

SCIATICA

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Case study

1 A - Initial Intake Pete K

Pete is a 5'10", fifty two year old male, who has broad shoulders and narrow hips. He appears to weight about 190 pounds. He is muscular and appears fit.

He has been in the military as a lawyer for the past twenty-two years. This has meant frequent moves plus long work days. Until recently, he was the highly successful director of the legal center. Reluctant to relocate yet again, he has decided to stay in his current location and settle for a position that is less than desirable. This has increased his level of stress and decreased his level of job-satisfaction.

Although he has a desk job, as part of the military, he has been subjected to strenuous physical activities and strenuous yearly physical exams in which he had to run for miles in formation over varied terrain. Until a few years ago, Pete was able to prepare himself for the physicals within just a few weeks time. Now, it takes more than that, and his current level of pain has an impact.

Pete had several accidents when he was younger. As a teen, he ran into a car while driving a motorcycle. He was thrown off his vehicle and landed some distance away. When he was a few years older, he had two car accidents. In the first one, his head hit the windshield, and in the second one, his car ran off the road. He does not recall his injury.

Pete had a diet which included whole grains, chicken, and very little red meat. He consumes very little caffeine and may have a beer or two per week. He consumes very little water each day. In the last few years he has had less and less physical activity. Currently, due to the development of sciatica, standing and walking can be painful, so he can take the dog for short walks only. He says that he is more comfortable sitting or lying. He says that the doctor indicates some arthritis. He has had a recent colonic with polyp removal.

He lives with his wife of twenty-two years and teenage son and seems happy with his family. His wife is very supportive in assisting Pete with lowering his sciatic pain level. According to Ayurveda, she thinks that he is an extreme pitta type citing his body type, tendency to sweat copiously, tendency to get red in the face, and to have anger flare-ups. She says that his career transition is very hard for him right now. She thinks that he has suffered with sciatica off and on for years prior to his March 05 diagnosis.

On a scale of one to ten, with ten being the highest level of pain, Pete says he was at about an eight, in March of 2005. He did receive one cortisone injection which helped to relieve the pain. Since then, he has fluctuated between a three and five level of pain, often dependent on the amount of standing he has to do. He reports that he notices the pain upon first arising in the morning. In the past, the pain would sometimes start in the left calf and hip and would tingle across his left foot. For the past month or two, he has not felt pain or tingling so far down the leg. A recent massage temporarily increased his pain level. In March, he had an MRI which indicated Degenerative and bulging discs.

The Diagnostic Results

1. Multi-level broad-based disco-osteophytic bulges coupled with epidural lipomatosis and facet/ligament hypertrophy throughout the lumbar spine.
2. Transitional L5 vertebral body.
3. Nonspecific filling defect within the second portion of duodenum, if clinically indicated this may be further evaluated with upper GI or CT scan.

B – Physical Assessment notable scores are in **bold** strengthen first, stretch later

Pete stands with his left shoulder slightly down and his head slightly forward. The scoliometer indicates that there is a -3 degree reading beginning at the sacrum and going up the back. This is not significant. The Sacroiliac Joint Examination revealed that both sides elevated slightly.

July 20/ 05 ROM	Lt/Rt	Strengthen	Stretch
Supine			
Hip			
External rotation 45	50/65		
Internal rotation 35	39/35		
Side Lying			
Adduction 30	20/30		
Abduction 45	26/35		
Prone			
Knee flexion 135-150	114/117		
Hip ext. rotation 45	45/ 52		
Hip Int. rotation 35	18/22		

July MT	Lt/Rt	Strengthen	Stretch
Supine			
Hip			
Flexion	1.5/3	left then both	
Psoas	1.5/2	left + right	
Sartorius	3/4	left	
Side Lying			
Internal rotation	4/ 3		
Abductor	4/3	right	
Prone			
Knee			
Flexion	3.5/3.5	left + right	
Hip			
Extension	2.5/2	left + right	
Gluteus maximus	3/3	left + right	
External rotators	2.5/3	left + right	
Internal rotators	1/1.5	left + right	
Quadratus lumborum	0/2	left	

C - Summary of Findings

D

Strengthen	Stretch (later)
Iliopsoas	quadriceps
right abductor	abductors
rectus femoris	adductors
gluteus maximus	left hip flexors
hamstrings	
internal rotators	
external rotators	
left quadratus lumborum	

Recommendations

July 20, 2005:

- Consult with medical doctor to more clearly assess duodenum and follow their recommendations.
- Drink 1/2 gallon of water per day.
- Reduce standing/walking time as this aggravates sciatica. Reduce time sitting, and use a firm wedge.
- Find and use ways to relax and reduce stress. Get plenty of rest. Since listening to music and watching television seem to bring relaxation, continue to do these daily. Do a progressive deep relaxation for 10 to 15 minutes after work. Engage in activities that you want to do.
- The Sacroiliac Stabilization was given as a recommendation. When Pete attempted this movement, both on the floor and on a chair, with modifications, he experienced pain. The SI joint stabilizing movement was eliminated as a recommendation, at this time.
- In practicing JFS and asanas, relax often between poses. Use the wave-like breath (see section 3 below), deep relaxation, and Nadi Suddhi pranayama to deepen relaxation.
- Use the JFS exercise #5 x6 reps to strengthen internal and external rotators and abductors. Build to 12 reps on the right side.
- Do JFS exercise #7, Sunbird, x 6 reps building to x 12 for hamstring and gluteus maximus strength. Avoid the hip flexion portion of the exercise.
- Do Warrior I with left leg back for 6 breaths building to 10 to tone posterior hip and thigh and stretch left hip flexors.
- Do Rolling bridge x 6 reps to strengthen hamstring & gluteus max and stretch quads. Build to 12 reps.
- Use the Psoas strengthening exercise (see Isles, appendix) 6 reps, building to 12 reps the right to strengthen psoas.
- Perform Locust x 5 to strengthen the gluteus maximus and the hamstrings.
- Do the Groin Stretch 6 breaths building to 12.
- No Gomukhasana, Face of Light, at this point. Even attempting to get into this position brings pain.
- Seek lifestyle counseling that includes dietary changes with regular meals, the arthritis diet (see Appendix A), and daily activities that are enjoyable.
- Since this author is a trained counselor, regular counseling was recommended. He refused the offer and said that he is not interested in counseling. He did, however, undergo hypnotherapy, around the issue of job /position change. He reports that this was quite helpful.

After One Month

Pete has done a well in adhering to most of the recommendations and has noticed positive results. He reports that he has been:

1. considering further diagnosis of his duodenum.
2. hydrating a little more than usual but not nearly the half gallon suggested.
3. doing less standing.
4. uses an antigravity chair when seated.
5. doing more relaxation and deep breathing,
6. doing the prescribed Joint Freeing Series (JFS) and Asanas from four to five times per week.
7. avoiding the groin stretch, since it is uncomfortable.
8. taking longer walks with the dog, without the need for numerous rests.
9. in less pain, 2-3 level, down from 3-4.

Pete has begun work in his new position. He reports that he is less stressed now that it is a reality. Wondering what it would be like was difficult. Now he sees that it can work, even though it has some drawbacks. He now works for people he used to supervise. He helps to deal with the situation by changing his physical appearance. He has grown his hair longer and wears more casual clothes. He feels that he can disassociate from the image of being the boss and can assume his new role of worker.

ROM	Lt/Rt	Lt/Rt
	July 20	Aug 28/05
Supine		
Hip		
External rotation 45	50/65	48/50
Internal rotation 35	39/35	29/29
Side Lying		
Adduction 30	20/30	25/30
Abduction 45	26/35	50/42
Prone		
Knee flexion 135-150	114/117	126/128
Hip ext. rotation 45	45/ 52	44/42
Hip Int. rotation 35	18/22	21/23
MT		
Supine		
Hip		
Flexion	1.5/3	2.5/3
Psoas	1.5/2	2.5/2.5
Sartorius	3/4	3/4
Side Lying		
Internal rotation	4/3	4/4
Abductor	4/3	4/3
Prone		
Knee		
Flexion	3.5/3.5	3.5/3.5
Hip		
Extension	2.5/2	2/2.5
Gluteus maximus	3/3	3/3
External rotators	2.5/3	2.5/3
Internal rotators	1/1.5	2/2
Quadratus lumborum	0/2	1/2

1. E Summary of findings after one month

Strengthen	Stretch (begin some)
iliopsoas	quadriceps
right abductor	abductors
rectus femoris	adductors
gluteus maximus	left hip flexors
hamstrings	
internal rotators	
external rotators	
left quadratus lumborum	

The examination showed that Range of Motion, ROM, increased for hip adduction and abduction, hip internal rotation, and knee flexion. His muscle strength has increased in his right hip flexors, his hip internal rotators, and left quadratus lumborum. Even though there is improved ROM, there is still room for improvement, Even though muscles are stronger, they are still in the weak range and would benefit from continued strengthening. Since his current regime is working, it can be continued, holding the poses longer and doing more JFS repetitions.

He has built some strength and his pain has diminished and can now begin to stretch muscles. The adductors can be stretched by widening the legs when doing the lunge, Tractioning, stretches the lower back muscles and often helps when there is lumbar compression.

Kapalabhati and Agnisar Dhouti can now be added to assist with digestive concerns.

Additional Recommendations, August 28:

1. Traction: (Appendix B) for relieving lumbar compression.
2. After deep relaxation, include Kapalabhati and Agnisar Dhouti for digestive health
3. Lunge on one side only, with the left leg back, widening the width between the legs, to stretch the adductors.
4. Omit the groin stretch and Gomukhasana, as pain is experienced in these poses.
5. Increase the number of repetitions of the JFS and the length of time holding the asanas.

After Four Months

ROM	Lt/Rt	Lt/Rt	Lt/Rt
	July 20	Aug 28/05	Nov 20/05
Supine			
Hip			
External rotation 45	50/65	48/50	56/65
Internal rotation 35	39/35	29/29	37/35
Side Lying			
Adduction 30	20/30	25/30	32/30
Abduction 45	26/35	50/42	55/55
Prone			
Knee flexion 135-150	114/117	126/128	133/127
Hip ext. rotation 45	45/52	44/42	55/50
Hip Int. rotation 35	18/22	21/23	26/29
MT			
Supine			
Hip			
Flexion	1.5/3	2.5/3	4/3.5
Psoas	1.5/2	2.5/2.5	3.5/3.5
Sartorius	3/4	3/4	3.5/4
Side Lying			
Internal rotation	4/3	4/4	5/4.5
Abductor	4/3	4/3	5/5
Prone			
Knee			
Flexion	3.5/3.5	3.5/3.5	3.5/3.5
Hip			
Extension	2.5/2	2/2.5	3.5/3.5
Gluteus maximus	3/3	3/3	3/3.5
External rotators	2.5/3	2.5/3	3/3.5
Internal rotators	1/1.5	2/2	2.5/2
Quadratus lumborum	0/2	1/2	2/2

After four months, Pete reports that he is pain free. Being pain free has made a major difference in his lifestyle. He is able to enjoy more activities and is less stressed with worry about pain. He has continued to follow the recommendations, practicing about five days a week and continuing to increase his rate of hydration although it still falls far short of the half gallon per day rate. In addition, by sticking to his diet, he dropped twenty pounds and feels much better all around. He is now able to daily take the dog for a two mile walk without resting and is slowly building up to be able to jog again. His self concept now includes himself as a healthy person.

Strengthen	Stretch
internal rotators	quadriceps
quadratus lumborum	

Muscles testing at, or above, the 3.5 level have been removed from the list of muscle targeted to be strengthened in the above chart. However, continuing to their build strength is optimal and it is advised to continue with the all the recommendations made above. Gradually, all the JFS and Asana Charts will be included in the program to maintain optimal strength/flexibility of all muscle groups.

Since the SI Stabilizer and the groin stretch, as well as Iliotibial band stretch, contribute to lower back health, they are now added to the list of recommendations.

Additional Recommendations, November 20:

1. Continue to increase the number of repetitions in the JFS and the number of breaths that the asanas are held.
2. Slowly incorporate all the JFS.
3. Do the stick pose and then continue into “butt walks” in which one hip is lifted, brought forward, and then lowered to the floor followed by the other hip. This is to continue to increase the strength of the Quadratus Lumborum.
4. Do an Iliotibial Band stretch by coming into the position seen in the SY Examination Manual on ROM Examination: Side-lying position. Just allow the leg to hang over the edge of the table as the hips remained stacked on top of each other.
5. Begin SI joint stabilizer modified for sitting.
6. Do a modified groin stretch by lying supine, with the soles of the feet together, and allowing gravity to draw the knees apart and down toward the floor.
7. See part 6 Recommendations B and then C in this paper below.

E Summary of results of recommendations

For Pete, the most important result is that he is **out of pain**. Being out of pain means that he can **resume some of his much loved activities**. In March, he had such a high level of pain as to be incapacitating.

In July, his pain level had dropped from eight to between three-five. It is in this lower range that it is appropriate to begin Yoga Therapy. We did the initial intake in July and took great care when examining the left side, in order to avoid pain. It was noted that he did the initial interview in a prone position. After the exam, Pete reports that he felt less pain. He was now seated in a chair. Just the act of passively being moved through the ranges of motion in the examination was beneficial.

When asked for a commitment to do the recommendations, Pete was reluctant to commit to anything but a short practice. After one month of practice, Pete realized the benefits and did not balk at an increase in his regime. In fact, he welcomed it. He was proud that his pain had lessened and said it felt so good to be able to take the dog for a one mile walk even if he did need to rest on the way there and on the way back. He was upright and on the move again.

After four months, Pete was thrilled that he was **pain free** and was slowly **increasing his activity** level. Now he was walking the dog two miles with no rests en route. He is now looking forward to the day he can jog again. Pete is committed to his Structural Yoga Practice and is eager to increase the practices.

For Pete, **muscle strength** was a very important result of the treatment. **Being in good physical condition** is very important to Pete and has been his whole life. The muscle testing showed increased strength in all areas of weakness, with the exception of knee flexion. Pete had reported that he has had pain in knee flexion, though not in any of the testing or prescribed exercises. There is something going on in the knee, and Pete is aware that it may need medical attention. However, the results of the Structural Yoga Therapy is that he showed improved muscular strength for Hip flexion and extension, internal and external rotation, and abduction and adduction. In addition, his quadratus lumborum, psoas and sartorius muscles showed increased strength. There was also increased range of motion in hip external rotation, prone internal rotation, adduction, abduction, and knee flexion.

There was another important factor in Pete's recovery, and that is the reduction of stress. In March of 2005, when he was first in career limbo, he experienced his greatest pain. This is the time in which he had decided to make a major career shift. When he reached August and the career shift took shape, he experienced the workable reality of his new position, and his fear decreased along with most of his stress. This reduction in stress, in conjunction with his work with Structural Therapy, was followed by a reduction in his level of pain. Security is a lower back issue and his sciatica originates in his lower back, lumber vertebrae. An increase in the level of security would have a positive impact on the lumbar area.

2 A Name and Description of Condition

The term Sciatica is a symptom of another problem, rather than a disorder in itself. Sciatica is used to refer to pain radiating anywhere along the path of the sciatic nerve. The sciatic nerve is the longest nerve in the body. It is actually two nerves, the tibial and the peroneal, that are wrapped in a common sheath. It emerges from the spine at L4-5 and S1-3 and runs through the pelvis, often between the piriformis and the gemellus superior muscles. It continues into the buttocks and down the legs. At the back of the knees, it divides into the tibial and peroneal nerves running, respectively, down the back and front of the lower leg. The sciatic nerve provides feeling to the legs and feet and controls many muscles in the lower legs. (Marieb, p. 445.)

Other problems that can put pressure on the sciatic nerve are:

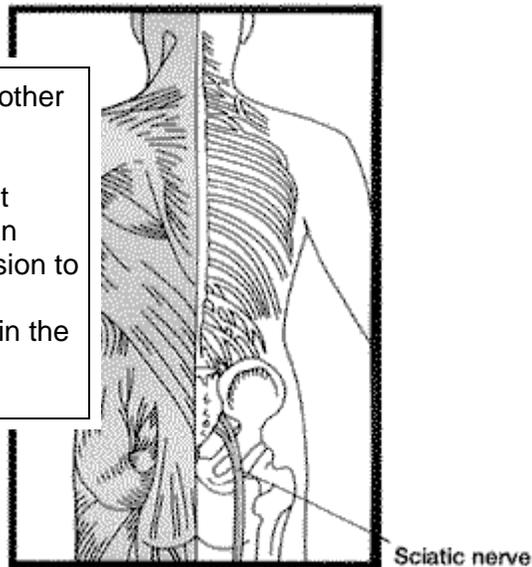
2. Lumber spinal stenosis occurs when areas of the spinal canal narrow.

3. Spondylolisthesis is the result of degenerative disk disease. One vertebra slips forward over another vertebra.

4. Piriformis syndrome occurs when the piriformis muscle goes into spasm and puts pressure on the sciatic nerve.

Sciatica is a symptom of another problem.

1. **Radiculopath** is the most common problem resulting in sciatic pain. It is a compression to the nerve, most commonly caused by a herniated disk in the lower back.



5. **Spinal tumors** are abnormal cell growths that occur in the vertebrae and apply pressure to the sciatic nerve.

6. **Trauma** from a fall or blow to the spine can injure the sacral nerve roots.

7. **Sciatic nerve tumor or injury:** the sciatic nerve itself is affected by a tumor. It is very rare.

8. **Other causes:** problems with bones, joints, and muscles can result in sciatic pain.



Herniated Disc

In Summary:

Herniated disks are the most common cause of sciatic pain. Disks are made of tough cartilaginous material, annulus fibrosis, surrounding a jelly-like center, the nucleus pulposus. Disks often deteriorate with age as they become dry and brittle. They can easily tear and become herniated as the jelly-like center escapes. The herniated disk often presses on the sciatic nerve, causing pain.

Lumbar spinal stenosis and Spondylolisthesis are caused by the narrowing of the passageway for the sciatic nerve. Often this narrowing is the result of degenerative changes in the spine.

Piriformis syndrome is when the piriformis tightens and places pressure on the sciatic nerve, as it passes through or below the piriformis muscle located deep in the gluteal region. (mayoclinic.com, Sciatica, Pain Management Center.)

B Gross and Subtle Body: common symptoms

On the **gross body level**, the pain that radiates along the sciatic nerve can range from mild discomfort to excruciating pain. It can range from being an annoyance of tingling and numbness, to being an incapacitating muscle weakness. The pain can be described as anything between dull-sharp, or aching-burning. One might feel the pain in the buttock region or feel it all the way down to the foot. When it is felt only in the buttock, it is rated as level 1, in the thigh as level 2, calf as level 3 and all the way down to the foot as level 4.

Sciatic pain most often has a sudden onset and is seldom chronic. It is caused by compression to the sciatic nerve and may be relieved by reducing the compression. How this might be accomplished is determined by the location of the compression. Generally, the compression takes place in one of three areas. If the compression is occurring in the lumbar region caused by degenerative or bulging disks, then hydration is recommended, along with reduction in prolonged sitting. In addition, building core strength and flexibility is needed. If the compression is in the buttock area, then release of a spasm to the piriformis muscle can bring relief. Also, stretching the iliotibial band and the gluteus medius can help. One would need to avoid postures which increase pressure to this area, such as forward bending or spinal rotations. If the compression is in the mid thigh region, then one needs to avoid stretching this area.

On the **subtle body level**, people with sciatica have pain. Pain is an indication of a vata imbalance. This imbalance may begin on the Manomaya Kosha (thought body) Level. The ancient Vedas say:

Everything begins with a single thought. Thoughts over time become habit. Habits over time become our character. Our character over time becomes our destiny. All begins with a single thought

On the Manomaya Kosha Level, a person with sciatica may have thoughts of “not being good enough”. Possibly, the person has internalized a sense that they are not okay, as they are and nothing they do will ever be good enough. They have spent countless hours striving to be better. They have gone from one thing to the next, seeking that which is already in their own hearts,

ready to enjoy. Being preoccupied, the Vijnanamaya Kosha (wisdom body) fails to free itself from self-centeredness.

This anxiety has a strong impact on the next level, which is the Pranamaya Kosha (energy body). Fluctuations in its energy impact the emotions and adversely affect the ability to engage in sense withdrawal, pratyahara. There ensues no sense of easefulness. There is too much to do and too little time. They become identified with the worldly and as a result energy is depleted rather than replenished. Pelvic instability results, along with fatigue and low libido. There is fear over money and the future. The lowest level, the Annamaya Kosha (food body) then kicks into gear. It fears for its survival and feels unsafe and insecure. (Stiles, p 7-8, 2005 draft)

Therefore, one is not able to reach the Anandamaya Kosha (bliss body) Level. The person is unable to abide in their own true nature of peace. They are unable to relax into this peace and love and enjoy. “Love of life is pitta balanced” (Stiles, p.12, 2005).

C Related Challenges—lifestyle, diet, limitations on activity

Depending upon the severity of compression and the resulting pain, sciatica may cause a complete change in lifestyle, or it may be just a small annoyance that is hardly noticeable and needing little accommodation at all. Sciatica can be very challenging and limiting or it can be just a mild annoyance, or it can be anything in between. It all depends upon the severity of the compression and resulting pain. In very mild cases, with minor changes in activities and diet, the symptoms may be hardly noticeable and may disappear within a few weeks. In other cases where the pain is more severe, activities may be so impaired as to be completely incapacitating. One might be in extreme pain even in a prone position. This would cause the person to be out of work for extended periods of time. The sufferer would be unable to do anything. Even doing nothing would be unbearable. In such cases, people often rely on cortisone shots and the use of an anti-inflammatory. Some people undergo surgery to relieve the compression.

3 Ayurvedic Assessment and Ayurvedic based yoga recommendations

According to Mukunda Stiles, there are three approaches using Ayurvedic principles to restore harmony. One is to strive to decrease the elevated dosha (vata, pitta, or kapha). The second is to increase the opposite quality in a different dosha. The third way is to do “Yogasanas in a manner that enhances the balanced state of kapha-strength, patience, open heart, and humility” (Stiles, p. 10, 2005).

In addressing the **first model**, of decreasing the elevated dosha(s), one would determine the elevated doshas and then attempt to bring them into harmony. In sciatica there is an excess of vata and pitta. According to Ayurvedic terms, pain is excess vata, and inflammation is excess pitta (Stiles, NYC, 2/15/05). In sciatica, there is not only pain, but there is inflammation. There is a disturbance in both vata and pitta.

One would expect to see a rise in anxiety, a vata symptom. Since the instability of sciatica, is in the pelvic region, often the worry centers around the pelvic concerns of money and career. The pelvis also houses the small intestine and stomach, governed by pitta (Frawley, p.42). There would likely be related digestive difficulties. In order to reduce excess vata and pitta, it would be advisable to obtain lifestyle counseling which addresses anxiety and emotional concerns, career planning, and Ayurvedic diet.

Often there are emotional issues involved. These can be from a myriad of causative factors leading to feelings of loss, anger, and/or resentment. Counseling, or some form of body work which addresses this, would be most helpful. Avoiding emotional stimulation, such as horror movies and traumatic encounters, are advisable. One’s sensory diet needs careful moderation to assure a restful environment

“Generating of positive thoughts for health of the mental body” is a priority (Stiles, p. 10, 2005). A lifestyle counselor might assist the person with rediscovering activities that they find

fulfilling and re-creative. In the struggle to do it all better and faster, often the zest for life is left behind. The counselor would help the person rediscover what was left behind and makes life meaningful and more fun. Louise Hay in *Heal Your Body* (Carson, CA: Hay House, 1984) recommends the affirmation, "I move into my greater good. My good is everywhere and I am secure and safe." (Stiles, p 2, 2001). The counseling would do well to address possible job satisfaction and security issues.

Another part of lifestyle changes, includes dietary considerations. A sattvic diet that seeks to reduce excess vata and pitta is beneficial. The diet must also consider ways to reduce arthritis, if this is a concern. Arthritis can form calcium deposits in the spinal column that compress the sciatic nerve. An Arthritis Diet (see Appendix) might be recommended.

Specific lifestyle changes would definitely include hydration. Drinking a minimum of a half a gallon of pure non-carbonated water each day is crucial, since this condition seeks to regulate vata and pitta. Water is even more important, if herniated or degenerative disks are involved, since water is the main component of disks. In conjunction with hydration, one would need to eliminate any substances which are diuretic in nature, such as coffee. Otherwise, you are fighting a losing battle.

In the **second model**, of increasing the opposite quality of a different dosha, one would determine which qualities of the opposite dosha would counteract the imbalance. In relation to sciatica, people with a vata constitution find it difficult to not-do. Therefore, in order to decrease this elevation, its opposite, rest and relaxation, are key. Half-hour power naps are not out of the question. A fifteen minute deep relaxation after or during the work day would be rejuvenating. A whole day, an entire weekend, or even better, a week's vacation, with nothing to do, would do wonders for the sciatic condition.

For pitta, doing the asanas in a non-pitta manner would reduce pitta. "Pittas should perform asanas in a way that is cooling, nurturing, expansive and relaxing. This requires relaxing breaths and quiet sitting between strong asanas to release any stress that is developing. (Frawley, p. 219)

The **third model** is to do "Yogasananas in a manner that enhances the balanced state of kapha-strength, patience, open heart, and humility" According to the Yoga Sutra II, 46-47:

"Yoga pose is a steady and comfortable position. Yoga pose is mastered by relaxation of effort, lessening the tendency for restless breathing, and promoting an identification of oneself as living within the infinite breath of life." (Stiles, p.28, 2002).

Yoga practice must be done in a non-aggressive, relaxed way. "The best way to stay in this awareness of 'oneself living within the infinite breath of life,' is by using the wave breath. For people with sciatica, yoga asanas are to be done using the wave breath." (Stiles, NYC 2/12/05)

In summary, the natural breathing pattern in yoga practice is wave-like, moving through the nostrils as follows:

To breathe in: expand your chest first and then let your breath descend like a wave to your lower abdomen.

To breathe out: allow your abdomen to go in, pulling in and up on your musculature, then let the wave return upward. (Stiles, p. 49-50, 2000)

"The treatment of sciatica requires a nonaggressive attitude, with no hard work. There are many layers to release. Stress is cumulative. . . .pitta pain takes longer to release." (Stiles, NYC 2/15/05)

As a vata disorder, there needs to be an effort to focus energy. The tendency is to jump from therapy to therapy, thereby avoiding the real issues. Since sciatica is a condition of excess vata, it would be advisable to focus energy on a limited number of changes in lifestyle and committing to a limited number of health consultants, so the energy is not scattered and the results fruitless. Sticking to a concise and consistent program for a long period of time is a real challenge for a person with this condition. However, it is the way to success.

Weekly maintenance might include massage which incorporates a piriformis release. Establishing activities, that the person finds fulfilling and re-creative, would be part of the lifestyle change.

In order to address energy body imbalances, a pranayama program is advisable. Kapalabhati is used to improve digestion and break up the energy tied up in the power related issues in the third chakra. Nadi Suddhi is a powerful tool to restore energy balance and a sense of well-being.

4 Common Body Reading

In order to determine the existence of sciatica, raise the straight leg into full flexion. If pain extends the full length of the leg, then sciatic pain is present. In order to rule out that tight hamstrings are the culprit, dorsiflex the ankle. This will produce sciatic pain. If there is no pain upon ankle dorsiflexion, and sensation is only felt in the posterior thigh, then tight hamstrings are the cause. (Stiles, p. 11, 2001)

Generally, the pelvis will be rotated away from the site of pain. On the symptomatic side, the hip flexors may be contracted. The hamstrings, gluteus medius/maximus, and deep six external rotators are probably weaker.

Confirmation of sciatica is often available if there is herniated or degenerative disk involvement and an MRI has been done.

5 Contraindicated Yoga Practice and general activities to modify or eliminate

- When a person is experiencing acute pain, all asanas and, ideally, all activities should not be done. The person would rest as much as possible.
 - Generally, when pain is present, the hips and torso need to be kept at an angle greater than ninety degrees. In other words, avoid full hip flexion, even while sitting. Therefore, all yoga asanas and all life activities need to be eliminated or modified accordingly.
 - Focus on strengthening the muscles first. After strength is obtained, then stretching can be done.
 - Avoid activities that stretch the hamstrings or gluteus maximus.
 - Use caution with cross legged poses and with twists involving the lateral hip rotators.
 - The Sacroiliac Mobilization Series could be done on the edge of a chair, so that the hips can be more open.
 - The Joint Freeing Series should be done standing, when possible, kneeling or in Virasana. If done in Stick Pose, then lean back, so hips are less flexed. When on hands and knees, move the hands forward, so the hips are not as flexed.
 - In the Joint Freeing Series:
 - # 1-2 limit dorsiflexion.
 - # 3-4 eliminate.
 - #5 bend the knee and drag the leg.
 - #6 move the hands and pelvis forward, limit flexion and focus on extension.
 - #7 move the hands and pelvis forward, avoid the hip flexion and do the symptomatic side 2x
 - #8 move the hands and pelvis well forward in cat and ensure the pelvis is square.
 - #9-21 do standing, on a chair, or on the knees.
 - #16-21 best done with pelvis fixed.
- Lots of relaxation between the poses and between activities.

6 Recommendations progressive through 3 phases

A - Therapeutic/Free of Pain

When in acute pain, asanas should not be practiced. All activities that produce pain should be eliminated. Avoid hamstring and gluteus maximus stretches. Rest and relax as much as possible. Hydrate. Hydrate. Hydrate. Avoid prolonged sitting without taking breaks. Use methods that help to reduce the compression such as traction or muscle spasm release.

When pain has subsided, engage in a personalized Yoga practice which includes pranayama and meditation. Tone those muscles found to be weak. Often weakness is found in the posterior hip and thigh, the hip extensors and external rotators. The pelvic tilt, rolling bridge, Warrior I with symptomatic leg back, sunbird, locust, and camel variations are excellent. Stretch the adductors and internal hip rotators using the groin stretch in SYT chapter 17. Seated or lying twists can help to relieve piriformis spasm. (Stiles, p. 3, 2001) Later begin to stretch those muscles found to be tight.

Exercise and engage in an enjoyable activity daily.

B - Stabilize Situation

- Stay in contact with the therapist and reassure that it takes time to develop and remain free from sciatic pain.
- Begin yogasanas with six repetitions and gradually increase to twelve.
- Postures can be held for more breaths as one become more proficient.
- The program will begin with a few simple asanas and then as strength is developed, can become more inclusive to address all the weaknesses. .
- Plenty of rest is given between asanas throughout the course of the program.
- Once strength is achieved, the focus can be placed on stretching tight areas.
- Continue to hydrate and eliminate diuretics, such as caffeine.
- Eat a diet that sattvic and anti-arthritis friendly.
- Continue with plenty of sleep, rest, relaxation, recreation, and meditation.
- Continue with counseling.
- Take breaks when sitting.
- Wear user-friendly footwear.
- Avoid wearing a wallet in the back pocket.
- Avoid stress.
- Avoid too many therapeutic interventions and jumping from one care giver to the next.
- Stick with the program.

C - Maintenance

Since sciatica involves suppression of emotions, continued counseling is recommended. Continue with the practices that brought relief from pain. Rest and relaxation is paramount, as is hydration to the tune of one half gallon of pure water each day. A daily personalized Classical Yoga routine is beneficial, especially pranayama and meditation. Daily exercise that is enjoyable is important. It is good to be in touch with whatever it is that is very enjoyable and include that each day. If the sciatica is the result of piriformis syndrome, then frequent massage with piriformis release is needed.

7 Questions and Answers from Mukunda's Archives www.yogaforums.com

August 17, 2005 Q & A by SYT trainees:

Question # 1: I had a man; late 30s walk into my studio today asking for a class to help him with his sciatica. He says it starts in his right hip and radiates down to his left toes. I told him we should work privately rather than coming to class and I am seeing him on Tuesday. This of course made me consider the work we did this weekend on sciatica and I felt my understanding is incomplete. I will test him for ROM in the hips, psoas strength, and sartorius strength, hip extensors and "gluteal isolation" test. My question is, what do I do with these findings to recommend a course of action? We want to stretch the hip flexors and adductors, and strengthen the gluteals on the side of sciatic pain in most all cases, modifying the poses recommended so they are pain free, correct?

Answer: Correct that information takes priority in giving recommendations. The client should have several variations of motions for each of these general guidelines. Then give also some guidance on his postural, ROM and MT uniqueness.

Q2 - Runners stretch for hip flexors, sunbird and locust for strength, with toes turned out perhaps, encourage lots of water. Would this course of therapy change depending on the results of the evaluation? I didn't see a connection between the tests we practiced and the therapy we practiced and how that related. We just talked about 10 minutes today, so I don't have a lot of information.

A - All those are fine to use. I see how people react and give more if they are motivated and if not then give milder variations if less motivated to daily practice. Optimal is minimum of half hour daily

Question #2: I just got a call from a woman (late 30's) who wants an assessment next week. Her main problem is that she has uterine fibroids and a prolapsed uterus. She would very much like to avoid a hysterectomy and is hoping that she can do yoga to prevent that. I have not seen her yet but I think she has a regular practice. My first thoughts are to have her strengthen her pelvic floor with kegel exercises, also pelvic tilts, bridge and maybe shoulderstand? What are your thoughts? I have always heard that squatting is good to prevent uterine prolapse but when that is a problem would squatting be beneficial? What is going on from an ayurvedic perspective? I have Christine Northup's books Women's Bodies Women's Wisdom and the Wisdom of Menopause, I'll read up on things before she comes. Thank you for your continuing guidance

Answer: Fibroids can be eliminated according to Susan Weed, master herbalist and author by 30 day diet of raw beets; on going preventing is one a month. You might also see books Luna Yoga which she contributed to and Nawa Yogini Tantra on women's issues from the Bihar School of Yoga. Pelvic floor strengthening is definitely a good idea but more directly for Prolapse is to do Uddiyana bandha must be worked up in sequence mula first, Agnisar dhouti then Uddiyana. Also rolling bridge is quite useful the going down motion is what is used for prolapse of uterus, colon and also for hernias. It can also replace herniated disc. A fabulous position to do. Full inversion is fine if she is safe. Squatting not recommended. Also suggest looking at the Female Pelvis by Calais-Germaine for anatomical reference book. Vata imbalances are in pelvic region, they have to do with displacement of rhythmic functioning organs, as well as tissues displaced for home site. Loss of tone is diminished kapha. Many other practices can be given for Vata too. Will share more at upcoming programs. Did you get first two chapters of my Ayurveda book? Christine's book is always a great reference for women's issues. Don't forget also to see Alternatives to Surgery by Sandra McLanahan, MD there at Yogaville. Might drop in on her for other ideas too. This would make a great topic for paper for anyone without a topic. Namaste

Question #3: I have a student that has scoliosis. It is an "S" curve. She has a right convexity thoracic curve of 10 degrees on the tool which is 30 degrees correct? The lumbar goes to the left with 5 degrees on our tool which would be 15 degrees - correct?

Answer: Active people change to 2x reading; inactive are 3 xs.

Q 2 - Is the lumbar curve compensating for the high thoracic curve?

A - yes

Q 3 - She almost seem to have a little bit of a lordosis too. Can a person have an "S" curve with a lordosis? Could the lordosis be compensating as well?

A - Yes is possible. Lordosis needs to be assessed by viewing whole body from side. If that is excessive then compensation might be for example leaning forward.

Q 4 - What poses do you recommend for an "S" curve? She has the SI joint immobilization so I gave her those exercises along with poses to strengthen the gluteus maximus and the deep 6. I gave her exercises for the thoracic region - stick with shoulder flexion and extension, Parsvottanasana, cat bows to strengthen the right side and intercostal breathing and meditation. So 6 poses, 1 breathing and meditation. I did not give anything for the left lumbar curve because I thought that it was enough. What do you think?

A - In general as I mentioned in presentation on scoliosis, I work more on lumbar curve at first less on thoracic unless there are more active symptoms of pain there. Usually discomfort with double curve clients is focused on lower body. So stick to strengthening hips and getting clear assessment of all the hip ROM and MT proceeding to build those up those MT especially to above normal level and to get ROM to normal.

August 6, 2004 Yoga Forum

Question #4: The second concern is SI Joints: Going to the right side in Utthita Trikonasana in great. Going to the left feels like the hip gets jammed & the femur gets stuck with no where to go, then comes the pain that runs down the side & back of left leg. Can this be the SI Joint or am I totally missing the signs? I'm stress to the students, keep the pelvic region level will help prevent these problems. Am I on the right track?

Answer: This pain sounds more like sciatica can come from s/i or nerve roots at spinal column, or due to injury of hamstrings. Best is a personal assessment to tell the difference. Keeping the pelvis level is more likely to cause more trouble. One needs to move from the hip sockets while keeping the upper torso neutral. Do not lean with the arms nor hold pelvis rigidly, both will cause trouble.

August 6, 2004

Question # 5: There are some unquestionable benefits from yoga, but in my case lower back pain and an annoying sciatica-like pain on my right buttock-hip have developed. I have noticed that the more I practiced it, the more my lower back felt strained. Pigeon pose was fine at the beginning, but now I have to stay away from it, because I am afraid of injuring more my right hip. I also had the misfortune of finding a teacher that wanted to give us a massage on our lower back while being

in child pose: that did it! The pressure she exercised on our lower back seemed to open up my hips in a bad way.

Any experts among us who could say how to avoid yoga injuries especially for certain more challenging poses? How to recognize a good instructor from an incompetent one (despite appearances)? Do you actually know of a yoga book that describes what muscles are involved in each yoga pose?

Answer: Please see Mukunda Stile's book "Structural Yoga Therapy" for anatomy and descriptions of where the sensation of the poses should be felt. You are guided through a series of range of motion to identify weak and tight muscles. A qualified instructor can provide modifications or alternate poses so that injury does not occur and discomfort is reduced. If you would like to you may write to Mukunda on this forum under Mukunda's Q&A.

Low back pain and tight hamstrings often accompany one another. In general, forward folds can irritate sciatica due to the stretch placed on the nerve. A tight gluteal muscle (piriformis) can be released by a competent massage therapist, and is frequently the culprit in sciatic syndrome, if it is not caused by a disc condition in the lumbar spine.

I would recommend that you get a copy of Structural Yoga, do an analysis for yourself and practice the single joint mobility movements to free up the restrictions in the hip, buttock, legs and back. By training each joint to function effectively with single joint movements, more complicated whole body movements can be done with greater ease. Finally, it is your responsibility to practice asana within the comfort zone of your physical limitations. Pain, strain and injury do not serve you. Place your attention in your body and gradually move through the first boundary of resistance with appropriate breath work. Do not judge your yogasana on the outer form.

April 24, 2005

Question #6: I had a herniated disc seven months ago. I went to physical therapy for a few months. The pain didn't go away as time went on, so due to my anxiety, I would never sit. I'd just sit stand all day or lay down. I haven't even bent my back. So I've been standing for three months or so now.

The pain in my leg is gone unless I jump around. It will come back for a short amount of time, but then go away. According to my doctor, my disc should be healed. For the first time, I've been sitting down. I tried to sit on the floor today; my lower legs began to hurt. I don't know what to do.

What do you recommend?

Answer: First of all I would recommend you look at my Q & A website <http://www.yogaforums.com/> for more advice that was given previously. You can search there for herniated disc and also for sciatica symptoms. The main recommendation is to hydrate. As the disc is made of 80% water one with this condition is often chronically dehydrated. Just filling up your tank regularly, 1-2 quarts per day minimum only water can make a huge difference. In addition there are mild backbending poses like cobra and locust using only your hip muscles not arms while doing them that can help send nutrients to the disc. Individually tailored Structural Yoga Therapy can help too if you are near me or any of my graduates. namaste Mukunda

Q- I have another question. I'm confused totally now. Everybody tells me different things. Is it ok to bend your back forward? Some tell me it's ok to do that, and some tell me don't ever do that at all.

My leg pain has been gone. I did a short bend, and now my foot is hurting again slightly. I'm not sure if that's cause of my disc or cause my back muscles have been injured.

A- The general teachings in therapeutic yoga, is to extend the spine before and during asana. That means in locust to move the legs away from the pelvis; in cobra to pull the rib cage away from pelvis. In both instances one is decompressing the lumbar spine and hopefully taking pressure off the nerve roots. Those with herniated disc and sciatic symptoms are encouraged not to bend forwards in general.

There are rare instances where forward bend is therapeutic but to determine who is a candidate a personalized assessment of their range of motion and muscle strength will reveal what is beneficial and what is contraindicated. My experience is that those who recommend forward bending have not had the symptoms themselves and usually are told what to do from a misinformed teacher who they have faith in. Most yoga teachers do not understand anatomy and beyond that is required kinesiology in order to give personal Yoga Therapy. They are not taught therapeutics in teacher training only what is recommended if you suffer from specific conditions. This type of instruction is only generalized not therapeutic which must be adapted to the individual's uniqueness.

I would suggest to you that having done a short forward bend, the reason you are in pain is because all forward bends are contraindicated for you. You are too acute to be doing yoga classes but need personalized attention from someone who is more educated in Yoga Therapeutics.
namaste Mukunda

Question #7: I have a student who has **sciatica** in her left hip. From closer observation, I notice that her left hip is considerably higher than her right hip and her right hip is twisted forward. Her spine is curved to compensate for hip height difference, and perhaps one disk is starting to think about bulging. (she does feel comfortable in child's pose). What do you recommend I do with her and is there anything/adjustments that I should do while teaching her in a general yoga class to help her condition? Many Thanks C

Answer: In general you want to do postures that improve her alignment in asana as this may help her **sciatica**. Also of course avoid contraindicated poses for **sciatica** – hamstring stretches and emphasize strength of the gluteal region (hip extensors more specifically) in poses such as locust and stretch of its antagonists, the hip flexors in poses such as the runner stretch or lunge. Giving extra relaxation exercises (such as child's pose) is also helpful as **sciatica** as a vata imbalance inhibits the ability to relax and sleep. Calming pranayama like the wave breath and concentrating on progressive relaxation is a must.

I will now address the answer to this more explicitly as you are in my Structural Yoga Therapy (SYT) certification course. At this point you have had only 2 of the 12 weekends required for certification; I think others will also benefit from hearing the full scope of this work. I want you to help you utilize my book and my skills more beneficially. Use me by all means, but overtime learn to use me to point to what you cannot get to from referring to my writings. I want you to utilize my response to see how you can utilize your powers of observation and discernment more acutely (being a Sherlock Holmes of body reading assessment) in making future assessments.

There are six levels of assessment information that can be utilized in making a thorough SYT set of recommendations for any given situation.

1 -You began this question well enough showing a closer observation thus utilizing bodyreading skills from chapter 12 of my book. By using this step alone you can create a helpful

program of SYT. One solution to your question about what to do can be found in by using my book. It tell you what muscles are contracted making postural changes (see table 3 page 103), another chart shows therapeutic asanas for postural change (table 6, page 266). However this first level of SYT is not very precise.

2 - The second step in the progression to more accurate SYT recommendations is to take and evaluate this body reading in a kinesiological manner. So that is what I will do next I will say the postural imbalances you identified in kinesiological language. For new readers kinesiology is a second level of anatomy studies applied to understanding what muscles are contracting to create movements. Left hip is elevated (thus a contraction of left quadratus lumborum & possibly psoas), right hip is internally rotated (contracting gluteus medius anterior fibers and tensor fascia lata also some of the adductors which are internal rotators too); this implies that the left hip is externally rotated (contracting the gluteus maximus and deep 6 rotators anterior to it - among them is the piriformis infamous for causing **sciatica**). By considering the antagonists (opposing movers) of these contracted muscles you can discover what muscles are over stretched. A sample list of muscle antagonist pairs is located in table 4 page 122; and another chart shows what asanas strengthen and stretch what muscles (table 5 page 254-255). From this knowledge you can create a more precise set of recommendations that direct the student's awareness to feeling the stretch and strength where it is needed.

3 – The last three steps go beyond the scope of my book covering information only given in my certification training. A step you left out, because you are new to this training, is to do a range of motion (ROM) assessment of the client either following the joint freeing series (JFS) as it is given in chapter 16 – Anatomy and Mobility Assessment or through a detailed assessment by learning to use the goniometer (sold via my website bookstore) based on our SYT Examination Manual. This manual is available only to students in the training. This provides exact angles of ROM to be more precise than JFS assessment based on guessing the angles of motion. Either manner will tell you what muscles are tight. Then referring to the previously mentioned table 5 you can give yet more helpful recommendations.

4 - Later on you will learn to do a physical therapy based form of muscle testing (MT), also detailed in your SYT Examination Manual, to determine how much a muscle is weakened. With these four assessments - bodyreading, kinesiology understanding, ROM, and MT - then you can utilize your thinking more clearly in giving accurate Structural Yoga Therapy recommendations.

5 – You can also give recommendations based on an understanding of the condition; in this case **sciatica** or you could look up that topic (www.yogaforums.com for the archives of such questions). **Sciatica** can be a mixture of three factors that compress the sciatic nerve – from its roots at L4-S3 as a result of herniated or degenerated disc; a contraction of the nerve in the gluteals between the piriformis above and the obturator internus below; or tight hamstrings affecting the area where the nerve divides into its two components – peroneal and tibial nerves. For this precision, the student will need to comprehend the scope of the full 2-year program. A more informed set of recommendations would take into consideration all five factors. In this way by understanding the specific muscles that are imbalanced with her unique **sciatica** condition can create a more personally tailored program, more pertinent to this woman.

6 – An Ayurvedic assessment of the condition will also point out what of three approaches is best utilized in giving the above recommendations. This material is given out sparingly in this course until my book Ayurvedic Yoga Therapy is published (hopefully by the end of this year). Training in this method will be given May 16-21 in Zurich, Switzerland.

One also needs to keep in mind the guidelines from my first book, Yoga Sutras of Patanjali, as these guidelines help us to become clear on what is harmful and avoid all such movements that cause *himsa* (see YS II, 33-35), such as straight leg forward bends. These writings also reveal how we can guide ourselves and students through the progression of Classical Yoga training leading to freedom from all forms of pain and suffering.

Question #8: My question is: can **sciatica** be caused from a severe tilt of the pelvis, forward or backward? Or caused by anything other than a disc problem?

Also: I have pain located deep in the buttocks around the sit bones every time I do a standing forward bend, and most times in Triangle pose. I have had this pain for two years, so I bend my knees in a forward bend. The pain is in both the left and right buttock. Please help.

Answer: There are several causes of **sciatica** -- compression of the nerve roots in the sacral region (this can come from sacroiliac dysfunction in which the s/i does not symmetrically move upward upon hip flexion) or from chronic dehydration quite common for over 35 year olds; or from pinching of the nerve pathway anywhere from the gluteal region (especially the pathway through piriformis and gemellus superior), or between the hamstrings. The major recommendations I have given include not to stretch the nerve (hence no forward bends with knees straight); but rather tone of the hip extensors (hamstrings and gluteus maximus with locust); and stretches of the adductors at their upper range where they also function as hip flexors (such as groin stretch in my book or modified pigeon). For sure be certain you are consistently hydrated, minimum of 8 glasses of 8 ounces per day for 3 months to relieve dehydration then keep it up for life.

Question #9: Have you helped anyone with **sciatica** during pregnancy? I have a friend who is in terrible pain. I'm a little familiar with therapy for **sciatica** in general, but in this case I'm confused. thank you! BP

Answer: This condition is nasty at any time but is especially so during last trimester of pregnancy. The general recommendations were covered in previous sends so I will not give but some summary here -- avoid prolonged sitting, move a lot: if you must drive distances then get out and walk frequently; avoid stretching the hamstrings instead stretch the front groin hip flexors and adductors; and strengthen the hamstrings with back bending such as locust, sunbird, dancer; and drink plenty (copious amounts) of water (not beverages), water. If these do not relieve it then bodywork, soft tissue manipulation, is helpful. There is a manipulation of the hip deep external rotators located in the lateral gluteals that works wonders. I have described it previously, can show if you catch me on my travels. namaste Mukunda

Question #10: I need your advice. My right hip (**sciatica** pain) has really been hurting. My whole right side is not as flexible as my left, and now my right side lower back is starting to burn. It hurts most when I lay flat on back, no bent knees, like Savasana. Is that a disk problem? Which exercise would you recommend from your book? Thanks so very much. Look forward to hearing from you. Sincerely, TC

Answer: With **sciatica** that is irritated *vata* (stress). Major need is to relax, eat and sleep consistently. Most common need is to strengthen the external hip rotators you can look in my book for examples of what does that I find doing sunbird with leg turning outward is often best way to do this. Gentle backbends like cobra and locust, which focus on strength and not stretch, can help. Also avoid contraindicated motions, which are all forward bends. Especially do not stretch

hamstrings. For more chronic issues a colonic or enema may be helpful too. The seat of the problem is often colon issue -- diet irregularity, too much travel, or suppressed fear.

Question #11: I have two **sciatica** clients, in Denver, who I have been helping with Yoga Therapy for 2 months. I am writing to ask for your advice. They both have gained benefit from the Joint Freeing Series, hydrotherapy and Ayurvedic advice. However they both have had painful relapses recently and I thought you would know what to tell them as to what to expect for recovery time. Neither of them has patience and this of course is part of the syndrome. The man is Pitta with vata provocations (type A pushing). The woman is Vata with Pitta provocations. She always gets emotional when she is touched by any healer and is confused about why. I feel like her psychotherapist and know she is on a brink. Suggestions?

Answer: Find someone who approaches her more slowly, someone she trusts

Question #12: I wonder if you know any great literature that you recommend for **sciatica** clients, or literature that I can find on the net on successful treatments and strategies.

Not that I know, other than Richard Miller's article on sciatica. www.nondual.com

Answer: This condition often takes long term management. In about half the cases there is a cure and no more symptoms but then there does the other half need to be changing their protocols roughly seasonal. As a vata displaced condition, it is quite common for there to be a need for profound relaxation and change in life direction to relieve the deeper pushing of vata. When vata is displaced it is a force that is trying to change your thoughts, emotions, prana (all the koshas) into a life nurturing direction. Until that is clear there is pain and discomfort. Psychotherapy is often needed to get behind the emotional and mental fog that arises from the imbalance of vata and Pitta which will manifest as vata's memory loss and/or loss of pitta's discernment quality. Spiritual counseling and searching for the inner teacher is the deeper need however. Thus a psychotherapist doing sadhana can bring wonderful relief and support for the need of regular sadhana for these suffering clients.

8 References

Texts

Coulter, David H. *Anatomy of Hatha Yoga*: Honesdale, PA, Body and Breath, Inc., 2001.

Frawley, David. *Yoga & Ayurveda*, Wisconsin: Lotus Press, 1999.

Gray, Henry. *Gray's Anatomy*. Philadelphia, PA: Running Press, 1974.

Isles, Max. *Sciatica, Structural Yoga Therapy Paper*, unpublished, 2005.

Kraftsow, Gary. *Yoga for Wellness*: NY, Penguin Compass, 1999.

Marieb, Elaine. *Human Anatomy and Physiology, Second Edition*: Redwood City, CA, Benjamin/Cummings Publishing Company, Inc., 1992.

Stiles, Mukunda. *Ayurveda and Yoga Therapy*, unpublished, 2005.

_____. *Sciatica-Draft Version*, unpublished, 2001.

_____. *Sciatica*. Unpublished notes from an oral presentation in NYC, 2/12/05.

_____. *Structural Yoga Therapy*, Boston, MA: Weiser Books, 2000.

_____. *Structural Yoga Therapy Examination Manual*, unpublished, 2003.

_____. *Yoga Sutras*, Boston MA: Weiser Books, 2002.

Web sites

clevelandclinic.org

Cleveland Clinic medical research information.

mayoclinic.com

Mayo Clinic medical research information.

medlineplus.com

The A.D.A.M. Medical Encyclopedia includes over 4,000 articles about diseases, tests, symptoms, injuries, surgeries, and medical photographs and illustrations.

nondual.com

Workshops, books, and tapes on nondualism and relaxation by Richard C. Miller, PhD.

prayers@ananda.org

Prayer requests or information on joining prayer council.

spineuniverse.com

Provides medical information reviewed by leading orthopedic and neurosurgeons.

yogaforums.com

General topics about Asana, Pranayama, meditation, Yoga Sutras etc. This forum is for general interaction and Q&A about Yoga topics that are of interest to all.

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9 Appendix A

Arthritis Diet from Mukunda Stiles

Indra Devi gave this diet to me during the Unity in Yoga Peace Conference in Jerusalem January 1995. Mataji Indra Devi is called the mother of Yoga; as she was the first woman teacher in the western hemisphere. She recently (April, 2002) passed away 3 weeks before her 103rd birthday while living in Buenos Aires, Argentina. She has over 2000 weekly students at her 6 major centers there. Mataji claimed that 90% of those people who followed this diet get relief from their symptoms within ten days.

For ten days eat a diet consisting only of 90% whole grain (brown or basmati) rice and 10% of any type of cooked squash. Cook one cup of rice for two cups of water. Every spoonful of rice is to be chewed at least 50 times until only a watery gruel remains in the mouth. Every two hours between meals have a relaxing non-caffeine tea. During the diet consume no other foods; no coffee, sugar or condiments. Drink as much water as you can. or condiments.

Be prepared for your body's release of toxins that are the cause of the arthritis. This may take the form of headaches, body pains, constipation, moodiness, irritability, etc. Practice being present to yourself and do not medicate yourself to avoid your feelings with addictive substances; sugar, caffeine, food cravings; nor avoid your true feelings by watching excessive TV or seeking other sensory stimulation. Take plenty of water and herbal teas. You might consult an herbalist or take a Bach flower remedy (see me for a personal formula) to assist with the emotional or mental difficulties that may arise.

If there is pain from the arthritis symptoms, take a raw potato and slice it to the size of the painful area. Lay the flesh of the potato against the painful site and tie it there with gauze. Let it stay until the potato becomes hard then replace it with another. This can be done during the day though it is especially good for overnight use.

If there is inflammation, apply a milk compress (a small towel soaked in milk) at room temperature. For fever apply a vinegar and water compress on the shin and calf area down to the foot. Wrap your lower legs fully to retain the moisture then lay in a warm bed and within four hours the fever will be gone. If you become constipated take an enema or one tablespoon of castor oil just prior to bed.

Following this an Ayurvedic pitta balancing diet (to lessen heat and inflammation - specifics can be found in most Ayurvedic books) is recommended to become your regular routine. Eliminate all nightshades (potato, tomato, eggplant, bell pepper, and tobacco) and spicy foods. This heat balancing diet will help you to identify the most likely sources of inflammation and irritation. Details on personalizing this Yogic and Ayurveda approach to lifestyle can be found in [Prakruti - Your Ayurvedic Constitution](#) by Robert Svoboda or see [The Three Season Diet](#) by John Douillard.

9 Appendix B

Traction: Lie in a doorway so that the legs are in one room and the upper torso and head are in the other room. Bend the knees. With the arms straight, hold a broom stick so that it is across the door opening on the side of the door jam nearest the head. Push on the stick gently and hold for ten breaths. This action will traction the spine through the arms pushing against the resistance of the body weight. Rest for five breaths and then repeat nine more times.



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About the Author

REVEREND DURGA GLASSON, MEd, in education/counseling, has served as a public school classroom teacher, K-8, for fifteen years and as a guidance counselor for the past ten. She currently lives with Peter, her husband of twenty-seven years. They have two daughters, a son-in-law, and two grand daughters.

Durga is one of the main instructors for Integral Yoga Teachers Training and has designed its scope and sequence as well as co-authoring the *Intermediate Teacher Training Manual*. Durga is an ordained Integral Yoga Minister from the Sri Swami Satchidananda lineage. She has completed the 400 hour certification program, directly with Mukunda Stiles, as a Structural Yoga Therapist.