

# Reviews

## Books

*Editor's note: In the last (2004) issue of the International Journal of Yoga Therapy, we brought a somewhat critical review of the first volume in the Crystal Clarity Publishers new series of books on Yoga therapy. We invited the authors to respond, and they provided a most educational and pragmatic alternative point of view. IAYT's director, John Kepner, wrote a concluding commentary. Since the publication of the 2004 issue, the next volume in the Crystal Clarity series has been published, and we are bringing a review of the new volume in the present issue that again brings constructive critique. In addition, we are bringing a critical review of another recently published book and wish to make a policy statement in this regard.*

Some publications have the policy of not reviewing a book or DVD unless the review can be completely or almost entirely positive. Books that could benefit from some constructive critique or that are uniformly below standard, or that present material that is not necessarily accepted by knowledgeable experts in the field, are simply ignored. It is IAYT's intention, however, to consider for possible review all the major books that are being published under the aegis of Yoga therapy, including both popular works and those that are more in-depth.

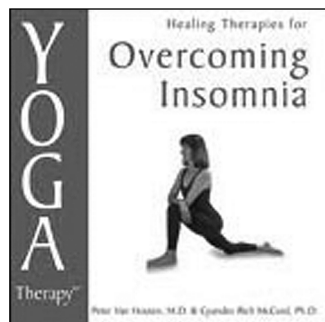
Our purpose in doing so is threefold. First, we wish to help our members make an informed decision about whether or not to purchase the book, and whether or not to recommend it to their students/clients. There are not many books currently available on the application of Yoga therapy to specific disorders, which can encourage a tendency to acquire anything that is published regardless of quality, and we would like to help members with their decision-making in this regard.

Second, we wish to encourage authors and publishers of Yoga therapy books to keep the standard high for this burgeoning field. If a book claims to be complete or definitive, it is our goal to find an expert to comment on how well this was accomplished. If a book is written for a popular audience, all factual information should be correct and in accordance with the latest research, the Yoga practices presented should be appropriate to a beginner, proper precautions regarding Yoga practice should be given, etc.

*We also recognize that there can be sharply contrasting views on the appropriate use of Yoga in therapeutic applications, on the underlying theory or science, and even on the standards that should be used to evaluate the effectiveness of the practice. This is inevitable and healthy. A third purpose of a constructively critical review is thus to support an educational dialogue between different but responsible points of view. This helps readers to be informed about underlying professional debates in the field.*

*We hope to encourage, not discourage, authors with our feedback and help those writing in the field to join our efforts to maintain high standards for this profound profession. Yoga therapy's potential as a healing modality is unlimited, and taking good care in its presentation will help it to reach that potential.*

**Peter Van Houten and Rich McCord. *Yoga Therapy for Overcoming Insomnia*. Nevada City, Calif.: Crystal Clarity Publishers, 2005. Hardcover, \$14.00. 159 pages. Reviewed by Sat Bir S. Khalsa, Ph.D.**



Insomnia has become a highly prevalent disorder that largely goes untreated. Most doctors who do encounter insomnia patients find themselves poorly equipped to provide an effective long-term treatment because there is little training in most medical schools in sleep disorders medicine. Consequently, many doctors simply default to handing out a prescription for the latest sleeping pill. This is unfortunate given that there are well-known effective behavioral treatments (including relaxation exercises) for insomnia. I believe that Yoga has a place in the treatment of sleep disorders, and so a book on the topic is a welcome addition to the literature.

I looked forward to the publication of *Yoga Therapy for Overcoming Insomnia*, which sets out to provide a comprehensive overview for insomniacs, including education about sleep and sleep disorders, the available treatments for insomnia, and finally a Yoga program. In considering whether the authors have succeeded in fulfilling this goal, I find it to be a somewhat humble contribution overall, especially on the sleep side, given the current availability of numerous good books on the behavioral treatment of insomnia by experts in the field

(see the list of books and websites at the end of this review). The present book is part of a series of books on Yoga therapy dedicated to the use of a particular Yoga style, rather than a standalone effort focused on Yoga and insomnia, and this may be a factor.

There are a number of instances in this book where the statements about sleep and insomnia are not in accordance with what is known about sleep physiology. For example, melatonin is a sleep-promoting hormone that is secreted rhythmically starting just before habitual sleep onset, with high levels during the night that decrease again just after habitual wake time. It is not secreted at all during the daytime. Environmental light coming in through the eyes in the late evening or early morning (or even through artificial lighting at night) acts to suppress this melatonin secretion. The book, however, erroneously suggests that melatonin is secreted continuously during the day and that it is the daylight that keeps the levels low during the daytime. This mistaken understanding may have led to a recommendation in the book to get lots of light during the day in order to suppress melatonin and maintain alertness.

Fortunately, getting extra light exposure during the day is not harmful, and may actually be beneficial, although for other reasons yet to be determined. Another related recommendation in the book for getting lots of light in the morning to improve sleep is, however, questionable; this may actually further compromise sleep in certain individuals. Consideration of age and type of insomnia are both important factors in determining when to apply light therapeutically and requires either professional guidance or a thorough understanding of the physiology of sleep.

In another example, the book states that the well-known decrease in body temperature that occurs at the beginning of sleep facilitates sleep onset. Following this logic, the book recommends against taking a hot bath just before bedtime because it raises body temperature. Actually, it remains to be determined whether a drop in body temperature helps sleep onset or whether it is sleep that causes the drop in body temperature. In addition, a hot bath has often been recommended as an aid to sleep, and one study has shown that it was helpful for elderly individuals with insomnia. In this instance, the book appears to be in the paradoxical position of recommending against a potentially useful technique for treating insomnia.

The book does include descriptions of other well-established behavioral treatments for insomnia. This is a plus, since it makes sense to use every possible behavioral treatment available in treating chronic insomnia,

and most of these treatments are both clinically and experimentally well established. This material could have been presented somewhat more comprehensively, however, similar to the more thorough presentation of the Yoga treatment in the book. For example, current behavioral therapy programs incorporate a strong component dealing with insomniacs' dysfunctional beliefs and attitudes about sleep. While the positive affirmations in the book represent a reasonable technique in this regard, adding information to help insomniacs recognize and counter these beliefs and attitudes might have strengthened their recommended treatment package.

In terms of the Yoga presented, it is not clear on what basis the authors chose the exercises included, although this appears to be a feature common to many how-to Yoga therapy books and articles. The question that arises in such texts is whether the selection of exercises recommended is based on clinical or personal experience, logic, or on the teachings of a Yoga master or a master teacher. My sense is that the exercises and the suggested duration of treatment may not be entirely sufficient for effectively treating a condition as resistant as chronic insomnia. The proposed routines in the book range from 5 to 15 minutes long, and this differs from most mind-body relaxation techniques for insomnia in research studies, which typically involve a longer daily practice session.

The book also suggests that the reader's insomnia could resolve quickly, noting that "once your difficulties with insomnia diminish—which might happen right away—switch to the Short Routine." A potential problem with such a suggestion is that those following it may have unrealistic expectations about how soon their insomnia might be relieved, and may become discouraged if it does not happen soon. The changes necessary to reverse the chronic arousal in insomnia most likely take weeks to occur for insomniacs; research studies and behavioral treatment programs typically stretch the relaxation intervention out over one to two months. Furthermore, there is a high degree of night-to-night variability in insomnia, and insomniacs may misinterpret a few good nights as a sign of success only to find that a number of bad nights follow. This could potentially lead to a premature discouragement with the treatment and subsequent discontinuation, despite the likelihood that the treatment might have been effective if continued with full effort over the long term.

On the positive side, the Yoga is presented clearly and comprehensively, with full consideration and cautions for readers with physical or medical limitations.

Readers will undoubtedly derive benefit from the information and practices, helping them learn valuable mind-body skills and potentially alleviating or reducing the severity of their chronic insomnia. The presentation of the book is attractive with a pleasant, readable layout and good photography.

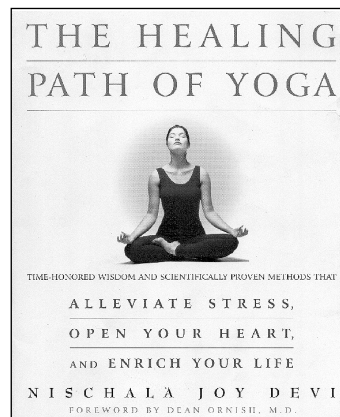
Following is a list of books and websites for understanding and treating insomnia:

- Jacobs, Gregg. *Say Good Night to Insomnia*. New York: Henry Holt & Co. 1998. A six-week, drug-free program developed at Harvard Medical School by Gregg Jacobs and long-time meditation researcher Herbert Benson that includes a basic meditation technique as part of a comprehensive multicomponent behavioral treatment program.
- Hauri, Peter, and Shirley Linde. *No More Sleepless Nights*. New York: John Wiley & Sons, Inc., 1996. A comprehensive book on the behavioral treatment of insomnia by Dr. Hauri, a long-time, well-respected researcher in the field of behavioral insomnia treatment. Dr. Hauri includes descriptions of mind-body approaches such as meditation in his treatment recommendations.
- American Insomnia Association website: <http://www.americaninsomniaassociation.org/home.asp>. Provides information on insomnia and its treatment including a link to a directory of sleep disorders centers across the country.
- National Institutes of Health website: <http://www.nhlbi.nih.gov/health/public/sleep/insomnia.htm>. Provides a free download of a brochure by NIH on the basics of insomnia and its treatment.
- WebMD website: [http://my.webmd.com/wedmd\\_today/home/default.htm](http://my.webmd.com/wedmd_today/home/default.htm). Contains an internal link for all of the sleep disorders, including insomnia, which covers diagnosis, treatment, and links to other sites.

*Reviewer Sat Bir S. Khalsa, Ph.D., has conducted research in neuroscience, biological rhythms, sleep, and sleep disorders for over 25 years and is currently on the faculty of the Division of Sleep Medicine at Brigham and Women's Hospital, Harvard Medical School. He has been involved in the practice of a Kundalini Yoga lifestyle for over 30 years and is a certified instructor. His*

*research interests are in basic and clinical research on the effectiveness of Yoga and meditation practices, and he is currently conducting clinical research trials evaluating a Yoga treatment for insomnia funded by the National Center for Complementary and Alternative Medicine of the National Institutes of Health. He has traveled extensively in India meeting and collaborating with Yoga research scientists, and he also teaches a course at Harvard Medical School in Mind-Body Medicine.*

**Nischala Joy Devi. *The Healing Path of Yoga: Alleviate Stress, Open Your Heart and Enrich Your Life*. New York: Three Rivers Press (<http://www.randomhouse.com/crown/trp.html>), 2000. Paperback, 230 pages, \$17.00. Reviewed by John Kepner.**



This is an inspiring, educational, and challenging book, worthy of reading slowly and with reflection. It is inspiring because of the many stories of lives positively affected by the actions and attitudes encouraged in this book. It is educational because of the systematic discussion of many of the key instru-

ments of Yoga, followed by specific practices using these tools. It is challenging (to those who call themselves Yoga teachers and therapists) because the importance of personal example is revealed again and again. My favorite explicit illustration is the healer who would not tell a young child to stop eating chocolate and sugar until she herself could stop for two days. Implicitly, but powerfully, the personal example of the author is felt throughout the book.

Nischala Joy Devi is well known as a pioneer in Yoga therapy. She was one of the primary initial instructors for the Lifestyle Heart Trials of Dr. Dean Ornish, which proved that a Yoga-based program, along with a low fat diet, exercise, and group support could reverse heart disease. She also developed Yoga-based retreats for Dr. Michael Lerner's Commonweal Cancer Help program. She is presently a popular teacher of therapeutic applications of Yoga, including a 10-day "Yoga of the Heart" program. *The Healing Path of Yoga* is her first book, distilling over three decades of experience. As she puts it, her last thirty years have been spent trying to answer the question

“What else can be done?” when searching for viable alternatives to medication.

Nischala also is a longtime advisor to IAYT. As a historical sideline, one of the early motivations for the Yoga teacher standards developed by the Yoga Alliance stems from her work. Impressed by the results of the Lifestyle Heart Trials, representatives from government programs and insurance companies asked her such questions as “Who is qualified to teach these programs?” and “Who is a qualified Yoga therapist?” Realizing that the answers deserved broad consideration, she brought these questions to IAYT. At the time, in the mid 1990s, it was pointed out there was no consensus on the qualifications of Yoga teachers, much less of Yoga therapists, and thus the subsequent focus of the Yoga Alliance on standards for the training of teachers. IAYT, and the discipline as a whole, continues to wrestle with the question “What is Yoga therapy?”

Devi’s answer to that question is one of the central themes of her book. According to her, “Yoga is not a treatment. It is a consciousness that allows health, balance and joy to be your companions throughout your entire life’s journey.” Her book can be considered an instruction manual for the development of that consciousness in many small ways that can add up to profound improvements in health and happiness.

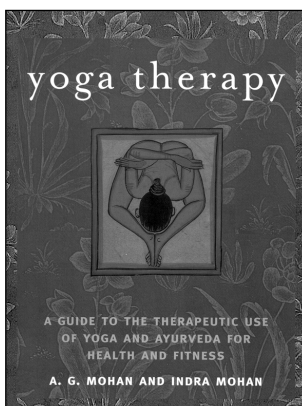
The instruction is perhaps especially educational for those whose training in Yoga may have followed a much different path than the author’s. Consider the order of presentation of the classical Yoga technologies in this book: imagery, relaxation, breath, meditation, and *then* physical poses. Starting with positive imagery is an instructive contrast to the Western preoccupation with *āsana*. The section as a whole brings a wonderful series of lessons on the power of “thinking makes it so,” as she quotes from Shakespeare. The central breathing technique presented, the bottom-to-top, three-part breath, is quite different from what I usually teach for *āsana* practice. Still, in the context in which it is presented—to encourage fully engaged breathing with an emphasis on deep relaxation—it is consistent with what I sometimes describe as “true” yogic breathing. By the latter, I mean breathing knowledgeably and purposefully for the situation at hand. The physical practices shown are very simple and presented for healing, not for mastery of the poses involved. Skillful *āsana* practitioners may learn something useful, however, such as how to do sun salutations while in a chair.

“Eating for Wholeness” is another theme Devi develops. No recipes are given; instead, she brings a wide-ranging discussion designed to raise our awareness of the many considerations reflected in our food choices

and eating patterns. One universal ritual for raising consciousness is offering a blessing before eating, and she presents an attractive one using classical yogic themes. She also includes a practice on food meditation.

Interwoven throughout the book is scientific support for the health benefits of the yogic wisdom embodied in the recommended practices. This must come from her long association with physician-researchers using Yoga in their practice. The thoughtful and educational foreword by Dr. Dean Ornish, describing and quantifying the medical benefits of the Yoga-inspired lifestyle changes that are hallmarks of his programs, is a powerful and well-documented testament to the effectiveness of the healing path of Yoga.

**A. G. Mohan and Indra Mohan. *Yoga Therapy: A Guide to the Therapeutic Use of Yoga and Ayurveda for Health and Fitness*. Boston: Shambhala Publications (<http://www.shambhala.com>), 2004. Paperback, 218 pp., \$21.95. Reviewed by David Hurwitz.**



When someone understands his or her subject in a deep and profound way, his or her exposition is clear, simple, and straightforward. Such is the case with the new book from A. G. Mohan and Indra Mohan entitled *Yoga Therapy*.

The book is dedicated to Yoga master T. Krishnamacharya, who was A. G. Mohan’s teacher for almost 18 years. This makes Mohan, who previously authored *Yoga for Body, Breath, and Mind* and translated the classic text *Yoga-Yājñavalkya*, part of a lineage stretching back to the 9th century yogi Nāthamuni.

Krishnamacharya himself was a great healer, being a master not just of Yoga, but also of Āyurveda (among many other disciplines). After the passing of Krishnamacharya, Mohan continued his studies with an Āyurvedic master in Chennai, and together with his wife, Indra, founded Svastha Yoga and Ayurveda ([www.svastha.com](http://www.svastha.com)) there. *Svastha* means “a state of health and balance,” which well describes the theme of the Mohan’s new book. They have been teaching Yoga and practicing Yoga therapy for over three decades, and it shows throughout their new work.

The writing of this book was a family affair. Not only is Mohan’s coauthor, his wife Indra, a superb Yoga

teacher in her own right, but their daughter, Nitya, is a former child prodigy at Vedic chanting and now a Yoga teacher herself in Singapore. Their son, Ganesh, has degrees in both Âyurveda and Western medicine. All of them contributed to the book.

The subtitle of the book, “A Guide to the Therapeutic Use of Yoga and Ayurveda for Health and Fitness,” should really be the title, for it is the inclusion of the understanding and use of Âyurveda that adds a special element to the book. Thoughtful and careful throughout, the book convincingly uses the six factors of diet, environment, lifestyle, *âsana*, *prânâyâma*, and mental techniques to show how to restore balance to body and mind. Whenever principles are stated, they are explained, and always in a clear, rational manner. For instance, the sometimes mysterious concept of the flow of *prâna* is defined simply as “good health.”

The heart of the book is Chapter 7, “The Practice of Yoga and Ayurveda Therapy,” along with Chapter 8, “Case Studies for the Yoga Therapist” (including a thorough analysis of the Yoga used in treating inguinal hernia). In these two chapters, the Mohans outline their thinking and lead us through examples of its application. When a structural problem is involved, they emphasize Yoga, whereas when working with a functional problem, Âyurveda becomes the principal approach.

Therapy, or *cikitsâ* in Sanskrit, is defined as “opposing or acting against disease.” Disease is defined as *duhkha*, “the feeling of not being at ease, or mental constriction.” Of course, any disturbance in the structure or function of the body brings about mental dis-ease. The question of what constitutes balance in the system leads to a discussion of the Âyurvedic concepts of *prakriti* and the *doshas*. Food as a way to address the imbalances in our system is given utmost importance by Âyurveda, which looks at the changes food can produce in our bodies in two ways. The first is by taste; the second is by the effect on the body. Some foods are heating, some cooling, some dry, some oily, some light, and others heavy.

The key to knowing how to design an appropriate diet is an understanding of the concept of *agni* (literally “fire”), or our body’s metabolism, which the Mohans introduce and explore next. The last topic of the chapter is the important Âyurvedic classifications of therapies as *brahmana*, those that nourish and add to the body, and *langhana*, those that remove from the body. Most methods of Âyurvedic therapy fall under *langhana*. Much of the current confusion on these topics is addressed.

Age, general condition, and lifestyle assessments are used in all the evaluations and designing of practices.

The tools needed to execute the theory of Chapter 7 are ably presented in the earlier chapters.

“Part One: Yoga for Fitness” gives an introduction to the fundamental concepts of both Âyurveda and *âsana* (movement and breathing). “The Five Forms of Matter” and “The Three Doshas” are presented with such clarity and rationality as to make this section a gem. “The Three Gunas” also are addressed effectively. *Âsanas* are very thoroughly analyzed in terms of body positions, parts of the body being moved, directions of movement, and components of the breathing cycle in order to maximize their effect on strength, flexibility, structural alignment, functioning of body systems, and mental wellness. The importance of the spine is stressed. One can see A. G. Mohan’s background as an engineer as he looks at the biomechanics of *âsanas* in terms of levers.

“Part Two: Designing an Asana and Pranayama Practice” includes chapters on “Observation and Assessment,” “Sequencing,” “Personalizing the Practice,” and “Pranayama.” The chapter on observation is quite wonderful. Filled with instruction and insight (“Watch the legs in Shalabhasana, see if one turns out”), it stresses that competence in observation comes with experience. The Mohans ought to know, for they are both masters of the art of observation.

Appendix B is loaded with thought-provoking questions on *prânâyâma*. Appendix C brings an interview with A. G. Mohan in which he challenges many commonly held beliefs, including why *cakras* and *koshas* (sheaths) are inappropriate tools for therapy.

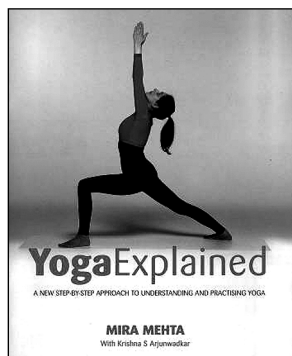
The graphics are excellent. They serve both to illustrate and summarize the text. Unfortunately, the book has no index. Perhaps one could be added in future editions.

As stated in the preface, *âsana* and *prânâyâma* comprise the main portion of the book. There is little emphasis on the other *angas* (limbs) of Yoga, and it would have been interesting to learn the Mohans’ thoughts on the therapeutic value of *yama* and *niyama*. *Dhyâna* (meditation) is mentioned occasionally. *Mantra*, for someone who believes in the divine, is recommended in one of the case studies, but we are not given details for suggested practices. Sound and chanting are briefly discussed in Appendix C, but instruction on their use in therapy is deemed beyond the scope of the book. Âyurvedic oils and herbs are prescribed in some of the case studies, but not discussed in any practical detail. I assume it is because the primary focus of the book is health and fitness that the topic of how to help and comfort those suffering from major debilitating illnesses or even facing death is not addressed.

These are minor quibbles all, however, considering how well the chosen topics are presented by the authors. We cannot have everything in one book, and I eagerly await the Mohans' next contribution. We also cannot learn to be a Yoga therapist from a book, anymore than we can learn Yoga from one, but we can be inspired by a book, and such is the case with *Yoga Therapy*.

*Reviewer and IAYT member David Hurwitz lives and teaches Yoga in Los Angeles. He has been studying the Yoga of Krishnamacharya since 1990, first with A. G. Mohan and next with Gary Kraftsow, receiving the teacher training certificate from the American Viniyoga Institute. For the past few years he has been studying with Srivatsa Ramaswami and assisting him with writing. They have recently completed work on a new book, Questions and Answers on Yoga. Contact: yogi dave@sbcglobal.net.*

**Mira Mehta with Krishna S. Arjunwadkar. *Yoga Explained: A New Step-by-Step Approach to Understanding and Practicing Yoga*. London: Kyle Books, 2005. Paperback, 192 pages, \$19.95. Reviewed by Dalia Zwick, Ph.D.**



Mira Mehta's books are an excellent resource for those seeking knowledge about Yoga. In this book, as in her previous book, *Health Through Yoga*, Mehta introduces the reader to the historical background of Yoga and to the practice of Iyengar Yoga. In *Yoga Explained*, we also see her in the role of

scholar as she brings an overview of Indian historical culture. She is assisted by Krishna S. Arjunwadkar, a scholar of philosophy and Sanskrit linguistics.

The book is divided into twelve units, or lessons. All twelve units begin with a section entitled "Yoga in Life," which introduces readers to selected aphorisms from Patanjali's *Yoga-Sûtra* and their associated commentaries. The second section of each unit brings an essay on general principles of Yoga practice and includes an excellent practice guide with helpful pictures and explanations. This section highlights twelve focus areas, which assist readers in making progress in their practice as well as in their understanding of Yoga's guiding principles. The third section of each unit uses rare, colorful

pictures and ancient parables to provide a historical review of the corresponding Yoga philosophy. The fourth and last section in each unit provides a summary of the unit along with a broader historical perspective of the ancient Indian wisdom. The material in the book can thus be of benefit for both beginners as well as advanced students.

As in a textbook, each unit is densely packed with interesting information. The divisions within each of the units, however, sometimes seem a bit forced. Although their content is generally very interesting, the connections between the different sections are not always clear.

Among the topics discussed in the "Yoga in Life" section of each unit are "Truth," "Failure," and "Success," and each of the topics includes reflections on the related *Yoga-Sûtra* aphorisms and their commentaries. The text in this section is printed over rare ancient images that are so highly screened that readers are regrettably unable to fully appreciate them.

The next section in each unit addresses poses, and it offers a variety of topics such as how to stretch, the plane of the body, and so on. As each topic is introduced, readers are informed about the principles reflected in the *âsanas* shown, and the choice and progression of *âsanas* also are discussed. The content in this section provides a unique opportunity for readers to benefit from Mehta's great experience with and understanding of Iyengar Yoga, and it also includes invaluable information for both Iyengar Yoga teachers and practitioners.

I was aware, however, of several inaccuracies in this section in the author's use of biomechanical terminology. For example, I found that she uses the term "stretch" somewhat improperly. Mehta writes, "Stretching involves the elongation of muscles and the decompression of joints and soft tissue" followed by "In order to stretch the thigh muscles (quadriceps), the knee joint has to be kept tight." Although "elongation of muscles" correctly defines "stretching," it is inaccurate to combine this with the instruction to "tighten the kneecap" or "pull up the thigh muscle." A more correctly worded instruction would be to "generate force," or "activate," the muscles of the thigh in order to pull up the kneecap.

A good understanding of the Iyengar Yoga principles discussed in this book is of great value to those engaged in Yoga therapy, and various sections of the book may be of particular interest to health care professionals. For instance, the section dealing with the principles of relaxation may be helpful to professionals who work with people with disabilities. An understanding of the underlying rationale for these principles is particularly useful

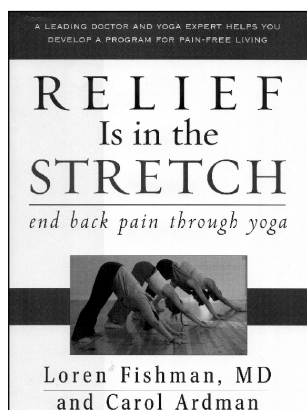
when the patient needs to be passively placed into various positions by the therapist. For example, Mehta explains, “The simplest restorative poses are supine. They involve lying down with a support under the back and head while the legs are bent in different positions. This back support encourages the chest to lift and the lungs to open and receive an increased intake of oxygen: a key factor in the recovery of energy.” These principles will help inform the therapist’s decisions about how best to position the patient.

The book concludes with a story in which Patanjali is presented as a psychiatrist counseling a person with “mental torture.” The dialogue between the doctor and the patient offers a good summary of the Indian wisdom presented throughout the book.

As is true for a textbook, the material in this book needs to be explored slowly and each exercise practiced in order to be fully appreciated. Overall, I highly recommend the book. I found it engaging, informative, and enjoyable, and the graphics are exquisite. Just as the title promises, Yoga in this book is indeed well explained.

*Reviewer and IAYT member Dalia Zwick, Ph.D., is a physical therapist and an advanced Iyengar Yoga practitioner. Her interest and practice is in Yoga therapy. She works in New York City with people with neurological disabilities, integrating rehabilitation and Iyengar Yoga. Dalia writes and presents this approach at rehabilitation and Yoga forums, and many of her writings can be viewed on her website, [www.rehabyoga.com](http://www.rehabyoga.com). She can be contacted at [DaliaZwick@RehabYoga.com](mailto:DaliaZwick@RehabYoga.com).*

**Loren Fishman and Carol Ardman. *Relief Is in the Stretch: End Back Pain through Yoga*. New York: W. W. Norton & Co., 2005. Hardcover, 198 pages, \$24.95. Reviewed by Robin L. Rothenberg, Certified Yoga Therapist.**



*Relief Is in the Stretch*, by Loren Fishman, M.D., and Carol Ardman, details the source of nine different kinds of low back pain and attempts to differentiate *âsana*-specific treatment for each condition. While I appreciate Dr. Fishman’s interest in offering a comprehensive approach for treating various types of

low back conditions, I question the safety and effectiveness of many of his recommendations.

As a primer for beginners with little or no experience with Yoga, the first third of the book provides a simple and useful overview of Yoga styles, an explanation of the different kinds of pain, and an explanation of why Yoga can be considered an optimum choice for the treatment of many low back conditions. Although instructive in its current form, this section could be improved by adding anatomical charts to illustrate the musculoskeletal structure of the spine for those unfamiliar with basic anatomy. In addition, specific visual aids for each of the nine kinds of low back pain Dr. Fishman has identified would help readers more fully understand what area of the back is impacted by each anomaly and why certain postures support healthy function.

Dr. Fishman does offer some firm cautionary notes in the chapter entitled “Doing Yoga.” His sage advice on “flirting” with a pose, testing it out gently before embracing it fully in practice, is of great value. He further presses this point by suggesting increasing exertion in 10% increments. Later in the same chapter, however, he addresses the length of time to remain in a pose by giving the example of a student who strived to successfully remain in headstand for three hours! To me, this is a contradictory image to bring to beginners who have been suffering with chronic pain. In my work as a Yoga therapist, I find that beginners often have an inability to gauge the appropriate amount of force to use and tend to push themselves, driven by our cultural prerogative that “more is better.”

In the brief section on breathing, I was surprised that Dr. Fishman makes no reference to the importance of the link between the breath and the limbic system—i.e., that the extended exhalation acts as a trigger for the parasympathetic nervous system and the relaxation response. Emphasis on utilizing the breath as an aid in releasing tension, and ultimately pain, seems like a fundamental principal of Yoga and a serious omission in this text.

Dr. Fishman’s medical expertise regarding the symptoms, signs, and diagnosis for the various conditions is well reflected in the book, and his descriptions provide a useful outline for low back sufferers to follow. I was, however, surprised by many of his choices of *âsana* and even more so by the order in which he sequences them. In the section on musculoskeletal pain, he starts with a passive resting position (*viparîta-karanî*) and then moves to an asymmetrical seated forward bend with fully extended leg (*jânu-shîrshâsana*). In my experience with muscular tension, alternate flexion and extension of the spinal musculature helps to release and relax spasms.

When the hamstrings, glutes, and quadratus lumborum are tight, beginning practice with a seated forward bend that fixes the hips can actually put more pressure on the lumbar discs. In addition, sitting tends to be aggravating for many low back conditions.

In all photos throughout the book, the legs are shown to be in full extension, which is contraindicated for many low back sufferers, particularly those with tight hamstrings and back muscles. More active standing postures tend to help release tension in legs and hips. Interestingly, Dr. Fishman does not provide a detailed explanation of the primary muscles involved in musculoskeletal pain in this chapter, particularly the iliopsoas, quadratus lumborum, erectors, multifidi, abdominals, hamstrings, glutes, adductors, and abductors. He also does not correlate the postures with the stretching of specific muscle groups.

One of the most alarming sequences for me was the one provided in the chapter “Herniated Discs.” The initial *âsana* shown is a standing back bend with hands to the wall. The third posture shown is camel pose (*ushtrâsana*). In the teaching of these *âsanas*, I find it vital to incessantly caution against the tendency to create more low back compression by releasing the hips forward and hanging into the lumbar spine. Although the idea of back extension is useful for many (but not all) disc conditions, I believe there are safer and more effective ways of providing this. For example, there are *setubandha-sarvângâsana* (bridge pose) and the many *bhujângâsana* (cobra pose), *shalabhâsana* (locust pose) variations. In addition, some of the passive backbends, such as lying over a bolster, can be useful. The final pose in this chapter is *uttanâsana* (standing forward bend), again demonstrated with straight legs, which is potentially injurious to many disc conditions.

Throughout the book, Dr. Fishman emphasizes the importance of stretching. He speaks positively about stretching not just muscles but also joints and ligaments. Although stretching and increasing circulation are clearly important and valuable benefits of Yoga, my understanding is that as Yoga teachers we are striving to support movement from an integrated, stable base. Oftentimes, underlying weakness of the muscles and hypermobility of the joints are the causes of such chronic conditions as sacroiliac joint derangement. Intensive stretching, particularly asymmetrical stretches such as twists and lateral bends, while giving short-term relief, can actually exacerbate this condition over time. While Dr. Fishman offers one posture that is directed more toward strength, his choice, *mayurâsana* (peacock pose), is far out of reach for most beginners. The modified ver-

sion he offers, although potentially beneficial, may be awkward for beginners to access. I would again suggest that there are many other very effective postures for stabilizing the pelvic girdle. See, for instance, Gary Kraftsow’s *Yoga for Wellness* (New York: Penguin/Arkana, 1999), pp. 184–190.

In the last chapter, titled “After Back Surgery,” Dr. Fishman does not provide any timetable for when it may be appropriate (or inappropriate) to begin Yoga practice or attempt certain postures. For instance, *tâdâsana* (mountain pose) would certainly be a safer starting position than *dandâsana* (staff pose; legs extended). I was surprised that as a physician he did not include the usual 6–8 weeks post-surgery guideline for exercise. The use of *navâsana* (boat pose; legs in full extension again), and *padmâsana* (lotus pose) in this chapter was quite shocking. It made me question for whom the book is intended, as these poses are challenging for many regular Yoga practitioners, let alone for beginners who are post back surgery.

One of my main concerns with the book is that given Dr. Fishman’s credentials, it will be heralded as an authoritative text on treating low back pain through Yoga. There are, however, other Yoga therapy books currently on the market I find more specifically educational for the beginner and that use a far safer approach. Two outstanding texts in this area are Dr. Mary Pullig Schatz’s *Back Care Basics: A Doctor’s Gentle Yoga Program for Back and Neck Pain Relief* (Berkeley, Calif.: Rodmell Press, 1992) and Gary Kraftsow’s book mentioned above.

*Reviewer and IAYT member Robin L. Rothenberg is director of The Yoga Barn and a Certified Yoga Therapist in the Viniyoga tradition with 17 years experience teaching in a therapeutic milieu. She also is a Certified Iyengar Yoga Teacher and taught in this tradition for ten years. She currently teaches three weekly therapeutic classes and conducts private therapy sessions with those suffering from a wide range of physical and psychological ailments. She is well versed in Yoga philosophy and uses Eastern wisdom to lend guidance and light to her students. Robin leads retreats and is available for private consultations, and is currently assisting Gary Kraftsow of the American Viniyoga Institute in his 2005–2006 Therapist Training Program.*

#### **Authors Loren Fishman and Carol Ardman Respond:**

The review of *Relief Is in the Stretch: End Back Pain through Yoga* misunderstands, distorts, and is just plain wrong about this book’s content and goals. Our book,



which applies contemporary Western medical knowledge to therapeutic Yoga, is based on thirty years of clinical work and empirical experience as well as extensive use of published medical research into the efficacy of Yoga for back pain.

It is hard to understand how a reviewer who has had more than a casual look at our book could say, “In all photos throughout the book, the legs are shown to be in full extension.” In actuality, knees are bent in 61 of 106 pictures. The approach to *navâsana* is described and pictured with 30 degrees flexion. *Padmâsana* should not “shock” the reviewer: actually only approaches to *padmâsana* are discussed and depicted in the book.

Similarly, we are charged with omitting a detailed explanation of primary muscles involved in musculoskeletal pain. But the first paragraph describing each pose in this and every other chapter gives its benefits with musculoskeletal, neurological, and/or circulatory information.

We recommend the length of time for remaining in every *âsana*. “Ten to fifteen seconds” is repeated nearly enough to attain *mantra* status. Still, the reviewer complains about a perfectly rational discussion of how to gradually increase the time spent in a pose. The method that enabled a Tibetan Yoga student to remain in a pose for three hours was included for color and general interest, which we made crystal clear by discouraging “pushing yourself,” recommending an increase of time of no more than 10% a week, and other means.

Sadly, the reviewer repeatedly missed the point of writing a book about poses appropriate for the different causes of back pain, lumping those different causes of back pain together in her review. This all too common mistake is the reason we undertook writing this book in the first place. One example of this unfortunate tendency is the reviewer’s statement, “Sitting tends to be aggravating for many low back conditions.” True. That is why we have differentiated the conditions, suggesting sitting poses during pregnancy and for weight control, warning against sitting with herniated disc, and recommending that it be used judiciously for arthritis. Similarly, the reviewer advocates “alternate flexion and extension of the spinal musculature,” but objects to the very valuable asymmetrical poses that produce exactly what she herself has just said she believes in.

Let us reiterate: there is not one cause of back pain. What works for sacroiliac joint derangement is not reasonable for a person with a recently herniated disc. This means medical diagnosis is necessary, and often tests such as magnetic resonance imaging (MRI) and elec-

tromyography (EMG). Accurate diagnosis has two distinct advantages: first, the poses designed for a specific problem are likely to be effective; second, diagnosis-guided treatment specifically avoids using poses that “might be dangerous if the back pain is due to other causes.” The reviewer claims that *pascimottânâsana*, which we have recommended for musculoskeletal pain, “puts undue pressure on herniated discs.” Without wanting to sound simplistic, that is why *pascimottânâsana* is good for spasm (musculoskeletal pain) and not herniated discs, and a mild version of *ûrdhva-dhanurâsana* helps relieve the pain of spinal stenosis but is not recommended during pregnancy.

In planning and writing *Relief Is in the Stretch*, we made certain that the sequence of poses in every chapter goes from acute to chronic, another central point the reviewer missed. She is “alarmed” by the sequence we recommend for herniated disc. However, upper back extension (the first three poses in the chapter) is a version of a gentle, direct technique used by physical therapists to relieve the pain and pathogenesis of herniated disc—the McKenzie technique. What the reviewer finds an “alarming sequence” of lumbar extension is, truly, close to standard clinical practice in physical therapy clinics worldwide.

The final pose in the chapter, which the reviewer believes could be injurious, we have used successfully literally hundreds of times for patient with chronic herniated disc, because stretching hamstrings prevents the exaggerated lordosis they otherwise develop.

If *Relief Is in the Stretch* recommends anything, it is close attention to patients and their actual (changing) conditions. Concerning when to start therapy after surgery, a physician/Yoga therapist team can usually begin work sooner than 6–8 weeks after surgery, greatly to the patient’s benefit.

Wherever possible, we have used statistical means to establish the efficacy of the “unorthodox” poses. For example, our ten-year study of 1,014 cases of piriformis syndrome, with follow-up averaging more than one year per patient, found that 79% were at least 50% improved using the methods advocated in *Relief*.

Another complaint lodged by the reviewer is that breathing and the limbic system are not adequately discussed. Little is confirmed regarding the relationship of breathing and back pain. It is true that some breathing exercises seem to be powerful muscle relaxants and analgesics. But these exercises also alter complex rhythms of thoracic cavity pressures that govern venous return through the vena cava, lymphatic movement in the tho-

racic duct, and coronary vessel filling and function. Pursuing this topic in an undiagnosed population (with regard to cardiovascular status) might be hazardous to the health of the individuals in the population.

The reviewer makes one valid point: strengthening is helpful, e.g., in sacroiliac joint derangement. While it is false that this is a “chronic condition” (all conditions start at some time), it can become one if improperly treated. Strengthening of the hip abductors and flexors and truncan stabilizers is sometimes important. Further, some people’s over-flexibility contributes to their pathological conditions. We do, however, stress strengthening throughout the book, citing Dash and Telles’s study (pages 21-22).

Neither the review nor our work is likely to be mistaken for perfection, yet these discussions stand at the heart of our mutual inquiry. The means of science change over the centuries, and the dominance of schools of Yoga does too. Each is adopted or abandoned according to the judgment of succeeding generations. Joining two fields—medical science and Yoga—broadens the data available for this process.

**Commentary by John Kepner, Executive Director:**

#### Bottom Line

If you are professionally involved with back care, you should read *Relief is in the Stretch* and carefully think through the different viewpoints presented here. The focus of the book is the description and diagnosis of different kinds of back pain, with different *āsana* prescriptions presented for each. The logic of starting with a diagnosis is not disputed, only the prescriptions. My recommended questions to readers are: “Given one of the diagnoses, would you also provide the same prescription?” And more importantly, “Why or why not?” and “What other considerations are likely to be important?” This could be a good test for students at Yoga therapist training programs.

#### Background

Back pain is the single most common reason patients see complementary and alternative medicine providers in the United States.<sup>1</sup> It may also be the most common reason students see Yoga therapists—this is at least true in my own experience as a Yoga therapist. Most of us believe that Yoga has much to offer to both alleviate and prevent back pain, yet only recently has Yoga for back

care begun to be studied in the rigorous ways Western biomedical science requires. In my opinion, research in this area is something to which the profession should pay attention. *Relief Is in the Stretch*, the review, and the authors’ response provide a challenging but splendid example of why we need intra-professional dialogue concerning back care methods that use different Yoga methodologies, as well as research comparing Yoga with conventional approaches.

*Relief Is in the Stretch* is an important new book by one of our more credentialed and experienced members, and IAYT has been trying to locate a reviewer for this book ever since it was published. Loren Fishman, M.D., is a specialist in rehabilitation medicine and has been practicing and prescribing Yoga (in the Iyengar Yoga tradition) for over thirty years. After first one and then another reviewer were unable to deliver a review to meet our deadline, we had the book sent to the present reviewer, Robin Rothenberg, by overnight mail in order to have the book reviewed in time for this issue of the journal. Robin is one of the most experienced and conscientious Yoga therapists I know. She is credentialed in both the Iyengar and Viniyoga methodologies and actively involved in Yoga research. See “Tales from the Trenches: Conducting Yoga Research on Chronic Low Back Pain: An Interview with Karen Sherman, Ph.D., and Robin Rothenberg, C.Y.T.” in this issue of the journal.

Much to my surprise, we received a critical review from Robin, first in a long phone call and then in the written form shown above. I sent the review to the authors for their response and quickly read the book myself. While you see the strong opinions expressed above, *you do not see the underlying courtesy and respect for the process of peer review both parties have exhibited in such an admirable manner in personal communication with me.*

#### Commentary

There is much Yoga wisdom in this book to universally admire and follow. The very first note to readers cautions: “The judgment of individual therapists and physicians who know you is essential. It is in this setting, of personal, expert attention, that Yoga was developed, and the setting for which it has always been intended.” The importance of this cannot be overemphasized, especially in the context of a book on therapeutic applications. In my view, readers should carefully consider the *underlying core principles* of the recommended practices and how they may apply to individual students at a spe-

cific point in time, *taking into consideration the therapist's own training, experience, and understanding*. This may shed light on some of the central criticisms of this book and the response.

The heart of the book is the section entitled “Poses by Diagnosis,” so let’s take the first two diagnoses and their *āsana* prescriptions and examine the core principles and their expression. The first diagnosis is musculoskeletal pain (in the low back) and, in short, the prescription is careful stretching, starting with a gentle inverted forward bend and then seated forward bends. The second diagnosis is herniated nucleus pulposus (herniated disc) and the prescription is first several extensions (back bends), then lateral bends, ending with a standing forward bend. Consider the core principles of the prescriptions as well as the individual poses and ask yourself such questions as: “Do I agree with these principles?” “If so, would I still teach these poses in this way, in this sequence, to my students with a similar diagnosis?” “What other considerations should I be mindful of when considering modifying this prescription for individual students?”

My own training and experience somewhat parallels the reviewer’s. Thus, *based upon this training and experience*, I could be expected to have similar concerns about how these core principles are expressed and sequenced in this book. While I would agree with most of the core principles prescribed from the diagnosis, I would use different poses, performed differently, with different sequencing as well.

Now, however, I must step back and reflect on the question, “Why is this well trained and experienced physician doing things so differently than I would?” “Is it due to the different Yoga training and experience or because he is bringing in additional material from his medical background with which I am not familiar?” The author claims his upper back extension, criticized by the reviewer, is a version of the McKenzie technique and

close to the standard clinical practice in physical therapy clinics worldwide. A new question is thus, “How can I find out more about this?” That is the kind of reflection, study, and dialogue professionals in the discipline need to have.

Another question is, “Can we objectively test the effectiveness of these and alternative methods?” Despite the long experience the tradition of Yoga therapy as a whole has with back care, the formal research using Western methods is just beginning. As far as I can tell, the formal research is focused on comparing Yoga (using one methodology) with control groups using more conventional methods, and not on comparing different Yoga methodologies with one another.

Holding discussions with light instead of heat about the comparison of different methodologies is important but also will be challenging. IAYT is interested in supporting such discussions and looking for the right forum.

### Historical Note

The methodology to achieve the three-hour headstand that is discussed in the book, the review, and the response, appears to be the now famous discussion by Theos Bernard in the book *Hatha Yoga*. Theos was an American who studied Yoga in India and Buddhism in Tibet. *Hatha Yoga* was first published in 1950 and, sadly, is long out of print (although used copies are available at a premium). It is a landmark book and still as fascinating as ever.

### Endnote

1. Barnes, Patricia M., et al. *Complementary and Alternative Medicine Use Among Adults: United States, 2002*. U.S. Department of Health and Human Services, Centers for Disease Control, Advance Data for Vital and Health Statistics. Number 343, 27 May 2004.