) in the Group: IAYT Member Schools and the Educational Standards Committee. Since nothing substantial has been decided, nothing really substantial has been posted. Meanwhile, we regularly publish articles on the subject of standards and other related issues in *Yoga Therapy Today*, the *International Journal of Yoga Therapy*, and on www.iayt.org. Our goal is a well-informed membership regarding these challenging and controversial issues.

Funding

All direct costs, such as consultant fees and IAYT travel expenses, are paid for from the dues of the IAYT Member Schools. Other costs, such as IAYT staff time and overhead, are paid for by IAYT general funds, mostly membership dues. Committee members are paying their own way.

A Worldwide Movement

There is a worldwide movement going on to develop standards for Yoga therapy, as well as other traditional world medicines, and IAYT is both learning from and sharing with others. The work of the AAYT has already been mentioned. In the UK, the British Council of Yoga Therapy is also working on this, but in the context of a much different health care system, the National Health System (NHS), and a regulatory regime, the Complementary and Natural Healthcare Council (CNHC). (The interested reader may want to visit the CNHC website to read their section on Yoga therapy. www.cnhc.org.uk/assets/6-016.pdf)

Another sister association, the National Ayurvedic Medical Association (NAMA) is also working on standards. IAYT follows this closely, and I personally wish to acknowledge the generous sharing by NAMA of their work and process. **YTT**



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onMembers, *continued*

New IAYT Officers Elected

During IAYT's annual meeting in February 2010, the following officers were elected for one-year terms.



in Novato and Malibu, California.

President: Eleanor Criswell, EdD. Previously serving as vice-president, Dr. Criswell is a founding member of the renewed IAYT and has served on the IAYT Board since 2004. Dr. Criswell lives

Vice President: Molly Lannon Kenny, MS-CCC, E-RYT 500. Molly began her service on the board in 2008. She lives in Seattle, Washington.

Treasurer: Matra Raj, OTR, E-RYT 500. Matra has served on the board since 2008, occupying the position of treasurer in both 2008 and 2009. She lives in Palo Alto, California.

I would like to extend thanks to past president Matthew J. Taylor, PT, Ph.D. Matt served from 2007 to 2009 on the IAYT board, including the last two as president. He was instrumental in increasing the number of board members and building dynamics and committee structures to support the much larger institution IAYT has become. Matthew was also the chairman of the first research track at the 2007 Symposium on Yoga Therapy and Research, which has grown to be an important and visible pillar of IAYT's mission. **YTT**

—John Kepner, IAYT executive director

\$4.5 million Grant for Study of Yoga and Cancer goes to M.D. Anderson



The University of Texas M. D. Anderson Cancer Center has been awarded more than \$4.5 million, the largest ever for study of Yoga and cancer. Lorenzo Cohen, PhD, (photo left) professor

and director of M. D. Anderson's integrative medicine program, received the funding. The research is being done in collaboration with the Vivekananda Yoga Anusandhana Samsthana (VYASA), a Yoga research foundation and university in Bangalore, India.

Researchers will conduct a Phase III clinical trial in women with breast cancer to determine the improvement in physical function and quality-of-life during and after radiation treatment. It will also investigate if such stress reduction programs result in economic and/or work productivity benefit.

Two previous studies led by Cohen and colleagues investigating Yoga in similar populations of breast cancer patients have shown benefits in physical function, compared to women who did simple stretching and/or those who did not participate in any such program. The study also found an indication of improved sleep and reduced fatigue levels, and preliminary analysis suggests lowered stress hormone levels in the Yoga group.

A secondary aim of the trial is assessing cost efficiency analysis for the hospital, and health care utilization costs in general, as well as examining work productivity of patients. **YTT**

Project Air seeks volunteer Yoga teachers

Project Air uses Yoga to help genocide rape survivors manage the devastating effects of sexual violence and HIV/AIDS and to help allay some of the trauma and mental health issues from the 1994 Rwandan Genocide.

New volunteers will be working with programs that include: Yoga for child soldiers; Yoga for women in prisons; Yoga for domestic violence victims; and Yoga for fistula, rape, and re-raped patients in Eastern Congo.

In order to meet needs for expanded programming, Project Air is looking for yoga teachers who are able to volunteer both in Rwanda and the new program in Eastern Congo starting this summer.

To learn more and to volunteer go to www.project-air.org **YTT**

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shown me how much more there is to know...studying (PYT) has allowed
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"The PYT program has personally and professionally revitalized me and my
practice of medicine. I am compelled to keep learning and to share what I have
learned." PA-C, MPH, PYT graduate, Washington D.C.

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inspiration...her PYT manuals have become my bible of yoga therapy."
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