

YTT Yoga Therapy Today

Spring 2018

Reflecting on the Future



Authentic marketing solutions & trainings for Yoga Therapists & Specialists

Better carve your niche and stand out as an authority



YogaMate Pro's Yoga Practice Creation, Marketing tools and resources PLUS prominent, premium, global exposure in your area of expertise



Strategic marketing guidance with YogaMate's On-Demand Marketing & Brand Strategy Program (work through at your own pace)



Exclusive content sharing & marketing opportunities in your area of expertise

Join our VIP Subscriber SYTAR event

Note: Subscription to YogaMate Pro Premium is limited to Yoga Professionals with a minimum 500 hours or Licensed Healthcare Professionals with a minimum 200 hours

To purchase YogaMate's On Demand Strategic Marketing & Brand Strategy Program as a stand alone product, head to YogaMatePro.com/store

Wholesale opportunities available to Yoga Therapy Schools: Visit YogaMatePro.com/YTT for details.

YogaMatePro.com/Premium

**Friday night,
June 15, 2018**

Details will be emailed to all YogaMate Pro Premium subscribers



STAR

Visit

2018

SYMPOSIUM ON YOGA THERAPY AND RESEARCH

June 14-17, 2018
Reston, VA



Where your talents and the needs of the world cross, that is your vocation.



Keynote Speakers:
Arlene Schmid, Gary Kraftsow, Uma Dinsmore-Tuli,
Ananda Bhavanani

iayt.org



SR

2018

SYMPOSIUM ON YOGA RESEARCH

October 15-17, 2018
Stockbridge, MA



Keynote Speakers:
Robert Saper, Karen Sherman, Sara Lazar



Kripalu
Center for Yoga & Health

IAYT THE INTERNATIONAL ASSOCIATION OF
YOGA THERAPISTS

Publisher

International Association of Yoga Therapists
Yoga Therapy Today is published in the winter, spring, and summer.

Editor in Chief

Laurie C. Hyland Robertson, MS, C-IAYT, E-RYT 500

Art Director

Ken Wilson

Copy Editor

Lokiko Hall

Advisory Council, Yoga Therapy Today and *yogatherapy.health*

Judi Bar, E-RYT 500, C-IAYT

Diane M. Finlayson, MA, C-IAYT

J. J. Gormley, MS, C-IAYT

Lisa C. Kaley-Isley, PhD, C-IAYT

Laura B. Kupperman, MA, C-IAYT

Ganesh Mohan, MD, C-IAYT

Neil D. Pearson, PT, MSc, C-IAYT

Lori Rubenstein Fazzio, DPT, PT, MAppSc, C-IAYT

Julie Staples, PhD

Marlysa Sullivan, MPT, C-IAYT

Robyn Tiger, MD, C-IAYT

Lynne Valdes, MS, C-IAYT

IAYT Board of Directors

Amy E. Wheeler, PhD, C-IAYT, *President*

Matra Raj, OTR/L, C-IAYT, *Vice President*

Baxter Bell, MD, C-IAYT, *Secretary*

Eleanor Criswell, EdD, C-IAYT, *Treasurer*

Dilip Sarkar, MD, FACS, CAP, C-IAYT, *Ex Officio Member*

IAYT Executive Director

John Kepner, MA, MBA, C-IAYT

Advertising Manager

Abby Abhaya Geyer, C-IAYT

Conference, Financial & Membership Manager

Debra Krajewski

Accreditation Manager

Annette Watson, RN, RYT, CCM, MBA

Certification Manager

Beth Whitney-Teeple, PhD, C-IAYT

Webmaster

Devi Mueller, CAS, MAyu

Mission

IAYT supports research and education in yoga and serves as a professional organization for yoga teachers and yoga therapists worldwide. Our mission is to establish yoga as a recognized and respected therapy.

Membership

IAYT membership is open to yoga practitioners, yoga teachers, yoga therapists, yoga researchers, and health care professionals who use yoga in their practice.

Member Benefits

- Subscription to the *International Journal of Yoga Therapy*
- Subscription to *Yoga Therapy Today*
- Access to IAYT's research resources and digital library
- Professional recognition through IAYT's online listings
- Discounted registration at IAYT conferences

Contact

P.O. Box 251563

Little Rock, AR 72225

Phone: 928-541-0004 (M-F, 10AM – 4PM CST)

www.iayt.org • info@iayt.org

Submissions

Please submit reports and articles on training, views, and insights relating to the field and profession of yoga therapy, as well as on integrative practices and business practices. Review submission guidelines at www.IAYT.org > Publications > Yoga Therapy Today.

Advertising

For advertising rates and specifications, contact Abby Geyer at 702-341-7334 (M-F, 9:00 am–3:00 pm, PST) or ageyer@iayt.org. Editorial decisions are made independently of advertising arrangements.

Reprint Policy

IAYT's reprint policy applies to all articles in the *International Journal of Yoga Therapy* and *Yoga Therapy Today*. Fee: \$1 per copy per article. The policy works on the honor system, e.g., if two articles are copied for 25 students, please send IAYT a check for \$50 and note "for reprints" on the check. Questions? Email Debra Krajewski at membership@iayt.org.

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.



4 Editor's Note

6 Member News

- 6 Celebrating 100 Years of Yoga Therapy with The Yoga Institute, Mumbai, India, *by Ilene Rosen*
- 8 Yoga and Psychology Concentration Comes to Meridian University
- 8 IAYT Team Grows
- 8 An Educational Journey to India, *by Lori Rubenstein Fazzino*
- 52 Teacher of Compassion, *by Robert Butera*
- 52 In Memoriam, Jnani Chapman, *by Tina Walter*

10 Conference Corner

- 10 Academy of Integrative Health & Medicine Annual Conference
By Janese Killian
- 10 International Conference on Frontiers in Yoga Research and its Applications, *by Leigh Leibel*

14 Science for the Yoga Therapist

- 14 The Science of Mantra, *by Julie K. Staples*

18 Professional Development

- 18 Building the Business of Yoga Therapy

22 Yoga Therapy in Practice

- 22 Key Distinctions to Help You Grow Your Business, *by Laura Kupperman*
- 24 Integrative Medicine and the Northwestern University Faculty Scholars Program, *by Amy J. Wheeler and Avanti Kumar-Singh*

26 Features

- 26 ROUNDTABLE DISCUSSION: The Role of Assessments in Yoga Therapy
Marlysa Sullivan, Lori Rubenstein Fazzino, John Wallman, and Sonya Chapnick
- 34 Redundant Breathing: A Yoga Therapy Technique for Pain Reduction and Management, *by Veronica Zador and Lara Zador*

32 Perspectives

- 32 Applied Anatomy: A Call for Conversation on the Gross and Subtle
By Grace Jull
- 38 On Suffering, Service, and Yoga Therapy in Japan
By Madoka Chase Onizuka
- 42 Yoga Therapy in Neuropalliative Care: Specialization and Considerations
By Nathalie de Meyenburg

48 Media Reviews

- 48 Healing Our Backs with Yoga: An Essential Guide to Back Pain Relief
By Lillah A. Schwartz, Review by Steven Weiss
- 48 Yoga Therapy, Ayurveda, and Western Medicine: A Healthy Convergence
By Dilip Sarkar, Review by Robyn Tiger
- 49 Creating Pelvic Floor Health
By Shelly Prosko, Review by Tianna Meriage-Reiter
- 49 Yoga for Healthy Aging: A Guide to Lifelong Well-Being
By Baxter Bell and Nina Zolotow, Review by Staffan Elgelid
- 50 Pathways to a Centered Body: Gentle Yoga Therapy for Core Stability, Healing Back Pain, and Moving with Ease
By Donna Farhi and Leila Stuart, Review by Cheryl Van Demark





Recently, I've been talking often with friends and colleagues about where and how we think yoga therapy could be provided in the future, about job prospects for graduates of accredited programs, about what our professional lives might look like next year, or 5 or 10 years down the road. The environment may vary based on who you ask, but I view the overall landscape as both wide-open and diverse, as reflected on this issue's cover.

Calls for intelligent integration with other modalities continue, and many yoga therapists clearly are working in this way. Business of Yoga Therapy contributor and super-organizer Linda Lang says our future depends on creating advocates among the ranks of other healthcare professionals. Research efforts have been underway for many years through organizations such as The Yoga Institute, celebrating its centennial (see page 6). The task of translating both our diverse methods—and the mechanisms behind them—to consistently reportable platforms is further along than many realize (two recent must-reads are Park et al.¹ and Sullivan et al.²). That work continues in this magazine with pieces like Julie Staples' discussion of the science behind mantra on page 14.

We'll also need to consider objective ways to capture both our clients' concerns and their progress, so examination of our assessment tools is essential. Earlier this spring, *YTT* convened a small group to consider how practice setting and background influence evaluations in yoga therapy, and what steps lie ahead for the field; I hope you find our roundtable discussion, beginning on page 26, thought-provoking. And Grace Jull's piece (page 32) elegantly articulates from a unique angle some of the very questions raised in that forum. Assessment in yoga therapy is a key issue we'll return to here, as well as at this year's Symposium on Yoga Therapy and Research with a common interest community (CIC) session. These breakout groups offer opportunities to connect with peers you might not otherwise meet and are therefore a great place to begin dialogues and learn new perspectives.

IAYT's "other" publication—the *International Journal of Yoga Therapy*—offers a different sort of integration as its contributors bring yoga into the research literature. (The article by Crystal Park and colleagues, mentioned above, is a great example.) The journal has been one of the world's most recognized sources for high-quality yoga studies for more than 25 years. And because I'm privileged to assist with getting those manuscripts to press, I know first-hand how *IJYT*'s peer-review process contributes to the presentation of unbiased data that further the science behind yoga therapy's mechanisms and effects.

Peer review for this magazine—and the organization's other materials—has always taken place, too, but usually on a less formal basis. The creation of a new advisory council is a chance to recognize some of the individuals to whom we regularly turn for input and guidance. I'm so pleased that the illustrious group listed on page 2 has agreed to consult with me and with other members of the IAYT communications team on content for *Yoga Therapy Today*.

The group will also provide advice and content for yogatherapy.health, IAYT's newly launched website to help educate the public about our profession. The site remains a work in progress but will also be relevant to other healthcare providers who might refer to or hire yoga therapists. It will also eventually include

information of interest to others who might look to yoga therapy's potential to help meet their needs (third-party health insurers, policymakers, even employers looking to improve their workers' well-being).

One of the yogatherapy.health features I'm most excited about is "find a yoga therapist," which will link viewers to IAYT-certified yoga therapists. Be sure your iyat.org profile is up-to-date and showcases your talents and approach! You might want to have a look at Laura Kupperman's article on page 22 for a few pointers first—check out her key distinction "promoting yourself vs. offering a solution."



It can be tough when there's so much worthwhile work to be done, but we tried to find balance during a recent IAYT meeting. Members of the certification staff and committee practice what they preach, front to back: Bev Johnson, Clare Collins, Shaun Wilde, Beth Whitney-Teepie.

We frequently call upon members of the larger IAYT advisory council for guidance, too—you'll find them listed on iyat.org under the About menu. In fact, all of IAYT's efforts are substantially supported by generous volunteers like these. This was brought home for me at a staff and committee meeting convened in Austin in March, when about 20 of us enjoyed a rare chance to work together in person over a long weekend at Ancient Yoga Center. I know how many hours I and the other members of the small group of employees put in, but it was good to be reminded that the crucial work of program accreditation and individual certification wouldn't be possible at all without the thousands of hours donated annually by the volunteers who serve on these committees. **YTT**

With gratitude for all of your varied contributions and our promising future,
Laurie

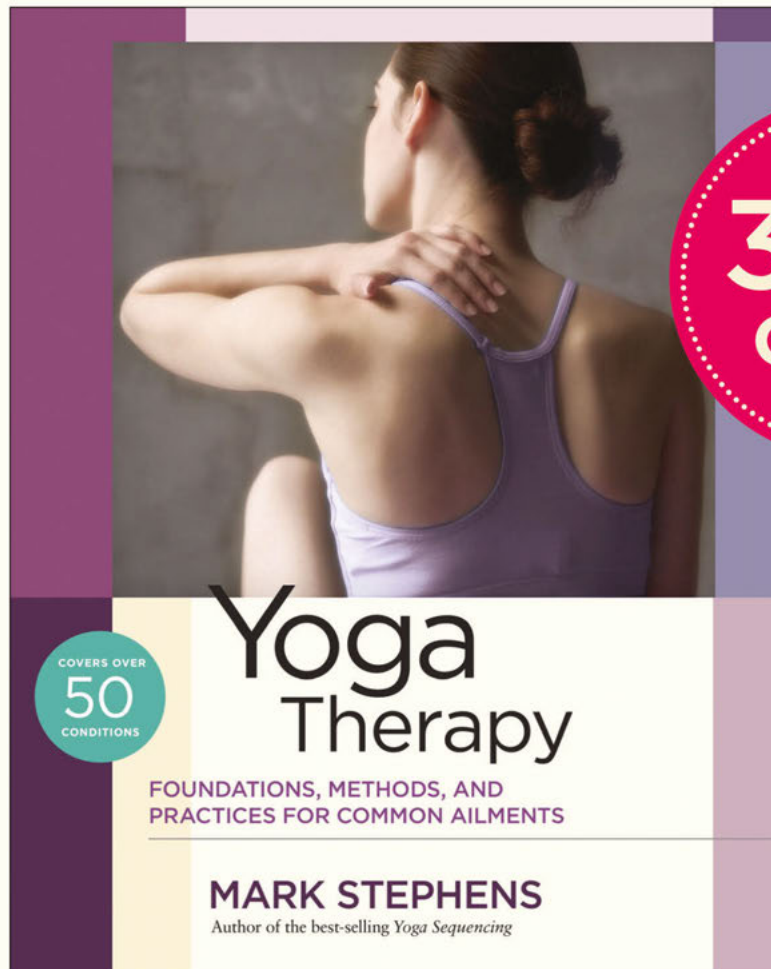
1. Park, C. L., Elwy, A. R., Maiya, M., Sarkin, A. J., Riley, K. E., Eisen, S. V., . . . Groessl, E. J. (2018). The Essential Properties of Yoga Questionnaire (EPYQ): Psychometric properties. *International Journal of Yoga Therapy* [epub ahead of print]. doi: 10.17761/2018-00016R2

2. Sullivan, M. B., Moonaz, S., Weber, K., Taylor, J. N., & Schmalzl, L. (2018). Toward an explanatory framework for yoga therapy informed by philosophical and ethical perspectives. *Alternative Therapies in Health and Medicine*, 24(1), 38–47.

FROM



North Atlantic Books



30%
OFF!

Author of the best-selling volumes *Teaching Yoga*, *Yoga Sequencing* and *Yoga Adjustments*, celebrated yoga instructor **MARK STEPHENS'** latest book, *Yoga Therapy* gives teachers and students practical yoga-based tools for working with a wide array of common injuries and ailments, from ankle sprains to vertigo.

In celebration of the release of Stephens' new book, *Yoga Therapy Today* readers will receive 30% off of all Mark Stephens titles through August 31, 2018. To redeem this exclusive offer visit NorthAtlanticBooks.com and use the code: **markstephens30** at checkout. This offer cannot be combined with other coupons.

Celebrating 100 Years of Yoga Therapy with The Yoga Institute, Mumbai, India

By Ilene Rosen

Even today many people aren't yet aware of the yoga therapy options available, and much work remains to be done. It might be surprising to learn that The Yoga Institute in Santacruz, Mumbai, India, has been offering practices aligned with yoga therapy for a century.

Innovative Beginnings

The Yoga Institute was founded in 1918. At that time, yoga was taught only in rural ashrams to students who became monks and devoted their lives to the study. The Yoga Institute's founder, Sri Yogendra (1897–1989), made the unprecedented move of offering yoga to men, women, and children of any religion or caste, living lives of family and work. After founding The Institute, Sri Yogendra spent a few years traveling the world teaching yoga, then returned to India.



In 1927 he married and, with his wife, Shrimati Sitadevi, found a permanent home for The Yoga Institute. There the Yogendras offered training and treatment to students who flocked to their courses and pioneered the practice of applying yoga techniques to treat disease. They called their practice “yoga education,” a forerunner of today's yoga therapy.

In a related innovation, the Yogendras conducted research on the beneficial effects of yoga they had witnessed on diseases. Over the decades, Sri Yogendra wrote more than thirty books and trained countless practitioners in how to live better lives through yoga.

The Eight-Fold Path for Householders

Over time, The Yoga Institute simplified the tenets of yoga while maintaining its integrity. Sri Yogendra taught the eight-fold path but adapted practices to suit the lives of householders. Since the students attending had jobs and cared for families, The Institute taught the principle of work as a spiritual practice, based on the Bhagavad Gita's teachings on Karma Yoga.

It also reorganized the rigidity previously found in yogic philosophy to be more accessible to everyone. For example, instead of waking at 4:00 a.m. for meditation, the householder could adopt a shorter morning practice at a more accommodating time. This change followed the idea that for Institute students, the primary goal was not to reach peak meditative experiences; achieving qualities such as humility and compassion were more important. Rather than guru-worship, self-reliance was preached. Prolonged fasts were replaced by nutritional recommendations based on food science.

The Yoga Institute at 100

Today The Yoga Institute continues to thrive. More than a thousand people each day seek it out for improving health, consultations, and training. The Institute provides a wide array of options including 90-minute classes, 7-day camps, and 21-day courses for better living. Specific health camps based on yoga therapy concepts address issues such as heart health and hypertension, weight management, diabetes, and pregnancy. The Institute also offers teacher trainings ranging from 1 month to 2 years. The monthly magazine started by Sri Yogendra in 1933, *Yoga*, is still published. More than 45 books, blogs, and a popular 50-episode television series add to the resources offered at The Institute. Yet through it all, a sense of peace pervades the 1-acre campus.

The Institute has stayed within the family. Hansaji Yogendra presently serves as president, writing, teaching, consulting, and administrating within The Institute. Her son Sri Hrishi is assistant director. In addition to the Mumbai location, The Yoga Institute (www.theyoga.institute.org) has inspired centers throughout the world by training and supporting individual teachers.

Happy 100th birthday to this venerable institution! **YTT**

Ilene Rosen, MEd, C-IAYT, is an editor, writer, yoga therapist, and owner of Enlighten Yoga & Writing. She is currently coauthoring two books, one about following a comprehensive yoga lifestyle for better health, and the other about bringing yoga and mindfulness to preschool classrooms.

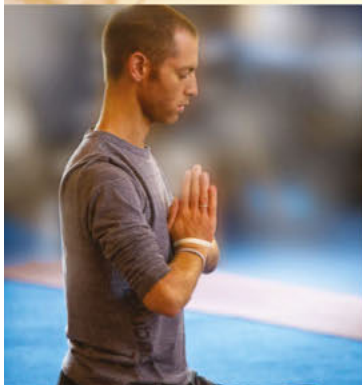
(continued on page 52)



ANANDA SCHOOL OF YOGA & MEDITATION®

Ananda

Certification Trainings for Body, Mind & Soul



Joy is what we live. Peace is what we share.
Training people to serve others for nearly 50 years.

Our Uplifting Environment Enhances Learning

- Located within a 49-year-old intentional spiritual community
- Ananda Village is on 700 beautiful rural acres
- Highly skilled and practiced instructors
- Practical, applicable career training
- Holistically addressing body, mind and soul
- Blend of ancient teachings with current scientific information
- Opportunities for self-exploration and growth



Certified Teacher Trainings

Exquisitely crafted trainings developed from yogic wisdom and presented with great care.

- Ananda Yoga® Therapy Training – accredited by IAYT
- Ananda Meditation® Teacher Training – online and in-person
- Restorative Ananda Yoga® Teacher Training
- Ananda Spiritual Counseling® Training



Trainings located at The Expanding Light Retreat in Ananda Village, in the beautiful foothills of the Sierras. Ananda is a worldwide spiritual movement based on the teachings of Paramhansa Yogananda.

Ananda Worldwide is the 2017 recipient of the UN Peace Award.

www.expandinglight.org



Yoga and Psychology Concentration Comes to Meridian University



In February, Eleanor Criswell, EdD, longtime IAYT board member, taught a prototype course, Yoga and Psychology, for Meridian University. The course was in preparation for the launch of the Petaluma, Calif., university's yoga and psychology concentration for its masters and doctoral programs. This track, which launches in September 2018, is designed for students who plan to become licensed to practice psychology with a yoga emphasis. Program cohorts will meet in the San Francisco Bay Area and Los Angeles. **YTT**

IAYT Team Grows



As part of IAYT's effort to provide a broader platform for engaging with members and increasing the visibility of yoga therapy, we've added to our communications team! Yoga therapists Ann Swanson and Tina Paul are working to help cultivate community, share constructive resources for members, and increase exchanges of information around yoga therapy through social media platforms including IAYT's Facebook pages (www.facebook.com/IAYT.org and www.facebook.com/SYTAR.org) and LinkedIn group (www.linkedin.com/groups/1612067). Their broader goal is to give YOU a voice in yoga therapy—and in IAYT. Ann and Tina are both graduates of the first cohort to receive a master of science in yoga therapy from Maryland University of Integrative Health. They invite you to share ideas and content that may be useful to members and the public. Please message them on the IAYT social media platforms or at social@iayt.org. **YTT**

An Educational Journey to India

By Lori Rubenstein Fazzio



In December 2017, 19 students from Loyola Marymount University journeyed to India to study yoga therapy as it is practiced there. The experience has forever touched our hearts.

Our tour started in Pondicherry, where we visited the home of Yogacharya Ananda Balayogi Bhavanani, MD(AM),* at the International Centre for Yoga Education and Research in the Ananda Ashram (above) and the Centre for Yoga Therapy, Education and Research in the Mahatma Gandhi Medical College (MGMC). Ananda is carrying on the Rishiculture Ashtan-

ga Yoga lineage as codified by his late father, Swami Gitananda, one of the fathers of scientific yoga.

For almost a decade I have been communicating with Ananda, and this meeting was one of the most special moments of my life. Words cannot describe the vibrant essence and wisdom this man exudes. Each moment we spent with him and his dedicated team inspired us on multiple levels. The groundbreaking work being done by these leaders in the field deserves international recognition. Their work includes bedside sessions and research at MGMC in collaboration with the departments of dermatology, gynecology, otolaryngology, pediatrics, and palliative care.

After a tour of the hospital and a day-long international conference, we participated in a *puja* (devotional ceremony) passionately led by Ananda at the Sri Kambaliswamy Madam where the *samadhis* (tombs) of eight gurus of the Ashtanga lineage are located and affectionately referred to as an "energy bank." The energy in this beautiful sacred ground is indeed powerful. One evening we attended a spectacular cultural performance by some of the children who study classical Indian dance, yoga, and Carnatic music, and another highlight of our time in Pondicherry included a *satsang* (spiritual discourse) with Ananda's mother, Yogacharini Meenakshi Devi Bhavanani.

Although many of us have been studying yoga for decades, nothing comes close to learning from one who has had yoga woven into every moment of his or her life since birth. It was truly an honor and an inspiration to be with them, and hopefully some Loyola students will be inspired to pursue further studies in residence.

Our next stop was to the Kaivalyadhama Yoga Institute in Lonavala, which was founded in 1924 and is one of the oldest yoga therapy centers in the world. Our visit was organized by Lee Majewski, MA, C-IAYT, founder of Yoga for Health Institute, which offers 3-week residential retreats for patients recovering after cancer treatment. The brilliant educational sessions included Yoga Therapy and Cancer with Lee, Pranayama and Philosophy with Sri O. P. Tiwari, and Yoga Philosophy in Yoga Therapy with Ganesh Rao, PhD. We visited their library, home to many original ancient texts, and spent time with one of their philosophical researchers, Dr. Rajeshwar Mukherjee. We also visited with Prof. R. S. Bhogal and his scientific research team, who shared historical and current research projects.

On our final evening we attended the nightly *aarti* (devotional ritual) with their spiritual leader, Swami Maheshananda. After 2 weeks of being generously gifted with so much love, wisdom, and knowledge, the advice of Swamiji to us as yoga therapists was apropos. He asked, "What is more important—how something is given or how it is received?" When we answered, "How it is received," he advised, "Then it is most important that you first practice receiving."

We received so much more on this trip than any of us could have envisioned. Yoga is experiential, and this experience highlighted so many ways in which yoga off the mat is the essence of yoga therapy. **YTT**

Lori Rubenstein Fazzio, DPT, PT, MAppSc, C-IAYT, is faculty in the master of arts in yoga studies program at Loyola Marymount University, clinical director of Yoga Therapy Rx, and owner of Mosaic Physical Therapy in Los Angeles.

***Editor's note:** Dr. Bhavanani will be a keynote speaker at SYTAR 2018.

(Member News continued on page 52)

NEW APPROACHES.

PROFESSIONAL
RESOURCES.

EFFECTIVE
SOLUTIONS.

Choose from these
upcoming workshops:

Yoga & Mindfulness for Emotional Well-Being

Healing for the 21st Century

Yoga & the Human Body

Yoga for Upper Back, Neck & Shoulders

Live Better in Your Body

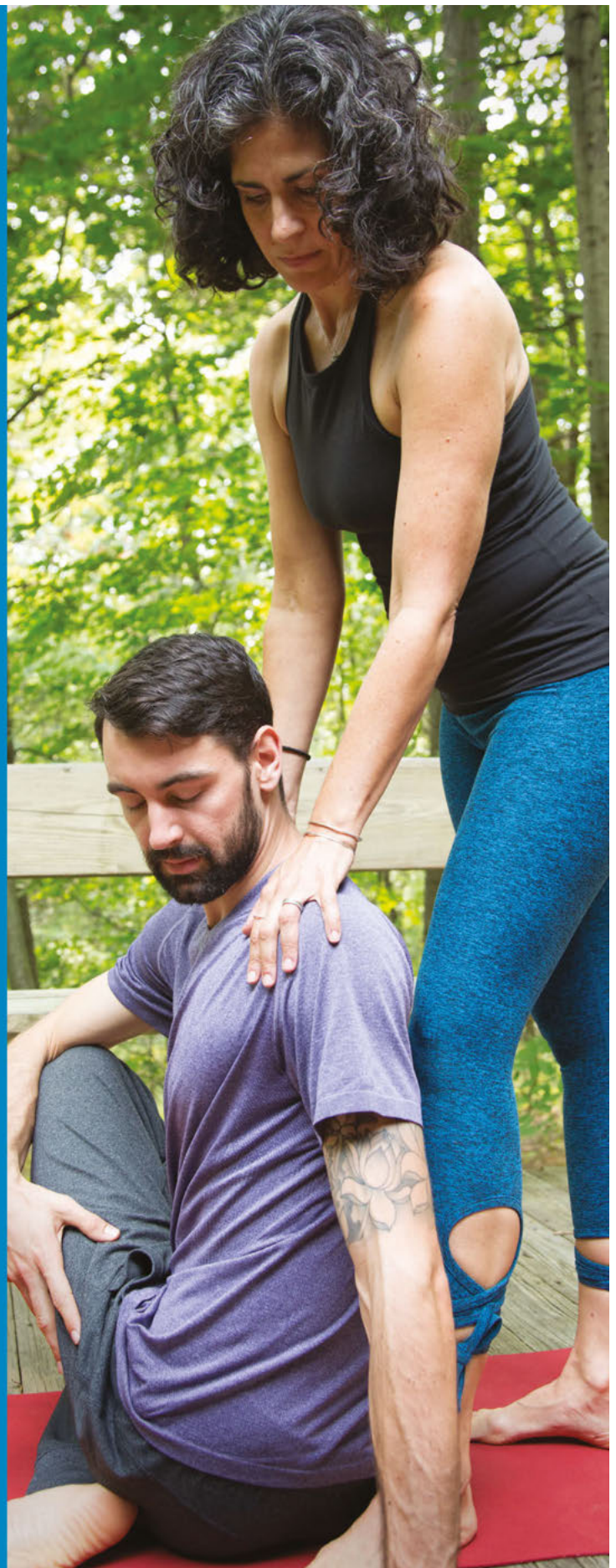
A New Look At Yoga

Yoga Therapy for Self-Care & Healing

Restorative Yoga Retreat

OMEGA

Rhinebeck, New York • Just 90 miles north of New York City
Explore more at eOmega.org or call 800.944.1001



Academy of Integrative Health & Medicine Annual Conference

October 22-25, 2017
San Diego



By Janese Killian

In late October 2017, evidence-based yoga therapy and practice debuted at the Academy of Integrative Health & Medicine (AIHM) conference. Over 1,100 medical and healthcare clinicians and researchers gathered for four days to honor the theme “People, Planet, Purpose.”

The AIHM has roots dating back to 1958 and is an interprofessional association of integrative clinicians, about half of whom are medical doctors who embrace a person-centered, team-based approach to healthcare. The academy partners with like-minded foundations, nonprofits, and corporations that align with its values. In 2016, AIHM began offering an interprofessional fellowship in integrative health and medicine for which yoga therapists may apply.

Thanks to IAYT encouragement, there were eight yoga therapy presentations and two well-attended morning practices of gentle, therapeutic yoga taught by Dr. Amy Wheeler, PhD, C-IAYT, and myself. Lois Steinberg, PhD, CIYT Advanced 2, C-IAYT, and Gwendolyn Derk, MD/PhD candidate, C-IAYT, hosted the session “Iyengar Yoga Therapy for Menstruation and Menstrual Disorders.”

Steinberg and Derk’s research over 20 years involving 200 participants in a study of asana for dysmenorrhea showed an overall improvement of 15% in physical and mental well-being. Attendees were guided through poses modified for menstruating women. For example, downward-facing dog (*adho mukha svanasana*) with hands elevated on blocks against the wall creates more space in the pelvis. Alternatively, using a strap around the top of the thighs to traction the legs back as the arms reach forward lengthens the abdominopelvic organs—including the uterus—and can relieve cramping.

In the grand ballroom Christopher Walling, PsyD, MBA, C-IAYT, a licensed clinical psychologist, gave a talk on “The Role of Yogic Meditation in Restoring Brain Function.” He shared evidence of the benefits of practicing yoga perhaps unfamiliar to healthcare professionals, such as balance in the autonomic nervous system, increased mood, reduced cortisol, and “direct neuroplastic effects on the brain with improvement in cognition.” *Kirtan kriya* was found to increase telomerase, enhance verbal memory and executive function, and reduce depressive symptoms. Walling encouraged healthcare professionals to explain how they could include yoga as a way to move from information to experience to help transform patient’s lives.

Carrie Demers, MD, ABIM, ABOIM, and medical director at the Himalayan Institute, opened the session “Yoga and Systems” with a history of “yoga therapy’s emergence as an evidence-based field of integrative medicine.” Her summary followed the growth of IAYT from its founding in 1989 to the establishment of a standards committee in 2009 and subsequent therapist certification and school accreditation.

Also included were overviews of “Treating Major Depression with Yoga” presented by Ashley Cochran, MS, and Sudha Prathikanti, MD; “Yoga Therapy for Cancer Patients” by Darla

Brown and Jnani Chapman, RN, E-RYT 500, C-IAYT; and “Operationalizing Yoga Therapy Programs During Treatment” by Tina Walter, BA, RYT 500, C-IAYT. The last talk was “Integrating Yoga Therapy into Inpatient Psychiatry Unit: Approach and Benefits” by Jayashree Pathak, MDDS, C-IAYT, PGDYTD, and yoga therapist for the Veterans Administration.

In all, yoga therapy was well-represented and well-received at the conference, in words and experience. B. K. S. Iyengar reminded us that “words cannot convey the value of yoga. It has to be experienced,” and to that end, the IAYT attendees successfully demonstrated both. This gives confidence in the future of yoga as an emerging field of integrative healthcare. Reflecting back, Lois Steinberg commented, “Having yoga therapy presented at AIHM for the first time was a terrific, groundbreaking experience. Given the medicinal benefits of Iyengar Yoga, it is amazing it took so long! The therapy session itself was wonderful, and we got positive feedback and made some connections with those who attended.” **YTT**

Janese Killian, ABD PhD, C-IAYT, teaches yoga therapy to yoga instructors for veterans and at the VA’s Aspire Center, a residential treatment facility in San Diego for veterans with PTSD. She teaches chair yoga to elderly memory-care patients, young musicians, and to members of the LGBT community with body dysphoria. Killian also sees private clients in her home studio.

International Conference on Frontiers in Yoga Research and its Applications

January 5-8, 2018
Prashanti Kutiram, Bengaluru, India

By Leigh Leibel

Hundreds of international delegates gathered at Swami Vivekananda Yoga Anusandhana Samsthana (S-VYASA) University, a premiere yoga research center in Bengaluru, India, for the 22nd INCOFYRA. This year’s theme was Integrative Oncology: The Future of Cancer Care.

Investigators from around the world shared compelling research suggesting mind-body practices such as yoga, meditation, deep breathing, and prayer that elicit the relaxation response (a physiologic state of deep rest) produce immediate changes in the expression of genes involved in immune function, energy metabolism, and insulin secretion. Activation of a protein called NF-KB (known to have a prominent role in inflammation, stress, trauma, and cancer) is also suppressed.

The implication is that cancer patients who practice yoga while undergoing the conventional treatments of surgery, chemotherapy, radiation, hormone therapy, and/or immunotherapy will more effectively manage treatment side-effects and may actually improve their clinical outcomes.

(continued on page 12)

Yoga Therapy Rx™

Celebrating 12 years and Over 700 Graduates



(Yoga Therapy Rx Level 1) 2017/18

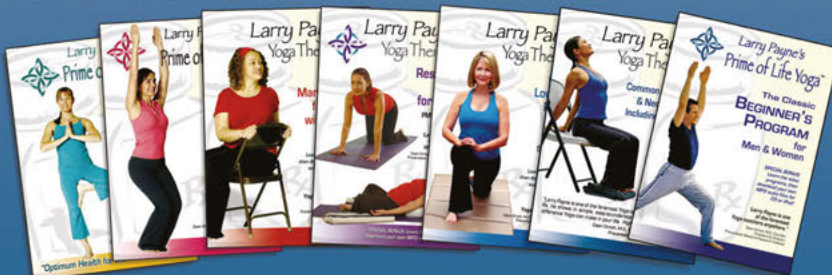
Certification through Loyola Marymount University New Clinical Mental Health Professional Development Course for C-IAYT's

Train to be a Yoga therapist with 30 of America's foremost health professionals including: David Allen, M.D., Robert Birnberg, CYT, Chase Bossart, CYT, Art Brownstein, M.D., D.Y.Ed., Julie Carmen, LMFT, CYT, Jnani Chapman, R.N., CYT, Christopher Key Chapple, PhD, Arun Deva, CYT, Fancy Fehser, RYT 500, Terra Gold, L.Ac., RYT 500, Eden Goldman, DC, RYT 500, Vikram Kamdar, M.D., Linda Lack, PhD, Lorne S. Label, M.D., Surendra Mehta, MBA, RYT-500, Richard Miller, PhD, Shiva Mohan, M.D., Rick Morris, D.C., CYT, Steve Paredes, D.C., CYT, Larry Payne, PhD, C-IAYT, Patti Quintero, E-RYT 500, Lori Rubenstein Fazzio, DPT, C-IAYT, Jamie Shaw, M.P.T., CYT, Norman Solomon, M.D., Matthew J. Taylor, PT, PhD, Eleni Tsirikas, CAS, PKS, Richard Usatine, M.D., Robert G. Watkins III, M.D., Amy Wheeler, PhD, C-IAYT

New Yoga Therapy Rx™ and Prime of Life Yoga™ Credentials program. Find an instructor near you at www.samata.com

Tools for Yoga Professionals

7 DVD's now available at [Samata.com](http://www.Samata.com). View video clips.



Yoga Meets Modern Medicine

LMU | LA
Extension



Larry Payne, PhD, C-IAYT,
Founding Director

Kathleen Ross-Allee, E-RYT500, YTRx-500C,
Managing Director

Lori Rubenstein Fazzio, DPT, C-IAYT,
Clinical Director

All four courses meet one weekend per month.
Option to take two courses simultaneously.

See full syllabus, bios, photos and testimonials at
<http://www.lmu.edu/Page13264.aspx>
or [Samata.com](http://www.Samata.com)
e-mail yoga@lmu.edu
or call **310-338-2358**
RYT-500 available from The Yoga Alliance

IAYT Accredited
Yoga Therapy Training Program

"Larry Payne is one of the pioneers in therapeutic yoga. He is a teachers' teacher, highly recommended."

—Dean Ornish, M.D.,
Founder & President
Preventative Medicine Research Institute

Samata.com



INCOFYRA inaugural ceremony

Presentation highlights included

- Manoj Bhasin, assistant professor of medicine at Harvard Medical School, explored gene expression in “Genome and Big-Data Driven Scientific Mechanisms of Mediation in Chronic Diseases.”
- Malvina Garner, a young physician from Germany, found changes in the brains of medical students after a 75-minute Hatha Yoga practice performed once per week over a 10-week period. She was awarded first prize for her oral presentation “Increase of Hippocampal Density After 10 Weeks of Hatha Yoga Measured by Structural MRI.”
- Dr. Sundar Balasubramanian, research assistant professor in the Department of Radiology Oncology at the Medical University of South Carolina, spoke of his being informed by pranayama techniques found in the ancient Indian text *Thirumanthiram* in “Stimulation of Salivary Biomarkers Following Pranayama, and the Use of Pranayama as a Potential Adjunct in Cancer Symptom Management.”
- Shirley Telles, MPhil, PhD, director of the Patanjali Research Foundation in Haridwar, India, discussed innovative methodologies regarding early detection of cancer through body awareness practice in “Yoga and Preventive Oncology: Exploring the Mechanisms.”

Strong research suggests yoga is interfacing with modern medicine at the gene level, and these findings are being translated into clinical practice. Certified yoga therapists who are specifically trained to understand the unique challenges of cancer patients and their families are being called in to work alongside oncology healthcare providers. The marriage of Eastern wisdom and Western science is gently nudging the traditional paradigm of oncology management toward a more holistic patient-care model.

The adage “treat the *individual*, not the *disease*” is a boon for us all. **YTT**

Leigh Leibel, C-IAYT, has a clinical practice at Columbia University Medical Center in New York City. She is a graduate student in yoga at S-VYASA University in Bengaluru, India.

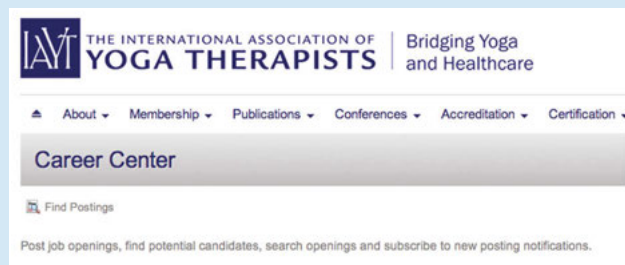
CAREER HELP—AND MORE!

IAYT is committed to advancing the field of yoga therapy and helping its members create meaningful, sustainable careers for themselves and their colleagues.

As part of this effort, we’ll be making our web materials more user-friendly in the coming months, but we’ve already got plenty of great resources to explore.

Did you know there’s a Career Center on IAYT.org where you can view—or post—job listings?

Find it under Membership on the top menu bar.



SPECIAL BENEFITS FOR MEMBERS

We have reached out to key organizations to partner with us in serving our membership. These organizations are providers of products and/or services that we believe can benefit yoga therapists. Each organization’s mission/vision is complementary to and supportive of our own mission.

They support our community as sponsors at SYTAR, or publish our members’ books, and are willing to provide high-quality opportunities at excellent rates to IAYT members.

IAYT will not, however, sell, lend, or share the membership list to any organization. IAYT members can be assured that their personal information will remain confidential. Each member is able to determine the information they wish to share on their profile and whether it will be shared only to IAYT administration, with other members, or to the public.

Find these organizations under Membership on the top menu bar on iayt.org; click on their logos to see the details of each partner’s offerings. We’re always adding new organizations to the list!



Mindful Yoga for Chronic Pain Professional Training

For yoga teachers and physical therapists

No prior yoga experience necessary.

Continuing Education credits available.

Join Jim Carson, Ph.D., and Kimberly Carson, M.P.H., C-IAYT, and a team of medical specialists, physical therapists and exercise physiologists to learn innovative applications of mindfulness and yoga practices for people with chronic pain.

In over a decade of clinical trials, this program has been shown to reduce pain in multiple chronic conditions. Training integrates meditation, breath work, postures and other yogic wisdom with Western medical knowledge.

September 23–29, 2018

Oregon Health & Science University, Portland
Register online at www.ohsu.edu/mindfultyoga

For more information,

email kimberly@mindfultyogaworks.com or call 503 245-9642.



Designing your own yoga practices online has never been so easy!



SequenceWiz

web yoga sequence builder

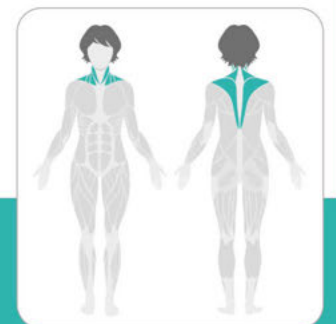
Create effective yoga practices online for yourself and your students using **customizable** stick figure images.

Utilize a huge database of yoga poses, a library of predesigned practices and exclusive video series.

Learn how to sequence yoga practices for maximum effectiveness from a weekly yoga blog.

START YOUR FREE TRIAL TODAY!

sequencewiz.org/sequence-builder



Try our unique "muscle lady" selection tool to get suggestions on poses that work best for specific body areas. Each option includes poses, reasons for using them and movement instructions. Just pick the one you want and drag it into your sequence.

The Science of Mantra

By Julie K. Staples

Mantra has been a principal aspect of many spiritual traditions for thousands of years and is widely practiced today. A study based on the 2012 National Health Interview found that 2.6% of the U.S. population—nearly 6 million people—practiced mantra meditation in their lifetime.¹

In *The Yoga Tradition*, Georg Feuerstein defines mantra as follows:

“A mantra is sacred utterance, numinous sound, or sound that is charged with psychospiritual power. A mantra is a sound that empowers the mind, or that is empowered by the mind.”

Research studies on mantra have provided insight into how mantra may work to “empower the mind” and benefit physical and mental health.

Mantra is thought to have its effects through the vibrations of the sounds. One way this may happen is by stimulating the meridian points on the roof of the mouth. Yogi Bhajan, who introduced Kundalini Yoga in the West, taught that there are 84 meridian points located on the hard palate of the roof of the mouth. Thirty-two pairs of points are located along the inside of the teeth, and 20 more points are located in a U shape on the central part of the palate. He explained that as we chant mantras the movement of the tongue stimulates these meridian points and directly affects the hypothalamus.² Meridian points on the roof of the mouth are also recognized in Chinese medicine.

Research has not yet been done on the stimulation of these points using mantra. However, studies have demonstrated the effects of mantra on the cardiovascular system, the brain, and factors that control gene expression. Mantra recitation has been shown to have beneficial effects for posttraumatic stress disorder (PTSD), depression, insomnia, and cognition. Mantra also decreases stress and anxiety, improves mood, and enhances spiritual connectedness. This research is reviewed below.

Mantra's Effects

Breath Rate

A study published nearly 20 years ago in the *British Medical Journal* compared the effects on respiratory and cardiovascular rhythms when participants recited either the mantra “om-mani-padme-om” or the Ave Maria (Hail Mary) in Latin.³ Reciting either slowed respiration to 6 breaths/minute. Electrocardiogram, blood pressure, and brain circulation measurements from the people chanting the mantra or reciting the Ave Maria looked the same. These outputs were very different than those from spontaneous breathing. The authors concluded that mantras may have beneficial effects on the cardiovascular rhythms simply because they slow the breath down.

To investigate whether the effects of mantra were due to slower breathing alone, Bernardi et al.⁴ performed another study examining differences in cardiorespiratory functions during a meditation using a silent mantra compared to slow breathing. One of the measures in

this study was chemoreflex sensitivity. (Chemoreceptors in the brain are responsible for triggering breathing via the chemoreflex response. When this response is too sensitive, shortness of breath and difficulty with exercise result, as is often seen in patients with chronic heart disease.) The results of this study showed decreases in chemoreflex sensitivity during the mantra meditation and strongly suggest that this benefit was due to the mantra meditation rather than slow breathing alone. In addition, participants with a long-term mantra meditation practice experienced other benefits including lower blood pressure, slower baseline breathing, and higher brain oxygen saturation. This research demonstrates that mantra has physiological benefits beyond just slowing the breath. But what do we know about its vibrational effects?

Mantra may work on a variety of levels including physical, cognitive, emotional, and spiritual.

Does Meaning Matter?

One study looked at the effects of chanting a real mantra compared to a “fake” mantra on the balance of the three *gunas*, the forces or qualities of nature: *sattva* (enlightenment), *rajas* (passion) and *tamas* (inertia).⁵ They also measured stress and depression. The “real” mantra was the *maha* mantra: “*Hare krishna hare krishna krishna krishna hare hare. Hare rama hare rama rama rama hare hare.*” The “fake,” or alternate, mantra was made up by the researcher and consisted of a theoretically meaningless combination of Sanskrit syllables having the same syllabic pattern: “Sarva dasa sarva dasa dasa sarva sarva. Sarva jana sarva jana jana jana sarva.” Participants were given japa beads and instructed to chant 3 x 108 rounds of the meditation daily (about 20–25 minutes of meditation total) for 4 weeks. To measure the balance of the three *gunas*, the researchers developed a Vedic Personality Inventory (VPI).⁶ The lead investigator generated 150 statements for each *guna*. These statements were designed so that someone dominated by that *guna* would be likely to agree with the statement. With the help of Vedic experts, these statements were narrowed to 30 for each *guna*. The final VPI had good internal consistency (a measure of reliability). There was also “encouraging evidence” for construct validity because there were correlations between individual *gunas* and standardized questionnaires expected to reflect the characteristics of the *gunas*. The VPI was administered following the 4-week meditation practice.

Those practicing the *maha* mantra had significantly higher scores for *sattva* and lower scores for *tamas* compared to those chanting the alternate (i.e., fake) mantra. *Rajas* scores were not significantly different between the groups. The researchers conjectured that because *rajas* may be considered an intermediate mode between *tamas* and *sattva*, some *tamas* transformed into *rajas* and some *rajas* transformed into *sattva*, resulting in a decrease in *tamas* and an increase in *sattva* while leaving level of *rajas* unchanged overall. It is difficult to accurately measure change in qualities as subtle as the *gunas* because the measurement is only as valid as the VPI;

however, the VPI has been tested for reliability and validity. Based on this assessment, the data suggested that the real mantra resulted in a more sattvic state than an alternate mantra. Depression and stress were also significantly reduced in the group that chanted the maha mantra compared to those that chanted the alternate mantra. Overall, the results of this study support the idea that the sound vibration and/or meaning of the mantra may be responsible for its effects given that the mantra that was made up by the researchers did not change the state of the gunas nor reduce stress or depression.

To test the theory that the sound of Sanskrit contains the meaning and has specific physiological effects, another study used verses of the Bhagavad Gita.⁷ Participants knew how to pronounce words in Sanskrit, German, Spanish, and French, but did not know the meaning of these words. They read the same verses from the Bhagavad Gita first in Sanskrit and then in one of the other three languages. Skin conductance was measured as a marker of stress, and brainwave function was measured using an electroencephalogram (EEG). The results showed that skin conductance decreased significantly when reading the verses in Sanskrit as compared to reading in the other languages, indicating a reduced stress response with the Sanskrit reading. Brain wave function showed increased alpha activ-

mantra brings the brain to a more “aware” state compared to repeating a routine phrase.

Specific Benefits

Mantra has been studied in various populations including military veterans. Many studies have been published on the use of a group-based mantram repetition program (MRP) in the Veterans Administration (VA) Healthcare System. The MRP allows participants to choose their own mantra, preferably one from a spiritual tradition. When MRP was included with usual treatment for PTSD, veterans experienced significant improvement in PTSD hyperarousal symptoms, depression, mental health status, and spiritual well-being compared to usual treatment alone.⁹ Veterans participating in the MRP also had significant improvements in insomnia.¹⁰ The MRP helped VA staff as well. Staff members reported a significant reduction in burnout-related exhaustion and troubled consciences about stressful events.¹¹

A study with healthy individuals at Duke University found that a 4-week daily practice of a mantra meditation resulted in significantly decreased stress, anxiety, and symptoms of psychological



ity (associated with relaxation and the lack of cognitive processing) during the Sanskrit reading compared to reading the verses in other languages. As in the above study with the fake mantra, these results support the importance of the sound vibration of the mantra.

One other study used functional magnetic resonance imaging (fMRI) to measure brain changes during two mantra meditations—from Acem and Kundalini traditions—and the recitation of a neutral phrase (“tables and chairs”) in moderately experienced meditators.⁸ The same parts of the brain were activated in the meditators with either mantra meditation, but different areas were activated while reciting “tables and chairs.” The areas of the brain activated during the mantras have a role in the awareness of body sensations, whereas areas activated during the word recitation are associated with language function. Therefore, we might conclude that reciting

distress while improving mood.¹² Mantra research has also been done with individuals experiencing cognitive decline and family caregivers of relatives with dementia. These studies examined the effects of Kirtan Kriya, a mantra-based Kundalini meditation. *Kirtan Kriya* includes recitation of a mantra, dynamic repetitive *mudras* (i.e., touching the thumb to each of the fingers), and a visualization. After practicing Kirtan Kriya for 8 weeks, family caregivers of relatives with dementia had significantly decreased depression symptoms and improved mental health and cognitive functioning compared to those listening to relaxing music.¹³

Another study found effects of Kirtan Kriya at the level of gene expression. Family caregivers of relatives

with dementia practicing Kirtan Kriya versus listening to relaxing music had decreased activity of factors that control proinflammatory gene expression and increased activity of factors that control gene expression related to antiviral function.¹⁴ These results suggest that the practice of this mantra-based meditation results in healthier immune function. To assess the effects of cognitive function in individuals with subjective cognitive decline, Kirtan Kriya was compared to a standard memory-enhancement training program. Significant improvement in memory was seen with both interventions, but only Kirtan Kriya showed significant improvement in executive function (mental processes for the control of behavior).¹⁵ Therefore, a mantra-based meditation may be at least as effective as standard treatment for cognitive decline.

Mechanisms of Mantra



Mantra may work on a variety of levels including physical, cognitive, emotional, and spiritual.¹⁶ Physically, brain changes have been measured during mantra recitation. Combined data from eight fMRI studies showed that mantra activates the regions of the brain responsible for generating and staying focused on a phrase.¹⁷ These regions include the motor control network and the pre-motor and supplementary motor cortices,

as well as the putamen. Mantra also activates an area related to speech, while areas involved in the processing and comprehension of sounds and language are deactivated. This deactivation is consistent with the idea that mantra is a tool for focusing attention but that the meaning does not have to be understood in order to have an effect, as illustrated in the study above with the Bhagavad Gita.

Cognitively, mantra can interrupt negative, anxious, or irrational thoughts. Adults with HIV who participated in the MRP described above reported significant increases in a positive reappraisal coping mechanism related to living with HIV while those who were not in the mantra group (the control group) reported decreases in positive reappraisal.¹⁸ In addition, increased positive reappraisal significantly accounted for (i.e., mediated) decreased anger.

Emotionally, mantra may work by the associative network theory based on the idea that words generate either positive or negative feelings. When mantra is paired with calm and peacefulness it becomes associated with positive memories that are more easily accessed when the mantra is repeated during stressful moments.¹⁶

Mantra may also connect us to our inner spiritual resources. HIV-positive participants of a mantra program reported significantly increased spiritual faith and connectedness, which is positively associated with quality of life and can be a valuable coping resource.¹⁹

The above studies demonstrate ways Western science has begun shedding its own light on what has likely been a core component of spiritual practice from humankind's earliest origins. Research supports the idea that mantra may have benefits through the sound vibration and meaning of the words and plays a role in improving cognitive function, depression, PTSD symptoms, cognitive function, mood, and spiritual well-being. As our understanding of this powerful modality deepens and grows, we may well find additional clinical applications—further ways in which this ancient practice can strengthen and heal the human body and mind. **YTT**

References

- Burke, A., Lam, C. N., Stussman, B., & Yang, H. (2017). Prevalence and patterns of use of mantra, mindfulness and spiritual meditation among adults in the United States. *BMC Complementary and Alternative Medicine*, 17(1), 316–1827.
- Bhajan, Y. (2003). Sound & mantra. In G. R. K. Khalsa, G. S. Khalsa, S. P. K. Khalsa, J. Ricker, & G. S. Khalsa (Eds.), *The Aquarian Teacher* (pp. 65–87). Santa Cruz, NM: Kundalini Research Institute.

- Bernardi, L., Sleight, P., Bandinelli, G., Cencetti, S., Fattorini, L., Wdowczyk-Szulc, J., Lagi, A. (2001). Effect of rosary prayer and yoga mantras on autonomic cardiovascular rhythms: comparative study. *The BMJ*, 323(7327), 1446–1449.
- Bernardi, N. F., Bordino, M., Bianchi, L., & Bernardi, L. (2017). Acute fall and long-term rise in oxygen saturation in response to meditation. *Psychophysiology*, 54(12), 1951–1966.
- Wolf, D. B., & Abell, N. (2003). Examining the effects of meditation techniques on psychosocial functioning. *Research on Social Work Practice*, 13(1), 27–42.
- Wolf, D. B. (1999). A psychometric analysis of the three gunas. *Psychological Reports*, 84, 1379–1390.
- Travis, F., Olson, T., Egenes, T., & Gupta, H. K. (2001). Physiological patterns during practice of the Transcendental Meditation technique compared with patterns while reading Sanskrit and a modern language. *The International Journal of Neuroscience*, 109, 71–80.
- Engstrom, M., Pihlsgard, J., Lundberg, P., & Soderfeldt, B. (2010). Functional magnetic resonance imaging of hippocampal activation during silent mantra meditation. *Journal of Alternative and Complementary Medicine*, 16(12), 1253–1258.
- Bormann, J. E., Thorp, S. R., Wetherell, J. L., Golshan, S., & Jang, A. (2013). Meditation-based mantram intervention for veterans with posttraumatic stress disorder: A randomized trial. *Psychological Trauma*, 21(5), 259–267.
- Beck, D., Cosco, H. L., Burkard, J., Andrews, T., Liu, L., Heppner, P., Bormann, J. E. (2017). Efficacy of the mantram repetition program for insomnia in Veterans with posttraumatic stress disorder: A naturalistic study. *Advances in Nursing Science*, 40(2), E1–E12.
- Leary, S., Weingart, K., Topp, R., & Bormann, J. (2017). The effect of mantram repetition on burnout and stress among VA staff. *Workplace Health and Safety*, May 1:2165079917697215. doi: 10.1177/2165079917697215. [Epub ahead of print]
- Lane, J. D., Seskevich, J. E., & Pieper, C. F. (2007). Brief meditation training can improve perceived stress and negative mood. *Alternative Therapies in Health and Medicine*, 13(1), 38–44.
- Lavretsky, H., Epel, E. S., Siddarth, P., Nazarian, N., Cyr, N. S., Khalsa, D. S., ... Irwin, M. R. (2012). A pilot study of yogic meditation for family dementia caregivers with depressive symptoms: effects on mental health, cognition, and telomerase activity. *International Journal of Geriatric Psychiatry*, 28(1), 57–65.
- Black, D. S., Cole, S. W., Irwin, M. R., Breen, E., St Cyr, N. M., Nazarian, N., ... Lavresky, H. (2013). Yogic meditation reverses NF-κB and IRF-related transcriptome dynamics in leukocytes of family dementia caregivers in a randomized controlled trial. *Psychoneuroendocrinology*, 38(3), 348–355.
- Eyre, H. A., Siddarth, P., Acevedo, B., Van, D. K., Paholpak, P., Ercoli, L., ... Lavretsky, H. (2017). A randomized controlled trial of Kundalini yoga in mild cognitive impairment. *International Psychogeriatrics*, 29(4), 557–567.
- Bormann, J. E. (2010). Mantram repetition: A “portable contemplative practice” for modern times. In T. G. Plante (Ed.), *Contemplative Practices in Action* (pp. 78–100). Santa Barbara: Praeger.
- Fox, K. C., Dixon, M. L., Nijeboer, S., Girn, M., Floman, J. L., Lifshitz, M., ... Christoff, K. (2016). Functional neuroanatomy of meditation: A review and meta-analysis of 78 functional neuroimaging investigations. *Neuroscience and Biobehavioral Reviews*, 65, 208–228.
- Bormann, J. E., & Carrico, A. W. (2009). Increases in positive reappraisal coping during a group-based mantram intervention mediate sustained reductions in anger in HIV-positive persons. *International Journal Behavioral Medicine*, 16(1), 74–80.
- Bormann, J. E., Gifford, A. L., Shively, M., Smith, T. L., Redwine, L., Kelly, A., ... Belding, W. (2006). Effects of spiritual mantram repetition on HIV outcomes: a randomized controlled trial. *Journal of Behavioral Medicine*, 29(4), 359–376.



Julie K. Staples, PhD, is the Research Director at the Center for Mind-Body Medicine and adjunct assistant professor at Georgetown University. She teaches online courses for yoga therapists and yoga teachers on the science of yoga (www.awarenesstechnologies.net). She is author of *Reclaiming Life After Trauma, which teaches Kundalini Yoga and cognitive behavioral therapy tools to heal PTSD*.



REGISTER NOW!

Sivananda Yoga Health Educator Training (800 hours)

Apply classical Yoga teachings to empower others in their own self-healing

MODULE 1: **Oct. 26–Nov. 10, 2018**

MODULE 2: **April 12–27, 2018**

MODULE 3: **Sept. 13–28, 2019**

+ distance learning + mentored practicum

Sivananda Institute of Health & Yoga

46 YEARS OF SERVICE IN NORTHERN CALIFORNIA!

Yoga Health Education 2018

Chronic Pain

Weekend Intensives: Aug 25–26; Dec 7–9
 Five-day Retreats: Mar 11–16, Sept. 16–21
 Teachers: Sw Sivasankariananda, Dr Anthony Lopresti, Avon Manney

Diabetes and Weight Management

Weekend Intensives: Sept. 28–30
 Five-day Retreats: June 10–15
 Teachers: Dr Suprabha Jain, Mary Thompson, Dr Stephen Lewis, Karuna Devi

Stress Management

Five-day Retreats: Aug. 12–17, Dec. 2–7
 Teachers: Sw Dharmananda, Rudra Manohara

Cancer Wellness

Five-day Retreats: April 8–13
 Teachers: Dr Suprabha Jain, Alan Kaye

Doctor and Nurse Yoga Retreats

Five-day Retreats: March 16–18, June 15–17, Nov. 30–Dec. 1
 Teachers: Dr Suprabha Jain, Sw Jnaneswariananda

Sivananda Ashram Yoga Farm

14651 Ballantree Lane, Grass Valley, CA 95949

530-272-9322

www.sivanandayogafarm.org

Study Ayurveda with Vasant Lad, M-ASc

Our Ayurvedic Studies Program is more than 30 years old and is a beautiful, academically rigorous, personally transformative journey! First-year students earn an **Ayurvedic Health Counselor (AHC)** certificate and second-year students earn an **Ayurvedic Practitioner (AP)** certificate. They study Sanskrit, philosophy, pulse diagnosis, how to use nutrition as a kitchen pharmacy, herbology, marma therapy, body therapies, pathophysiology, Ayurvedic Jyotish and more.

Continuing Education, professional and personal development options, include weekend seminars, webinars and week-long intensives that people come back to year after year. If you are looking to further your practice and your own personal journey, give us a call at Ext. 126 and let's talk about options!

OUR 2018 SUMMER INTENSIVES

Introduction to Ayurveda:
 Exploring the Science of Self-Healing | June 15–21

Pulse, the Music of Life: Guided Practice in Ayurvedic Pulse Assessment | June 22–28

Hands on Healing with Marma Chikitsa, Vital Energy Point Therapy | June 29–July 5

Building a Spiritual Practice That Includes Health, Healing and Wholeness | July 6–12



Vasant Lad, M-ASc, BAM&S, M-ASc

Call (505) 291-9698 or visit Ayurveda.com



The Ayurvedic Institute
 Albuquerque, NM



Professional Development

Building the Business of Yoga Therapy

*“What you can do, or dream you can, begin it,
Boldness has genius, power, and magic in it”*

Each professional profiled here evokes, in her own way, poet John Anster’s translation of Johann Wolfgang von Goethe. Regardless of how they were prompted to begin—a lifetime of yogic practice influencing ambitious vision, skilled service shaped by family example, or close-to-home injury experience coupled with bold collaboration—each identified a need and dove in. These therapeutic ventures may look nothing like mine, or probably yours, but we can all benefit from their insights.

Likewise we all hope to improve the quality of life our clients enjoy, a pretty big dream when you think about it. And we all know, hopefully from experience, that big dreams aren’t impossible simply because of their scale—so here’s wishing each of us inspiration, motivation, and the sustaining commitment of tapas.

—Laurie Hyland Robertson

LINDA LANG

Envision Fearlessly



Linda Lang, C-IAYT, became a yoga teacher in 1999, dedicating her efforts toward therapeutics. The potential partnerships between yoga and medicine guided her 8-year career at the George Washington University (GWU) Center for Integrative Medicine and continue to inspire and inform her work as clinical instructor in the Department of Psychiatry and Behavioral Sciences at GWU’s School of Medicine and Behavioral Sciences. Her experience includes management consulting, coordinating major national events (starting with the White House Conference for Handicapped Individuals in 1977), entrepreneurship, and organizational development. Lang serves on IAYT’s advisory council and directs Therapeutic Yoga of Greater Washington. She also works closely with Laura Kupperman’s Impact, Income, and Growth initiative. Lang is creating the first regional directory of therapeutic yoga teachers and therapists in the Washington, D.C., area and a Physician’s Advocacy Council for Yoga Therapy.

The Beatles brought Maharishi Mahesh Yogi to the United States in 1967. I was 13 years old, and my awareness changed forever: I discovered the language of hope through the philosophy of yogic thought and action. Yoga became one with the meaning of life and has sustained me ever since.

For most of my young life, I was a student of Hatha Yoga, satisfied to practice and educate myself since I lived in a small southern town far from teachers or studios. (I was not even aware that people used yoga mats and didn’t own a mat until 1993, when my Iyengar teacher shamed me into using one.) I took my first teacher training in 1996, almost 30 years after my first practice. Being a dedicated student for three decades made me the teacher I am today. I grew up on yoga; it shaped my philosophy of life and love, and this is what eventually drew me into teaching. Yoga provided the lens through which I see the world and others and through which I see and relate to the Unknown and Unknowable.

In the 1990s I flowed from Iyengar to John Friend, whose therapeutic intensives were brilliant, insightful, powerful, and memorable. By 2002, after a lifetime of practice and inquiry—I was 49 years old—I was drawn to Swami Satchidananda’s perspectives on yoga for cardiac care, as well as Doug Keller’s genius for comingling ancient texts with functional anatomy, and immediately embraced therapeutics. This is where the seeds of “yoga as lifestyle medicine,” the field that is now my focus, were planted.

At the age of 50, teaching yoga became my full-time profession. Eleven years later, I created the first national collaboration between a museum and the therapeutic yoga community with “Yoga: The Art and Science of Transformation,” which led in 2017 to another Smithsonian event, the “Yoga as Lifestyle Medicine Symposium.” This was groundbreaking work for the worlds of museums and yoga therapy. Pulling major national events together seems to come naturally to me, so as I matured into yoga teaching, merging the two was irresistible.

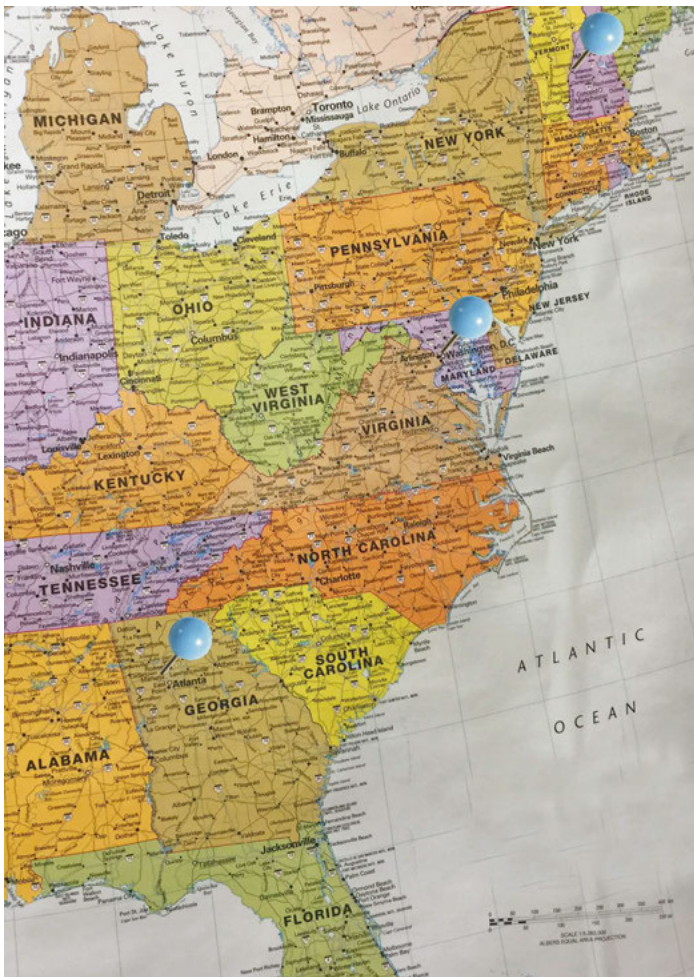


Illustration by Ken Wilson

My advice for those starting in yoga therapy now is to create a business plan. A big one. Identify what you wish to achieve, prioritize it, and then narrow your focus. This is called envisioning. Also, pay attention to relationships that arise along the way—each and every one of them. Find a mentor, partners, and peer groups, but choose them carefully. Our work is lonely, so find colleagues to support you and make a point of supporting them. Reach out as readily as you reach in.

The future of yoga therapy is a matter of mastery that will require extraordinary organization: national boards, qualitative evaluation, required supervision, ongoing mentorship, regional organization, and local institutes to which we can all belong and where we can study together and flourish. In my vision, local institutes would be designed for ongoing peer support, supervision and mentorship, and continuing education. These institutes would bring us together, moving beyond virtual meetings and online support platforms, to help us return to healthy face-to-face interactions and real community building. In these ways it will become easier to honor the imperative to hold ourselves to the same kinds of standards and evidence of competency as other healthcare professionals.

In short: Promote the field, promote yourself, promote your colleagues. Let your good works speak for themselves *and* give voice to the profession. Create advocates among medical professionals and healthcare practitioners. The future of yoga therapy is in physician advocacy: When doctors awaken to the potency as well as the scientific evidence of our work, we will become seen and known. **YTT**

DENISE COX

Yoga for Special-Needs Populations



Denise Cox, C-IAYT, E-RYT 500, RYPT, is vice president of sales and marketing for Fit Bodies Inc. She began her teaching career as an ACE master athletic trainer. Denise has been teaching yoga classes for more than 10 years at resorts throughout Mexico and the Caribbean. She specializes in a therapeutic practice for special-needs populations.

Cox's work with Great Prospects Inc. includes classes to enhance motor skills, impaired movements, and coping mechanisms. She lives in Marietta, Georgia.

As an athletic trainer I understood anatomy, muscle balance and imbalance, strengthening, and conditioning. However, the more I listened to my clients, the more I realized I did not have the tools to work with the mind-body aspect. My clients dealing with chronic pain and stress-related issues prompted me to enter my first 200-hour training, and I continued on to complete yoga therapy training.

My mother exemplified *seva* (selfless service) to me by taking care of my disabled father, a cancer survivor, for 30 years. I stepped forward to serve and be involved with a charity called Great Prospects in early 2016. The charity was in need of assistance with online presence in social media and website development. My first meeting opened my eyes and heart to help fulfill their motto of “opening doors for individuals with disabilities” and opened a door to a new chapter in my life.

I volunteered to help at one of their monthly social dances, where participants are dealing with many types of developmental disorders including autism and Down's syndrome. I watched the young-adult participants move on the dance floor and observed imbalances from muscle rigidity, shortened muscles, and lack of fluidity, as many of the participants were also dealing with cerebral palsy. I could not let go of contemplating how yoga could help these people, so I approached the director with a plan of action.

My yoga therapy practice has now evolved to working with individuals with special needs who usually come to me through referrals or my website. I am active on social media and continuously work to add new content and keep up with search-engine optimization to ensure that my site comes up on the first page for web searches in my area.

Each new client can present challenges I have not previously addressed, and every class I teach is a new learning experience. After my first class, I worried that I had not connected in any way with the participants, most of whom were likely listening but did not make eye contact. I've since discovered that classes will not be quiet, but full of emotions and fun. Laughing yoga has been very well received; if I arrive and the energy level is extremely high, I will start with laughing yoga to bring the energy of the class together. Then it's possible to chant and begin a more traditional practice.

From my very first day, I realized that classes with special-needs students would not be anything like what I had prepared or hoped to teach. The poses also will not take on the form you may have envisioned. I thought that more than 10 years of experience teaching children and adults of all ages would have well prepared me—I was wrong! I learned quickly, though, and I want to share here a few key lessons for those considering a similar path:

- Each participant will likely have a particular way he or she wishes the mat to be laid out, a color of mat for the day, and a fellow student he or she would or would not like to be next to. I found that an unexpected 10 minutes can lapse quickly during setup.
- All professionals teaching in this environment should have completed seizure training.
- Touch could be problematic, so do not assume participants are okay with being touched. As familiarity builds, this may change, but in my experience personal space is appreciated.
- Leave your music at home. Hypersensitive hearing is common within the autism spectrum. Even the softest music may have negative consequences.
- Standing poses will require assistance. Verbal cues will not compute in many cases: Picture teaching a class in a language foreign to the participants. You will be demonstrating, then—hopefully, with an assistant's help—showing students by pointing to where their feet should be on the mat.

Sharing my love of yoga with these participants is a humbling experience, as they come with no fear or judgment. I encourage each of you to seek out a special population to work with in your yoga therapy practice. Both you and your participants will mutually benefit from the relationship. **YTT**

KYLA PEARCE

Listen, Collaborate, and Build the Plane While Flying



Kyla Pearce, MPH, CBIS, RYT-200, PhD candidate, serves as senior director of the LoveYourBrain Yoga program, overseeing the design, implementation, and evaluation of the program on an international level. Pearce has blended her expertise as a yoga teacher and researcher to develop a curriculum centered on traumatic brain injury (TBI)

that she trains yoga teachers and clinicians to deliver through workshops across the United States. She is pursuing a doctorate from Dartmouth College with research interests in the application of yoga and meditation for therapeutic purposes.

My formal training began in 2014, when I traveled to Dharamsala, India, for Ashtanga and Vinyasa Yoga teacher certification. Although I had completed a range of supplementary trainings in other lineages, I believe my real training began when I started working directly with the TBI community through the LoveYourBrain Yoga program. My husband, Adam Pearce, and his brother, Kevin Pearce, established the LoveYourBrain Foundation following Kevin's severe TBI from a snowboarding accident while training for the 2010 Olympics.

Kevin's injury brought home to us all how many people affected by TBI are plagued by intense isolation and disempowerment. Programs for rebuilding community and resilience for healing are lacking. Because TBI is often invisible, many people don't get the support and understanding they deserve. So, I led the development of the LoveYourBrain Yoga program, a free 6-week series that integrates pranayama, gentle yoga, guided meditation, and group discussion based on the science of resilience.

Although I'm not technically trained as a yoga therapist, through our program I've taught many groups of people with TBI and their caregivers to use yoga to direct their healing process, leading to improvements in strength and balance, stress management, and community connection. Nearly 1,000 people from the TBI community have participated in our program in 28 partner studios across North America since 2015. So, my yoga therapy practice has blossomed into a program that has come quite a long way from its inception!

My work focuses on three main areas. The first involves teacher training and mentorship, which also includes integrating new content and teaching methods into our teacher trainings based on feedback from the previous training (we offer six/year) and fielding calls with teachers leading our program across the country to talk through and provide guidance around any challenges that have arisen in their series. The second is primarily monitoring and evaluation, which includes analyzing data to understand our program's impact on participants' quality of life, resilience, positive affect, cog-

niton, and emotional and behavioral regulation and then using this information for outreach presentations at clinical facilities and advocacy organizations. Within this area, I also lead research collaborations, including a current qualitative evaluation of our program curriculum, to contribute to the evidence of yoga's potential benefits and limitations for TBI rehabilitation. The third area of focus is that of managing program sustainability and expansion; I oversee a talented and committed team of three other women, each of whom brings unique and critical skills to effectively maintaining the quality of our existing program and meeting our goals while harnessing opportunities for expansion. (We aim to make LoveYourBrain Yoga available in all 50 U.S. states by 2020.)

We do a tremendous amount of outreach to generate awareness among the TBI community about our local programs. About 40% of people who sign up are referred by clinicians specializing in TBI rehabilitation. We host in-service presentations at clinical facilities and present at meetings like the Brain Injury Association's annual state conferences to engage clinicians and other TBI advocacy organizations. We also have established a network of volunteers we call "clinical connectors"—clinicians working in TBI rehabilitation who have agreed to raise awareness in their health services about LoveYourBrain Yoga. Partnering with health professionals is critical to the sustainability and expansion of our program.

A major obstacle we face, however, is balancing inclusion and cohesion. Brain injury is incredibly heterogeneous: It can be caused by trauma, stroke, anoxia, tumors, degenerative disease, or some other reason. These various causes can have overlapping symptoms, such as challenges with cognition, balance, and psychological distress. Although we want to be able to serve as diverse a population as possible—and certainly the need is there among people suffering from all types of brain injury—we also need to maintain strict eligibility criteria to ensure the safety of participants, so our program is currently only open to people who have TBI and not other forms of brain injury. Maintaining a focus on TBI is helpful for building a community of people who can relate over shared experiences. Also, I feel strongly that yoga teachers need to be highly knowledgeable about the injury that they are working with to effectively tailor their classes, and the diversity in the etiology and effects of different types of brain injury make it too challenging for us to train yoga teachers to become experts in all types.

My advice is to not be afraid to build the plane while flying it. If we had been determined to have everything go perfectly as we developed and implemented our program, we never would have gotten anywhere. Instead, we've learned to listen to and collaborate every step of the way with key stakeholders—participants, health professionals, and TBI advocates—so that we're continuously refining our program to better serve our population. I encourage yoga therapists to see their mistakes as learning opportunities and to look for ways to partner with those they serve so that their voices can be heard and their perspectives can inform the decisions to be made.

YTT



YOGA TUNE UP® TRAININGS

THE ART & SCIENCE OF SELF-CARE



Why Yoga Tune Up®?

- Innovative movement therapy based on biomechanics
- Bridges the gap between yoga, fitness, pain management, and healing/recovery
- Breaks down the nuts and bolts of human movement using anatomical awareness, conscious relaxation, and proper breathing techniques
- Learn to think and teach outside the box to deliver consistent therapeutic benefits to your students

Continuing Education Programs

- Level 1 Certification
- Shoulders Immersion
- Hips Immersion
- Breath & Bliss Immersion
- Core Integration Immersion
- Integrated Embodied Anatomy
- The Roll Model® Method
- Therapy Ball Trainings

Yoga Tune Up® is an approved continuing education provider for Yoga Alliance and other professional groups.



Optimum Health for Mid-Life and Beyond

Upcoming Trainings with Larry Payne, PhD:

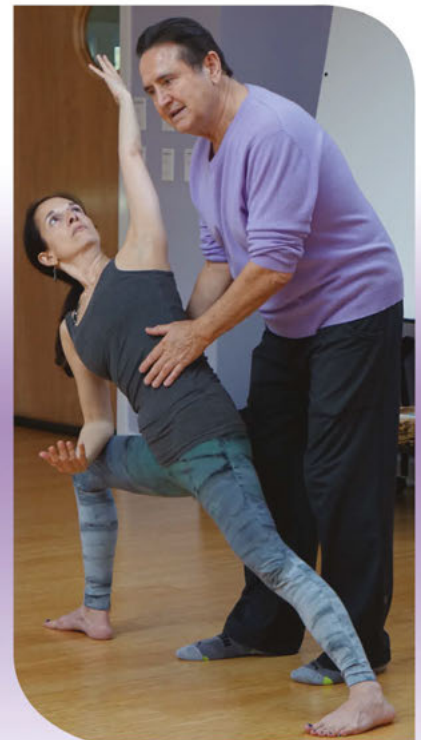
- Level II May 9–12 2018 Los Angeles, CA, Samata International Yoga & Health Center
 - Level I June 2–5 2018 Princeton, NJ, Princeton Center for Yoga & Health
 - Level I July 7–10 2018 Encinitas, CA, Soul of Yoga
 - Level II November 3–6 2018 Princeton, NJ, Princeton Center for Yoga & Health
 - Level 1 Spring 2019 Austin, Texas, Yoga Yoga
- *It is possible to take level II before Level 1

Counts towards Professional Development Courses for C-IAYTs, Yoga Therapists, Yoga Teachers and serious students

The Majority of Yoga classes in the US are some form of flow Yoga, chair Yoga or restorative Yoga until now. Reach over 120 million adults with over 40 teachings inspired by Sri TKV Desikachar.

Online:

New Introductory POLY course at Yoga Glo
<https://teachertraining.yogaglo.com/courses/18>
 Award winning POLY DVD's on line at pollinate.life
<http://www.samata.com/21-day-guided-yoga-program-app>



For information on all courses
info@samata.com or
Samata.com

Key Distinctions to Help You Grow Your Business

By Laura Kupperman

Is there a difference between standing up and mountain pose? Between sitting still and meditating? Or how about a difference between simply breathing and pranayama? Of course there is! But to an untrained observer who is not yoga-savvy these distinctions might seem trivial, or even nonexistent. As yogis, though, we know that the subtleties that distinguish one thing from another actually make a huge difference—the difference between something being potent and impactful versus simply consuming time and space.

Well, the same is true with how we run our businesses. There are some important distinctions that, once we understand them, help us to work more efficiently and make a bigger impact. If we are not well-versed in business, these key distinctions might initially appear meaningless or nonexistent—the way mountain pose looks a lot like just standing upright to the untrained eye.

In my experience as both a certified yoga therapist and long-time career and business coach, I've noticed some key distinctions that many yoga professionals overlook or misconstrue. By better understanding the terminology and concepts below, you can build a stronger foundation upon which your yoga therapy business can flourish.

Distinction 1: Marketing vs. the Four Sectors of Your Business

To get the most out of this conversation, we need to start with marketing. Many people use the term “marketing” as a catch-all phrase to describe any and all activities related to building or growing their yoga business. The corollary behavior is to *only* focus on marketing to make sure your business is operating smoothly. While it's true that marketing is crucial for any business—unless you are blessed with a year-long waiting list—in reality you'll need to pay attention to four key sectors to be successful. And this isn't a matter of semantics; it's a matter of understanding the framework you need to be using to make the kind of impact you want to make.

The four sectors I invite you to start paying attention to are

1. Sales: what you're selling and how you're selling it.
2. Marketing: how you make people aware of what you're selling.
3. Service: how you deliver the thing that you're selling.
4. Management: how you manage yourself, your team, and the administrative components of your business.

So before you jump into the marketing phase, make sure that your sales sector is primed to rock. Do you feel great about what you're selling (e.g., offerings that help address a pain point) and to whom you're selling it (your niche/target market)? Is everything priced intelligently and reflective of the true value?

The best marketing in the world can't compensate for a poor or nonexistent sales strategy or for an offering that nobody needs. You will just end up spinning your wheels without gaining traction. And even if your sales, marketing, and service are all on point, if you don't attend to your practice management, you will likely end up burned out and exhausted.

It all matters, so start paying attention to the whole recipe, not just to a few select ingredients.

Distinction 2: Business Model vs. Strategy

This one is actually pretty easy to understand, and if you've ever heard the acronym KISS (let's define it as, “Keep it simple, sweetie!”), you can apply that concept here.

Your business model, at its most basic level, describes how you are going to make money, whereas your strategy speaks to the “how” and “why” that will get you there. That's it. Do you know what your business model is? Do you have a strategy to get there?

A great place to start is a one- to three-sentence business model and a high-level strategy of similar length. Remember: KISS!

Example of a business model: I am a yoga therapist specializing in yoga for diabetes and other lifestyle diseases who offers private sessions, workshops, and retreats. To reach my impact and income goals I need to teach eight private sessions per week, two workshops per quarter, and one retreat per year.

A solid strategy will help you reach your goals. So using the business model above, an example of strategy could be: I will cultivate great relationships with other healthcare practitioners so that I receive referrals for private sessions; partner with well-aligned studios to host my workshops; and provide a steady stream of free but valuable content to grow and nurture my email list so that I will have participants to fill my retreats.

As a service provider you are holding a flashlight, which can only point in one direction at a time. If you are focusing the light on yourself, the people who need your support are left in the dark.

Distinction 3: Strategy vs. Tactics

If strategy is the intelligent, high-level plan to help you reach your goals, tactics are the targeted action steps you take to implement your plan. In my experience, it's a common trap for people to leap into tactics without having a strategy in place first or without being certain of their business model; this can result in lots of busy-ness without much progress.

Following on the examples above, if your business model requires you to schedule eight private sessions per week and your strategy involves getting referrals from other healthcare practitioners in town, then the tactics would include what you would do to connect with the healthcare practitioners and position yourself as someone they would want to refer others to. So your tactics might include

1. Talking to friends about the healthcare practitioners they use, and asking for introductions to potential partners.
2. Building your presence and participation on LinkedIn with a focus on connecting with more local practitioners.
3. Researching on- or offline to find like-minded local

practitioners, and contacting them with an invitation to take them out for tea so you can learn more about what they do and see if there is the potential for mutual support and referrals.

Here is what happens when we jump into tactics without having laid the groundwork:

- **Tactic:** I think I'm supposed to be using social media to grow my business, so I'm going to create a business page on Facebook and start posting there every day.
- **Result:** Crickets. You get little engagement and few comments, and there is no effect on your business. The effort does nothing to boost your referrals from healthcare practitioners.
- **Problem:** The tactic is not connected to a strategy or in service to your business model. You have no idea what to post, where, or why; it's like throwing darts at the sky and being surprised when you don't hit a target. *There must be a target.*
- **Solution:** The takeaway here is that your action steps—your tactics—should always be associated with a bigger “why.” Why are you posting on social media? What are you trying to achieve? And how is what and where you are posting helping you achieve your goals?

These questions should always be answered *first* to set yourself up for the best possible outcome.



Distinction 4: Promoting Yourself vs. Offering a Solution

I'll be honest, friends, this one falls under my “pet peeves” list, as I am not yet evolved enough to be peeve-free. I've often heard people say that although they “love teaching yoga,” they “hate promoting themselves” and therefore find it hard to grow their businesses.

Here's the truth: Promoting *ourselves* is not part of the job description, plain and simple. (That should be a relief, right?) We are NOT selling ourselves, nor are we selling our résumé of certifications. (Here's a little truth-bomb: 99% of your potential clients have no idea who any of your teachers are, and frankly, don't care.) The reality of the situation is that nobody actually cares about YOU. What they care about is how THEY will FEEL as a result of being with you. What they care about is the opportunity for transformation—for reduced suffering—that you are providing them. What they care about is that their back feels better so they can play with

their grandkids again, or sleep at night, or whatever relief they are seeking.

And yes, *of course* your clients need to feel safe with you and have enough trust and affinity for you that they can relax into a healing experience, but first and foremost should always be that we offer solutions. In fact, we probably should be concerned if the client seems more interested in us than in the solution, because it may mean that transference is happening.

To paraphrase one of my business mentors, Marie Forleo: As a service provider you are holding a flashlight, which can only point in one direction at a time. If you are focusing the light on yourself, the people who need your support are left in the dark. Your energy and messaging should always be client-focused, rather than self-focused.

So the next time you start panicking about “promoting yourself,” I invite you to reframe the situation, point your flashlight outward, and be 100% focused on how you can provide a solution to those who already need your help.

Distinction 5: Reading this Article vs. Taking Action

Just as we need to regularly practice new yoga techniques in order for them to be helpful, it's crucial to start practicing some of what you just read if you want it to be helpful in your business. It's not enough to read and run.

My guess is that at least one of these distinctions resonates with you strongly, and I invite you to keep it foremost in your mind for the next few days. Jot down your thoughts, ponder ways to make a shift while you go for a hike, stay open to new ideas and opportunities, and then make a commitment to take action.

Your action plan might include steps like these:

1. Review what is and isn't working well in your business.
2. Have a brainstorming session with a business friend or colleague.
3. Write down new goals in ALL sectors of your business—and the action steps required to complete them.
4. Create a new strategy for how you engage with social media.
5. Formulate a strategy for connecting with other practitioners.
6. Brainstorm one more time about whether there is anything else you could be doing that is appropriate for your situation.

Most of all: Be patient with the process. If business and entrepreneurship are new to you, it's natural for things to feel strange or challenging at first, just as a balancing pose might be hard for someone who is new to yoga. Trust that the results will be worth it! As you become more savvy in your business, you will be able to make a bigger impact and find financial stability—ideally, with greater ease and enjoyment. **YTT**



Laura Kupperman, C-IAYT, has been a career and business coach since 1999, helping health and wellness professionals launch and grow their businesses. She is also on the faculty of Inner Peace Yoga Therapy and is the creator of online business courses for yoga therapists. Connect with her at laurakupperman.com.

Integrative Medicine and the Northwestern University Faculty Scholars Program

By Amy J. Wheeler and Avanti Kumar-Singh

The popularity of integrative medicine and complementary medicine approaches continues to rise in the United States. Northwestern University is one of many educational centers around the country that is taking steps to help bring these approaches together with mainstream treatments in a safe and effective way. And this is good news for the field of yoga therapy. A 2016 *Yoga Journal* survey states that approximately 36 million Americans are currently doing yoga—but an estimated 86 million more are willing to try it!

As the popularity of yoga continues to rise, however, so too do the injuries resulting from yoga practice. We can suppose that many physicians would love to recommend yoga to their patients as a form of stress reduction and stress resilience, especially if they were confident that they were recommending a safe and effective practice.

Imagine for a moment: You are in the exam room with your doctor and she takes out her prescription pad, writes quickly, tears three sheets from the pad, and hands them to you. The first two are medication refills and the third is a referral to a certified yoga therapist.

Western physicians increasingly have patients in their exam rooms asking them about the benefits of integrative and complementary therapies and how to combine them with their allopathic treatment. However, in our experience a fair number of physicians are not prepared to speak knowledgeably to their patients about such widely varied therapies.

The Osher Center for Integrative Medicine at Northwestern University offers an opportunity for physicians to learn more about integrative and complementary medicine through its Faculty Scholars Program (FSP). This 10-month interdisciplinary program provides selected faculty with an opportunity to explore the theoretical principles, clinical practices, and evidence related to complementary and integrative therapies. The faculty scholars meet one Friday per month for sessions that highlight integrative approaches to particular health issues and focus on understanding biomedical and psychosocial processes within the context of clinical applications.

FSP participants are also required to design individual curriculum, research, or clinical service application projects of their own passion related to integrative health. One current scholar, for example, is an anesthesiologist specializing in pain management who practices in a low-income area. She realized that her patients weren't getting better just from pain medications and injections. Many had depression and anxiety after experiencing chronic pain for years, with consequently diminished quality of life. The anesthesiologist realized she had to do things differently and began counseling patients on mind-body practices. She has since seen greater improvement in her patients and now wants to develop a program that specializes in group visits for mind-body education/intervention. Her new program would include breath, meditation, and

movement (yoga) as well as nutrition counseling (food as medicine), so she was excited to learn about ayurveda and yoga therapy.

The FSP recently offered a full-day meeting that was spent exploring systems of traditional healing, including ayurveda and yoga therapy presentations by the authors of this article. The first presentation was given by Avanti Kumar-Singh, MD and ayurvedic practitioner. The scholars learned the basics of ayurveda and how ayurveda allows us to approach various health problems based on doshic imbalances. Through this framework, the five elements and the ayurvedic principles of “like increases like” and “opposites



reduce” were discussed and applied to a case study. The second presentation was given by Amy Wheeler, PhD, C-IAYT. It featured the definition of yoga therapy, scope of practice, methods of assessment for yoga therapy, and sample treatment plans. The physicians learned how asana, pranayama, and meditation could be integrated with conventional treatment to help patients, adding another layer of healing.

We received excellent feedback from the physicians who attended the FSP. This led naturally to these questions: What needs to happen to bring yoga therapy to even more hospital systems and healthcare providers? And what is the yoga therapists’ “call to action” so that we can grow our field?

1. The good news is that there is more research proving the effectiveness of integrative approaches for common medical issues. Books like *The Principles and Practice of Yoga in Health Care* can aid yoga therapists who would like to share research with healthcare providers, and resources such as those on yogamate.org are increasingly available.
2. Yoga therapists can start by teaching group yoga classes in healthcare settings. This will give the yoga therapist the proximity to connect with healthcare providers and introduce them to the differences between yoga and yoga therapy. Every good journey starts with a good relationship. We are the pioneers of the field of yoga therapy, and our



job is to educate those in the healthcare field and the general public about what we do.

3. C-IAYTs can write articles, blog posts, vlogs, and more to educate the general public about yoga therapy. This in turn will drive the market. The more patients who ask their physicians for yoga therapy, the more physicians will have a desire to learn about integrative and complementary medicine approaches.
4. Yoga therapists need to educate themselves about the IAYT Educational Standards, the IAYT Scope of Practice, client assessments that are unique to the field of yoga therapy, and the pros and cons of licensing in the field of yoga therapy. We need to be able to talk about these issues with clarity and confidence to healthcare providers.
5. The changing nature of the U.S. healthcare system right now makes this time ripe for the emergence of yoga therapy in this country. What may appear to be dissolution in some areas of healthcare can make for opportunities in others.

We know that yoga therapy works. And we know that when people experience yoga therapy, they find empowerment and healing. So let us use this time to further our goals together. Let's continue to bring the message of yoga therapy into allopathic medicine as complementary care. **YTT**



Amy J. Wheeler, PhD, C-IAYT, is a professor of kinesiology at California State University. She is president of the IAYT board of directors and has helped organizations such as the National Ayurvedic Medical Association set standards for yoga therapists. Wheeler (www.AmyWheeler.com) is founder and director of Optimal State of Living Programs, which provide both yoga and yoga therapy trainings.



Avanti Kumar-Singh, MD (www.avantikumar-singh.com), is the co-lead facilitator of the Faculty Scholars Program in integrative healthcare at the OSHER Center for Integrative Medicine at Northwestern University in Chicago. She is currently training to become a certified yoga therapist. Her first book, Ayurveda for Everyone, is forthcoming.

Yoga Therapy International (YTI)

ACCREDITED YOGA THERAPIST TRAINING
in Chennai, India & Vancouver, Canada

for RYT 200 Yoga Teachers



Maggie Reagh, YTI Founding Director

Master Yoga Therapists from East and West

Learn with Yoga Therapists from India and North America, specialized in Krishnamacharya-based practices including breath/chanting/meditation and restorative/alignment/asana-centered therapies



Maggie Reagh
Yoga Philosophy,
Chanting & Ayurveda



Viji Vasu
Bhagavad Gītā
& Meditation



Neil Pearson
Physical Therapy
& Chronic Pain



Jane Courtney
Western Medicine



DV & Radha Sridhar
Yoga Sutras & Chanting



Danielle Schroeder
Counselling Psychology

Intensive Format for Students from around the Globe

Each intensive term is followed by practicums at home, plus a case-study research paper.

Term 1: 10 Weeks Vancouver

Term 2: 6 Weeks India

Term 3: 7 Weeks Vancouver

IAYT Accredited, 1000-Hr, Certified Yoga Therapist (CYT) Diploma Program

Text: 604.505.3390

yogatherapyinternational.com

ROUNDTABLE DISCUSSION

The Role of Assessments in Yoga Therapy

Our conversation on March 7, 2018, made clear that musculoskeletal and other assessments are being handled differently in different settings. Overarching all is an imperative to ourselves practice wise discrimination and honed awareness while seeking ways to unify the profession. Research requires objective measures, which can be at odds with client agency and goals. And what about specialization and holism? In what we hope to be the first of many diverse conversations, our panelists weigh in on all of these topics.

This discussion has been condensed and edited for clarity. All participants had an opportunity to review the text before publication.



Moderator: Marlysa Sullivan, MPT, C-IAYT, is an assistant professor in integrative health sciences at Maryland University of Integrative Health. She is adjunct faculty at Emory University in the doctor of physical therapy program and co-founder of the Center for Integrative Yoga Studies.



Lori Rubenstein Fazzio, DPT, PT, MAppSc, C-IAYT, is faculty in the master of arts in yoga studies program at Loyola Marymount University, clinical director of Yoga Therapy Rx, and owner of Mosaic Physical Therapy in Los Angeles.



John Wallman, DC, started practicing yoga in 1973. He is a doctor of chiropractic specializing in exercise physiology and nutrition. He is president of the Diagnosis Foundation and cofounder of YogAnalysis, a program promoting assessments in all branches of yoga.



ally impaired.

Sonya Chapnick, C-IAYT, has taught for over 20 years. She graduated from the LMU YTRx program and is currently a senior mentor for the interns at Venice Family Clinic. Her specialties include managing chronic pain and stress for older adults and the visu-

Marlysa Sullivan (MS): Our intention today is to create a dialogue around different approaches to assessment and to have a conversation about how our scope of practice shapes our assessments, which then inform our interventions. I thought we could start with each person giving a brief idea of how they do assessment and the philosophy behind their approach.

Lori Rubenstein Fazzio (LRF): In my private practice, if someone comes to me with a musculoskeletal problem, I put on my PT hat to go through that assessment, and then I integrate the yoga therapy aspect. Some patients don't have a musculoskeletal complaint, but, say, have hypertension or stress, and in those cases I usually spend my time on what I consider yoga therapy assessment. So I am separating them out even though I know they're both aspects of a whole. In those cases I might not do a full physical assessment because my focus would be more on stress management; if I do incorporate asana, I would assess the physical through asana.

At Loyola Marymount University, Dr. Rick Morris, who is a chiropractor, and Larry Payne have created something called the Morris-Payne evaluation, which is extensive. In the chronic pain clinic [one of LMU's practicum sites], there is no time to do all of that, and the patients, most of them, can't move. So we created a condensed version that includes the subjective intake and some of the physical assessment including range of motion, balance, and strength testing. The breath assessment is an observation of breath, as well as the "om test"—length and quality of the exhale. We really condensed the Morris-Payne evaluation to make it feasible for the clinic environment, and we include a bit of assessment through asana as well. We also include a *panchamaya* assessment.

I think I take for granted my physical knowledge as a PT and how much I am physically assessing that I am not even aware of. When I'm working with my students, I realize that they actually *do* need to know this. They can get stuck because they don't have that fundamental movement analysis to keep people safe.

My yoga assessment background is in the *panchamaya* model, so if it's an *annamaya* problem, is it *vijnanamaya* feeding that? Is it *manomaya* feeding that? I integrate the *gunas* a lot. I know some of the students are using Amy Wheeler's Optimal State of Living [OSOL] assessment, which is great, but I don't have a formal assessment; I will instead draw out a diagram and talk through it with clients.

John Wallman (JW): I come from a clinical background at an integrated facility where we have dozens of doctors and many different professions. I am also president of the Diagnosis Foundation [DF], where we are trying to promote objective assessment in a range of fields. We do assessments of body, mind, spirit, social, and environmental factors and then we set up a program in one field or another—yoga, golf, Cross-Fit . . .

In the initial phase of training, we start with individual components of testing—in the body realm, this means we measure muscle strength, joint ranges of motion, and so on. In the next phase of training, we go to complete body movements—functional movements—so yoga poses, twisting, jumping, running . . . Then in the

third phase of training we focus on assessing and developing extent: maximum range of motion, power, speed. We use the acronym ICE—individual, complete body, and extent.

Our yoga body assessment program has 108 different tests; we look at each major joint, measure range of motion in every direction, measure individual muscles for strength. We do a little bit of work currently where we look at functional movements using 3D motion capture. We have our yoga clients come in monthly and do a set of tests on them. And then we come up with corrective actions and a customized yoga program for them; we refer them to a yoga therapist or a yoga instructor who will work with them for the month on improving the abnormal results. The next month we retest the abnormal findings; if they have got those normalized, we go onto another set of assessments, and another set of corrective actions and yoga poses to do or not do, and variations to add to each of their yoga poses so they can get stronger on those abnormal findings. We continue on like that until all individual components are normalized. And then we move on to do assessments on the yoga poses where we are pushing for extent.

LRF: I do assess sleep and circadian rhythm quite a bit. That's something we can create a validated tool for.

Because I am not an ayurvedic doctor, I can't do a dosha assessment, although I do integrate it as in whether I think someone has, for example, a vata imbalance. But I am fully aware that a little bit of knowledge is dangerous because the vata imbalance might be pushed by too much pitta. I use blood pressure, oxygen saturation; sometimes I use biofeedback for muscle relaxation and assessing muscle tension. I use sound for breath assessment and insight. Again, it is very subjective, but it gives me information on chakras as well as core stability and breath for autonomic nervous system assessment. I do a lot of conversation about stress and what clients believe are the causes of their issues and what their goals are. For body awareness, I use visualization, like a focusing yoga nidra, really looking inside and getting an understanding of what that person's nervous system is believing about their body.

As one example, I had a class recently where they were all doing a squat—so you would think it's a physical assessment—and three people could not do a squat without their feet coming off the ground. But for each one it was a different reason. For one person it was core strength—she held a weight out in front of herself and then she could squat. As she was doing that, the discussion was on what she was observing within herself. She came back the next day and said she'd realized that her thoracic pain was coming from her self-esteem issues, and that was her core—all of that came out of a "physical assessment." There's a lot of intuitiveness, and I don't know how you duplicate that . . . So my inquiry to put out there is, "How do we take that type of stuff and make it a reproducible assessment?"

Sonya Chapnick (SC): From my perspective, assessing comes from first the breath, then moving through the panchamaya model, and then I add other tools: the Morris-Payne evaluation or the OSOL chart—a visual representation of the gunas—or a quality-of-living assessment. The approach is dependent on the setting.

For instance, I have a focus group of older adults. I have them put a sticker on the OSOL poster at the beginning and end of each class so that I get a general idea of where the group is as a whole. It

also helps them cultivate their own awareness of where they are in the present moment, just in the course of one class. Throughout the semester I do brief range-of-motion testing and breath assessment that can generate a metric for them to notice from the beginning of a 12- or 14-week course to the end what kind of improvement they saw—not just in their breath, not just in their body, but also in their state of mind. I ask them several specific questions about how they are—what they're feeling, if they're under a lot of stress, or if they have particular worries.

The other setting where I work is in the visually impaired environment at the Braille Institute. I can't give them a piece of paper or have them look at something. So I have very specific questions about where they are in the moment. Again bringing them to a place of cultivating their own internal experience and hopefully creating a space where they can access more awareness—from a physical perspective, from a breath perspective, from the choices they're making from the mind, from what their decisions are, and how they are moving through their life, and then what is bringing them joy. But again, at the beginning of the class, I will have them let me know how they are, so I'm documenting where they are in the moment. Whether it's a word or phrase or something that's occurred, because a lot of times they have difficulty even just getting there, let alone reporting their body mechanics because of how they're carrying their cane, or holding their dog, or even bumping into walls.

In the clinical setting—the Venice Family Clinic [for LMU]—I use the modified Morris-Payne evaluation and again work from breath and range of motion and measure where they are progressing, what they are relaying through their words, and how that's impacting them—moving through to a state of balance. Going from wherever their discomfort might be, or their level of stress, or where they are assessing themselves, and how I am assessing them and shifting to bring them towards balance, that place of ease and that sattvic state and hopefully cultivating the opposite of whatever their imbalance is.

MS: I want to get back to the idea of reductionism versus holism, but I am also interested in how you see the unique perspective of yoga therapy in reference to other health professions. You have all spoken to the kosha model, and John, you spoke of the biopsychosocial-environmental model. What do you think the place of yoga therapy is, the intention, that is distinct to our field and our profession?

JW: I really love the idea of defining yoga therapy via yoga as union. Compared to any other healthcare profession in the West, in particular, it's inherent in yoga therapy to take into account everything. So even though we might be starting with the body, the mind and connection with spirit and consciousness—and with the rest of the universe—is built right into it. The client is an active participant; that's a fundamental difference that sets yoga therapy apart from anything else.

MS: How does that relate to your idea of assessment and bridging something that is more granular, like individual muscle function and range of motion, to the more holistic and fluid idea of biopsychosocial-environmental and union?

JW: The basic concept we have over the door is, “Where are you, where do you want to be, and how do you get there?” If where you want to get is union, where are you starting? We so often hear the phrase, “Well, just listen to your body” . . . We’re helping people to learn where they are, to deal with where they are, to feel what that muscle feels like. So if you tell them to move this way or that way, and they’ve never connected with that muscle, it’s really hard for them to “listen.” So it helps them to find out where they are, and then they know where they are trying to go so they can map out a path to union.

MS: Lori, what is the place for this kind of musculoskeletal assessment within the greater biopsychosocial-kosha-guna model?

LRF: I see yoga and yoga therapy as distinct. Panchamaya falls within yoga therapy because we are really dealing with *prakriti*—we are dealing with that which is always changing. Versus in yoga we are focused on disidentifying with that which is always changing and connecting with that which is never changing (*purusha*). Which fits really nicely into John’s three questions; we can go there, into effecting change towards union, in yoga therapy.

There is something really valuable in always going back to that concept, because what I am concerned about is yoga therapists who kind of specialize. Some are annamaya-focused and some are more manomaya-focused, and I am afraid of the reductionist approach. And at the same time, to become a master of *all* of those, first we have to know *within ourselves*—and young students are graduating without the yoga experience. When you become an engineer, you learn the skills, and you graduate, and you go do it. I don’t think yoga therapy is like this—this is the problem with it.

So while we talk about finding the right assessments and how to do all these things, there’s an underlying piece of where *is* the person? I don’t think we can just teach a bunch of skills and assessments . . . that loses the essence of yoga therapy—where we are and how we see ourselves. So when you ask how you integrate that musculoskeletal piece, I get it, students need to do it—and, what happens then if they go do that and they are missing the bigger picture?

MS: Sonya talked about the breath but then going into the other koshas. And, Lori, you mentioned when something in annamaya kosha is driven by something in vijnanamaya kosha. Is there a starting point that is more holistic that can then go into any of the koshas?

LRF: That’s exactly how I’ve wrapped my head around teaching this. So I might look at this trajectory as progressing from the most gross to the most subtle. The most gross is usually the most accessible, and it’s what brings most people to yoga therapy. So start in annamaya. Understand a little bit about the doshas, understand the physical body and anatomy, and then we can talk about the breath, which is another element that’s more concrete.

And then dealing with our mind. I am always trying to help students in the clinic discern whether they are going into psychotherapy or can they bring this back to yoga. And I don’t know any assessments for that. I don’t think that borrowing the validated psychology questionnaires is the best idea for us as a profession. But I don’t have an answer.

SC: It is also important to remember that it all depends on each person, what approach we might use. So when you are trying to assess, and figure out is it more annamaya or manomaya, and to identify where are they coming from, it depends on where they are. Maybe they’re not having a connection with what’s going on physically, or they’re so depressed, or stuck in their particular perspective.

So, it depends on the goal—what’s the person’s goal for coming to you? And then through the assessment sorting out what is it they’re looking for, listening to what they’re revealing—either through body language or how they’re speaking—and it also fills in the picture of where their protocol might evolve.

JW: I wanted to ask Lori about what she is doing with the sleep assessments, particularly in regard to stress assessment and biofeedback. Because anything that’s objective and harder for the patient to intentionally or unintentionally modify from where they really are is that much more valuable. I try to steer away from questionnaires as much as I can because it is just too easy to manipulate them.

LRF: There’s a biofeedback tool that may be in the realm of what you do at the DF. I am on the waitlist for this new biofeedback unit that a patient can wear—it’s for heart-rate variability [HRV] and is an objective tool. Something like that really could tap into the power of what yoga therapy can do with the autonomic nervous system, which we’d suspect would help with inflammation, with cortisol levels . . . Until now these things have been mostly in the realm of research.

As far as sleep, basically I compare the ayurvedic clock versus the modern understanding of circadian rhythm and all the different stimulating hormones and the timeframes during which they are supposedly output. What ayurveda has been saying for years is matching what’s being found now. The pancreas is most effective from 10:00 to 2:00; if you eat later, you may be more at risk for developing diabetes. Ayurveda says that 10:00 to 2:00 is pitta time, which is optimal for digesting food. I will look at what time they are waking up. And what’s waking them up. And give them practices to support healthy sleep. For example, if they are waking up during vata time and their mind is always going, I give them something to quiet the vata, and—sure enough—they sleep better. So I look at the quality of their sleep, the time of their sleep, their sleep patterns—sleep hygiene.

MS: Some yoga researchers have emphasized the importance of including subjective client reports and using mixed methods such as phenomenological approaches. But we know that objective measures don’t always line up with subjective reports of function, pain, or quality of life. How do we find this balance between utilizing subjective and objective measures? Objective measurements are great—but just because someone has full strength, stability, or range of motion, or good HRV doesn’t mean they have a good quality of life, can function the way they would like, or that they are happy, peaceful, or have less pain. What do you think about the importance of subjective measures?

LRF: I’ve always relied on quality of life. I am finding that most quality-of-life assessments are long and cumbersome, and a lot of patients don’t want to fill out more forms. Now I am starting to look

into tools that look at perception because that's where the suffering will change.

MS: What kinds of tools do that?

TRF: It's still questionnaires about how they perceive, and body awareness questionnaires . . .



SC: Oftentimes as a yoga therapist we have these options for quality of living and asking questions, but being able to fine-tune our own attention and awareness to hear what each person is explaining or how they are presenting themselves is key. We are responsible for helping them be self-empowered and to learn what their perspectives are. Moving forward in that way is really powerful—to have them be able to identify where their *samskaras* are and if their *samskaras* are impacting on a physical, mental, or emotional level. It's our job as yoga therapists to hold that space for clients and to facilitate that discovery.

JW: So the patient will tell you where they're coming from and what perspective they're interested in by the terms they use? And yes, it seems like meeting the patient where they are is essential, so it doesn't help to be talking about ranges of motion with someone who is coming to you talking about emotional issues. If by some convoluted pathway, range of motion ends up being the cause behind that emotional issue, you have to make that path obvious to the patient.

SC: As Amy Wheeler often says, "Meet them where they are, but give them what they need." You're not telling them how you're seeing them. You have to work with what they want *and* what you

know might be helpful to move them in a particular direction, toward balance.

JW: Marlysa mentioned that some of the goalposts that people are striving for are subjective goals, so how do you use objective assessments to arrive at subjective goals?

MS: That's a great question. How do you do that?

JW: Well you have to see that connection there in the first place. What the whole pathway is to get there. And unfortunately in the field there are still few places where there are objective tests. In the body and in the environment and to some degree in social interactions, there are objective questions, but once you get into the mind and the spirit . . . the mind is much tougher to measure objectively, much less the spirit—where there isn't yet good agreement on what constitutes the spirit and what's a healthy spirit. There's a long way to go.

TRF: Integrative medicine physician Myles Spar says that the annual checkup with a physician is a waste of time. Because no one actually changes; it's the same conversation every year: "You need to eat healthier, you need to

exercise." He realized that it should be a check-in. Which goes toward what we do with yoga therapy, with subjective conversations. Spar says it really is about purpose—identifying the patient's purpose.

So for example, a lady who shows up each time overweight, hasn't changed, once we can help her identify what her purpose is—say she wants to play with her grandchildren—then we can say, well, what do you need to get there? Which goes back to John's three questions: Where are you? Where do you want to be? And how do you get there? So, okay, you're going to have to be able to get on and off the floor, you're going to need range of motion, and you're going to need strength, which means you're going to need to lose weight, which means you're going to need to eat healthier . . . Helping them see why they're doing it, and not just because the doctor said, "This will keep you healthy."

MS: I like this idea of a link between the active participation of the client and objective measurements that can help us make tangible the abstract, subjective dilemma of the client.

TRF: Dr. Ananda [Bhavanani] has 12 yoga therapy assessment tools, which the Gitananda lineage has been using for a long time. It's

extensive and comprehensive. Something like that would really help. You don't have to use all of the assessments but can choose which are appropriate for each client. A doctor doesn't do every possible assessment. You use your clinical reasoning skills to discern what is appropriate for this client, and you might add things later on.

Most people's perception is that yoga therapy involves doing asana, *and* we're trying to educate them beyond that: Yes, asana is part of it, and there are all these other things. And since it's a new field, the more cohesive the message of what yoga therapy is can be, at least to the medical world, the better chance we have of succeeding as a profession.

SC: And as a complementary modality that goes very well with those other modalities.

JW: The one thing I would love to see and where yoga therapy is in a good place to take the healthcare lead is in this area of, "Where do you want to be?" And goals identification. Because that is going to drive, like Lori was saying, what tests you do. In the world of education, a fundamental strength is conveyed when you have alignment of your goals with what you teach and what you assess. It's the same in healthcare. You must know what the patient's goal is. Otherwise, if you don't care what you hit, it doesn't matter which way you aim. With yoga by its nature being fundamentally about union with the universe, you could really help patients clarify their goals, and this could be a major change in healthcare.

LRF: I've talked with Dr. Spar about this, and I know that the World Health Organization is working on a concept like this—getting yoga therapy into primary care for stress management. So that when someone gets their diagnosis from the doctor they can get help with how they are receiving it. And how do they even manage to regulate their system that just got this information? Really, I would love to see that as a role for yoga therapy—perhaps as a coach in the primary care office who can do exactly what you are saying, to help the client with their goals, considering their state of health at that stage.

SC: As IAYT becomes more standardized and solidifies its credentialing process, to have something consistent across the board would be very helpful. As yoga therapists we have discernment, which allows us to use all these different tools in our toolbox, but is there some overall way of bringing consistency? That's why this beginning discussion is so helpful, and it will be amazing to see how we progress as a field and separate ourselves from the other therapy worlds and create something that is actually very distinct.

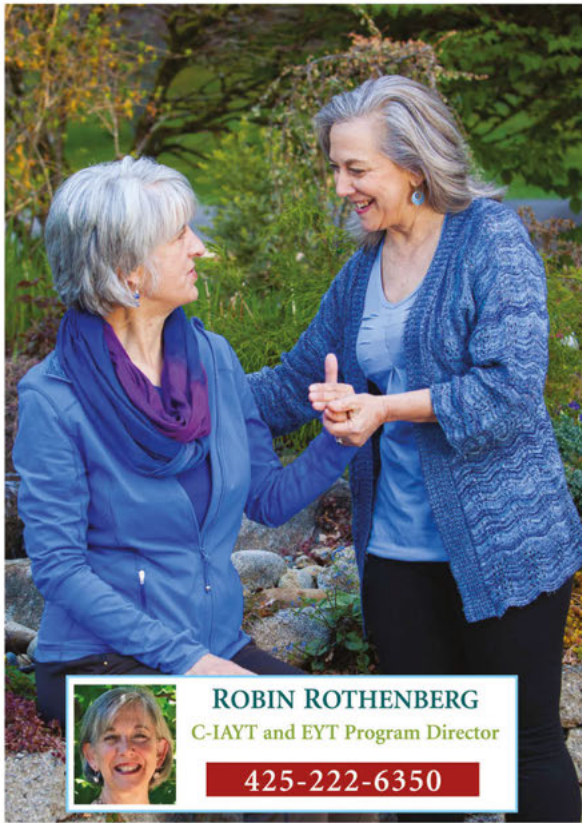
JW: So what we choose as our consistent point becomes even more important. If we choose that we're new-age PT with a little bit of meditation thrown in, that's really going to pigeonhole yoga therapy. But if we choose to aim for a large scope of practice right now, for union, or something approaching that concept of union . . . How much larger can we get? **YTT**



Professional Yoga Training Programs



Professional Yoga Teacher Trainings Minnesota	SomaYoga Therapy and Therapeutic Yoga Intensives
<p>200+ Hour Therapeutic Focus Yoga Teacher Training 2018-19 DULUTH MN STARTS 10/5/18 <i>enroll by 7/30/18 & SAVE \$200</i></p> <p>+350/500 Hour Teacher Training/Level 1 Yoga Therapy Dual Certification 2018-19 ST. PAUL MN STARTS 10/18/18 <i>enroll by 8/6/18 & SAVE \$200</i></p> <p>1000 Hour/Level 2 Yoga Therapy Certification 2019-20 DULUTH MN STARTS 3/30/19 <i>enroll by 12/15/18 & SAVE \$500</i></p>	<p>SomaYoga Therapy & Somatics Intensive 2018 Oct. 19-21 • St. Paul, MN Nov. 9-11 • Toronto, Canada</p> <p>SomaYoga Therapy & Somatics Clinical Techniques 2018 Oct. 21-23 • St. Paul, MN Nov. 11-13 • Toronto, Canada</p> <p>Therapeutic Approach to Classic Asana 2018 Nov. 9-11 • St. Paul, MN</p> <p>Teaching Yoga for Stress, Anxiety & Depression 2018-19 Nov. 16-18, 2018 • Toronto, Canada Feb. 8-10, 2019 • St. Paul, MN</p> <p>SomaYoga Therapy Techniques for Massage Therapists 2019 Jan. 25-27 • Duluth, MN</p>
 <p>For all Trainings, Intensives & Workshops: YogaNorthDuluth.com</p>	
<p>Yoga North ISYI Internationally Known » Locally Loved</p> <p>Minnesota Training Locations: Duluth » Yoga North ISYI St. Paul » Tula Yoga & Wellness</p> <p>YogaNorthDuluth.com » 218-722-9642 —established 1995—</p> 	



ROBIN ROTHENBERG
C-IAYT and EYT Program Director

425-222-6350



Essential Yoga Therapy

NEW FORMAT OPEN TO RYT200s

A rigorous three year program with over 1000 hours!
Next Foundations of Yoga Therapy begins Spring 2019

EYT Provides:

- > A rich foundation in yoga philosophy as it relates directly to healing
- > Integrative application of ayurveda for physiologic and emotional health
- > In-depth study of fascial anatomy and the keys to structural yoga therapy

Develop the knowledge and skills to match your passion!
Become an EYT Yoga Therapist!

Visit www.eyt.yoga



Add Ayurveda To Your Yoga Therapy Credential

AYURVEDIC HEALTH COUNSELOR (AHC)
Begins February, 2019

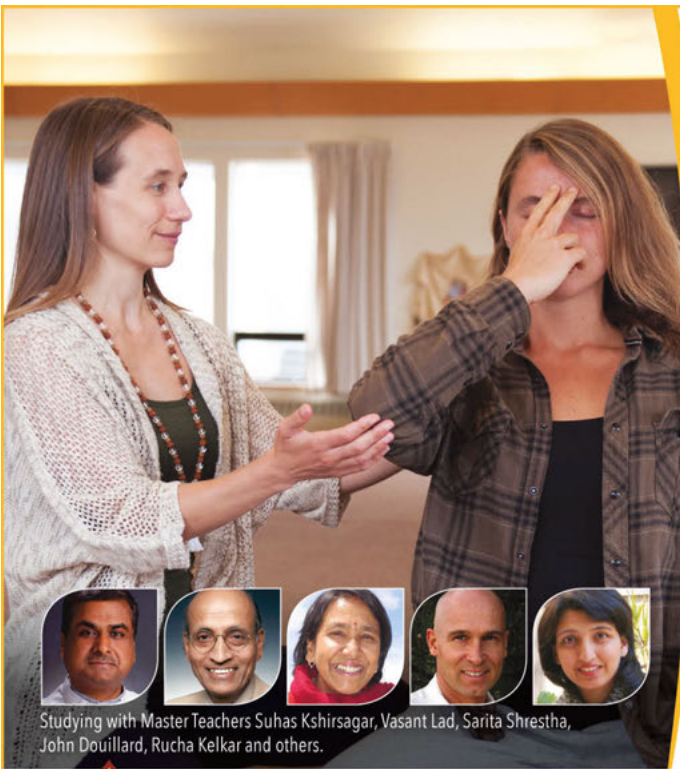
CERTIFICATE-AYURVEDIC PRACTITIONER
Call for new program information

MASTER OF ARTS - AYURVEDA
Open enrollment

AYURVEDA YOGA THERAPY
Call for new program information

- ☸ California State & NAMA Approved
- ☸ Academic Excellence
- ☸ Comprehensive Curriculum
- ☸ Clinical Experience
- ☸ Workshops & Retreats

Nestled in 355 acres of redwoods overlooking Monterey Bay near Santa Cruz, CA



Studying with Master Teachers Suhas Kshirsagar, Vasant Lad, Sarita Shrestha, John Douillard, Rucha Kelkar and others.



**MOUNT MADONNA
INSTITUTE**

College of Ayurveda: 408.846.4060
School of Yoga: 408.846.4095
MountMadonnaInstitute.org

Applied Anatomy: A Call for Conversation on the Gross and Subtle

By Grace Jull

The complexity of the human being requires that each respective health profession initiates the practitioner and patient into distinct paradigms, maps, tools, and interventions.

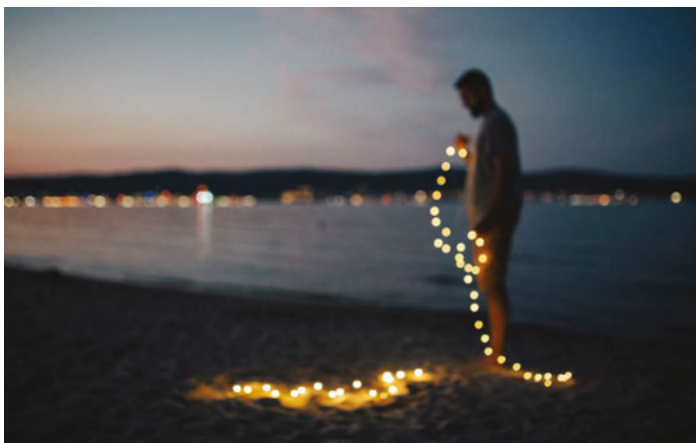


Photo by Robert Lukeman

Since my master's in adult education, I have deeply contemplated how every form of education initiates learners into a view. What is included and excluded explicitly or implicitly is of great interest.

How is the training of yoga therapists within this emerging profession distinct? The maps of the *koshas* (sheaths) and chakras potentially open the yoga therapist and client to an enormously cross-disciplinary approach while staying within the therapist's scope of practice.

Yoga therapy is uniquely oriented to systematically assess and address body, breath, mind, witness, and bliss. For each layer, kosha or chakra, yoga offers many distinct tools that can excavate blocks and offer alignment, as each sheath has a different density and propensity for flow or for accumulation of knots (*granthis*). I always use the analogy that if you are removing a barrier in soil, use a shovel (mechanical force), but if you are trying to catch a butterfly, a shovel may not be the best tool. We are not the only profession to be so richly endowed—but what do we stand by with authority, and where are we more ambivalent in the context of evidence-based science?



For instance, massage therapy attends predominantly to the origin, insertion, and action of muscles and joints. In contrast, a speech therapist may add on the regional complexity of swallowing, speech, early infancy attachment, and neurological interconnections. Both yoga therapists and speech therapists could benefit from comparable maps, but their approaches and therapeutic outcomes may differ dramatically as they work with mechanical, electrical, and vibrational measures and potential.

My own integrative approach to teaching and treating the body is informed through training in aquatic bodywork; osteopathic and embryology studies; fascia-focused unembalmed cadaver dissection; somatic and developmental psychology; and deep attunement to the voice of nature, inside and out.

Maps, Guides, and Wide-Open Inner Landscapes

Perhaps from my childhood growing up hiking in the heart of the Canadian Rockies, my *dharma* has become that of guide into the inner wilds of the body. I encourage students to remember and remain curious about the fact that any map they learn is different than traveling the actual terrain of breath, body, and Being.

I am curious how other yoga therapy anatomy instructors are innovating maps, tools, and terrain: As movement and mindfulness practitioners, how can—and should—the instruction of anatomy be different for us?

Western anatomy offers silos of body systems that are powerful, but our profession requires that students gain a spatial, interconnected understanding of the relationships among each kosha, cell, and seat of consciousness. When the body is taught and treated as a collection of isolated systems, enshrouded in unfamiliar and enormous Latin labels, chemical reactions, or machine parts, we can become less, rather than more, familiar with our native land, our body, and our home. Of course so, too, can yoga therapists risk hindering their clients' explorations with unskilled Sanskrit appropriations.

Science requires objectivity, but often what is missing is me. And you. The subjective experience of MY arm or organ that may echo in the tissue. If yoga therapists primarily adopt the allopathic paradigm of pathology, systems, and emphasis on musculoskeletal biomechanics, how are we missing the



yoga—the union and consciousness of the tissue speaking to us?

How as yoga therapists can we explore *prakriti* and *purusha*, mind and matter, at play in every tissue, organ, and cavity? How are we training to have a collaborative conversation with *prana* (the universal life force), if we do not know and have a living experience with the location, language, and relationships of the specific tissues, organs, and fascia of a region?

What is the full potential of anatomy instruction offered to both therapists and clients to optimize or amplify some of yoga's most powerful tools, like the *bandhas*' (energetic locks) capacity to affect organs, peritoneum, lymph, and prana? Solely emphasizing muscle origin, insertion, action, and kinesiology would be incomplete, and from working with clients, I know that the dharma and karma of my arm muscles is utterly different than the consciousness, calling, and capacity of the leg. The athletics, injuries, relationship to force, reflex, and expressed and unexpressed impulses of each are distinct. Muscles are not a machine made of meat. Each muscle carries meaning, mind, and majesty.

The Yoga of Learning

For me, anatomy for yoga therapists is transformed when taught through the koshas and chakras, which I teach as corresponding directly with the body's visceral cavities. It is extremely beneficial and necessary for movement and mindfulness practitioners to have a strong sense of

- spatial integrative relationships of systems within a region that may be compressed or stretched.
- emphasis on organs and fascial suspension as much as on muscles and bones.

I am curious how other yoga therapy anatomy instructors are innovating maps, tools, and terrain: As movement and mindfulness practitioners, how can—and should—the instruction of anatomy be different for us?

I teach that every tissue lives in a neighborhood or nation and has a dharma, language, culture, and interdependence that is rarely reflected in Western allopathic educational narratives of the body. The chakras offer a unique systematic paradigm that enables practitioners and clients to consider where psyche meets structure. As a yoga trainer, I find it crucial and profoundly fulfilling to teach anatomy based on the intersection of the gross and the subtle and the body's visceral cavities corresponding to the chakras. The practice of learning a new view of the body is in itself a practice of yoga, yoking or union.

In each cavity, I consider a few psychologically developmental milestones; potential psychospiritual expressions; and key embryology, bones, muscles, nerves, gland, circulatory, lymphatic, and special senses. For instance, in half shoulder stand or the turn of the head in rotations, how does this echo back to infancy, oral attachment, and early expression, every nod of yes or no, every reflexive turn of the head to orient senses, every kiss on the neck, swallow of food, word and emotion spoken or suppressed, fear of public speaking, smiles . . . ? What is the nature of the thyroid in holding hor-



mones for up to 100 days and offering its elixirs to most cells in the body?

Depending on our students' backgrounds, they may or may not retain or apply all of the details, but it is important to acknowledge that our clients sense if the therapist is predominantly oriented and attending to mechanical pathology or if the full array of koshas is considered relevant. In my experience, though, they can leave in awe and inspired to understand these neighborhoods and nations continued within the community of each chakra and its respective structures, psyche, and situations. They can discover each major organ, muscle, nerve, and blood vessel's native tongue and distinct terrain. They can better see under the skin, enthusiastically research structure and function, and gain a much deeper passion and understanding of prana as an immense and integrative ally.

Within the yoga therapy community, how are we teaching about tissues, chakras, cells, and the legacy of prana's full consciousness? We are blessed to have these as an invaluable set of maps, tools, and ways to traverse the remote terrain; few other professions can do the same in such an integrative manner. And no other intervention I can think of offers such a degree of client self-regulated mechanical manipulation of organs and other tissue.

How do we balance evidence-based research and the wealth of esoteric theory and practice? What part of the koshas and chakras, of you and me, can and cannot be measured but is extremely meaningful to health, healing, and well-being? Do you understand, experience, and educate others about the chakras as predominantly gross or subtle anatomy? **YTT**



Grace Jull, MA, LMT, C-IAYT, leads retreats and workshops around the world. She has been faculty and a lecturer for a number of programs, including Saybrook University's mind-body medicine PhD program. Join her in discussion in the Facebook group "Grace's Anatomy."

Redundant Breathing: A Yoga Therapy Technique for Pain Reduction and Management

By Veronica Zador and Lara Zador

Yoga's concern with pain issues can be traced back to the Yoga Sutras. As a foundational aspect of yoga therapy, the traditional literature provides an explanatory link to the pranayama technique redundant breathing therapy (RBT) described in this article. In *The Heart of Yoga*, T. K. V. Desikachar expounds on sutra 2.15, telling us that “the painful effects from any object or situation can be a result of the strong effect of conditioning and the urge to seek more of the same when there is no possibility of achieving this. The effects of past conditioning can create strong reactions if what we are used to is not forthcoming.” The opioid epidemic and related pharmacological dependency make consideration of this wisdom timely.

Drawing again from Desikachar's commentary¹:

Whatever helps us to anticipate or reduce painful effects must be done. . . . In brief, the practice of yoga has as its purpose the reduction of effects that are painful to us by increasing our clarity. (2.16)

[W]e can also understand how the breath behaves. Breathing patterns are very individual. They can vary as a result of our state of mind or bodily changes as a result of both internal and external forces. This knowledge of breath, gained through asana practice, is the foundation for beginning pranayama practice. . . . the conscious, deliberate regulation of the breath replacing unconscious patterns of breathing. (2.49)

Whole-Person Pain Management

About the Current Opioid Situation

The system of yoga has for millennia investigated pain and its management. In brief, we can define pain yogically as a relative aspect of resistance or discomfort on both the physical and psychological levels. As part of the trajectory of a longstanding tradition, RBT could be used as adjunctive pain management on both the physical and psychological levels to help circumvent current opioid and related addictions.

Pain care in America is in crisis. Pain in the United States is persistent and widespread despite costly, well-intentioned medical responses that rely mainly on pharmaceuticals and high-tech interventions. In response, the National Institutes of Health National Pain Strategy,² the National Academies of Science, Engineering, and Medicine,³ The Joint Commission,⁴ the U.S. Food and Drug Administration,⁵ and the American College of Physicians⁶ recommend evidence-informed, comprehensive pain care that includes nonpharmacological options while conceding that past strategies generally—and the use of opioid medications specifically—have not remedied the problem but rather exacerbated chronic pain, abuse, addiction, illness behavior, and disability.⁷

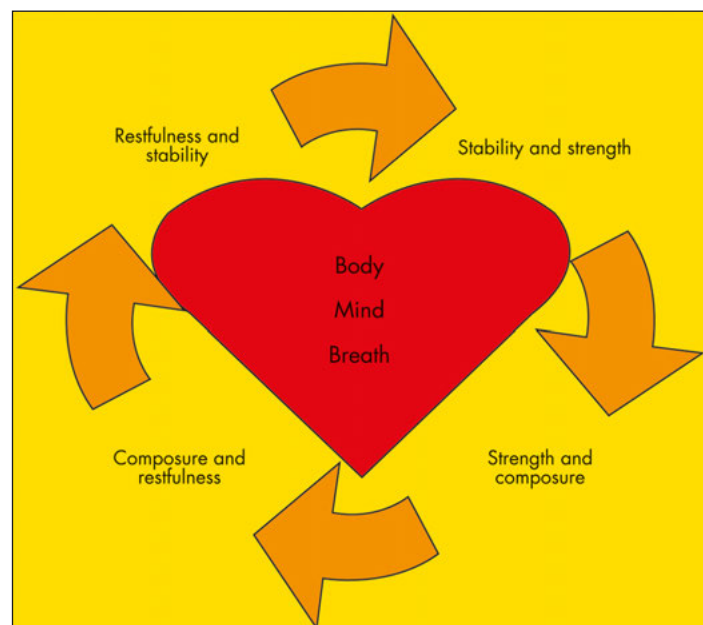
Yoga Therapy's Clinical Role

As yoga therapists, we should keep in mind that the goal of yoga therapy is to offer a personalized yoga regimen that is simple and consistent so that each person can manage and sustain their own sense of well-being, strength, and stability. Clinical applications of yoga therapy can be defined, at least partially, as the development of individualized breathing and movement modifications based on traditional yoga practices. Patients learn skills that help them focus on being more relaxed, more energized, and more prepared to adapt to challenges as they arise.

Patient empowerment to self-actualize meaningful living is central to yoga therapy. From the allopathic point of view, such collaborative efforts are gaining positive support, presumably as pushback on the overuse of pharmacological management of pain. “There is pressure for pain medicine to shift away from the reliance on opioids, ineffective procedures and surgeries to incentivize comprehensive pain management that is patient centered and includes evidence-based nonpharmacologic options.”⁷

The first author of this article is part of an integrative medicine department at Beaumont Health, a large teaching hospital in southeastern Michigan. There applications of yoga therapy for pain management are primary among the chief requests of the physician-referred patients. As seen in Figure 1, the basic elements of yoga therapy for self-management of pain include techniques that describe four key aspects of being: strength, stability, composure, and restfulness as applied to the quality of movement (body); the quality of thoughtfulness (mind); and, germane to this article, the quality of respiration (breath).

Figure 1. Basic aspects of yoga therapy in three key domains



In our preliminary discussions with yoga therapy patients, benefits of instruction in these basic elements include restoration of a personal sense of functionality and empowerment, establishment and maintenance of qualities of personal strength and resilience, and ability to self-determine appropriate action in a calm and restful way. Specifically, this model of instruction points the way to RBT in that the above goals for yoga therapy do not necessarily include physical exertion or movement, do not imply verbal exchange, and do not assume ongoing intervention by a yoga therapist—that is, RBT can help patients cultivate a functional ability to adapt and appreciate personal values and life experiences toward the goal of adaptation to pain and/or adaptation to the anticipation of pain.

We should keep in mind that the goal of yoga therapy is to offer a personalized yoga regimen that is simple and consistent so that each person can manage and sustain their own sense of well-being, strength, and stability.

Applications of RBT have been introduced for pain management to a wide range of yoga therapy patient populations at Beaumont Health since 2015. Furthermore, RBT training is limited to only four sessions. At the conclusion of the fourth session, patients are invited to complete an exit-strategy assessment based on their own previously stated objectives for pain management. To date, compliance with RBT as well as modifications to movement, thoughtfulness, and anxiety have been seen, and 80% of the first 20 respondents self-reported reduced pain on the scale described below. Comments supplied by patients indicate a reduction in drug use for pain management as well as an increase in functionality and compliancy with allopathically or physician-managed treatment (Figure 2). As one patient described the experience in a July 2016 exit-strategy assessment:

After I tried so many approaches to living with pain, I finally tried yoga therapy. After only four sessions I felt I was learning how I could mentally and physically cope with things including the memories of what caused the pain. And I could do this by myself without adding more drugs. I believe I can keep going.

Overview of Redundant Breathing

As applied to pain management, yoga therapy techniques often focus on managed breathing. Offered either individually or combined with modified physical movement, breath techniques such as RBT are noninvasive, nonpharmacological, portable, affordable, and adaptable to the needs of each patient. Yoga therapy instruction can assist with pain management protocols via regularly scheduled series of sessions or brief bedside visits.

RBT is a breath-centered technique that patients can initiate in any location, either alone or with a group. RBT can be adapted to most age groups, cultural heritages, and traditions. Key to this technique is that little or no physical movement is necessary. This is particularly useful when the patient is unwilling or unable to move. The only criteria necessary for the patient is the ability to breathe and

Sample RBT Script

Once the patient confirms that he or she is comfortably sitting or lying down, following is the verbal script used by the yoga therapist to offer instruction in RBT to the patient.

Please notice that you can breathe in and out through your mouth or nose. It is your choice. Please notice if, at the moment, you are breathing in or breathing out. You are invited to take a few moments to notice this, so I will be quiet for 30 seconds.

Are you able to notice if you are breathing in or out at the moment? [Patient is requested to respond to this question. If the patient responds in the negative, the script is read from the beginning.]

Good. Once you notice you are breathing in, that is all you need to do. Simply notice that at this moment you are breathing in. When you breathe out again, please notice that area of pain you mentioned when we first began this session. There is no need to do anything except identify where the pain is and notice the area around the pain.

Then recognize that you are breathing in again.

What you do as you breathe out is to go back to that same area that you identified as painful and notice it again. Perhaps this time, allow your outgoing breath to last one or two seconds longer.

Now, when you breathe in again, simply notice that you are breathing inward. As you begin your exhale, bring your attention back to that same area of resistance or pain.

On each inbreath, notice you are breathing in. On each outbreath notice that same area of pain. See if you notice any change in that area as you go back and forth with your attention, first to your inbreath, then to the area of pain or resistance that you identified a moment ago on your outgoing breath.

You are invited to take a few moments to practice this on your own, so I will be quiet for 30 seconds.

follow verbal instructions.

RBT involves a simple 5–10 minutes of instruction that can help patients better manage their physical, psychological, and respiratory characteristics. (See sample RBT Script.) RBT is intended for patients to safely do at home and make part of their daily lives because it utilizes what every patient already has: breath and a body. In this way, the RBT technique is adaptive within the scope of integrative medical treatments that provide healing, comfort, and recovery benefits to patients. As noted above, breathing-based systems of pain management can be singled out as an adaptive approach to pain management.

Methodology and Informal Assessment

RBT has been offered for pain management within several clinical environments as well as with second-year medical school students, all in southeastern Michigan. The patients are requested to complete a yoga therapy intake form where they identify their chief complaint. During the verbal assessment with the yoga therapists, patients are asked to rank their pain on a scale from 0 to 10. Patients receive 5 minutes of verbal instruction in RBT, then are guided in

Figure 2. Exit-strategy comments from a patient following the fourth session and pertaining to basic aspects of yoga therapy described in Figure 1

Physical	Statements
Stability and strength I feel my yoga therapy practice can beneficially contribute to the goal(s) mentioned in this statement. Agree: <u> X </u>	<i>Nothing hurts. I can't really say anything hurts me.</i>
Strength and composure I feel my yoga therapy practice can beneficially contribute to the goal(s) mentioned in this statement. Agree: <u> X </u>	<i>I think this will also help with getting less headaches.</i>
Composure and restfulness I feel my yoga therapy practice can beneficially contribute to the goal(s) mentioned in this statement. Agree: <u> X </u>	<i>This becomes part of your body.</i>
Restfulness and stability I feel my yoga therapy practice can beneficially contribute to the goal(s) mentioned in this statement. Agree: <u> X </u>	<i>I don't really think about it . . . it just doesn't hurt.</i>
Mindfulness	Statements
Stability and strength I feel my yoga therapy practice can beneficially contribute to the goal(s) mentioned in this statement. Agree: <u> X </u>	<i>I am able to walk faster. This was easy.</i>
Strength and Composure I feel my yoga therapy practice can beneficially contribute to the goal(s) mentioned in this statement. Agree: <u> X </u>	<i>I haven't had a lot of pain for quite a while now.</i>
Composure and restfulness I feel my yoga therapy practice can beneficially contribute to the goal(s) mentioned in this statement. Agree: <u> X </u>	<i>These exercises are going to help, and we are working on making this a habit; making it a habit to relax.</i>
Restfulness and stability I feel my yoga therapy practice can beneficially contribute to the goal(s) mentioned in this statement. Agree: <u> X </u>	<i>The headache went away once there was some relaxation.</i>
Breath (Inspiration)	Statements
Stability and strength I feel my yoga therapy practice can beneficially contribute to the goal(s) mentioned in this statement. Agree: <u> X </u>	<i>When I do the stretches and the relaxation, the pain decreases to the point where I don't have to take as many pills for the breakthrough pain.</i>
Strength and composure I feel my yoga therapy practice can beneficially contribute to the goal(s) mentioned in this statement. Agree: <u> X </u>	<i>I don't feel anything in my low back—the pain went to sleep.</i>
Composure and restfulness I feel my yoga therapy practice can beneficially contribute to the goal(s) mentioned in this statement. Agree: <u> X </u>	<i>This is the way you relax on your own, without telling yourself to relax—it just happens naturally.</i>
Restfulness and stability I feel my yoga therapy practice can beneficially contribute to the goal(s) mentioned in this statement. Agree: <u> X </u>	<i>My breathing makes me relax. I'd like to take some group classes, at my church. Or, I'd like to teach my friends how to do this and then they'd feel better, too.</i>

the application of RBT for 2 minutes. Patients are next instructed to practice RBT on their own for 1 minute. The patients are then asked to once again rank their pain on a scale from 0 to 10. Comments made by patients relative to their observation of the pain are recorded.

To date, this technique has been offered to 39 adults over age 21 who had reported either physical or psychological complaints.

Challenges and Future Applications

Adapting traditional yoga techniques and vocabularies into the scope of pain management within existing allopathic environments can pose transitional challenges to the clinical practitioners, researchers, and patients who populate the integrative healing arenas in which yoga therapy can hope to flourish. Professional values—including consistency and accessibility of treatments, emphasis on techniques that provide methods for self-care, safety, measurability of functionality and outcomes, and affordability—are key in linking traditional aspects of yoga therapy with healthcare providers who find it attractive to collaborate with yoga therapists. Further research into RBT is warranted to provide additional applications of non-movement based, self-managed approaches to pain. **YTT**

References

1. Desikachar, T. K. V. (1995). *The heart of yoga: Developing a personal practice*. Rochester, Vt.: Inner Traditions.
2. National Institutes of Health. (2016). *National pain strategy: A comprehensive population health-level strategy for pain*. Retrieved from https://iprcc.nih.gov/National_Pain_Strategy/NPS_Main.htm
3. National Academies of Sciences, Engineering, and Medicine. (2017). *Consensus study report highlights: Pain management and the opioid epidemic: Balancing societal and individual benefits and risks of prescription opioid use*. Retrieved from https://www.nap.edu/resource/24781/Highlights_071317_Opioids.pdf
4. The Joint Commission. (2017). *Joint Commission enhances pain assessment and management requirements for accredited hospitals*. Retrieved from https://www.jointcommission.org/assets/1/18/Joint_Commission_Enhances_Pain_Assessment_and_Management_Requirements_for_Accredited_Hospitals1.PDF
5. U.S. Food and Drug Administration. (2017). *FDA education blueprint for health care providers involved in the management or support of patients with pain*. Retrieved from <https://www.fda.gov/Drugs/NewsEvents/ucm553931.htm>
6. Qaseem, A., Wilt, T. J., McLean, R. M., & Forciea, M.D. (2017). Noninvasive treatments for acute, subacute, and chronic low back pain: A clinical practice guideline from the American College of Physicians. *Annals of Internal Medicine*, 166(7), 514–530.
7. Tick, H., Nielsen, A., Pelletier, K., Bonakdar, R., Simmons, S., Glick R., . . . The Pain Task Force of the Academic Consortium for Integrative Medicine and Health. (2017). *The Pain Task Force of the Academic Consortium for Integrative Medicine and Health evidence-based nonpharmacologic strategies for comprehensive pain care white paper*. doi: 10.13140/RG.2.2.23111.80802/1



Veronica Zador, C-IAYT, has over 25 years of professional experience in yoga including as IAYT board president and chair of standards for Yoga Alliance. She is the founder and director of the Beaumont School of Yoga Therapy, the first yoga therapy certification program housed within a major U.S. teaching hospital.



Lara Zador, MD, MSW, completed her residency training in anesthesiology at Yale School of Medicine, followed by fellowship training in interventional pain medicine at the University of California Davis Department of Anesthesia and Pain Medicine. Her clinical practice draws from a background in yoga, social work, and medicine.



Life is hard. iRest can help.

iRest is meditation designed for modern day living.

Discover how easily the iRest® meditation protocol can integrate with your existing therapy practice to help your clients find peace and balance.



Download Richard Miller's 42 guided meditations and learn more about our iRest Yoga Nidra Trainings at:

www.irest.org

On Suffering, Service, and Yoga Therapy in Japan

By Madoka Chase Onizuka

With all the challenges we face in life, from personal to societal and global levels, sometimes it is hard to know what to do. Personally, when something happens that I consider to be a political crisis, I find myself questioning if it is okay to live the way I do now—happily absorbed in my own spiritual practice. I will share some of my experiences and insights on my journey seeking answers to human suffering.

My Path

My introduction to yoga came at the age of 12. My parents, sister, and I were on a 1-year backpacking journey from the United States to return to Japan, and one of the stops on this trip was a small cave at a hill-station in India. There, we met “Yogi” (he told us to call him that), a lean man of unidentifiable age, full of energy, always ready with intriguing stories, and who had just a few teeth and wore only a loincloth. We went to his cave every day for a week to study yoga. I wish I could write all his stories here! One thing he said was this: “You know, when I want to be happy, I take heaven out of my right hip pocket. If I want hell, then I take hell out of my left hip pocket. I want heaven, right hip pocket. Hell, left pocket. It’s as simple as that.”

As a 12-year old, I wondered why he spoke of hip pockets when he wore only a loincloth. His words stayed with me, but as much as I loved Yogi, I did not do yoga again for 20-some years. Perhaps because we had also spent time with a yoga cult whose teachers told me that children only brought more vermin into the world, yoga was relegated to a part of my memory that said people who did yoga were out of touch with reality.

But what is reality? After completing college, my understanding of reality was that the world was a place full of suffering because people with power exploited and persecuted others with less power. I thought empowerment was one answer. As a graduate student, I went to the Thai-Myanmar (called Burma at the time) border to investigate trafficking in women to Thailand’s sex industry. I thought I was going to help empower others, but it was women who had experienced being trafficked and the NGO staff who worked with them who taught me about empowerment. Later, I moved to Thailand where I trained young refugee women from Burma to develop their skills to take leadership roles in Burma’s prodemocracy movement. I was there to teach, but they continue to teach me what courage and strength can accomplish.

While doing this work, I also saw some of the darkest aspects of human potential. I heard testimonies of how people were tortured in notorious prisons, how villagers were rounded up to be human minesweepers, and about systematic violence against women. I saw no other solution to this than political reform, so when Burmese activists criticized the Japanese government for providing aid to the military junta, I returned to Japan. I went to Japanese ministries responsible for decisions on development aid to Burma and argued that Japan’s official aid was supporting a military regime that brutalized its own people. I advocated for policies to increase political

space to civil society and enable all ethnic groups to build peaceful and environmentally sustainable communities.

The Yoga Way

No matter how hard I worked, there was always more information about how much people were suffering, and I started suffering, too. But my suffering was all about me. *I* was not making a difference. *I* wasn’t organized enough; *I* wasn’t strong, articulate, brave, strategic enough, so *I* was not worthy of love or life. Those were my thoughts. No wonder I fell into depression. Another example of my (mis)understanding of reality.

I now see how teaching is not the only way to serve.

I had taken a dive into my hip pocket of hell, but I also noticed that in my depression, not only was I ineffective as an activist, I was bringing suffering to people I loved. I needed access to the other hip pocket. I started yoga.

I met a wonderful meditation teacher who said spiritual awakening was “liberation from suffering.” That really hit home. I was desperate to do something about human suffering, but thought that suffering could only be alleviated. But liberation? I had to know what that was. I thought that if I could liberate myself from suffering, I would know how to help others empower and free themselves, too.

Working in politics, I saw that political change does not solve all the problems of exploitation. Even when political systems change, those with money and power continue to exploit local communities and deplete environments. A democratic government may be better than a military dictatorship, but it does not save humanity. I wanted an answer that would save humanity, and this “liberation from suffering” sounded like it had potential.

So all the passion I had had for social change turned into a passion for self-transformation. Through yoga, I came to realize that I shared all the horrible characteristics I saw in the military dictators. Not quite the liberation I had imagined! I saw their hunger for power and control. I was a control freak myself. When their power was threatened, they protected it. While I did not kill anyone to protect my power, I was clearly engaged in my own power struggles. If someone tried to control me, I resisted with all my strength. I probably inspired the same resistance in government officials when I criticized them. Fundamentally, I had the same potential for anger, fear, and hatred. How could I criticize anyone for being hateful without being a hypocrite?

Yoga also taught me that my suffering came from my own ignorance (*avidya*). For the first time, I questioned my worldview and realized I was confusing the content of my thoughts with reality and that I had no idea what reality actually was. I saw how my view of the world and myself made me miserable, so I could no longer blame anyone else for my suffering. I was challenged to re-examine my assumptions and dearly held convictions about everything. Every time I tried to find an outside excuse for my suffering, my

teacher gently reminded me to be honest and take another look. My Zen practice has taken this to another level. Now I see that the content of my thoughts cannot be anything more substantial than a fairytale. And when I believe them to be true or real, of course I am going to be confused.

This practice was sometimes painful. But I reflected back on some of the people I met who inspire me to this day—people who had been tortured or fled violence. While working on the problems in Burma, I was often stunned by their seemingly uncanny ability to joke. There were famous comedians who were repeatedly arrested and tortured for their jibes at the military regime. How they were able to laugh in the face of such adversity astounded me. Then one activist told me, “We can either laugh or cry. So we may as well laugh.”

That reminded me of Yogi’s hip pockets. Maybe those Burmese activists were choosing to pull happiness out of their hip pockets. If they could overcome their pain and suffering to bring laughter, relief, and joy to others, then surely I could, too.



Through my practice, I began feeling much more at peace. Many things felt paradoxical. For example, when I accepted the fact that I had the potential for anger and hatred, I was more compassionate than when I rejected these feelings. Understanding myself helped me to understand others. This convinced me I can make a better contribution to world peace if I have peace in my own heart. For me, that peace comes not from fighting but from removing ignorance.

In the process of reexamining my assumptions, I realized how my long-held belief that I was living in a world full of conflict was completely wrong. My own mind was full of conflict, yes. But the actual world I experience with my five senses has no conflict. There is no conflict in the smell of coffee, the taste of an apple, or soreness in my throat. If I think the apple should be sweeter, or that the soreness in my throat is going to escalate into unpaid sick days, then conflict begins. I’m not saying conflict shouldn’t happen. I only want to point out that thoughts—not anything real, here and now—create conflict. And because this is so, we have the potential to discover that liberation has actually been here all along.

Yoga provides opportunities to see through the deception of thoughts, many of which are about ourselves. We try to protect or enhance what we *think* we are and unknowingly neglect the reality of what is. Identities change, as all thoughts do, yet we invest so much in them and try so hard to protect them, as if a threat to identity was a threat to life. Yoga challenges this basic assumption and provides tools that enhance physical and mental well-being. And this is what has kept me working in the field of yoga therapy.

Alternate Route to Service: Yoga Therapy in Japan

In 2010, I was certified as a yoga therapist by the Japan Yoga Therapy Society (JYTS). I had dreams of becoming an amazing therapist and teacher who would help hundreds of people heal. But instead of teaching, I was requested to assist with networking, interpreting, and translation. I was not so enthusiastic in the beginning, but I now see how teaching is not the only way to serve.

JYTS is supporting research and yoga therapy trainings for victims of the Chernobyl nuclear accident who relocated to Kiev. The results have amazed everyone. Tsutomu Kamei, MD, PhD, a professor at Meiji University of Integrative Medicine, presented “Yogic Breathing Exercise, a Simplified Yogic Respiratory Routine, Increases Anti-Oxidant Ability” at the 12th International Congress of Behavioral Medicine in Budapest in 2013. He reported on how oxidative stress levels returned to normal or close to normal levels after 6 months of yoga. JYTS volunteers are also active in Thailand on drug addiction treatment, and many went to areas of northeastern Japan hit by the earthquake and tsunami in 2011.¹

JYTS was challenged by medical experts to explain how yoga therapy “diagnosed” clients and the theoretical basis for “prescribing” yoga techniques. Until then, our application of yoga techniques was somewhat haphazard and practices were chosen largely to address medical diagnoses. Knowledge of the five *koshas* and the way ignorance creates stress that disrupts the functions of all *koshas* informed the way that yoga therapy was instructed, but in JYTS’s early years, it was not a systematic part of assessment.

Yoga provides opportunities to see through the deception of thoughts, many of which are about ourselves. We try to protect or enhance what we think we are and unknowingly neglect the reality of what is.

The president and founder of JYTS, Keishin Kimura, is working to ground the theoretical framework of yoga therapy in traditional yoga. It begins with the premise that ignorance is the cause of illness, meaning that the *buddhi* (inner wisdom or intellect, analogous to *vijnanamaya kosha*) needs to be educated so that ignorance can be removed. We are continuing to develop methods and tools to assess all the *koshas*, and Minoru Kamata, PhD, is training skilled therapists in what we call yoga therapy *darshana*—basically, guidance in self-inquiry that leads to the insights required to expel ignorance and overcome disease. For those interested, this framework and *darshana* methods are explained in two books.²

Kimura-sensei teaches yoga therapy based on Raja Yoga in the tradition of his guru, Swami Yogeshwarananda Paramahansa. Therapists certified by JYTS learn that for yoga therapy to address the root causes of illness, they themselves must have a strong foundation in traditional yoga and address their own ignorance.

Another factor motivating JYTS’s work is the number of people actively seeking out yoga as a way to improve their health. JYTS was part of a large-scale survey¹ led by Takakazu Oka, MD, at Kyushu University at the time, and the survey found that 53.5% of students going to yoga classes had chronic illnesses, and 42.3% were receiving medication from hospitals. This study has been introduced on the Harvard Medical School Guide to Yoga.³

Yoga instructors are not trained to treat people with medical conditions, and yet many people with medical conditions are going to yoga classes looking for relief. The potential dangers of instructing or receiving yoga instruction without sufficient knowledge is another part of what is prompting JYTS to reach out to the larger yoga community, in Japan and internationally.

Since attending my first SYTAR conference in 2013, I have helped build the relationship between IAYT and JYTS. Last year we worked with IAYT to organize a Global Networking Initiative meeting. Representatives from Australia, China, Japan, the Netherlands, the United Kingdom and the United States attended, and we began sharing information from our respective countries.

JYTS also has close ties with Swami Vivekananda Yoga Anusandhana Samsthana (S-VYASA) in India and other Asian countries. We hope to facilitate meaningful discussions among everyone at two international yoga therapy events to be held in Japan this July—International Yoga Therapy Day in Saitama, and a joint conference

between the Japan Yoga Therapy Society and the Asian Yoga Therapy Association. We plan to discuss establishing a global consortium on yoga therapy. More information about these events can be found at yogatherapyday.com/en/ and <http://ayta.jytsc2018.com>.

For yoga therapy to develop and thrive as a therapy in its own right, it is important that we combine our expertise and ground yoga therapy in traditional yoga. The basic premise (ignorance creates suffering) and yoga’s practices that have been tested over thousands of years are what makes yoga therapy unique and powerful as a healing modality.

Sometimes I get discouraged, thinking humans have not evolved as a species since the time of Arjuna’s despair on the battlefield, in spite of the existence of people wise enough to write the Bhagavad Gita. But then I remember: This is also just an interpretation, nothing more than my judgment of past events. There are also times I am in awe of the human capacity for compassion, strength, or creativity, and at such times I am far from discouraged. Either way, these are interpretations. One leads to unpleasant feelings, the other to more pleasant feelings. Perhaps part of the wisdom in Yogi’s hip-pocket analogy was that he did not teach me to only want the happy option.

The Buddha did not stop the wars of his time, nor did enlightened masters after him. I am not sure why I ever thought I could. But thanks to that delusion of grandeur, I set out on my current path. I no longer think that I will someday be able to stop people who want to fight from fighting. And who knows, someday I might feel a need to engage in struggle again. But I do believe that there is an end to avidya. And when people are healthy and happy, they are less likely to attack others. In this way, yoga therapy has much to contribute to the world, and I am grateful for any opportunity to help people feel even a little more at peace. **YTT**

References

1. Kimura, K. K. (2017). Yoga and yoga therapy in Japan. *International Journal of Yoga Therapy*, 27(2017), 127–129.
2. Kimura, K. K. (2016). *Yoga therapy theory: Modern methods based on traditional teachings of human structure and function*. (M. C. Onizuka, Trans.) Charleston, NC: CreateSpace Independent Publishing Platform. [Author’s note: We hope to make Kamata’s book on Yoga Therapy Darshana (now available only in Japanese) available by autumn.]
3. Matsushita, T., & Oka, T. (2015). A large-scale survey of adverse events experienced in yoga classes. *BioPsychoSocial Medicine*, 9, 9. doi: 10.1186/s13030-015-003



Madoka Chase Onizuka is a yoga therapist certified by the Japan Yoga Therapy Society and is its international coordinator. She translated into English Yoga Therapy Theory: Modern Methods Based on Traditional Teachings of Human Structure and Function. Madoka grew up in the United States and Japan and has a background in international human rights law and grassroots activism.

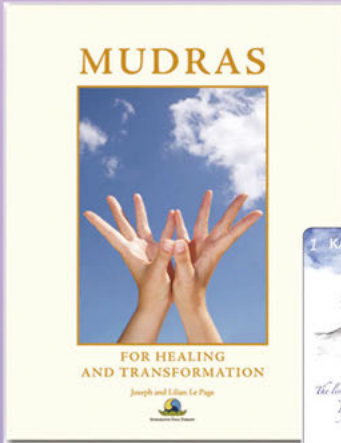
A collection of products supporting our vision of *health and wellness*



Bringing the *ancient insights* of yoga into mainstream *wellness programs*

INTEGRATIVE YOGA THERAPY

Mudras for Healing and Transformation by Joseph and Lilian Le Page



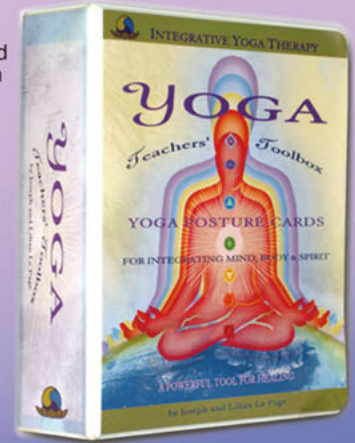
Learn to use 108 mudras to heal the body, balance the mind and awaken the spirit. The book facilitates in-depth study and includes instructions, benefits, contraindications, core qualities, effects on the energy body, and a guided meditation for each mudra.



The cards are portable and durable, great for sharing with students or creating a sequenced practice.

Yoga Teachers' Toolbox: Yoga Posture Cards by Joseph and Lilian Le Page

The only asana textbook you need, the Yoga Teachers' Toolbox is expertly designed and packed with detailed information on each asana-modifications, effects on body systems, chakras and prana vayus, as well as cueing the pose through the lens of doshas and koshas. Learn to strategically use asana to manipulate the energy body. Excellent for personal use or as a textbook in your next teacher training. The book's ring binder style allows you to remove the cards to play with sequencing and create teaching drills. Volume discounts available.



Order online and learn about our yoga therapy training programs at www.iytyogatherapy.com

Back Care Innovations From Yoga Life Style

Mini Inversion Strap
for Door & Wall Use



Teardrop Support
Comfortable, Inexpensive
Back Arch



yogalifestyle.com



ray@yogalifestyle.com

YogaBooksWholesale.com

Great Deals on Yoga Books for Therapists, Instructors and Students alike. Teacher Training Quality Collection with an Emphasis on Yoga Therapy, Anatomy, Ayurveda and Spirituality.

Contact:
ray@yogabookswholesale.com



Like Having Family in the Yoga Book Business

Yoga Therapy in Neuropalliative Care: Specialization and Considerations

By *Nathalie de Meyenburg*

As yoga therapy increasingly rubs shoulders with mainstream medical practices, it stands astride a line that is, at times, blurry. Although yoga therapists are expected to have a high level of experience and be proficient in the applications of yoga as a therapeutic modality, they are also expected to have a knowledge base that is congruent with current medical practices and that permits them to converse intelligently and effectively with other healthcare providers. For this reason, some yoga therapists choose to specialize or to have a particular focus to provide yoga therapy founded on a distinct knowledge base. Specialization benefits practitioners (their practice is deepened and becomes more focused), clients (they are guided by a therapist with knowledge and understanding of their specific needs), and the healthcare community (providers can interact with yoga therapists and better understand what it is they do—and do not do).

As elaborated in a previous article,¹ it is all too easy to oversimplify one's focus as a practitioner, defining a client by a specific condition or disease rather than as a person on a continuum of life experiences: physical challenges, thoughts and emotions, relationships, a spiritual path. First and foremost, someone is asking for assistance; this must be acknowledged and responded to. It would, however, be negligent to act without first questioning our ability to help, dispensing care in an ad hoc manner rather than providing constructive support. Elementary principles of yoga, such as focus, awareness, and mindfulness, serve as fundamental building blocks and must be well placed. Once we have a sound foundation in yoga therapy, specialization serves to refine our approach and meliorate care of clients.

Specialization as Enhancement

Specialization within yoga therapy is a source of much discussion among yoga therapists. Some regard yoga therapy as generally beneficial, provided that the therapist leads a session with care and observes basic physiological principles. Others perceive a need for a fundamental understanding of specific conditions in order to provide a benefit, rather than a possible hindrance, or even harm, to yoga therapy clients. These need not be divergent viewpoints. One

can lose sight of the forest—the big picture—if all we see is trees; however, if viewing the forest results in not seeing the individual trees that comprise its vastness, we are being rather shortsighted.

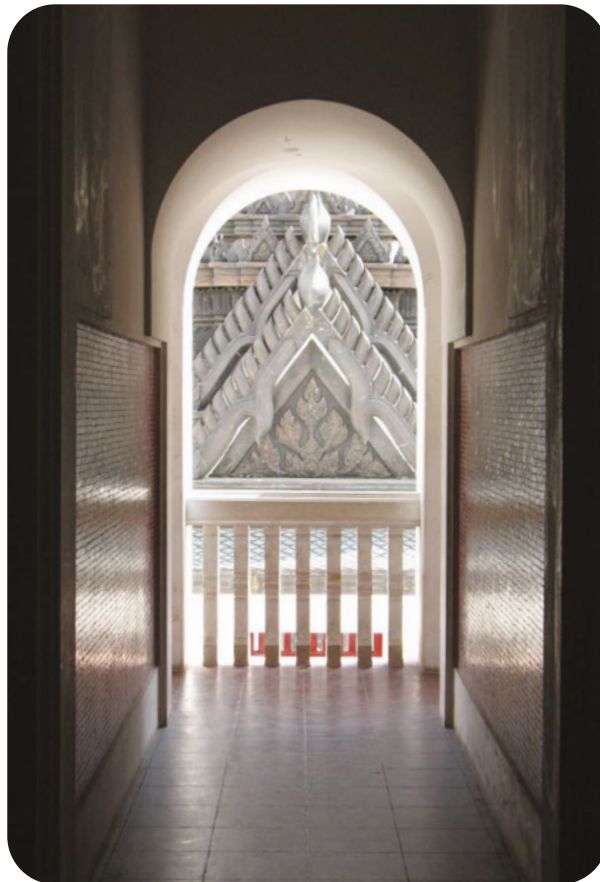
According to A. G. Mohan, a long-time student of Krishnamacharya and co-founder of Svastha Yoga, Krishnamacharya regularly emphasized the need for the appropriate practice and application of yoga, stating that yoga is best not done at all if it is going to be done without purpose and without “taking into account the structure of the body and the distortions in the body. . . . Practice without right knowledge of theory is blind. This is also because without right knowledge, one can mindfully do a wrong practice.” Surely this should be taken to heart, not only by the yoga student but by the yoga teacher or yoga therapist. Further training that would help one avoid harm to clients and would give more benefit to those with specific conditions should not be perceived as superfluous or peripheral to one's knowledge base as a yoga therapist, but rather an enhancement.

More than Intention

As a yoga therapist specializing in neurological and neuromuscular conditions, I believe that intention and right mind/right action must be present to help in the healing process. However, just as Krishnamacharya stated that one can mindfully do a wrong practice, so can a yoga therapist or yoga teacher have good intent yet be ineffective, or even cause harm. Herein lies the merit of specialization—knowing what is helpful and beneficial, or even possible, without causing negative repercussions. For example, we would turn to a neurologist for a neurological condition, yet we would also certainly hope that they specialize in their field and are able to differentiate among multiple sclerosis (MS), Parkinson's, and Huntington's as opposed to focal dystonia, essential tremor, or the effects of a

transient ischemic attack.

I recently spent time at the University of Colorado Anschutz Medical Campus neurosciences center in Denver to observe the neuropalliative care program directed by Benzi Kluger, MD, MS. Neuropalliative care is long-term care for those with progressive neurological conditions. The approach is not so much to target symptoms as it is to provide full-spectrum care, support, and access to resources. Although Kluger specializes in neurological conditions and movement disorders, he recognizes that intention alone on the



© Nathalie de Meyenburg

part of a practitioner does not suffice. In an interview² he uses MS as an example, saying, “Neurologists are very skilled with MS and with disease-modifying therapies, but may not have specific training in pain management or fatigue or depression or constipation or other complex symptoms common to MS.” For this reason, the neuropalliative care team—comprised of neurologists, a registered nurse, a social worker, and a chaplain—works together to treat and support patients physically, mentally, and spiritually, yet the team also refers patients to a network of specialized resources in the community, including a yoga therapist.

Context: In-Clinic or Local Resource?

The efficacy and long-term benefits of one-on-one therapy sessions or small-group yoga therapy classes should be considered in the context of location and accessibility, as well as patient engagement and acceptance. Finding an available space in a clinic or hospital setting is challenging, at best. Assuming physician and administrative support, the logistics of setting aside a quiet, clean, and accessible room can be enough to make a class setting impracticable. Kluger makes the point that asking a patient to drive to a hospital, find parking, get to the building, and then navigate to a particular floor and room is not feasible for most neuropalliative care patients. His viewpoint is readily supported by clinical reviews.³

I advocate for in-home sessions when possible as a means to avoid client stress, fatigue, and the outright anxiety that can be evoked by the mere thought of organizing a ride, ensuring that a caregiver is available, and the time involved (easily 3 hours with getting ready/dressing, driving to the session or class, time parking and in class, and driving home). The majority of my clients, whether referred or inquiring about an alternative to conventional therapies such as physical or occupational therapy, are motivated first by pain or a growing lack of mobility, and then by cost. On first contacting me, they are often quite blunt in that they wish to have a speedy, cost-effective, and durative solution to their problem. After an initial intake session, most recognize that a class setting (their initial inclination because of monetary concerns) would not be possible due to their level of ability and the energy output required, combined with the logistics of getting to class. In addition, they appreciate the personalized attention and interaction possible in a one-to-one session. Perhaps most importantly, the long-term relationship built between yoga therapist and client is more likely to lead to a steady practice and progression, rather than transient, episodic classes that may or may not be offered depending on grant funding, space availability, or administrative decisions. If you are providing a yoga therapy class in a clinical setting, be mindful of bright lights (particularly problematic for those with neurological conditions), sudden or unexpected noise, and ambient temperature (preferably cooler but not cold for those with MS and warmer but not overheated for those with Parkinson’s).

Know What You Do—And Do Not—Know

If dyskinesias or brain-fog are the manifestation of the day for people with Parkinson’s disease, asking them to stand with their eyes closed is perhaps not the best approach—or is it? In this case falling abruptly would be the expected outcome, yet having them place

HOW WOULD YOU RESPOND?

Following are examples of questions that might point a yoga therapist toward additional education.

- If a client or patient with MS stands with their eyes closed, in which direction will their head—and usually the body—eventually turn? And for Parkinson’s?
- Is it easier to walk forward, or backward, for those with Parkinson’s? And for those with MS?
- Yoga has been shown to reduce tremor in those with Parkinson’s, yet a client seems to be having much more difficulty with tremor than usual. In fact, the tremor is getting worse with each passing moment. Should you stop the yoga therapy session or continue?
- In a hypothetical yoga therapy session with three clients present, the client with MS repeatedly laughs uncontrollably, and then bursts into tears. The client with Parkinson’s stares ahead in stony silence, unsmiling. The client with Huntington’s is highly agitated and begins to shout at you. You know that all three clients are usually engaged, articulate, and able to take part in a 45-minute yoga therapy session. Why might they be acting in a markedly different way today? Hint: The causes are not related to the class scenario (e.g., unfamiliar location or new therapist), and each behavior is particular to each client’s preexisting condition.
- A client with MS, one with Parkinson’s, and another with cerebral palsy (CP) have just finished a yoga therapy session. They are pleased because they were able to do more stretching than usual. However, upon standing, they feel shaky and are unable to remain standing, let alone walk. The client with MS bounces up and down slightly, the client with Parkinson’s experiences body-wide rigidity (note: rigidity, not spasticity), and the CP client is no longer smiling because of notable joint pain. Can you explain the reason for each person’s reaction? There is a common cause.

their hands, palms down, on the therapist’s upturned hands will usually reduce (if not stop) the dyskinesia. If the eyes are open rather than closed, the somatosensory input from touch is less clear, and there is little effect. Let us go further: Is the dyskinesia due to Parkinson’s or to extended levodopa (L-dopa) treatment? It is certainly necessary to know, as the former can be helped by yoga therapy, whereas the latter is unlikely to improve without adjusting medication and/or dosages.

Another example: A client with Parkinson’s is “frozen” in place and unable to move their feet. How might we guide them to unfreeze and step forward safely without falling? Those with Parkinson’s face basic issues like this one daily, yet knowing how to help is often not self-evident, to the individual or the therapist. In a recent exchange with Paul Zeiger—who taught yoga until recently to persons with Parkinson’s and who has himself been learning from his own experiences of the disease—observes that, “Keen awareness of the body, viewed from the inside, enhances the effectiveness of all

therapeutic exercises and turns more of one's activities of daily living into therapeutic exercises. . . . The body is a pretty important piece of your life, and without a certain amount of mindfulness, you are not even going to notice it."

Some years ago, a yoga therapy instructor was demonstrating what they felt was the best overall approach to therapy for Parkinson's—high-amplitude movements. Although this approach can be helpful with bradykinesia, it is far from one-size-fits-all in my experience, so I asked for the instructor's perspective on a common difficulty for those with Parkinson's: gait freezing when walking through doorways or turning a 90-degree corner. To my surprise, the instructor emphatically stated that the client should be instructed to "take big lunges" (as in warrior II). Such an approach may be possible in the early stages of Parkinson's, but if a client is frozen to the ground, with the sensation that a tangible, physical barrier is issuing from the doorway, attempting a lunge would result in tipping forward and falling, or quite simply becoming increasingly rigid to the point of outright inability to move as a result of high anxiety. From my perspective and time working with neurological and neuromuscular conditions, the most direct and effective approach to this visuomotor response is to have the client lightly touch the door frame on both sides (haptic perception), or put their arms over their head, then attempt to move through. Another possibility is to have the client (slowly) turn and step backward through the doorway. Because gait-freezing is attributed to a complex group of factors ranging from cognitive- and motor-based to affective state (depression/anxiety),⁴ this phenomenon is an excellent example of a situation wherein we must know whether to emphasize physical, emotional, or awareness-based principles of yoga to support a client with Parkinson's.

These examples (in addition to others mentioned in the sidebar) underscore the need for a comprehensive scope of training within yoga therapy, as well as in-depth knowledge of particular conditions. Our responsibility to our clients is manifold: Informing oneself is commendable; however, gaining depth of understanding is vital and fundamental to our work as yoga therapists. Know what you do—and do not—know. **YTT**

References

1. de Meyenburg, N. (2017). Yoga therapy's role in long-term care: Broadening our approach to neuromuscular conditions. *Yoga Therapy Today*, 13(2), 46–50.
2. InforMS (Interviewer) & Kluger, B. (Interviewee). (n.d.) Neuropalliative care: Filling the gaps. Retrieved from Rocky Mountain MS Center eMS News: <https://www.mscenter.org/education/publications/ems-news-articles/654-neuropalliative-care-filling-the-gaps>
3. Chiu, C., Bishop, M., Pionke, J. J., Strauser, D., & Santens, R. L. (2017). Barriers to the accessibility and continuity of health-care services in people with multiple sclerosis. *International Journal of MS Care*, 19(6), 313-321. <https://doi.org/10.7224/1537-2073.2016-016>
4. Vandenbossche, J., Deroost, N., Soetens, E., Coomans, D., Spildooren, J., Vercrussse, S., . . . Kerckhofs, E. (2012). Freezing of gait in Parkinson's disease: Disturbances in automaticity and control. *Frontiers in Human Neuroscience*, 6. <https://doi.org/10.3389/fnhum.2012.00356>

Nathalie de Meyenburg, C-IAYT, RTT, LMT, specializes in neurological and neuromuscular conditions, movement disorders, rehabilitation, and disability. She is the founder of EquiLibrium Yoga Therapy & Thai Massage, providing individualized therapy, neuropalliative therapy, and comprehensive therapy programs. For more information visit EquiLibriumYogaTherapy.com.

EXPLORE THE TRANSFORMATIVE POWER OF YOGA THERAPY



WITH
GARY KRAFTSOW

Deepen your practice with these popular courses:

- Meditation Unlocked
- Pranayama Unlocked
- Yoga Therapy for Depression
- Yoga Therapy for Anxiety
- Yoga Therapy for Sleeplessness

COMING SOON

GET 20% OFF TODAY!
USE PROMO CODE: VINIYOGA20
YOGAINTERNATIONAL.COM



americanviniyogainstitute

YOGA INTERNATIONAL

YOGA PROFESSIONAL TRAINING

INTEGRATIVE YOGA FOR SENIORS PROFESSIONAL TRAINING

November 2-9, 2018: Earn a Certificate of Completion

Join Duke Integrative Medicine for a unique opportunity to earn a certificate of completion in Integrative Yoga for Seniors. This pioneering eight-day program is designed for trained yoga teachers, combining the best of modern, evidenced-based medicine with the ancient wisdom, experience, and traditions of yogic teachings.

Duke medical experts—physicians, physical therapists, and health psychologists—will cover health conditions common to seniors, such as heart disease, arthritis, and osteoporosis. Experienced yoga therapists Kimberly Carson, MPH, C-IAYT, E-RYT and Carol Krucoff, C-IAYT, E-RYT will provide hands-on training in appropriately modifying postures for safe and effective work with older adults. Special issues related to teaching elderly students will be addressed, including pain management, spirituality and aging, and fall prevention.

APPLY TODAY!



Duke Integrative Medicine

Learn about other yoga professional training opportunities and submit an application by visiting us at dukeintegrativemedicine.org/programs-training/.



Advanced Teacher Training at Phinney Ridge Yoga

6615 Dayton Avenue North, Seattle, WA

Register at: www.phinneyridgeyoga.com workshop page!

These workshops can be taken as stand-alone
or as part of our advanced 300-Hour YTT.

CEU's available for Yoga Alliance Registered Teachers



Power of Somatic Awareness and True Embodiment: Advanced Experiential A&P **Early Registration Price (by 9/1/2018): \$995**

- ◆ **Dates:** 4 Weekends: September 22-23, 2018 and October 20-21, 2018 and January 26-27, 2019 and February 23-24, 2019.
- ◆ **Faculty:** Certified Yoga Therapist (C-IAYT) and C.M.A., Christy Fisher

Yoga for Chronic Health Conditions (Yoga Alliance Approved 60 CEUs available) **Early Registration Price (by 10/1/2018): \$1495**

- ◆ **Yoga for Cancer; Yoga for MS; Yoga for Traumatic Brain Injury; Back Conditions; Emotional Aspects of Living with a Chronic Health Condition**
- ◆ **Dates:** November 9-12, 2018 and March 14-17, 2019
- ◆ **Faculty:** Certified Yoga Therapists (C-IAYTs) Christy Fisher and Laura Yon in Conjunction with Experts in the Seattle Medical Field.

JJ Gormley

Surya Chandra Healing Yoga School



JJ Gormley, Director,
MS-CAM, C-IAYT, ERYT500



*Teaching students to become teachers
and teachers to become students.*

Yoga Therapy Training Programs in progress

- ▶ Year 1/Step 1
Oct 2017 - Oct 2018 | Lombard, Chicago
- ▶ Year 3/Step 3
Oct 2017 - Aug 2018 | Lombard, Chicago
- ▶ Year 3/Step 3
Mar 2018 - Dec 2018 | Orange, Virginia

New Yoga Teacher Training Programs beginning this year:

- ▶ 200-Hour
Apr 2018 - Jan 2019 | Richmond, Virginia
- ▶ 200-Hour
Oct 2018 - Sep 2019 | Tupelo, MS

Retreats in 2018

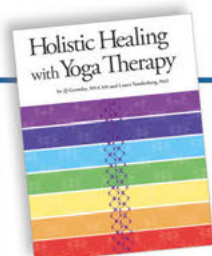
- ▶ Gray Bear Lodge & Retreat Center
May 7-12, 2018 | Hohenwald, Tennessee
- ▶ Retreat at Private home
Jul 29 - Aug 3, 2018 | Stonington, Maine

For more information please visit

SuryaChandraHealingYoga.com.

SCHYS is a Registered Yoga School with Yoga Alliance
(RYS200, RYS300, RPYS, RCYS)

SCHYS has an Accredited Yoga Therapy Program with IAYT.



JJ's book, *Holistic Healing with
Yoga Therapy*, co-authored with
Laura Vanderberg, PhD
is available online:

www.SuryaChandraHealingYoga.com

pure

INDIAN FOODS

Sattvic & Nourishing Foods

FOR STRONG BODY, CONSCIOUS MIND,
& PEACEFUL SOUL.



\$5 off over \$25

Code: "SATTVIC"

Expires 8/30/18

GHEE + SPICES + KITCHARI + AYURVEDA

pureindianfoods.com

*Education that
Empowers you
to deliver Excellence!*

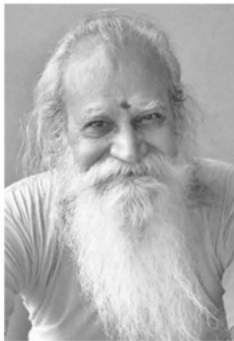


PHOENIX RISING
SCHOOL OF YOGA THERAPY
1986-2016



IAYT Accredited 954hr Yoga Therapist Training Program
200/300/500hr Therapeutic Yoga Teacher Training
Embodied Mindfulness Training for Mental Health Professionals

Courses offered in Bristol, VT | New York, NY | LaJolla, CA | Charleston, SC | Denver, CO | Vancouver | Tokyo
Call or Visit our website for courses, schedules and a complete list of locations.
800-288-YOGA • www.pryt.com



Sri Swami Satchidananda
Founder of Integral Yoga

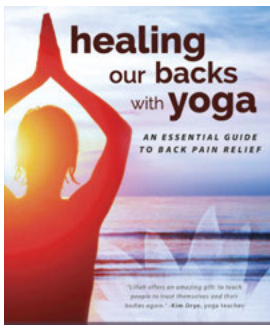
Integral Yoga Academy

2018 Programs for Teachers and Health Professionals at
Satchidananda Ashram–Yogaville®

- Stress Management Teacher Training
- Raja Yoga Teacher Training
- Restorative Yoga Teacher Training
- Adaptive Hatha Yoga Teacher Training
- Yoga for the Special Child®
- Yoga of Recovery® Certification



434.969.3121 ext. 153 www.yogaville.org iyacademy@yogaville.org
108 Yogaville Way, Buckingham, VA 23921



Healing Our Backs with Yoga: An Essential Guide to Back Pain Relief

By Lillah A. Schwartz

Beneficial Services Inc. through
Ingram Press, 2016

Review by Steven Weiss

In a comprehensive 182-page exploration, Lillah Schwartz outlines some of the possible physical causes of back pain and offers an extensive compilation of asana sequences that addresses each the factors reviewed. She introduces back-pain sources that include long and short musculature, arthritis, osteoporosis, scoliosis, sacroiliac, and spinal-disc issues. The book is well-formatted, providing an introduction to back pain accompanied by realistic, easy-to-reference sequences and extensive instructions for asana setup. The author generously shares her deep study and extensive teaching of yoga.

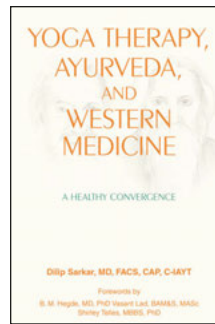
The therapeutics are exclusively asana-based, but the information is comprehensive and addresses topics such as leg-muscle inflexibility, hip and sacroiliac limitations, and back-musculature imbalance. Schwartz also explores abdominal muscle strength and shoulder function.

The book employs basic postures with reminders to either stay at that level or move forward. Photographs representing each pose are abundant, and I found the use and translation of Sanskrit asana names satisfying. Yoga therapists might consider using this book with their clients to help them develop a regimen of yoga postures that will effectively and logically address common issues related to back pain. The final sections supply an extensive chart of muscle/asana relationships and photo-sequencing of asana for specific back-pain conditions, making this a useful reference.

The book is successful as a basic introduction to some causes of back pain and its etiology. In some cases, additional details on back-pain issues, for example, ligament function in managing joint stability and flexibility, will no doubt be desired. However, a competent knowledge of the causes of back pain can be acquired here. With her background in massage therapy, the author's primary determinant and assessment for back pain focuses on muscular issues—specifically, whether muscles are long or short. Although this approach can successfully address numerous issues, it may not deliver when other causes, such as joint instability or fixations, are involved. To be fair, Schwartz does address joint function by reminding us to establish length and joint space before strengthening the back musculature.

Schwartz self-describes as a dedicated student of B. K. S. Iyengar. As is common with Iyengar-directed teachings, her focus and expertise are on pose-by-pose specifics. More general principles that can apply to all asana are not supplied, although this is perhaps a philosophical choice. All said, this book is a valuable resource for asana and its application to back pain. **YTT**

Steven Weiss, MS, DC, E-RYT, C-IAYT (injuryfreeyogapractice.com), is a holistic chiropractor and nutritionist. He teaches with many yoga teacher trainings internationally and has authored several books, including The Injury-Free Yoga Practice and the forthcoming Yoga Alignment, Principles and Practice.



Yoga Therapy, Ayurveda, and Western Medicine: A Healthy Convergence

By Dilip Sarkar, MD, FACS, CAP, C-IAYT

Lulu Publishing Services, 2017

Review by Robyn Tiger

Two snakes intertwine around the stem of a lotus flower whose center is the eye of wisdom and lies just above a petal transformed into the word “aum.” Using this symbol throughout his book, Sarkar depicts the convergence of Eastern and Western philosophies necessary for a more complete healthcare system. [It must be noted here that Sarkar is the immediate past president of the IAYT board.]

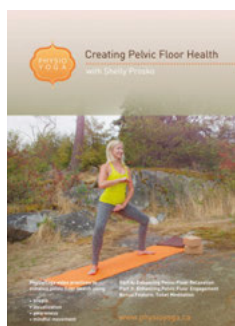
The author's own life has come to represent this healthy convergence. After sustaining a heart attack requiring coronary bypass surgery, Sarkar took control of his own health with a daily routine combining yoga therapy and ayurveda. To his physicians' surprise, he was then able to live a healthy life without medications. At their request, he designed this fundamental text to teach both patients and physicians these principles and practices.

Sarkar is not alone in his medical history. Morbidity and mortality from chronic diseases are increasing worldwide, and stress is a major causal factor. However, stress can be controlled with the lifestyle changes outlined in this book. Chapters include teachings spanning yoga anatomy and physiology; ayurvedic principles; and a daily routine composed of cleansing, asana, meditation, pranayama, and mudras. Numerous color photos of Dr. Sarkar demonstrating his practice lend authenticity to his teachings. He invites readers to make only a few changes at a time to increase the accessibility and success of their new practice.

I read this book with two pairs of eyes: those of a Western-trained physician and those of a yoga therapist trained in Eastern philosophies. My own personal daily practice was greatly deepened when I combined these two perspectives. I found myself highlighting, taking notes, photocopying for future reference, and pausing to practice. I was reminded of why I do certain practices and why I should add certain practices back into my daily routine while simultaneously learning new ones. I was also reminded of what not to do—like snacking while reading this book!

As a physician, I commend Sarkar for his thorough explanations of the complex physiology behind Eastern practices. The medical community will find the concepts understandable and credible. I commend him for his ability to create a text that can deepen an existing practice whether the readers are medical or yoga practitioners. I believe this book is a strong step in the right direction toward the much-needed transformation our current healthcare system requires. **YTT**

Robyn Tiger, MD, C-IAYT, RYT 500, founded Yoga Heals 4 Life, serving those touched by cancer, anxiety, and stress-related disorders. She is Trauma Informed Yoga Therapy faculty and serves on their medical advisory board for research.



Creating Pelvic Floor Health

By Shelly Prosko

Vimeo, 2016

Review by Tianna Meriage-Reiter

The 4-minute trailer for this wellness series immediately hints at the beauty and fun that awaits. An important point made is that there is a biopsychosocial aspect to pelvic-floor health that includes “what we eat, how we respond to and manage stress, and how we relate and connect to ourselves, others and the world around us.” A tranquil setting surrounded by trees forms the stage for a grounding practice.

The two 40-minute videos (streaming/downloadable) provide opportunity for your students to continue to work toward pelvic-floor health. The videos would best function as an adjunct to enhance students’ home practice. Ideally, they require previous instruction from a pelvic floor–trained yoga or physical therapist regarding anatomical landmarks, respiratory and pelvic diaphragms, what it means to perform the movements with “pelvic-diaphragmatic rhythm,” as well as previous training in locating muscles in order to relax or contract them.

In “Part A: Pelvic Floor Muscle Relaxation,” Prosko uses imagery to connect the student with their pelvic region. Visualization cues provide motor imagery for building left versus right body awareness. I appreciated the exploration of how a breath in feels in relation to a breath out within the same movement, as we’re not always in the position to breathe a certain way under the same conditions. Prosko suggests that the student be curious, not rigid, with how they approach the use of the learned skills. Students are invited to connect not just visually but also in a tactile way with the pelvic region to build trust in this often vulnerable area—“cultivating the trust to let go.”

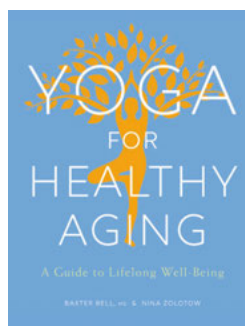
“Part B: Pelvic Floor Muscle Engagement” provides short, doable segments with a creative variety of movements, and these challenging yet fun dynamic exercises provide an exploration of pelvic-floor engagement with the breath. And as is so important in this kind of work, Prosko allows for time to relax the pelvic floor and to check in with one’s state of mind and thoughts, encouraging that viewers not rush the practice and creating connection rather than distance between mind and body.

“Toilet Meditation” is a bonus video that addresses how voiding the bladder and bowels is a common challenge in the world of pelvic-floor rehabilitation. This natural act should be pleasurable, not dreaded, and Prosko’s guided meditation uses imagery and breath to assist with the process. The sound of tranquil waters throughout encourages the act of voiding, and her easy acronym will allow the student to follow these steps when they are out in the world.

These videos are highly recommended for helping your student, client, or patient continue on their path toward pelvic health.

YTT

Tianna Meriage-Reiter, DPT, C-IAYT, WHNC, owner of Mind-Body Movement Center Physical Therapy Inc., helps women with health challenges that affect body, mind, and spirit. She has taken pelvic-health courses with the Herman & Wallace Pelvic Floor Institute and with Leslie Howard, creator of Pelvic Floor Yoga, and completed a Women’s Health and Nutrition Coaching Certification program.



Yoga for Healthy Aging: A Guide to Lifelong Well-Being

By Baxter Bell, MD, and Nina Zolotow

Shambhala Publications, 2017

Review by Staffan Elgelid

The 40-years-and-older segment of the population is growing rapidly, and they want to stay increasingly active as they age. The desire to stay active is complicated by the fact that many Americans have chronic health issues, such as diabetes and depression, and there is an ever-growing obesity rate. Considering the above factors, *Yoga for Healthy Aging* is timely. [In the interest of full disclosure, it should be noted that Bell is on the board of IAYT.]

The book’s main audience is not the yoga or rehab therapist, but those age 40 and up who are interested in staying active. The book is written in a language that is clear and at the level of the intended audience. The chapters are organized in a consistent way that makes it easy for the reader to find the needed information.

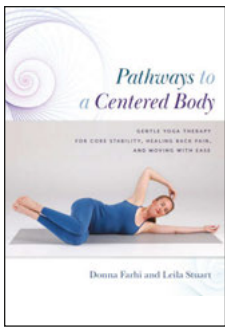
Part One of the book starts by discussing what constitutes aging. This is followed by basic principles for how to prepare for and customize your practice. Many books cover how to customize the practice at the end, but covering this material in the beginning emphasizes that it is okay and important to customize the practice.

After covering the basic principles of practice, this section of the book is organized based on themes such as yoga for strength, flexibility, balance, etc. Each chapter gives a brief description of the specific theme of the chapter, followed by what happens to the theme with aging, how yoga can help, and a specific sequence for the theme.

Part Two includes detailed descriptions of the yoga poses that were in the previous chapters, as well as *vinyasas*. The poses are clearly illustrated and described. Included are ways to modify the poses to match the practitioner’s ability.

I found this book to be very elegantly organized and written, making it easy to use. The book has plenty of detail for the intended audience, but is not overly detailed. *Yoga for Healthy Aging* might not have enough depth and references for some of the more advanced yoga or rehab therapists; however, everyone can benefit from information about how to help older clients stay active. My only concern is that the book’s title might cause it not to reach the population under 40. Everyone who desires to live—and age—with grace, balance, and strength should read this book. YTT

Staffan Elgelid, PhD, PT, GCFT, C-IAYT, is a professor of physical therapy at Nazareth College. He is on the advisory board of the International Association of Yoga Therapists, a board member of Yoga Alliance, and co-author of Yoga for Stress and Anxiety and Yoga for Active Adults.



Pathways to a Centered Body:
Gentle Yoga Therapy for Core
Stability, Healing Back Pain,
and Moving with Ease

By Donna Farhi and Leila Stuart

Embodied Wisdom Publishing, 2017

Review by Cheryl Van Demark

This book is a must-read for practicing yoga therapists. The reader is drawn into an intimate relationship with centering, taking a path that features an elaborate understanding of the psoas major and minor, the iliacus (forming the iliopsoas) and its myofascial relationship with the axial and appendicular skeleton, the diaphragm, and the autonomic nervous system.

The authors lead us toward a centered body by reminding us of all facets of our relationship with centering using the *panchamaya kosha* (five-sheath) model. They describe the *pratyahara* (sense-withdrawal) process of visiting our koshas as “body weather reading” and encourage frequent check-ins along the path. Key points of anatomy are reviewed with beautiful illustrations by Sonya Rooney. The book is structured using a logical six-step protocol that forms a cohesive pathway of progression to a centered body with a focus on our relationship to our deepest core support, the iliopsoas: 1. Find it; 2. Soften and hydrate it; 3. Release and lengthen it; 4. Balance it; 5. Strengthen it; and 6. Move from it.

Along the way, Farhi and Stuart appropriately acknowledge other myofascia that contribute to a balanced core. They fairly present information and discrepancies in views around the role and functions of the psoas and how we work with them in the yoga and bodywork communities. At the outset of the book they clearly recognize that although the bulk of their centering process relates to the iliopsoas, “functionally integrated movement can never be reduced to one muscle.” Furthermore, they remind us they are not presenting “a competent psoas as a somatic panacea for all that ails you.”

Both the yoga therapy movement approaches used and the rationale for them are artfully described for each of the 6 steps. The photography is visually appealing, and neatly summarized one-page movement practices can be found at the end of the book. All contribute to a beautiful, thoughtful, and balanced treatment of this core topic. **YTT**

Cheryl Van Demark, PT, MA, C-IAYT, has enjoyed more than 30 years of helping individuals cultivate a balance in body, mind, and spirit to pursue joyful living. Since receiving her yoga therapy credential in 2010, Cheryl has served as faculty for the Integrative Yoga Therapy program.



**GRADUATES OF ACCREDITED
PROGRAMS:
APPLY FOR C-IAYT STATUS TODAY!**

The C-IAYT credential signifies your high level of education, ethical standards, and professional commitment to yoga therapy.

C-IAYTs also enjoy benefits like reduced rates on liability insurance and will have access to exclusive IAYT materials to help them get the word out about their services and to educate others—clients, prospective employers, other healthcare providers—on the value of yoga therapy.

It's easy: Visit iayt.org. Under **Certification**, click **Accredited Program Graduates**, then **Apply for C-IAYT Here**.

**Be a leader in the international community
shaping the future of yoga therapy!**





Inner Peace
YOGA THERAPY

A program that remains true to the Yoga tradition, and yet balanced with so much heart

Level 1 Programs in Austin and Boston
starting Sept 2018

Study with world renowned faculty

NISCHALA JOY DEVI ANTONIO SAUSYS AMY WEINTRAUB DURGA LEELA

NEIL PEARSON MARIA MENDOLA LAURA KUPPERMAN CHINNAMASTA STILES

Enrich your teaching | Work privately or in a group setting
Embark upon a professional career in yoga therapy



Request a consult to see if our program is the right fit for you.

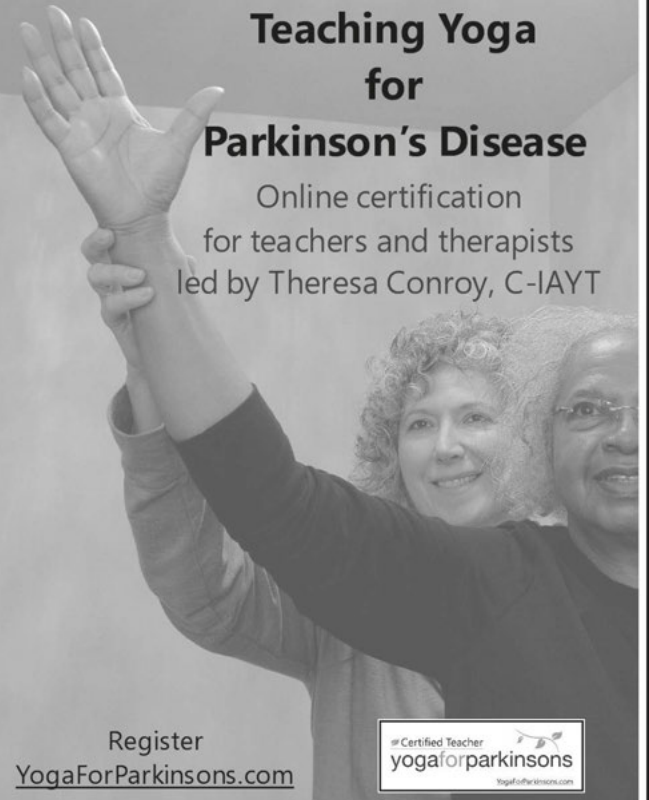
970.946.8961

info@innerpeaceyogatherapy.com
innerpeaceyogatherapy.com



Teaching Yoga for Parkinson's Disease

Online certification for teachers and therapists led by Theresa Conroy, C-IAYT



Register
YogaForParkinsons.com



IS MANAGING YOUR TAXES AS AN INDEPENDENT LHCP OR YOGA THERAPIST CAUSING PAIN?

WE CAN HELP!

1099Accountant offers affordable accounting and tax plans specifically designed for LHCP and Yoga Therapists.

It's as easy as 1-2-3.



CONTACT US FOR A FREE CONSULTATION

1099accountant.com • (855) 529-1099

TAYMS

TEACHING ADAPTIVE YOGA FOR MULTIPLE SCLEROSIS



A TRAINING PROGRAM IN FORT WORTH, TEXAS for yoga teachers and health care professionals
Learn from expert presenters and students with MS



June 1-3, 2018 TAYMS 18 hr INTRODUCTION

June 1-7, 2018 TAYMS 50 hr CERTIFICATION

A ONE OF A KIND TRAINING OPPORTUNITY with TAYMS Director **Karen O'Donnell Clarke, C-IAYT** and co-directors Travis Ehrhardt, CPT & Gusti Ratliff, C-IAYT

visit TAY-MS.com for more information





Dr. Jayadeva and Hansaji Yogendra

Teacher of Compassion

When I arrived at The Yoga Institute, I was an eager 25-year-old seeking enlightenment. I joined the six-month teacher training program, lived at The Institute, and had the immense privilege of studying with Dr. Jayadeva and his wife Hansaji. What I remember most is their unerring calm and cheerfulness as they directed programs, wrote, taught, and corresponded with past students the world over. The practices and wisdom taught at The Yoga Institute are profound. Yet the information they convey takes a back seat to the power of the principles the organization's members embody: intent, detached listening, compassionate nonjudgment, insightful patience. Compassion underlies the service of teaching. Those who live at The Yoga Institute for any length of time know the sense of love there conveyed by a deep level of acceptance.

Dr. Jayadeva Yogendra transitioned from this life on February 16, 2018. He was a spiritual Father who asked for nothing in return, other than that his students follow their dharma to the best of their ability. His quiet, sincere presence inspired thousands. He was one of the many yogis who has made yoga therapy relevant in modern society. **YTT**

Robert Butera, MDiv, PhD, directs YogaLife Institute (www.YogaLifeInstitute.com) in King of Prussia, Pa. Bob served on the IAYT board of directors and leads Comprehensive Yoga Therapy, one of the first IAYT-accredited programs. Bob's yoga programs follow his books, The Pure Heart of Yoga, Meditation for Your Life, Yoga Therapy for Stress and Anxiety, and the forthcoming Body Mindful Yoga.



In Memoriam, Jnani Chapman

By Tina Walter

We've lost a pioneer in the field of yoga therapy, a leader of the band, a one-of-a-kind. Jnani Chapman, an Integral Yoga teacher for almost 50 years, died in a tragic car accident on December 14, 2017. Jnani was at the forefront of integrative therapies in cancer and end-of-life care. She was known for her work in hospitals, research, with individuals, and as IAYT's first executive director. Jnani spent more than 30 years working with Michael Lerner at the Commonweal Cancer Help Program as a massage therapist, yoga therapist, and integrative nurse specialist. In 1990, she founded Yoga Therapy in Cancer & Chronic Illness (YCat), which has prepared hundreds of yoga teachers and healthcare professionals to safely work with these vulnerable populations. YCat teachers and faculty, supported by family and Integral Yoga, will continue Jnani's trainings.

Jnani generously used her gifts of knowledge and expertise in combination with understanding and deep compassion to support those in illness and suffering. All of us who knew her both personally and professionally have experienced a deep loss, although Jnani's brilliance has been embedded in our hearts forever. In the little ways she taught the big things. In witnessing first-hand her patients' shoulders relax, jaws soften, or eyes gleam with gratitude. In her words of wisdom: "What you resist persists," or her famous "feel what you feel," or "the only place you can ever be is where you are." Jnani wove in these teachings while always "holding space" for the patient.

Jnani is being mourned and remembered at gatherings across the country. On Feb. 18, over 100 people, including Amy Gage, Larry Payne, Michael Lerner, and YCat senior teachers, gathered at Commonweal in Bolinas, California, to celebrate Jnani's life with stories, music, and chanting. A scholarship fund for people with cancer to attend YCat retreats and for yoga teachers and healthcare providers to attend YCat trainings is being established. Donations are being accepted through YCat director Sandra Susheela Gilbert. Please email her at Sandralii@yahoo.com for more information. **YTT**

Tina Walter, C-IAYT, is senior YCat faculty and an Integrative Yoga therapist at Christ Hospital, University of Cincinnati Health Barrett Cancer Center, and St. Elizabeth Cancer Center.



IAYT Accredited

Yoga Therapy Training Program SM

IAYT congratulates its Member Schools whose yoga therapy training programs have been awarded IAYT accreditation!

To date, 29 Member Schools have programs that have earned this distinction by demonstrating compliance with the rigorous IAYT Educational Standards for the Training of Yoga Therapists.

More accreditation decisions are in process! Check IAYT.org for up-to-date information.

IAYT honors all our Member Schools who are submitting their yoga therapy training programs to this rigorous process.

Together, we are paving the way for making yoga a recognized and respected therapy worldwide!

IAYT-ACCREDITED YOGA THERAPY TRAINING PROGRAMS (AS OF APRIL 1, 2018)

Ajna Yoga Centre
Victoria, BC (CAN)

American Viniyoga Institute
Oakland, CA (USA)

Ananda School of Yoga and Meditation
Nevada City, CA (USA)

AUM hOMe Shala
Miami, FL (USA)

Essential Yoga Therapy
Fall City, WA (USA)

Functional Synergy Yoga Therapy
Calgary, AB (CAN)

Guru Ram Das Center for Medicine and Humanology
Española, NM (USA)

Hot Yoga Wellness/Yoga Qigong Academy
Concord, ON (CAN)

Inner Peace Yoga Therapy
Durango, CO (USA)

Integrative Yoga Therapy
Sebastopol, CA (USA and BRA)

Kula Kamala Foundation
Reading, PA (USA)

Maryland University of Integrative Health
Laurel, MD (USA)

Niroga Institute
Oakland, CA (USA)

Phoenix Rising Yoga Therapy
Bristol, VT (USA)

PranaYoga School of Yoga and Holistic Health
Fort Wayne, IN (USA)

Soul of Yoga Institute
Encinitas, CA (USA)

Spanda Yoga Movement Therapy
Princeton, NJ (USA)

Stress Management Center of Marin
Larkspur, CA (USA)

Surya Chandra Healing Yoga School
Orange, VA (USA)

Wellpark College of Natural Therapies
Auckland, New Zealand (NZL)

Yoga & Polarity Center
Malverne, NY (USA)

YATNA (Yoga as Therapy North America)
Nashville, TN (USA)

Yoga Bharati
San Jose, CA (USA)

YogaLife Institute
Devon, PA (USA)

Yoga North International Soma Yoga Institute
Duluth, MN (USA)

Yoga Therapy International
Vancouver, BC (CAN)

Yoga Therapy RX LMU
Los Angeles, CA (USA)

Yoga Vahini
Chennai, Tamilnadu (IND)

Yoga Yoga
Austin, TX (USA)

Note that some schools have multiple locations and online components.



LifeForce Yoga®

Professional Trainings Led by

Rose Kress, Amy Weintraub, & Mental Health Professionals

Simple Interventions to Meet and Transform Anxiety, Depression, and Trauma

Accessible Yoga Tools Informed by Current Research

Self-Care Practices for Professionals and Opportunities to Clear

Online Learning, Research Resources
Practitioner Directory, IAYT CEUs Available

Because Balance. Mental Health. Results.

7-day trainings

Tucson AZ, Jan & May
Kripalu, Stockbridge MA, July
Yogaville, Buckingham VA, Sep

5-day trainings

Sivananda, Bahamas, Mar
Lewes, DE, Apr
Check website for updates!



yogafordepression.com | 520 349 2644



Professional liability coverage
for Certified Yoga Therapist.

Only
\$129
per year!



- \$2MM occurrence coverage
- Instant coverage, immediate certificate

beYogi Insurance+
PLUS

Certified Yoga Therapists coverage: beyogilns.com/C-IAYT
Yoga Instructor coverage (\$149/yr): beyogilns.com/IAYT
Learn more at: 800.516.8822

Somatics Educational Resources for Yoga Therapists and Yoga Teachers

How Yoga Works: An Introduction to Somatic Yoga
by Eleanor Criswell Book: \$14.95

Somatic Exercise Yoga
by Eleanor Criswell 3 CD set: \$30.00

Somatic Yoga with Eleanor Criswell
from *Thinking Allowed* 90-min. DVD: \$34.95

Somatic Yoga Teacher's Guide Booklet: \$20.00

Shipping \$6.00 first item, \$1.00 each additional item in USA.
California residents add 9% sales tax.

.....

Somatic Yoga Professional Training Program
with Eleanor Criswell, Ed.D.
Novato, California

Somatics Educational Resources
1516 Grant Ave., #212, Novato, CA 94945 USA
Phone; (415) 892-0617 • Fax; (415) 892-4388
E-mail; info@somaticsed.com
www.somaticsed.com

2018 Mindful Resilience Trainings

JOIN VETERANS YOGA PROJECT FOR A 15-HOUR TRAINING TO LEARN HOW TO MOST SAFELY AND EFFECTIVELY PROVIDE YOGA AS A COMPLEMENTARY APPROACH FOR POSTTRAUMATIC STRESS AND OTHER PSYCHOLOGICAL CHALLENGES.

- MAR 23-25 Omaha, NE
- APR 6-8 Excelsior, MN
- MAY 4-6 New Haven, CT
- MAY 18-20 Colorado Springs, CO
- JULY 13-15 Arlington, VA
- AUG 17-19 Munich, Germany
- OCT 5-7 St. Louis, MO
- DEC 7-9 Irmo, SC



veteransyogaproject.org

HASTAPADA®

Multi-functional easily adaptable
"Hand to Foot" Yoga Strap



Bridge the Gap
(adjustable loop on legs)
(stationary loops over wrists)



WS & Retail Available: VYANAYOGA.COM



Home of the

Long Island Institute for Yoga Therapy

Become an IAYT Certified Yoga Therapist

- Provide each student with the ability to assess the needs of their clients in a wholistic manner.
- Impart skills needed to design effective personalized practices based on individual needs.
- Teach the skills necessary to communicate and collaborate with health care providers.
- Guide students and provide support throughout the curriculum.
- Open to all 200 hour RYT graduates from a Yoga Alliance program.
- Conveniently located in the NY Metropolitan area.
- Program Director: Jane McQueen
- Contact: Heather Principe, 516 578-2898
www.yogapolarity.com



"The scope of Jaymie's knowledge and experience enabled me to greatly refine my teaching, and her encouragement supported me when my confidence faltered. It was like having a private teacher training!"

Offering via Skype and Other Virtual Platforms:

- ✓ YACEP Credentialed Mentoring
- ✓ Yoga for Arthritis Mentoring
- ✓ Certified Health and Wellness Coaching
- ✓ HeartMath Coaching
- ✓ Prime-Time Health e-Course

Jaymie Meyer, NBC-HWC, C-IAYT, ERYT500
Health & Wellness Coach, Yoga Therapist, and Mentor

917.673.3803 • www.ResilienceForLife.com



Advertise

In the Publications of
The International Association of Yoga Therapists

IJYT

International Journal of Yoga Therapy
Published in the Fall

YTT

YogaTherapyToday
Published in the Winter, Spring, and Summer

For a Media Kit and
Advertising Opportunities
Contact Abby Geyer
IAYT Advertising Manager
ageyer@iayt.org





2018 Sponsors

SYTAR June 14-17 • Reston, VA

SYR October 15-17 • Stockbridge, MA

Gold Sponsors



Silver Sponsors



YOGA PROFESSIONAL ACADEMY
MAKING A WORLD OF DIFFERENCE TOGETHER



Exhibitors



Piel Canela Peru Fair Trade Organization

Media Sponsors



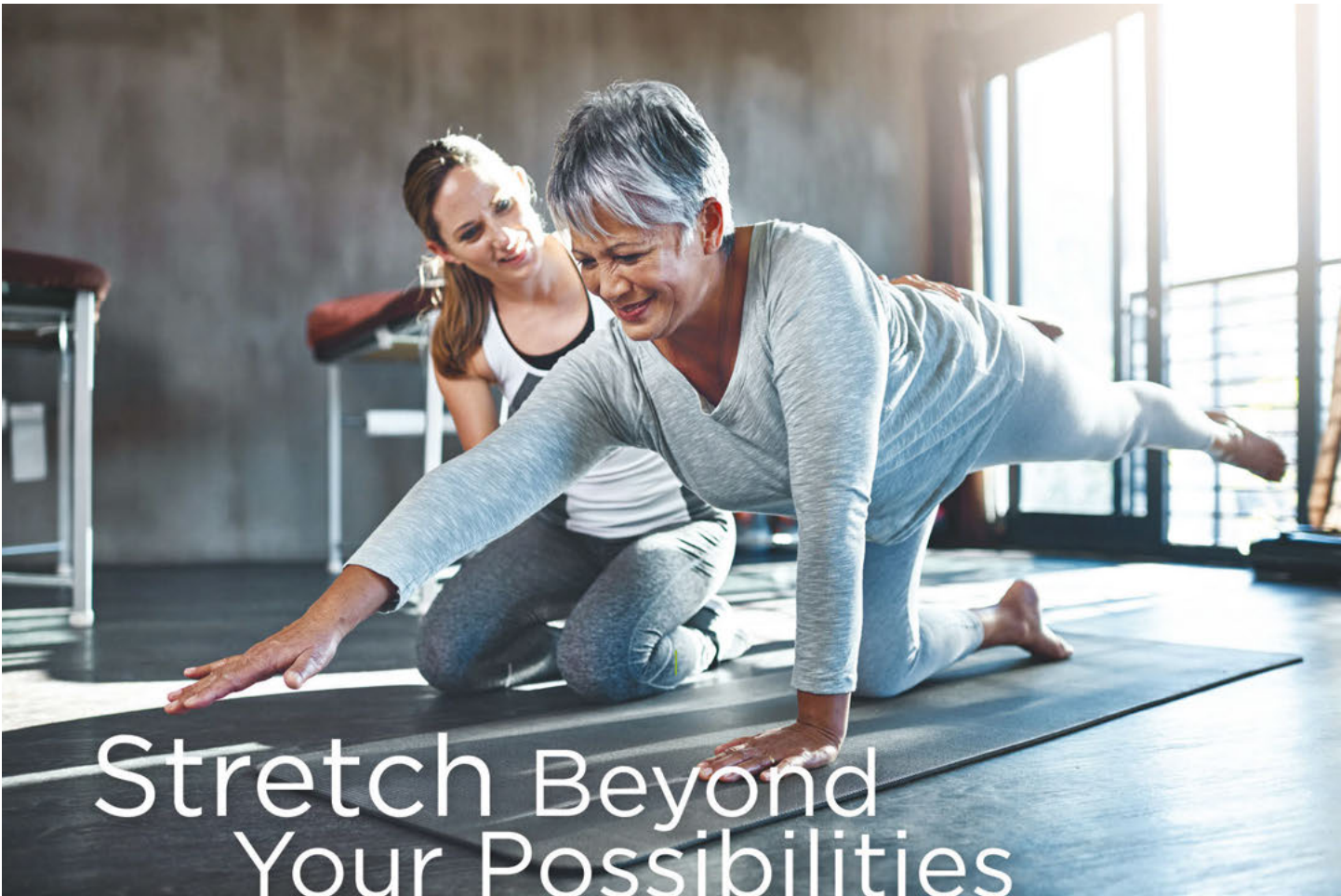
Association & Affiliate Sponsors



Academic Sponsors



For 2018 Sponsorship Opportunities, Please Contact Debra Krajewski at debrak@iayt.org



Stretch Beyond Your Possibilities

Maryland University of Integrative Health offers the nation's first and only Master of Science degree in Yoga Therapy.

- Accredited by IAYT
- Embraces ancient wisdom of yogic traditions
- Offers mentored clinical experience
- Weekend and intensive formats available

Our graduates are leading the way in the evolution of yoga therapy and go on to become:

- Private practitioners
- Clinical practitioners
- Consultants
- Corporate wellness specialists
- University faculty

Graduate Programs in Integrative Health

Naturopathic Medicine | Nutrition | Health and Wellness Coaching
Herbal Medicine | Health Promotion | Acupuncture and Oriental Medicine

Apply Today
muih.edu



Call **410-888-9048 ext. 6647** to speak with an Admissions Counselor today.



**INTERNATIONAL ASSOCIATION
OF YOGA THERAPISTS**

P.O. Box 251563
Little Rock, AR 72225

CHANGE SERVICE REQUESTED

NONPROFIT ORG.
U.S. POSTAGE
PAID
MANSFIELD, OH
PERMIT #158

MOVING?

Update your address online at www.iayt.org
or email membership@iayt.org

NOT GETTING EMAIL FROM US?

Please add membership@iayt.org to your
address list or safe senders list.

YOGA U

Online Yoga Education
for Every Body



Judith Hanson
Lasater



Julie
Gudmestad



Dr. Gill
Solberg

FREE 3-Part Webinar Series!
Teaching Yoga to
Older Beginners



YogaUOnline.com/OlderBeginners