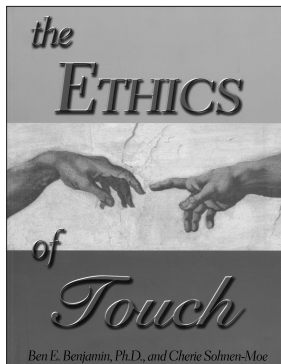


Reviews

Books

Ben E. Benjamin and Cherie Sohnen-Moe. *The Ethics of Touch: The Hands-on Practitioner's Guide to Creating a Professional, Safe, and Enduring Practice.* Tucson, Ariz.: Sohnen-Moe Associates (<http://www.sohnen-moe.com>), 2003. Paperback, 320 pp., \$28. Reviewed by Kimberly Gavin, R.Y.T.



Managing ethical conflicts is challenging for anyone, but it is particularly so for wellness practitioners who make their living by touching others, whether they practice massage, acupuncture, chiropractic, physical, Yoga, or some other therapy. Too often, ethical training is not covered in formal education.

The authors of *The Ethics of Touch*, Ben E. Benjamin, Ph.D., and Cherie Sohnen-Moe, believe this oversight causes confusion at best and sets up touch practitioners and/or their clients for harm at worst. Their textbook is an exhaustive resource for helping touch therapists expand their knowledge of ethics, better manage client-practitioner boundaries, and in general run ethical practices.

Benjamin and Sohnen-Moe wisely begin by defining ethical principles in the first chapter. For example, ethics are defined as the study of moral principles and appropriate conduct, while values are defined as tangible and intangible convictions an individual considers of worth. This chapter includes a discussion of ethical dilemmas—when two or more principles are in conflict—and offers a model for conflict resolution. Here the authors also lay the groundwork for core psychological concepts they will apply throughout the book.

Chapter Two continues to build the foundation by defining boundaries and exploring the types and extent of borders that we use to separate ourselves from others and the environment. The practitioner and client ideally meet boundary to boundary, but when boundaries are crossed or violated problems can result. This chapter includes boundary clarification and indicator exercises to help practitioners explore their own attitudes. This chapter, like others in the book, also is

peppered with scenarios to help clarify important concepts. An understanding of boundaries is important, the authors stress, because it helps practitioners to improve their relationship with clients as well as avoid inadvertent slips into unethical behavior.

Equally important in maintaining an ethical practice—or living an ethical life for that matter—is effective communication. Frequently boundaries are crossed (and problems created) because the practitioner is not communicating clearly with the client or is not able to clearly understand what the client is communicating. Thus Chapter Three is devoted to understanding communication dynamics.

There are two key concepts in this chapter: understanding reflective listening to assure clear interpretation of what the client is saying, and interactive speaking, which allows the practitioner to clearly get the point across and get feedback from the client. This chapter also covers body awareness—sometimes a client will speak volumes with posture or reflexes without saying a word. Practitioners can and should train themselves to see what the client may not be able to say. The authors conclude this chapter with communication techniques that allow clients and practitioners to maintain their boundaries, thus fostering an ethical and professional relationship.

Having established a platform of understanding, the authors delve into the meat of their subject in the remaining chapters. Chapter Four explores dual relationships and how those can offer both opportunities as well as ethical challenges. A friend asking for massage therapy is an example of a dual relationship. Two practitioners exchanging services would be another. Examples like these are fairly benign, the authors contend, but are not without pitfalls. At the other extreme are instances where a client and practitioner embark on a romantic relationship, something the authors clearly discourage, at least while the professional relationship exists. This chapter concludes with methods to evaluate the potential risk in dual relationships and ways to minimize concerns. Professional supervision is an invaluable tool for navigating gray areas, something Benjamin and Sohnen-Moe encourage and emphasize throughout the book.

Chapter Five deals with sex, touch, and intimacy and is really the heart of *The Ethics of Touch*. The authors clearly define the difference between sex, touch, and intimacy and explore the implications of each in depth. This chapter includes an in-depth discussion of sex and touch therapy. Because humans are sexual beings, Benjamin and Sohnen-Moe contend that keeping sexuality totally out of touch treatment is not possible. What they focus on is helping practitioners acknowledge that sexu-

ality exists in an environment where sex is absolutely taboo, the ultimate ethical challenge. Sexual misconduct is covered in depth, including a risk assessment questionnaire to help practitioners determine the danger they face of moving into unethical territory. Repeatedly, the authors stress that sexual relationships between practitioner and client are absolutely forbidden. And they candidly present the pitfalls of ignoring this advice.

Ethical practice management and ethical business practices are covered extensively in Chapters Seven and Eight. The authors walk readers through the scope and standards of touch therapy practice filtered through the eye of the law, which is pivotal but very often difficult to interpret. Business ethics include issues ranging from attitudes about money to product sales, fee structures, taxes, referrals, marketing materials, insurance, and legal issues.

Any practitioner who deals with trauma victims will find Chapter Eight valuable. Here Benjamin and Sohnen-Moe present the basics of understanding trauma and abuse and the cycle of recovery. They then put in context the benefits of touch therapy to trauma victims and clearly delineate what practitioners need to know to work with these clients. They support this chapter with an appendix offering specialized protocols for dealing with trauma, abuse, and cult victims.

The final chapter explores the role of supervision in the touch practitioner's career. The authors believe that supervision is an essential ally in maintaining an ethical and professional practice. They say so repeatedly throughout the book, but in this chapter discuss in more depth what makes a good supervisor and how to find one, as well as how to use peer supervision as an acceptable substitute.

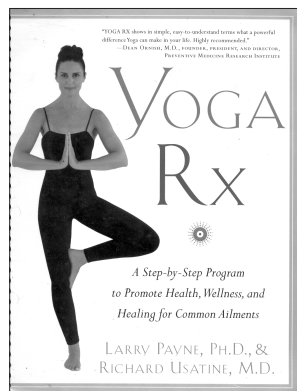
This book is valuable as a resource for exploring a wide range of sensitive issues. Benjamin and Sohnen-Moe support their thorough work with quotations in the margins throughout the book from a wide variety of sources. Also useful are margin references that lead readers to other related sections. Where appropriate, sources of information are listed alongside the applicable text. In addition, the authors have created three useful appendixes. Aside from the aforementioned appendix on trauma, another offers sample office policies and other useful practice forms. The final appendix presents the codes of ethics of 13 different organizations, such as the American Chiropractic Association, the American Massage Therapy Association, the American Polarity Therapy Association, and the Kripalu Yoga Teachers Association.

In the chapter on sex, touch, and intimacy, Benjamin and Sohnen-Moe sum up the *raison d'être* of their book:

“Widespread education about ethical behavior is necessary to prevent the next generation of health practitioners from compromising their client's welfare and the public trust.” Training has already begun in some schools, but what about those who have received no formal training? The authors answer, “It is never too late to learn.” For any touch therapist concerned about maintaining an ethical practice, this book offers an excellent place to start.

Reviewer and IAYT member Kimberly Gavin, R.Y.T. 200, is currently working on her 500-hour certification through the Southern Institute of Yoga Instructors. In addition to teaching Hatha-Yoga, she is editor of Floor Covering Weekly, a trade publication based in New York. She lives in Dalton, Georgia, and may be contacted at kimgavin@aol.com.

Larry Payne and Richard Usatine. *Yoga Rx: A Step-by-Step Program to Promote Health, Wellness, and Healing for Common Ailments*. New York: Broadway Books (<http://www.randomhouse.com/broadway>), 2002. Paperback, 320 pp., \$17.95. Reviewed by John Kepner.



As a practicing Yoga therapist referencing this book for a wide variety of reasons over the course of one year, perhaps my best recommendation is simply to note that I have spiral bound my own copy, and some of the pages are becoming a bit dog-eared. I recommend this book to my friends when I cannot see them myself, and even to my students. One

long-term student recently provided some unsolicited comments:

If I were a Yoga teacher/therapist, I would definitely suggest this as a basic text that students need. The communication style is gentle and easy. The fundamentals are logically presented. The instructions are clear. It is easy to grasp ideas and concepts with one reading of the instructions.

I agree. This book is a well-written and engaging introductory guide to Yoga therapy, authored by two of the Western leaders in this emerging discipline. The text

has an elegant simplicity, reflecting years of experience. I especially appreciate the thoughtful medical advice and wise lifestyle counseling that is well integrated with the Yoga practices. I also appreciate the extensive resource guide and the many academic references. The book as a whole provides much insight for Yoga students, Yoga teachers, and other health care practitioners wishing to explore Yoga for health and wellness, as well as for its use as a complementary or alternative therapy.

As a teacher attempting to work with the whole individual, however, and as a lecturer often challenged to describe Yoga therapy, I was initially a little uncomfortable with the connotations of the title of the book. Yoga therapy is not a set of mechanical prescriptions or protocols for common ailments. That sort of cookbook approach does a disservice to the breadth of the discipline, the role of the teacher, and the many dimensions to each student. Yoga therapy is first and foremost Yoga, a long-established holistic discipline that acknowledges and addresses the multidimensional nature of the human being.

The authors, of course, know this well. Larry Payne, Ph.D., has done much pioneering work in Yoga therapy and in creating bridges between this discipline and the allopathic medical community. Indeed, Larry is the cofounder of the International Association of Yoga Therapists and a friend of this reviewer. Richard Usatine, M.D., has been teaching mind-body medicine since the time of his residency.

In my view, the practices in the book are sound and helpful illustrations of general principles applied to specific individuals and situations at a certain point in time rather than prescriptions that can be uncritically generalized. From that perspective, this book will be especially interesting to experienced Yoga teachers and therapists who are familiar with various caveats, alternative approaches, and broader dimensions to Yoga practice.

For example, chronic lower back pain is probably the most common complaint brought to Yoga therapists. The practice suggested in the book should be helpful to many in “typical” situations, and I have used it successfully with some of my own students. Many students are not typical, however. For some students, this particular sequence will be too strong, or too gentle, or too long, or contain a contraindicated movement, such as a supine pelvic twist. In real life, many students have other important health considerations besides lower back pain, e.g., a different limiting injury, excessive stiffness or flexibility, difficulty breathing, depression, perhaps even much experience in Yoga from another tradition, etc.

Many students will have, or will soon develop, other goals for practice besides pain relief. Increased physical

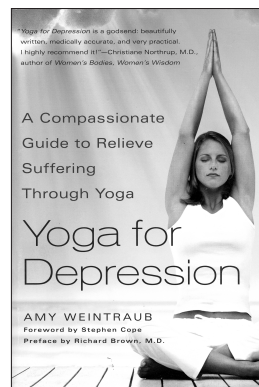
and psychological strength and private spiritual support are two common, but much different aspects of Yoga practice that can be woven into or stimulated from therapeutic applications, and these dimensions are understandably not developed in the book. There is, however, a very practical and useful chapter on relaxation and meditation.

Finally, perhaps more than needing a technique, students may most need a relationship with a teacher who will see them as a whole, something they might not find in the conventional health care environment.

An excellent companion to this book for therapeutic applications is *Yoga for Wellness* by Gary Kraftsow (from the same teaching lineage). Compare, for example, the much stronger sequence for working with the lower back in that book and the additional emphasis on case-specific applications. Together, these two books provide a rich, complementary perspective on Yoga therapy. For another companion and a “user friendly” introduction to both Yoga practice and the deeper dimensions of Yoga, see *Yoga for Dummies*, by Larry Payne and Georg Feuerstein, Ph.D.

For those interested in a thoughtful and experienced perspective on the integration of Yoga with allopathic, complementary, and alternative medicine, I recommend *The Yoga of Healing* by T. K. V. Desikachar and Dr. Arjun Rajagopalan. For a balanced discussion and review of the medical evidence on the therapeutic benefits of Yoga, see *The Best Alternative Medicine* by Kenneth Pelletier, Ph.D. For deep insights into Yoga from two of Larry Payne’s teachers, see *The Heart of Yoga* by Desikachar and *Yoga for Body, Breath, and Mind* by A. G. Mohan.

Amy Weintraub. *Yoga for Depression: A Compassionate Guide to Relieve Suffering Through Yoga*. New York: Broadway Books (<http://www.randomhouse.com/broadway>), 2003. Paperback, 285 pp., \$14.95. Reviewed by Phil Catalfo.



This is no quick-fix book, nor does it contain any promises of a panacea. Instead, [*Yoga Journal*] contributor, Kripalu Yoga teacher, and registered Yoga [teacher] Amy Weintraub has written something infinitely more valuable: a sensitive, intelligent, painstaking exploration of the deeper psychospiritual issues that make up the

complex experience of depression. That in itself would be a significant contribution, but *Yoga for Depression* also offers a brilliant illumination of how the ancient wisdom of the Yoga tradition can penetrate the often intractable challenges of depression. While Weintraub does provide descriptions of yogic exercises throughout (and includes with them earnest entreaties to practice every day), the genius of her book is that it emphasizes the efficacy of Yoga on “the problem of Being itself,” as Stephen Cope puts it in the foreword.

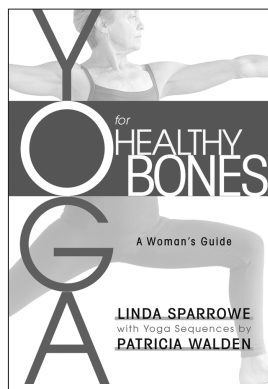
Weintraub, who suffered from severe depression during the 1980s and began her recovery through daily Yoga practice, combines firsthand knowledge of the insidious, self-reinforcing difficulties of the depressive state with the faith that those difficulties can be overcome. She also melds her teacher’s insight on the therapeutic value of Yoga with her impressive personal understanding about the particulars of depression as a pervasive modern malady.

What is most impressive about this text, though, is not how much she knows but the way she conveys what she knows, the innate qualities she brings to her writing: her steadfastness in encouraging the reader, her agility at drawing on ageless Yoga texts and contemporary Yoga experts, her insights into the problems of the self and the conditions in modern society that exacerbate them. “We’re treating the symptoms when we take our Paxil or our Celexa, but we’re not addressing the root of our suffering,” Weintraub writes. “We do not meet our suffering at its source.” (“You won’t find Eli-Lilly funding a study on Yoga,” she later notes wryly.)

Besides the therapeutic benefits of particular techniques such as asana, pranayama, and meditation, Yoga’s greatest gift to those in psychological torment, Weintraub says, is its very vision of the liberated soul. “There is only one consciousness,” she writes. “The yogis call this atman. This is our true nature. When we remember this, our suffering disappears.” Someone afflicted with depression might not read those words and instantly believe her or his suffering can literally disappear, but *Yoga for Depression* will help such a person take crucial first steps toward freedom from that burden.

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Linda Sparrowe, with Yoga sequences by Patricia Walden. *Yoga for Healthy Bones: A Woman’s Guide*. Boston: Shambhala Publications (<http://www.shambhala.com>), 2004. Paperback, 140 pp., \$13.95. Reviewed by Joe Furman.



There is much information in the first chapter of *Yoga for Healthy Bones*, the majority of it pertaining to osteoporosis. The chapter highlights the importance of posture and bone mineral density (BMD) and their relationship to osteoporosis. The author describes several risk factors for osteoporosis and discusses how Yoga can help with each of

them in a very concise, easy-to-read manner. Among the risk factors are asthma, digestive disorders, alcoholism, smoking, and depression.

Chapter 2 explains how the body builds, breaks down, and rebuilds bone, emphasizing the importance of diet as a key factor in bone health.

Chapter 3 explains the effect of a continuous state of stress on the nervous, endocrine, immune, digestive, and reproductive systems, as well as the relationship of cortisol, a stress hormone, with osteoporosis. *Âsana* sequences designed to relieve depression are recommended and described by Patricia Walden. I was impressed by the abundance of *âsana* modifications for the less experienced or less able practitioner provided throughout the book.

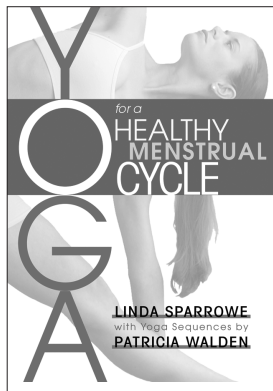
Chapter 4 continues the holistic theme of Yoga as a diverse therapeutic application for poor health. Although the author mentions that Yoga can improve bone density for people of all ages, she points out that low BMD does not necessarily mean you have brittle bones and that there is no strong correlation between low BMD and bone fractures. Bone fractures can occur as a result of several other factors, such as posture, coordination, flexibility, balance, and general health. Yoga helps improve all these factors and more. In addition to stimulating calcium retention in bone, Yoga helps the body use all nutrients from foods more efficiently, which can lead to improved health. Yoga also helps bring about a change in the way we view our bodies and health, possibly leading to a cessation of alcohol use, smoking, and other self-destructive behaviors.

In Chapter 5, Sparrowe suggests that osteoporosis can be a reversible condition. She explains how Yoga can help people with hyperkyphosis by improving balance, range of motion, flexibility, and self-esteem. She also presents two Yoga sequences (designed by Walden) for women with kyphosis and/or spinal fractures. She points out the importance of practitioners being able to meet minimum criteria before attempting Yoga postures.

A substantial portion of the book gives instructions on how to do the *âsanas* and also provides sequences for doing them. If you are familiar with *âsanas* or already have a few books on this subject, there may not be anything new in this regard, except for the specific sequences and information on modified poses. The information on bone health is helpful for people who want more than an overview, but less than what a medical textbook would provide. The book is well written and easy to understand.

Reviewer and IAYT member Joe Furman, R.Y.T., specializes in integrating fitness with community living, and in Yoga and the environment.

Linda Sparrowe, with Yoga sequences by Patricia Walden. *Yoga for a Healthy Menstrual Cycle*. Boston: Shambhala Publications (<http://www.shambhala.com>), 2004. Paperback, 176 pp., \$13.95. Reviewed by Sujata Cowlagi.



Both authors of *Yoga for a Healthy Menstrual Cycle* have strong credentials in their respective fields. Linda Sparrowe is a contributing editor of *Yoga Journal*, and Patricia Walden is an internationally respected Iyengar Yoga teacher who has designed the *Yoga Journal Practice* series of videotapes. The authors have largely drawn upon their earlier

work, also published by Shambhala (in 2002), *The Woman's Book of Yoga & Health: A Lifelong Guide to Wellness*.

The current book aims at empowering women to take control of their bodies and being. More specifically, it seeks to enhance awareness of the menstrual cycle in a gentle, harmonious way. Sparrowe explains, in relatively simple language and with helpful diagrams, how a woman's body has been perceived in the Western system of medicine. She juxtaposes these insights with relevant concepts from Yoga. Where appropriate, she also draws attention to supportive practices from Ayurvedic or herbal healing. The Ayurvedic concept of *ama* or toxins leaving the body and comparison of the period to the lunar cycle provide an interesting alternative way of understanding the menstrual cycle.

The authors discuss specific disorders or imbalances in the menstrual cycle, with particular attention to possible causes. They review conventional methods of

treatment and then go on to suggest diet, rest, and lifestyle changes along with Yoga for relief and improvement.

Patricia Walden gives *âsana* sequences with detailed instructions, modifications, and necessary precautions. She supplements these with useful photographs for each condition, such as premenstrual syndrome, painful or heavy periods, endometriosis, and fibroids. The *âsana* sequences focus on relaxation, opening of the pelvis, and gentle forward bending to facilitate "*apâna vâta*" or the downward flow of blood. Back bends, inversions, standing poses, and classical *prânâyâma* are not recommended during the period. Walden advises changes in daily practice to underscore the effect a posture has on the uterus, the whole body, and the mind. Instead of a classical *prânâyâma* practice, she suggests directing the breath to where tension or pain is located.

Walden advocates using the menstrual cycle as an important tool to connect with the body at a deeper level and to create a Yoga practice with one's emotional and physical needs in mind. Her treatment of "postmenstrual wellness," or resuming practice after the period, is particularly insightful. Women with joint pains also should find the book useful.

The case studies presented in the book bring not just Yoga, but also combine Western and Eastern approaches to addressing imbalances. A useful resource section on books, websites, and stores is included at the back of the book.

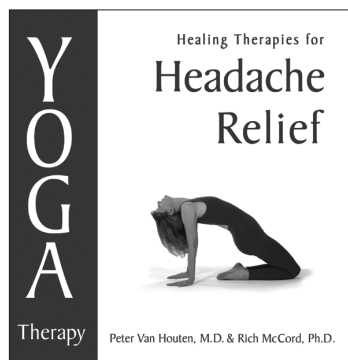
I have only one critique and one caveat. The *âsana* sequences tend to have similar poses, and the instructions and photographs for some *âsanas* appear repetitive. Readers need to be familiar with the use of props in order to practice some poses, such as *viparîta dandâsana*, which uses three bolsters, a special chair, and blankets.

I reviewed this book over the course of a month and observed and noted some changes in my body and emotions. I also was able to share information with my students with positive effect. All those who aspire to get off to a good start in creating a personalized Yoga schedule should find this book helpful.

Reviewer and IAYT member Sujata Cowlagi trained in India with numerous teachers and teaches Yoga in New York and New Jersey. She offers special classes for mothers and their children and pregnant women and is raising two young children. She lives in Jersey City, New Jersey.

Peter Van Houten and Rich McCord. *Yoga Therapy: Healing Therapies for Headache Relief*. Nevada City,

Calif.: Crystal Clarity Publishers, 2004. Hardcover, 159 pp., \$14.00. Reviewed by Ellen Serber. Responded to by Peter Van Houten. Director's note by John Kepner.



Yoga Therapy for Headache Relief by Peter Van Houten, M.D., and Rich McCord, Ph.D. is a handsomely designed small volume. The photos are well done, the color scheme calming, and the pages are laid out in easily readable format. The purpose of

the book is to introduce people who suffer headaches to an array of alternative treatments based on the Ananda approach to Yoga, including exercise, deep breathing, positive affirmations, and stress reduction. The book contains an introduction addressing the causes of headaches, a short Yoga practice sequence, and a brief concluding chapter entitled “More You Can Do for Your Headaches.”

The authors write that the book should “blend seamlessly” with current medical care, and they discuss medications for headaches that are frequently prescribed by physicians. Clearly there is no desire here to substitute a Yoga practice for medical treatment, but rather to augment what medicine can offer. The heart of the book is a practice sequence that, combined with deep breathing and relaxation, provides the therapy of the book’s title.

Affirmations are suggested for the poses, such as, “I open to the flow of God’s life within me,” during a supine twist. “Affirmation,” they write, “an essential companion to the physical postures in Ananda Yoga, is a bridge between the purely physical components contributing to your headache, and the mindset, or attitudes, which in part trigger the cascade of events resulting in a headache” (p. 47).

A discussion of poor alignment as a cause for headache is based upon *tadâsana*, and I found certain comments in this section difficult to accept. For example, consider the analysis at end of this discussion: “Another cause of headaches is ‘head forward posture’: instead of sitting comfortably in line with a straight spine, the head rides way ahead of the rest of the body, dragging the body along with it. This is common in individuals who are chronically in a hurry, in persons who rely primarily on intellect rather than a combination of

heart and mind” (p. 63). I concur that it is generally accepted that the head forward position generates tension in the neck and can be a cause of headaches; there are, however, many reasons someone may have this pattern of posture. For instance, people with excessive curve in their upper back, perhaps from osteoporosis or work-related habitual sitting posture, crane the head forward to lift the eyes on the horizon. This has nothing to do with hurrying or intellect. To attribute personality traits to a particular posture is an oversimplification and falls within the realm of popular, New Age psychology, not Yoga therapy.

The *âsana* sequence focuses primarily on the neck and, to a lesser extent, the shoulders and upper back. The isometric contractions and stretches for the neck are recommended for twice daily practice, and up to five times daily in “severe cases.” *Tadâsana* is the only standing pose. The sequence is moderate and probably will not harm anyone, with the exception of the optional suggestions of shoulder stand and plow with the knee-to-ear variation.

But will the sequence help? Is it productive to work the neck as an isolated segment of the body, contracting, releasing, and stretching it, without seriously examining why it is tight in the first place? If the issue is one of the head forward position, the solution usually resides in opening the upper back and chest and aligning the pelvis through the strength of the legs. Often the head is held to one side due to lateral curves of the spine, resulting in tightness, discomfort, and pain. If this is the case, then the Yoga program would need to address spinal alignment, moving toward more right- and left-side symmetry of the spinal muscles, and pay attention to the complex relation of pelvis to spine. An approach to head and neck health also should not overlook the central postural muscles of the abdominal and psoas area, which help us to stand upright with ease. And what of the legs? Can we align the pelvis without strong and supple legs and hips? A Yoga practice that focuses on one part of the body without a realistic look at the complexities of the whole body does not do lasting service. Instead, it tends to provide a superficial solution and a promise of a quick and easy cure.

It is this aspect of the presentation that I find especially interesting. I have long been intrigued with the question, “What are we teaching?” By “we” I am referring to the American Yoga community. Are we offering material to our readers and students that challenges their intelligence and respectfully asks them to learn and grow? Or are we packaging our Yoga to sell to a population of people so overwhelmed with anxiety and stress

and so accustomed to the consumer's habit of instant gratification that we put out only the smallest amounts of information—a "sound bite" of Yoga—with extraordinary claims about the outcome. Is this helpful? Is it ethical?

There is also the issue of what we claim Yoga can do. The authors write: "Re-establishing wellness is a gradual process, but experience with yoga over millennia has shown that, for those who persevere in their practice, greater harmony and well-being will always result" (p. 53). This is an inviting guarantee, but I personally know people who have practiced Yoga and meditated for many years who are still wrestling with fundamental issues both physical and psychological. Some people get more tense from meditating and Yoga! Some people permanently injure themselves doing Yoga! There is no assurance of success. In our enthusiasm, it is dangerous to overstate our claims and promise too much.

The authors state in the introduction that there is no "quick fix." They urge the reader to get more information "about Ananda Yoga and actual personal instruction." They present the triad of *āsana*, breath, and affirmations in a simple and understandable manner. For someone who has never had any experience with Yoga, this may be attractive and lead him or her to further practice and exposure to Yoga as a serious study. In this sense, the book may be a helpful addition to the yogic literature.

There is, however, one other aspect of *Yoga Therapy for Headache Relief* with which I take issue—I found the book to be structured like an advertisement for Ananda Yoga, with frequent reference made to the "well-known system of Ananda Yoga." I return to my question, "What are we teaching?" Are we teaching the path of Yoga or the path of publicity? As contemporary practitioners, I believe we should seriously contemplate this issue.

Reviewer Ellen Serber teaches Yoga, certified in the Iyengar style and trained in depth in the Krishnamacharya tradition, and Tai Chi Chu'an in the lineage of Kuo Lien Ying in Point Reyes, California, and leads workshops on stress reduction, back care, and headache prevention. Teaching since 1970 in a community center in a small, rural town, she has instructed hundreds of students ranging in age from children to 80+, most of whom have health and other issues and would ordinarily never set foot in a Yoga studio. Her fees are low, and the community center where she teaches offers scholarships so that the classes are available to people of all income levels. She has been on the faculty of God-

dard College, Plainfield, Vermont, and The Marin Community College, Kentfield, California, and is a regular contributor to the International Journal of Yoga Therapy. She can be reached at www.mysdailyyoga.com or serber@svn.net.

Author Peter Van Houten Responds:

As the physician coauthor of *Yoga Therapy: Healing Therapies for Headache Relief*, I found the review done by Ellen Serber interesting but a bit off target. She is certainly welcome to her point of view and clearly has her own issues. However, she may also be somewhat out of touch with the realities of mainstream medical care, and may have missed the whole point of the book, the desperate need for it, and the specific audience it is designed for. Gyandev McCord and I wrote this short, inexpensive self-help Yoga book purely because we want to help others using scientifically proven tools (and would be quite content if we never realized a dime personally from its publication). We are simply addressing a significant need.

As a busy family physician treating hundreds of medical patients a month in a community clinic (most of them indigent) for over 20 years, I am well aware of the problems facing medicine and health care today. I am also quite aware of the number of medical problems that have inadequate treatments or treatments that are effective but use extremely expensive pharmaceutical medications. With 20% of adults in the United States uninsured, and many others woefully underinsured and lacking meaningful drug insurance coverage, inexpensive non-drug "behavioral" treatments that are easy to teach are desperately needed for many medical conditions.

Unfortunately, most physicians do not have the time or the training to teach behavioral solutions to their patients, particularly when it is so quick and easy to reach for the prescription pad. For example, roughly 20% of women in the United States have migraine headaches and are faced with the reality that the best medications for migraines can cost \$10 a pill. A woman without insurance, and who has 8–10 migraines a month, might be feeling very desperate about how to pay for her medication. I see this exact situation every day in my medical practice.

About four years ago, at our nonprofit charitable clinic, we added a full-time behavioral health clinician, in part to help those with mental health problems with counseling, but also to begin training our patients in how to change lifestyle behaviors. We quickly realized that the biggest demand we found (besides the need for

traditional counseling) was for teaching people relaxation techniques, affirmations for attitude change, and simple stretching and exercise techniques. As a bit of surprise to us, we have rapidly become recognized leaders in Northern California in this area of integrating behavioral health into primary care community medicine. We now have clinics from all over California seeking our advice. We began to think seriously about how to best formulate “behaviorally based” programs for a number of specific illnesses, such as headaches, that would blend seamlessly with pharmaceutical care and that we could share with other physicians and clinics. Ananda Yoga, with which I am quite familiar, seemed an ideal tool to use.

In medicine today, any treatment one uses really should be “evidence based.” That is, there must be scientific studies showing that a medication or treatment has actually been shown to work in controlled studies. As much as I personally enjoy Yoga *âsanas*, the research on them is largely either of poor quality or just beginning. We realized, however, in our medical practice that there is plenty of solid science supporting relaxation techniques, affirmations, stretching exercises, and breathing exercises. The dilemma we found was that most of the typically recommended approaches or techniques for these things were pretty uninteresting and dull for the patient, and the dropout rate among patients was quite high. It struck us, “Why not use Ananda Yoga?” It is well known with certified teachers, it emphasizes relaxation, it can incorporate breathing exercises, it uses “self talk” affirmations, and it uses gentle Yoga stretches. In a single stroke, we had something that is easy to do and has multiple evidence-based components, *and* it is fun for folks to do. Clearly a patient is much more likely to continue with something that is a unified program and is enjoyable.

So, with help from Gyandev McCord, the Ananda Yoga therapy book series was born. Our aim is to address a number of common medical conditions that cry out for behavioral (not just medication) management—such as headaches and insomnia. The reviewer finds fault with our enthusiasm for our approach, but I would say that this is exactly how I encourage any patient to use a proven tool, whether a medication or behavioral technique, particularly one which is quite unfamiliar. Anyone who spends time in a busy primary care medical clinic for the poor (rather than just a *sattvic* Yoga studio or a refined college classroom) would quickly understand why we took the approach we did.

The reviewer also comments that people “some-

times injure themselves doing Yoga and meditation,” and that we are somehow remiss for not warning them more about this. Perhaps she missed this in the section called “A Note on the Yoga Practices in this Book,” which came immediately after the introduction, where we discuss precisely this issue. This was put at the beginning of the book so readers would see it first, since we share her concern and want those using these tools to involve their medical practitioner from the start and to seek out personal instruction if they have any problems. In medicine, giving a patient “informed consent” or an overview of the risks of a treatment is something I do many times a day, and it is considered part of quality health care. It is exactly why we put that section at the start of our book.

Yoga will undoubtedly become a more commonly used tool in medicine as more scientific studies are completed. It will be a time of transition and soul searching for the Yoga community (and I can clearly see the reviewer’s concerns in this area). I wish all those with vested interests in various Yoga styles and philosophies the best. I have noted that many in the Yoga community seem more wedded to their own techniques and philosophies than they are to their spouses! I, for one, am glad that I have something to offer my patients right now, something that is clearly written, easy to do, and well based on scientific evidence. If after reading our book, someone showed up in Ellen Serber’s Yoga studio and said, “I really want to learn more about Yoga since I like what I’ve seen so far in this book I just read; you’re nearby, can you teach me?” Gyandev McCord and I would both be applauding and would feel our book has been a real success.

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Director’s Note:

Our editorial policy is to give our well-qualified reviewers considerable freedom. IAYT members generally consist of well-experienced Yoga practitioners, health care practitioners, and researchers, and they expect a high degree of candor and insight from this professional journal. In the discussion above, this has been provided in double doses, first from the well-written, challenging, and thought-provoking review, and second from the articulate and equally challenging response. The reviewer raised issues beyond the nominal scope of the book with which I suspect most Yoga teachers have some resonance, i.e., fundamental ques-

tions about what it is that we are teaching, the branding of (many) Yoga methodologies taking place all over the world, and questions about the inherent limitations of prepackaged solutions for complex individuals.

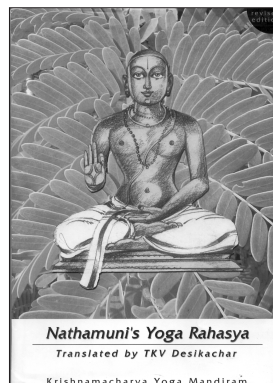
Yet, as the physician's response notes, and as most Yoga therapists understand, quick, safe, inexpensive, and reasonably dependable practical solutions to pain relief are a key requirement of both mainstream medical care and many practical aspects of Yoga therapy. The authors are commended for developing tools beyond patented pharmaceuticals. "Branding" Yoga methodologies, especially in this health care context, can be viewed as an attempt at quality control. As IAYT discusses extensively elsewhere, the lack of standards for Yoga therapy is a limiting factor in the acceptance of Yoga therapy as a complement to conventional health care. One method by which "the market" will respond to the lack of standards is an increased emphasis on "branding." For a related perspective on this, see Matthew Taylor's article "Yoga Therapeutics" in this issue.

As also noted in the response, the packaging of Yoga for practical health care considerations will indeed provoke soul searching for the Yoga community. For perhaps unlike the practical reality of third-party payment driven mainstream medical care, Yoga therapy, at its best, attempts to provide portals for long-term solutions to fundamental causes of suffering and launching pads for personal growth and liberation. As I suspect all authors agree, these long-term considerations cannot be prepackaged. We may also share concerns about Yoga therapy being condensed by some medical practitioners and researchers into techniques taken out of the context of the whole system of Yoga.

Nonetheless, the collaboration between physicians and so-called Complementary and Alternative Medicine (CAM) practitioners such as Yoga therapists is what integrative medicine is all about. IAYT's slogan is "The Interface between Yoga and Medicine." We encourage this collaboration, and our publications exist, in part, to provide a forum for the required discussion and occasional soul searching. We appreciate the efforts of the reviewer and the authors to raise the level of discussion and understanding for all of us.

John Kepner

Nathamuni's Yoga Rahasya. Translated by T. K. V. Desikachar. 2d ed. Chennai, India: Krishnamacharya Yoga Mandiram (<http://kym.org/bookstore/index.html>), 2003. Hardcover, 204 pages, \$18. Reviewed by John Kepner.



This is an important and fascinating book for serious students interested in the classical foundation of Yoga, especially those interested in the integration of Yoga philosophy, practice, and therapy with Ayurvedic concepts.

Yoga-Rahasya (Secrets of Yoga) is a historically referenced work attributed to Nāthamuni, a ninth century Vaishnavite saint and *yogin*. His teachings were lost, however, until mysteriously revealed to T. Krishnamacharya, a direct descendent of Nāthamuni, while on a pilgrimage at the age of sixteen. Krishnamacharya later became one of the most influential Yoga teachers of the twentieth century. This translation by his son, an internationally respected Yoga teacher in his own right, presents the four known chapters of the original ten, with occasional commentary by Krishnamacharya.

Yoga-Rahasya became the source of many of the key principles of Krishnamacharya's teachings. One such principle defines a proper teacher and his or her role:

One who is learned, who reflects, and who has self control, after examining and analyzing the time, place, age, occupation and strength of the student, must accordingly adapt the teaching of Yoga to the needs of the student (I-30).

Another principle concerns developing a practice appropriate to the stages of life:

The learned, after much reflection, have proclaimed that the Yoga which has eight angas can be divided into three types of practice—*Srsti krama*, *Sthiti krama* and *Antyah krama* (II-2).

"*Srsti karma*" (with an emphasis on *āsana*) is for youth, the *brahmacārin*. "*Sthiti karma*" (with an emphasis on *prāṇāyāma*) is for the middle ages, typically a married person who upholds his or her *dharma* as a householder. "*Antyah karma*" (with an emphasis on meditation) is for the *sannyasin*, who has renounced the world and is preparing to transition, or "merge." These stages cannot be prescribed mechanistically, however, as the aspirations, interests, and needs of the student must still be taken into consideration. For example, older students today can still benefit from appropriate *āsana*, especially if they are not getting sufficient exercise elsewhere.

The text devotes many *slokas* to the importance and methods of *prânâyâma*, and the use of *bandhas* and *mantra* while doing *prânâyâma*. These teachings must also be tempered by understanding the context in which they were originally taught and the situation and capacities of the modern practitioner. For example, the inhalation/hold/exhalation ratio 1:4:2 is described as “of highest significance.” The modern teaching in this lineage, however, is that this is too strong, too stimulating, and even dangerous to most students living in the world, with all its distractions and responsibilities, and without the careful guidance of an experienced teacher.

The teachings in *Yoga-Rahasya* stress the importance of Yoga for women. “Women, when compared to men, have a special right to practice Yoga. This is because it is women who are responsible for continuity of the lineage” (I-14). According to Desikachar, in his book *The Heart of Yoga*, “Like *Yoga Yajnavalkya*, he (Nathamuni) insists that Yoga is meaningful and worthwhile for women, thereby setting himself in opposition to the Brahmin teachings that wanted to completely exclude women from all spiritual practices.”

There are also many *slokas* on the therapeutic application of Yoga. These are not for indiscriminate use, but only should be employed after thoroughly understanding the body, the student, and the sources of the problem. “A disciplined person, having understood with discrimination, the locations, extent and functions of the eleven indriya-s, and the origins of the problem, must begin treatment of the disease”* (II-33). Also stressed is the proper attitude of the Yoga therapist: “Only after meditating upon the very compassionate Isvara and offering everything to Him, must one begin the Cikitsa krama of Yoga” (II-36). Complementing the instructions on therapeutic applications are many teachings on Yoga during pregnancy.

Another delight is the extensive and well-referenced pictures of the many *âsanâs* discussed in the book, although they are mainly of academic interest. They will not be of much practical use to the Yoga therapist because many, especially as demonstrated in the text, are only accessible to the more advanced *âsana* practitioner, certainly not to the average student seeking therapeutic applications. In addition, pictures cannot convey the role of breathing, which is especially important in therapy. Reading the classical works and then indiscriminately prescribing classical *âsanâs* for therapeutic situations reflects a lack of understanding of the role of the teacher in adapting principles to individual bodies and conditions.

As is true for other ancient texts, understanding and appreciation of *Yoga-Rahasya* is greatly aided by a teacher who can explain and elaborate on the terse

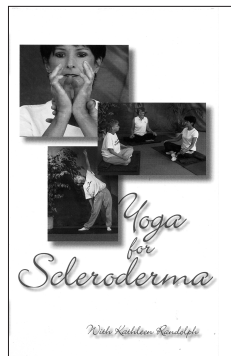
slokas, as they were originally intended to be taught. This reviewer was fortunate to be able to attend such a seminar on *Yoga-Rahasya* by Kausthub Desikachar, Krishnamacharya’s grandson, and can recommend similar workshops to serious students interested in delving further into the depth and breadth of these classical teachings.

Yoga-Yâjnavalkya, described by Desikachar as “dating back to sometime between the second and fourth centuries” and “being the oldest text that talks about the concepts of pranayama, asana and especially kundalini,” is an excellent companion to *Yoga-Rahasya*.

* *The eleven indriyas consist of the five senses of action, the five senses of perception, and the mind.*

Video

Kathleen Randolph. *Yoga for Scleroderma*. 2003. Distributed by Scleroderma Foundation (<http://www.scleroderma.org>). 52 minutes. Tel.: 1-800-722-HOPE. Reviewed by Melanie Fiorella, M.D.



Scleroderma, literally “hardening of the skin,” is a chronic, potentially debilitating disease that is caused by the abnormal deposition of connective tissue in not only the skin but also the internal organs. The extra material thickens and hardens the tissues, thus decreasing their ability to function. People living with this disease often have difficulty writing, eating, digesting, and even breathing.

Yoga for Scleroderma offers people with all degrees of stiffness a starting point to improve their flexibility and strength and reconnect with bodies that probably seem to have a mind of their own. Through Kathleen Randolph’s series of floor, standing, and inverted postures, students can improve the function of the joints, skin, internal organs, and mind.

The video addresses most of the major areas affected by scleroderma, with an emphasis on hips, spine, lungs, and abdominal organs. There are no exercises for the face. Two women with scleroderma who are new to Yoga accompany Kathleen. Their presence assures viewers that the poses are available to any level of student and can safely be performed on the floor, with props, or on a bed.

Viewers should watch some of the video before

attempting the poses to determine what props will be appropriate for his or her practice, as this is not discussed at the beginning of the tape.

Anyone new to Yoga, or who has tight hips or hamstrings, will benefit from the use of a strap. People who are unable to lie flat on their backs due to esophageal reflux can use a stack of four to five blankets to elevate their head, while those who cannot lie down at all should have a sturdy chair available.

The video begins with several minutes of breathing instruction. Kathleen then moves the models through a series of reclined leg raises and twists to stretch the legs and strengthen the “core muscles.” These poses are excellent for opening and mobilizing the spine and hips. Incorporating the breath with the poses helps to expand the lungs as well as re-establish the mind-body connection.

A few words of caution are needed, however. In the “reclined steer pose” students are instructed to pull up on their feet until they feel a stretch. Doing so is dangerous to the knees, and should be avoided. Also, in “reclined single leg raises,” if a strap is not available, students can safely hold anywhere above or below the knee joint rather than attempting to hold the leg on its own as is demonstrated by the models. This will help to protect the lower back and make it easier to stretch the hamstring.

A brief introduction to standing triangle and tree poses follows the floor series. The models good naturedly demonstrate modified poses using a chair or a wall. Again, a word of caution regarding the knees: during tree pose students should not place the foot directly on the joint, as is demonstrated, but rather above or below it.

Kathleen next demonstrates several *kriyâs*, or “stomach-churning” exercises, which she explains are extremely beneficial to the digestive system of people with scleroderma. Though they appear challenging when performed by Kathleen, the models’ attempts again reassure viewers that it is okay to start from where they are.

A segment entitled “Inverted Poses” follows, which consists of a quick shot of a model in “legs up the wall” pose. Students might enjoy stopping the tape here and relaxing in this restorative *âsana* for a few minutes. Otherwise, by the time the student is comfortable in the pose, the tape has moved on!

Kathleen then returns to the breath, with an informative discussion of anatomy as well as the *ujjayî* breath. She then teaches one of the most potentially beneficial poses on the whole tape, a hand exercise using “prayer pose.” This pose is simple enough to be practiced by

anyone, even with advanced flexion contractures of the fingers. Though it is taught relatively quickly, students will benefit from practicing this exercise for a few minutes several times a day. Over time, students will see increased movement and warmth in their fingers and wrists.

The series presented in the tape is simple and well demonstrated, enabling students to practice at home. Once students advance in their practice, or have any questions about the poses, they will benefit from seeking out a teacher.

Yoga for Scleroderma is a valuable introduction to Yoga for people living with scleroderma as well as other chronic, mobility-limiting diseases. It provides students a means to regain a sense of control over their bodies and their lives as they begin to loosen stiffened joints and relax anxious minds.

Reviewer and IAYT member Melanie Fiorella, M.D., first became interested in Yoga at a very young age, when she and her sister tried to copy what their mom was doing in the living room. Her formal training started about eight years ago, and she has been working to incorporate what she has learned from her Yoga practice into her medical training. She is currently in a family medicine residency, and Yoga has become even more important for her own balance. She hopes to pass on Yoga’s teachings to her patients.