

# Invited Article

## Exploring Yoga as Therapy

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### Abstract

*Most practitioners of Yoga would agree that Yoga is a holistic system that encourages healing and empowers the student or patient. This is simple to say, but to practice such an approach to Yoga within a rational and authentic framework requires much study, reflection, questioning, and attention to detail. This article provides an outline of the framework of Yoga therapy. Two simple rules govern our approach: logic and authenticity. We will examine the definition, approach, and tools of Yoga as a therapy, starting from the ancient texts on Yoga and then looking at Yoga today. Finally, we describe in some detail the example of a Yoga therapy approach for asthma.*

### A Modern Approach to Yoga Therapy

#### *Classical Sources for Understanding Yoga Therapy*

The most common word for treatment in Sanskrit is *cikitsā*. The word *cikitsā* is derived from the root *kit vyādhi-pratīkāre*, meaning to oppose disease. “Yoga therapy” can be written in Sanskrit as *yoga-cikitsā*, which means to use Yoga to oppose disease or ill-health. Yoga therapy is not defined or described in detail in classical texts on Yoga; *yoga-cikitsā* is largely a word of recent coinage.

Yoga was defined authoritatively in the *Yoga Sūtra* of Patanjali, probably around 2000 years ago, as “arresting the activities of the mind.” The *Yoga Sūtra* say little about the physical aspects of Yoga, and they were not authored with a view to using Yoga as a therapy. Later Sanskrit texts on Yoga, such as the *Hatha Yoga Pradīpikā*, say more about the physical practices of Yoga than the *Yoga Sūtra*, but information on the use of Yoga as therapy is limited. There is also no separate, systematic definition of health, disease, and treatment specific to Yoga in classical Sanskrit texts.

A formal definition of health, as well as guidelines for treatment or *cikitsā*, are described in detail only in *Ayurveda*, or traditional Indian medicine. The *Sushruta Samhitā*, one

of the most authoritative classical texts on *Ayurveda*, offers the following definition of health: “Balance of the *doshas*, *agni*, *dhātus*, and *malas*, with a pleasant (clear) self, mind and senses, such a person is said to be healthy.” (*Sushruta Samhitā* 15.38) There are also texts that systematically describe specific rituals, *mantras*, and the use of gems and stones for various diseases.

The five *mayas* (*pancha-maya*), also referred to as the five *koshas*, are sometimes proposed as a model for Yoga therapy. This model is supposed to originate from an ancient text known as the *Taittirīya Upanishad*, in which the five *koshas* or *mayas* are explained. However, the *Upanishads* are texts on Vedic philosophy and psychology, not texts on therapy. The *pancha-maya* description in the *Taittirīya Upanishad* is not related to treatment at all. Detailed commentaries on the *Taittirīya Upanishad*, by great luminaries of India such as Shankara, who propounded the philosophy of non-dualism, and Vidyāranya, another great sage, say nothing about treatment.

The message of the *Taittirīya Upanishad* is not about treating the body, but transcending it. The *pancha-maya*

The editors of IJYT invited the author to contribute this article as part of our ongoing series of articles by leaders in the field of Yoga therapy. This series aims to preserve the work of individuals who are deeply connected to the Yoga tradition and also to document the ongoing evolution of Yoga therapy.

model is described as working through a systematic realization like this: “I am not the body. I am not the *prana*. I am not the mind. I am not the I-sense. I am not the *mahat*. I am the consciousness that lies beyond these all.” This is not a process of intellectual understanding, but of direct experience to be reached through states of *samādhi*. The psychology of the *Taittirīya Upanishad* is timeless. It is a beautiful way of expressing the same message as Samkhya and Yoga. The word *kosha* is used because they are considered coverings of consciousness. When the coverings are removed, only consciousness remains. This will lead to the state called *kaivalya* in the *Yoga Sūtra*, literally meaning “to be alone.”

The *pancha-maya* model, when applied to therapy, also contradicts the logic of fundamental Yoga psychology as described in the *Yoga Sūtra*. For example, it is incorrect in Yoga psychology to separate aspects of our mind like personality, learning, and relationships. These words have no direct equivalents and no separate basis in Yoga psychology, as explained in the *Yoga Sūtra*.

Finally, it is not possible to make a “diagnosis” based on the *pancha-maya* model. For example, let us assume that we classify asthma as a “*prāna-maya*” problem, because it is a breathing disorder, taking *prāna* to mean breathing. First, this starting point is incorrect, because the word *prāna* in the *Taittirīya Upanishad* does not mean breathing. It means life-force. The *prāna-maya* described in the *Taittirīya Upanishad* has no connection with breathing disorders. Secondly, by doing this, we have achieved nothing apart from adding a contrived Sanskrit label, because there is no material in Yoga or Ayurveda on the treatment of a *prāna-maya* problem. Classifying a disorder as a *prāna-maya* problem—or for that matter, any “*maya*” problem—adds no information from traditional Yoga and Ayurveda, because this classification of disease does not exist in them. It is entirely the creation of modern Yoga teachers, with no authenticity in classical Yoga and Ayurveda. In contrast, if we say that asthma is related to an imbalance of *vāta* and *kapha*, or that it can be classified under *shvāsa*, we are adding information on how to deal with the illness, because there is extensive information in Ayurveda on *shvāsa* and disorders of *vāta* and *kapha*.

Modern Yoga practitioners and therapists should bear in mind that Yoga was not intended to be a stand-alone medical system. It does not have its own medical physiology. Some contemporary teachers suggest the *nādīs*, *prāna*, and *chakras* as the “subtle” or “energetic” physiology of Yoga, in the context of Yoga therapy and healing. However, classical Yoga texts do not describe any systematic method of diagnosis or treatment based on *nādīs*, *prāna*, and *chakras*. There are only simple statements that clear *nādīs* and the proper

flow of *prāna* will lead to good health. In this context, the word *prāna* should be taken to mean “life-force.” There is no method suggested for diagnosing poor *prāna* flow or directly manipulating *prāna*. When classical Yoga texts talk of drawing the *prāna* to one place or focusing the *prāna* in some body area, it is in the practice of *prānāyāma* or meditation. In these contexts, the word *prāna* refers either to the breath or to the focusing of attention.

This problem of incorrect information would be significantly mitigated if Yoga teachers, especially those teaching therapy, were required to substantiate their views on classical Yoga and Ayurveda with precise references from classical texts.

### *Defining Modern Yoga Therapy*

An ideal modern definition of Yoga therapy should be based on a common, logical understanding of the application of Yoga. An example definition of modern Yoga therapy is “the application of Yoga to individuals to empower them to progress towards greater health and freedom from disease.” The word *empower* here is important, because a key aspect of Yoga is the active participation of the patient in the process of therapy. The tools of Yoga require that the person make an effort. This is not a limitation of Yoga, but a great strength.

It is sometimes suggested that in the context of Yoga, phrases such as *spiritual well-being* be added to the definition of health and the aims of Yoga therapy. Apart from being vague, this is incorrect from a classical Yoga perspective. The *spirit* in Yoga would be the seer, perceiver, or consciousness. There is no well-being for the spirit in Yoga. It is a core concept in classical Yoga that the consciousness or spirit is beyond change, and is thus always well; only the mind may be disturbed. Similarly, adding *moral* or *ethical well-being* to the definition of health is also incorrect from the view of Yoga; Yoga does not preach morality or ethics. The *yamas* and *niyamas*, the first two of the eight limbs of the Yoga of Patanjali, may appear to be moral or ethical injunctions, but they are not. They are personal disciplines in action, speech, and thought. The practitioner chooses to follow them because they are indispensable in progressing towards the goal of Yoga. In summary, adding spiritual, moral, or ethical well-being to the concept of health in Yoga conflicts with the fundamentals of Yoga psychology.

Words such as *attitude*, *balance*, or *vitality* have a positive, feel-good meaning, but, on reflection, we can see that they are also inappropriate in a definition of Yoga therapy. If these words are acceptable in a definition, so are many others, such as *emotional wellness*, *steadiness of mind*, and

energy. Such words only raise more questions: What is improvement in attitude? Is it certain that vitality or energy level is a marker of underlying health? For example, we see people who apparently had great vitality suddenly suffering a stroke. The point is that these words are vague and arbitrarily chosen, and the ancient texts place great emphasis on precision in a definition.

### *The Fundamental Requirements of a Sound Approach to Yoga Therapy*

Today, the greatest difficulty in addressing Yoga therapy can sometimes lie in dispelling the confusion that already exists. Different “styles” and “traditions” crowd the field of Yoga today, with conflicting theories and methods. Many current “styles” of Yoga are based on differences in the physical practices of Yoga, combined with a proposed relation to psychology. However, the logical connection between the physical practices being taught, and the psychological goals outlined in the *Yoga Sūtra* of Patanjali, is unclear.

In developing an approach to Yoga therapy, the Yoga therapist must be clear that treatment should be based on authenticity and logic. For an authentic source, one should look for extensive documented concordance in Ayurvedic texts, across India and over centuries, or a Yoga teacher who has had access to traditional knowledge, has himself or herself practiced, and most importantly, is clear and logical in approach. While tradition is reassuring, it is not by itself an absolute assurance of validity or correctness. Both Ayurveda and Yoga insist that any information handed down from someone else should be validated by inference (*anumāna*) and direct observation (*pratyaksha*).

A sound approach to Yoga therapy should have these essential characteristics:

1. *It should be based on observable parameters.* Therapy based on the “flow of energy” or “balancing energy,” sometimes equated with *prāna* in contemporary Yoga literature, is best avoided in a standard approach. Energy flow is not accessible to observation and verification. Others cannot verify what the Yoga therapist claims to have observed, as it is essentially a subjective impression—it can neither be described through normal sensory perceptions nor quantified in any way. In addition, as we already said, *chakras*, *prāna*, or *nāḍīs* are not methods of treatment in classical Yoga texts.

2. *It should be clear and rational, and not ambiguous, contradictory, or illogical.* For example, a Yoga practice that is physically unsound is unlikely to be therapeutic because it is “energetically” or “spiritually” sound. This is not a logical statement and should be viewed with caution. We must first check if a Yoga practice, especially that of *āsana*, is physically sound.

3. *It should have authenticity in the classical works on Yoga, Ayurveda, and associated subjects to the extent possible.* At least, it should not contradict them. Since the psychology of Yoga is very clearly explained in the *Yoga Sūtra*, there is no need for any ambiguity or contradiction in this area. Yoga therapists should be very clear on this.

It is also important to consider the value of empirical evidence for a specific approach to Yoga therapy. Evidence from research studies constitutes the foundation of evidence-based medicine, and it is important that methods of treatment from any modality be validated by research. However, in the field of Yoga, we would suggest that logic and authenticity be used first in determining whether an approach is sound, and if there is a better one available, before commencing a study on it. Many practicing Yoga therapists would agree that most patients who practice Yoga for therapeutic benefit, whatever the approach, usually do benefit. However, the observation of some benefit—in Yoga therapy practice or research—does not indicate that the best approach has been identified. Before formalizing an approach, and stamping it with the seal of evidence, we should consider if we can provide greater benefit by following a different approach to Yoga therapy. Thus, we would suggest placing emphasis first on logic and authenticity.

### *The Six Factors of a Sound Approach to Yoga Therapy*

Our purpose here is to describe a basis for Yoga therapy that will satisfy all the above criteria. The Yoga therapy work we do derives from the approach taught by Sri Krishnamacharya. Sri Krishnamacharya was unmatched in his knowledge of the Vedic philosophies in the last century, and was also one of the most authentic teachers and practitioners of Yoga in the recent past. We have supplemented Sri Krishnamacharya’s teachings with studies in Ayurveda, and other related areas, as he was not a practicing Ayurvedic

physician. It is important to know that Sri Krishnamacharya did not use any special “model” to address Yoga therapy. He simply suggested *āsana*, *prānāyāma*, meditation, and lifestyle changes as appropriate.

We have defined Yoga therapy as the application of Yoga to individuals to empower them to progress towards greater health and freedom from disease. Therefore, our approach to Yoga therapy begins by considering the factors that influence health and disease. All diseases can be classified as principally affecting the body or the mind. The disease process may be influenced by the food we eat, the lifestyle we lead, and the environment we live in. Hence, we have five factors to consider in approaching ill health: body, mind, diet, lifestyle, and environment. It is useful to add breathing to this list, as it occupies a very important position in the practice of Yoga. We must consider all these factors in any holistic approach to health. Understanding the relevant factors influencing an illness allows the therapist to prioritize the application of tools of Yoga as appropriate to the problem and the individual. Thus, we have a list of six indispensable factors to consider in Yoga therapy:

1. Body
2. Breathing
3. Mind
4. Diet
5. Lifestyle
6. Environment

All valid approaches to Yoga therapy will incorporate all of these six factors.

### *The Tools of Yoga Therapy*

The principal tools of Yoga therapy are *āsana*, *prānāyāma*, and meditation or psychology, supplemented by changes to diet, lifestyle, and environment. We will now briefly describe each of the tools of Yoga therapy, and their important connections to the six factors we listed above (body, breathing, mind, diet, lifestyle, and environment).

*Āsana* involves moving the body into a position, staying in it, and moving out of it. The movements into and out of the *āsana* are done in combination with a specific component of the breathing cycle: inhalation, exhalation, or suspending the breath after exhalation. It is not advisable to move when holding the breath after inhalation. During the stay, the breathing may consist of inhalation, holding after inhalation, exhalation or suspension of the breath after exhalation. Throughout, the breathing must be regulated with attention. Movement of the body and the breathing are both very important. Correct *āsana* is crucial in dealing

with problems of body structure for the obvious reason: it involves movement and muscle work.

*Prānāyāma* is to consciously regulate or observe the breath, with a focused mind, while keeping the body still. Compared to *āsana*, *prānāyāma* is of greater importance when addressing problems in body function (other than musculoskeletal problems). There are guidelines in classical texts linking different types of *prānāyāma* to diseases, based on the *doshas* of Ayurveda. *Āsanas*, in contrast, cannot be clearly and specifically linked to the *doshas*.

Meditation is to make the effort to keep the mind focused, or to keep one thought fixed in the mind. For meditation to deepen, it should be practiced with the body kept still. The main role of the body in meditation is to not distract the mind. Apart from meditation, there are many other practices, and much depth of analysis, in Yoga psychology. Meditation and Yoga psychology are primary tools in addressing mental illness.

Diet, lifestyle, and environment change are vast subjects, but very important for any practitioner in the field of holistic health. Diet and lifestyle factors can be important causes or aggravating factors of illness. If those factors are not eliminated, or at least mitigated, the effectiveness of all other measures will be compromised. Detailed guidelines for diet changes to treat diseases are not available in classical Yoga texts. We have to turn to Ayurveda for information on diet and lifestyle as therapy. Apart from Ayurveda, there are, of course, guidelines from other systems of medicine.

Additionally, the use of sound—such as chanting and *mantras*—is an important tool in Yoga therapy. Sound can be integrated with *āsana* and meditation. Other disciplines, such as rituals, support the above principal tools. The use of rituals rests on a clear understanding of Yoga psychology, and requires study of related subjects like Vedic astrology. These subjects appear mystic, yet the ancient texts are clear in their recommendations for the rituals to be done for chronic diseases, and the gems or stones to be used.

### **Approach to Asthma: An Example of Yoga Therapy in Application**

As an example, we will systematically discuss the application of Yoga therapy to bronchial asthma.

#### *Asthma*

Asthma is a condition characterized mainly by breathlessness, cough, and wheezing. In Ayurveda, the word *shvāsa* is generally used to refer to conditions where there is breath-

ing difficulty. From an Ayurvedic perspective, asthma can be considered a disease of both *vāta* and *kapha*. It is a difficult disease because it involves two *doshas*.

Asthma can present with a spectrum of severity. It can be limited to an occasional episode of chest tightness, wheezing, or mild breathlessness. At the other extreme, it can be life-threatening. The underlying mechanism of asthma is constriction of the airways, due to hyperreactivity of the airways to normal stimuli and chronic inflammation. Conventional medical treatment for asthma consists primarily of inhaled bronchodilators and corticosteroids, and oral or intravenous medication in severe cases.

In asthma, narrowed airways present resistance to the outflow of air. Consequently, the ability of asthmatics to exhale, especially rapidly, is decreased. Thus, one of the standard tests in asthma is measurement of the maximum rate of exhalation, or the peak expiratory flow rate. As the severity of asthma increases, the peak expiratory flow rate decreases. We must keep this in mind when we discuss the approach of Yoga for asthma. Very simply, an important goal in Yoga therapy for asthma is to encourage complete exhalation. In an acute attack of asthma, little can help except conventional medicines and hospitalization, if required. However, Yoga can be of much value in reducing the frequency and severity of attacks, if practiced when the patient is better.

Let us take the tools of Yoga therapy systematically and analyze how they can be used in asthma.

### *Āsanas for Asthma*

Inversions are useful in conditions of breathing difficulty. To understand the reason behind this recommendation, let us analyze a simpler version of *sarvāṅgāsana* (shoulderstand), where the body is not straight, but more supported by the hands.

In this position, the chin is forced against the chest. This may not physically restrict breathing greatly, but it does make it more challenging, especially psychologically. More importantly, the inverted position makes breathing physically more difficult. The movement of the diaphragm is central to the process of breathing. As the diaphragm contracts and descends (in the standing position), the volume of the lungs increases, the pressure in them decreases, and air flows in from the outside. In the standing position, this movement of the diaphragm during inhalation is assisted by gravity, as it is a downward movement. In the inverted position, the movement of the diaphragm during inhalation is resisted by gravity: the diaphragm has to push the weight of the abdominal organs upwards during inhalation. In con-

trast, exhalation is easier, as it is assisted by gravity, with the weight of some of the abdominal organs pressing down on the diaphragm. Naturally, the volume of air left in the lungs at the end of exhalation also tends to be less than in the standing position. Therefore, we can see that this body position naturally favors easier and more complete exhalation.

The underlying idea is that if we are able to lead a person with asthma to breathe well in an inverted position, they are likely to benefit. However, in this inverted position, the volume of breathing is less, and the work of breathing or the effort involved in breathing is greater. Thus, if a person is already breathless, placing them in an inverted position will only worsen their breathlessness. Therefore, though this recommendation has merit, it is not to be applied blindly. We must apply it in a manner suited to the individual.

Full inversions may be inappropriate for some people given their age and coexisting health conditions. We must assess the condition of the person and decide how far to lead that person and the systematic method of doing so. This is the science of observing the person and designing a sequence of *āsanas* for them.

For example, we may consider introducing shoulderstand for a child of eight years after just one month of other preliminary *āsanas*. But for an overweight 45-year-old woman, *sarvāṅgāsana* (shoulderstand) or *śīrṣhāsana* (headstand) may be out of the question, because she may develop problems in her neck from the weight of the body resting on it. This does not mean that we will not be able to offer her these benefits. Instead of shoulderstand or headstand, we should use other body positions that offer the advantages of inversion, without the associated risks. One useful *āsana* we should keep in mind is *adho mukha śvānāsana* (downward facing dog). As in shoulderstand, the chest is lower than the abdomen, and the weight of the abdominal organs is partially on the diaphragm. As a partially inverted position, it offers the effect of an inverted position for the trunk, without putting weight on the neck. Therefore, it is a safe position to work with, compared to shoulderstand. In an elderly or unfit patient, we should begin with only simple *āsanas*, such as *dandāsana* (seated staff pose), and forward bends, such as *vajrāsana* (diamond pose), to emphasize exhalation. In these simple *āsanas*, we can pay attention to including sound in the practice, and lead the person to more demanding *āsanas* later, as appropriate.

### *Using Sound*

Incorporating sound into the practice is significant in asthma. Leading patients with asthma to exhale more com-

pletely is an important goal of Yoga therapy. The obvious method of applying this in a Yoga practice is to ask the person to exhale completely. However, those who have tried teaching this will know that it is a difficult instruction for many people to follow. It is also difficult to assess how much the person has exhaled. As an experiment, if a dozen people are asked to exhale completely, we will usually find that the extent to which they have exhaled is quite variable. Some people feel that they have exhaled completely when they can still exhale a lot more.

In contrast, using sound is an effective and reliable method of promoting complete exhalation. If we ask people to say a sound like “Aaaa...” as long as they can, until they can say it no more, most will exhale almost completely. It is also easy for the therapist to assess whether the person is exhaling completely. In addition, it is a good method for the therapist to estimate the breathing capacity of the person. Humming sounds may trigger cough in some people, and do not promote a feeling of opening and lightness like full-throated sounds. Therefore, simple, full-throated sounds like “Aaaa...” or “OM” are best.

## Prānāyāma

Classical texts suggest that *kapālabhāti prānāyāma* is useful in diseases of *kapha*. *Kapālabhāti* involves rapid breathing, with emphasis on quick, forceful exhalation. In a condition like asthma, where the person has difficulty in exhaling quickly, it may appear that *kapālabhāti* could be useful. However, usually, the person will be unable to do it. This is, in fact, the problem for asthmatics. When a person is unable to exhale rapidly, it is strongly inadvisable to ask them to force their breathing. It could render them breathless. Further, in *kapālabhāti*, the volume of air moving in and out of the lungs with every breath is less than in normal breathing. Unless the person is able to maintain a rapid rate of breathing, ventilation will not be increased. When a rapid rate is maintained, the dangers of hyperventilation must also be kept in mind. Thus, *kapālabhāti* is inappropriate for a person who is already short of breath. It can be useful, but it must be introduced only after complete or deep exhalation is taught adequately. There are also other guidelines and a method of preparation for *kapālabhāti*, which we have outlined in our book *Yoga Therapy*.<sup>1</sup>

When asthmatics feel the first signs of an acute episode, a simple technique that can sometimes be useful is to take a few controlled breaths, or to practice simple *nāḍishodhana*

*prānāyāma* with short, comfortable breaths. This is calming, and can help give them the feeling that they have control over their breathing.

## Psychology

It is distressing simply to see a person who is breathless, let alone to experience it. Therefore, it is very important, especially in more severe asthma, to pay careful attention to the psychological state of the person and support them adequately. As described above, an important goal in Yoga therapy is helping the asthmatic develop a sense of control over their breathing.

## Diet, Lifestyle, and Environment

As we have noted, we have to turn to Ayurveda and other systems of medicine for diet guidelines. Diet must be discussed with the patient in detail; however, it is outside the scope of this article to detail the use of herbs and dietary recommendations. In general, the first guideline is to avoid cold food, and another important measure is to avoid any food, such as dairy products, that produces more mucus.

Some basic lifestyle and environmental guidelines for asthma are well-known: possible allergens, such as pollen, dust, and pet hair, should be removed. From an Ayurvedic perspective, travel, exposure to cold, and severe exercise should all be avoided, if possible, as these are related to an aggravation of *vata*.

## Vedic Astrology, Rituals, Gems and Stones

As we have mentioned, there is clear information on these areas as well. Texts such as the *Vīrasimbhāvalokanam* and the *Āyurveda Sūtra* describe the measures to be taken in each of these areas.

## Conclusion

Some essential points for the contemporary Yoga therapist are:

1. As we said at the beginning, it is indeed easy to say that Yoga is holistic, empowering, and healing. This will meet with wide acceptance from the Yoga community. But, to present a logical and authentic framework requires study, questioning, and reflection.

2. Classical Yoga texts have limited information on Yoga therapy. Yoga therapy in these classical texts is related to Ayurveda.
3. Yoga psychology is extremely clear and well documented in the *Yoga Sūtra*. There is no room for a lack of clarity in this subject.
4. There is detailed and precise information available in classical texts on areas that are apparently mystical and the source of much confusion now, such as Vedic astrology, *mantras*, rituals, and gems and stones.
5. Ambiguous definitions and methods are less useful. Question your teacher when the subject is not clear. Analyze the logic behind it. Request references where possible.
6. Using Sanskrit words is not an indication of depth in knowledge, and simply using Sanskrit words instead of English adds no value. The therapist must steer clear of applying Sanskrit terms to Yoga therapy in a way that has no relevant references in Yoga and Ayurveda texts.
7. It is important to reflect on the question: What is the role of tradition in Yoga, especially in Yoga therapy? How does tradition determine the method of treatment of an illness?
8. An approach to Yoga therapy should stand up to questioning on two areas: logic and authenticity. That is, it should be possible to validate the approach by logical reasoning. It should also, to the extent possible, be substantiated by correct and clear references to ancient texts—this is authenticity.

## *Reference*

1. Mohan AG, Mohan I. *Yoga Therapy: A Guide to the Therapeutic Use of Yoga and Ayurveda for Health and Fitness*. Boston: Shambhala; 2004.

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