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Editorial

The Next Legs of the Journey

Will Boggs, MD, RYT
Editor in Chief



Yoga therapy continues to flourish, thanks in part to the growing body of research evidence supporting its effectiveness in a variety of settings. This issue of *IJYT* advances the trend through articles that demonstrate the value of yoga therapy in improving the physical and psychological status of individuals with

Parkinson's disease, in easing the transition of teenage girls from incarceration to participation in society, and in improving the flexibility of elderly individuals. As with the majority of articles accepted (and, alas, rejected) for acceptance into the Journal, the bulk of yoga therapy research has focused on the use of asana to address challenges ranging from the physical to the psychological.

By investigating (and employing) asana work to the near exclusion of other aspects of yoga, however, we are missing opportunities to help those who could benefit from the other seven legs.

Imagine that your physician had complete training in all the important areas of medicine, but she used only antibiotics in her treatment of patients. While antibiotics might be great for your pneumonia, they would offer little hope for relieving your angina or depression or colon cancer. Your doctor would have to use other tools in her doctor kit that have been proven to work for your particular problem.

Yoga therapists have seven other tools in their armamentarium besides asana. But here's what they get if they search PubMed: *yama* (1 hit), *niyama* (5 hits, including 4 for the surname Niyama), *pranayama* (152 hits), *pratyahara* (1 hit), *dharana* (7 hits), *dhyana* (16 hits), and *samadhi* (16 hits). Several of these hits are mere enumerations of the eight limbs of yoga, and many others are authors whose surnames happen to match one of the *ashtanga*.

We need more research to support the use of our other tools. As a physician, I regularly prescribe *yama* (establishing good lifestyle habits), *niyama* (overcoming bad lifestyle habits), *asana*, and *pranayama*—without using their Sanskrit names—for my patients, and their prescription is based on sound evidence in the form of published research. But why not *pratyahara* as part of a comprehensive approach to treating chronic pain? Or *dharana* for those whose lives seem chaotic? And I'm sure we all know somebody who could benefit from *dhyana* and *samadhi*. To encourage other healthcare disciplines, as well as our patients and clients and friends and families, to recommend and use these practices, we need more than Patanjali's written admonitions. We need evidence that they work. For specific needs.

International Journal of Yoga Therapy recently implemented an online manuscript submission, review, and tracking program. Why not get your research into the effectiveness of one of the neglected limbs of yoga started and give your fellow yoga therapists another leg to stand on? We're looking forward to your submission at www.editorial-manager.com/ijyt.