

Repetitive Motion Injury of the shoulder

Structural Yoga Therapy Research Paper

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1 a- Case study - Initial intake, review of symptoms, subjective pain level,

self-assessment

Theresa (40) has developed chronic pain in her shoulders and mid-back, and numbness in her arms and hands. Her right side is more painful than her left, and she is right-handed. She is an acupuncturist and massage therapist with a demanding schedule. She is also a voracious reader and in the last year has become interested in philosophy and quantum physics. Theresa is gluten-intolerant and follows a strict diet. Recently, her two-person practice was reduced to one (herself) and her resentment and anger over this development was clear during the assessment. She has no prior accidents or physical injuries. Theresa was raised as a Catholic and went through a period of deep religious devotion until several traumatic events in her childhood and twenties caused her to lose her Catholic faith.

Subjective pain level before exercises: Theresa has gradual pain in her shoulder girdle as the day goes on, as well as sporadic numbness from shoulder to palm, and dull, achy mid-back pain.

After exercises, Theresa reports a feeling of lightness and freedom in her limbs and range of motion, and a sense of being calm and more centered.

Self-assessment: Theresa admits that she works too hard with few breaks, and uses her arms and shoulder muscles past the point of pain. Also, Theresa believes that her breasts and bra strap cause her pain. She has large breasts for her frame and uses her arms and hands continuously. This combination contributes to her shoulder problems. She walks for exercise, and doesn't stretch or perform any kind of relaxation. Her sleep is disturbed, but she is not sure whether she wakes up due to pain or anxiety.

Theresa realizes that she is stressed and frustrated and welcomes a program of gentle exercise and meditation.

b- Physical assessment

Examination Records

Significant changes in bold

<u>Dates</u>	10/10/04	03/18/05
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<u>Range of Motion</u>	Left	Right		
Lower body, Supine Position				
Hip Flexion Bent Knee (135-180)	125	120	135	130
Flexion Straight Knee (90)	60	60	90	90
Internal rotation (35)	18	25 (external rotation normal)	30	25
Muscle tests, Supine position				
Hip flexion	1	3 with recruiting and sciatic pain	3	2
Flexors with abdominus rectus	1: unable to sit up.		3	
Prone position, Knee flexion	1	1	3	3

c- Summary of Findings

Muscles to Strengthen(K)

Both sides

Gluteus Maximus

Gluteus Medius

Gluteus Minimus

Rectus Abdominus

Stretch (P)

Both sides

Tensor Fascia Lata

Rectus Femoris Psoas

Mid, lower trapezius

Release (V)

Both sides

U/middle trapezius

SCM

Body reading: Five foot two with a square shape, internally rotated arms, and externally rotated hips. Theresa's left shoulder appears high and she has rounded shoulders.

In the upper body prone tests, Theresa had mid-back pain throughout, with initial strength but no stamina. Tingling and numbness suggest a possible compression of the radial nerve.

d- Recommendations

Theresa has an intense drive to heal others, and she ignores her own pain and fatigue. She consistently expresses surprise at the suggestion that she might be straining herself too much with her demanding schedule. She uses her training in

acupuncture to restore energy flow in other people, but does not recognize the disturbed energy flow in her own body. During the first assessment, Theresa explained calmly and without emotion that her parents were divorced when she was very young, her younger sister lives in another state, and Theresa lives with her mother because her fiancé was killed in an accident when they were still in college. This smothered grief, the pain in her middle and upper back, and her disconnected attitude toward her own body and feelings point to a fourth chakra disturbance. Her shoulder pain and numbness in her arms and hands indicate repetitive motion injury. Breathing exercises and gentle arm movements address both her bodily and emotional issues by encouraging the flow of prana to release grief and encourage acceptance as well as relieve possible nerve compression and pain.

Rest is most important for Theresa, so she agreed to stop giving massage to clients for the short-term, and work on breathing and relaxing. She will add short breaks between patients and practice the wave breath with her arms rising and falling, beginning with 6 and working up to 12. We scheduled a follow-up appointment for one week later.

Second visit

Theresa has hired a dedicated massage therapist to take over client massage. She has practiced faithfully and enthusiastically at every break, and is willing to do more. We went through the JFS exercises, and added this routine:

JFS once a day, slow and with intention as a way to both relax and focus.

Rolling bridge in order to isolate abdominals, beginning with 6 repetitions and working up to 12.

Cat and cow to strengthen and stretch her middle and lower trapezius, 6 working up to 12.

Nerve release exercises to release nerve pain, tingling and numbness in her arms, 6 slow working up to 12. Weekly massage.

Theresa also expressed an interest in yoga nidra as a way to have more restful and

productive sleep, and to incorporate meditation. We went through a simple visualization from a Tibetan yoga text. She has also agreed to keep a dream journal.

Third visit: We assessed her workstation, and decided to place a stool in her office so that she can take periodic breaks. We reviewed the JFS exercises and looked at some possible asanas to supplement her practice. However, Theresa indicated that she would like to continue with the original exercises and not add any more. After this visit, Theresa began receiving weekly arm, neck and facial massage after work (January to present).

I ended this session by giving Theresa a back massage. We talked while she was lying face down on the table. I asked her about her relationship with her mother, who both lives with her and works at her office. The tone of her voice became wry and detached as she explained that her mother is an alcoholic who quit drinking several years ago after a weekend binge that she and her younger sister witnessed. Theresa narrated a tale about a young girl who tried to protect her sister and prevent her mother from drinking. She had the presence of mind to call a hospital and request an ambulance, and then wait with her sister in the bathroom until help arrived.

As before, Theresa demonstrated little emotion during her narrative, although she did feel relaxed afterward and said that the massage helped soothe her shoulder and arm pain. Her lack of emotion indicates a possible energy block that disturbs the flow of prana to her third kosha, and causes dissociation. The detachment of the fourth kosha comes through when she discusses her own past as if it happened to someone else. She may have experienced a traumatic break that caused her to lose contact with her fifth kosha. Theresa's recent desire to find meaning and peace is a sign that she may be ready to heal that break and re-establish communication between her koshas.

e- Results

Theresa feels much freer in her movements, with more stamina and "less angst".

The tingling and numbness are gone, and she has lost 10 lbs. on a modified diet. Her demeanor is more relaxed and content. She continues to talk about past events in a detached way. It is important that Theresa continue to correct the blocks between her koshas until she can re-connect all five bodies.

2 a – Name and Description of the condition

Repetitive motion injury of the shoulder is the name for pain and restriction in the shoulder girdle due to overuse. This condition is sometimes caused by nerve compression, tendon irritation (tendonitis), bursa irritation (bursitis), or tears in the rotator cuff muscles. Overhead athletes, such as swimmers, pitchers, and basketball players are prone to this type of injury. Also, musicians and massage therapists are likely to injure the shoulder with overuse.

b – gross and subtle body common symptoms

From Taber's Cyclopedic Medical Dictionary:

Repetitive motion injury is tissue damage caused by repeated trauma, usually associated with writing, painting, typing, or use of vibrating tools or hand tools. Almost any form of activity that produces repeated trauma to a particular area of soft tissue, including tendons and synovial sheath, might cause this type of injury. This type of injury causes pain, restriction and weakness when lifting the affected arm above the head, decreased range of motion in the shoulder, numbness and tingling in the arm, inflammation, and stiffness.

Anatomy – the shoulder is where the arm is attached to the thorax. Three bones make up the shoulder area: the scapula, the clavicle, and the humerus. The shoulder has seven joints: glenohumeral, subdeltoid, acromioclavicular, scapulothoracic, sternoclavicular, first costosternal and first costovertebral joint. Four of these joints work together to move the shoulder. The largest is the **glenohumeral**, or ball and socket joint between the head of the humerus and the glenoid cavity of the scapula. The **acromioclavicular**, or A/C joint is between the distal clavicle and acromion process of the scapula. The **sternoclavicular** joint is

between the medial clavicle and manubrium of the sternum. The **scapulothoracic** joint is a physiologic joint made up of muscles that rotate, elevate, and depress the scapula and contribute to the stability of the shoulder.

Several sets of muscles allow movement of the shoulder. The rotator cuff muscles surround and reinforce the glenohumeral joint. These muscles rotate, abduct, and adduct the arm. The four rotator cuff muscles are the subscapularis (internal rotation), supraspinatus (abduction), infraspinatus (external rotation), and teres minor (external rotation).

Muscles that also move the shoulder:

Coracobrachialis (shoulder flexion and adduction), biceps brachii (shoulder flexion, supination, abduction, adduction), triceps brachii (shoulder extension, adduction), pectoralis major (shoulder adduction, internal rotation), latissimus dorsi (shoulder extension, adduction, internal rotation), teres major (shoulder extension, adduction, internal rotation), and the deltoid (abduction, shoulder flexion, internal rotation, shoulder extension, and external rotation).

Muscles that move the shoulder AND other parts of the arm:

Biceps brachii, which originates above the glenoid cavity and travels through the shoulder joint, works as a primary elbow flexor and radial supinator. Triceps brachii, which originates on the humerus is a major elbow extensor.

Shoulder joint description:

The head of the humerus rests in a shallow socket in the scapula called the glenoid. Because the head of the humerus is usually larger than the socket, a soft fibrous tissue rim called the labrum surrounds the socket to help stabilize the joint. The labrum deepens the socket by up to 50% and allows the head of the humerus to fit in the socket more securely. In addition, it serves as an attachment site for several ligaments.

c – related challenges

Repetitive motion injuries can cause pain at night that results in trouble sleeping, and restricted breathing due to rounding the shoulders as a protective reaction. Recruiting the neck muscles during shoulder flexion can cause neck pain and stiffness. In many cases, pain extends to the mid-back. Subtle conditions: pitta imbalance, unexpressed anger and frustration. Certain foods cause chronic inflammation that contributes to bursitis and tendonitis.

3 - Ayurvedic assessment and Ayurvedic yoga recommendations

Repetitive motion injury is a vata imbalance with pitta inflammation. Aggravated pitta is present and emotions should not be repressed. Anger and criticism is associated with pitta. Theresa admits that she has a lot of anger, especially recently. Repressed anger disturbs the liver, and it can shift the cervical vertebrae to the right side.

According to Prakruti, aggravated vata causes inflammation. Massage controls vata by allaying joint and muscles stiffness, improving circulation, and relaxing the body.

4 - Common body reading

Repetitive motion injury of the shoulders is found in athletes and people with above average shoulder musculature. A common body reading is rounded shoulders due to tight pectorals, serratus anterior, and weak middle and lower trapezius and latissimus dorsi. Khyphosis is also common (tight rectus abdominus, pectorals, and upper trapezius, weak thoracic erector spinae, middle and lower trapezius). High shoulder is usually present (tight upper trapezius and levator scapula, with weak lower trapezius, latissimus, and pectorals).

5 - Contraindicated yoga practices

Avoid overworking or overstressing the shoulder girdle in shoulderstand. Wheel is not recommended. Avoid any pose that causes pain until the pain is resolved (downward facing dog, upward facing dog, plank). Relax and remember NOT to

work through pain. Slow down and pay attention to the feeling of the movement and when the pain occurs.

General activities to modify or eliminate

Correct sitting posture to keep both feet on the floor, hips even, and eliminate slouching. Make desks, tables and chairs ergonomic to correct posture. Sleep on your side with a pillow under your armpit to open up the arterial blood supply. Keep your arms below your heart and hands in neutral, without flexing or extending the wrists. Take breaks from work, computer, and television several times an hour to stretch.

6 – General recommendations

a - Therapeutic/free of pain

Rest and massage with sesame oil to relieve shoulder and back pain. Take warm showers to reduce stiffness. Do gentle chest openers: with hands at sides, turn palms out, inhale and raise arms to just below the point of pain, then exhale and lower arms several times a day.

Radial nerve glides to "floss" the nerve, arm hangs, isometrics – all 5 times, working up to 10. Asanas: shavasana to relax and get in touch with the body.

Pranayama: practice wave breath in bed before rising and before sleeping. Practice intercostal breathing during the day.

b–Stabilize situation and potential lifestyle changes

Examine work schedule and make time for regular exercise and rest. Adjust diet to eliminate inflammation (anti-pitta diet). Consider meditation for relaxation and counseling to resolve emotional issues. Strengthen the muscles in the torso that are adjacent to the pain: latissimus dorsi, trapezius and abdominals.

Asanas: Practice flowing asanas with no holding time, especially for poses with arms overhead. Practice rolling bridge, rolling boat, cobra. Integrate breath with movement, and incorporate a short rest between each pose. Also, practice JFS exercises, especially cat and cow and cat bows.

c- Maintenance

Meditation: A regular meditation practice stills the mind and enhances awareness of body, mind, and spirit. Any acceptable meditation practice is beneficial. It is important for the client to make time for him/herself in order to reduce stress, resentment, and anger.

Asanas: Make asana practice a daily goal and a necessity.

Diet: Continue to adjust the diet for reduced inflammation and steady energy.

7 - Questions and answers from archives www.yogaforums.com

Q - I just have a quick question I have been practicing yoga for about 8 months now I attend the classes 4 times a month and the rest of time I practice on my own, so on average I would say I practice about four times a week.

Recently I have felt a funny tingling sensation starting from me right shoulder going straight down to my right hand, I have had problems with my **shoulder** for a while its not painful it just feels strange, this sensation happens when I'm quite relaxed just wanted to know if any one else has experienced this and what it means thanks Dutch.

A - Are you still having the tingling sensations? Do you have any numbness associated with it? As a massage therapist and yoga instructor I cannot diagnose the condition, but can tell you that the type of sensation you are describing may be due to a nerve compression, which can from spinal disk or soft tissue compression in the neck/shoulder area. If you have been practicing yoga while elevating the shoulders (a common mistake in poses such as Down Facing Dog and other poses where the arms are held overhead) you tend to accumulate tension there. I would recommend that you have a qualified instructor check your form. Many classes are held in large groups with little personalized attention. You may also want to see a massage therapist (well qualified), Chiropractor or Naturopath. An X-ray or MRI

would rule out a disk or vertebral alignment issue. If it is a soft tissue issue, an MD is unlikely to have experience to assist you as their training does not include soft tissue manipulation. Where are you located? Perhaps we can recommend someone for you to see.

Q - I'm working with a client who is a chef. Her forearms and hands (especially her index and thumb) tingle, are painful, and sometimes fall asleep. Her upper trapezius seems tight, and a little weak. Her middle traps are weak also. She does fine on ROM testing. I gave her cobra pose and the wall hang as well as the JFS for hands and shoulder area. How do I get more specific with her? Thank you! Brandt

A - When there is a numbness, one needs to do variations of my JFS to assist at freeing the entrapment from neck to wrists. So I would suggest you reverse the sequence of this part of my series and go from shoulders to hands. Also add eagle arms and bring the elbows up and down repeatedly. Then do gomukhasana too pulling the upper elbow forward and backward then up and out to the side. Give plenty of breathing with these instructions, even more than one breath per motion. See also if she really loves her job. sometimes these symptoms are signs of "I don't want to be here". just ask. never hurts to be curious. namaste mukunda

Q - I love your work and I have a question. two of my students complain of a burning sensation near lower part of shoulder blade. They think it is caused by the use of their computer mouse. What suggestions do you have for me to help them while in class? Many thanks, V

A - I need some clarification on the sensation you are describing -- is it localized? Is it moving out to out? Is it extend to the spine or belly of the scapula? Any sensation going down the arm? In most cases knowing muscles involved would give more specific recommendation. For now I would just suggest that they do the Joint Freeing Series portion for the shoulders and arms while seated at work. Doing that slowly and in breath rhythm handles most shoulder problems. Especially I would suggest moving through the external and internal shoulder rotations slowly and with the elbows at varying heights to release that area.

Q - i have a new student who is trying to rehabilitate both of her rotator cuffs after tears and a subsequent operation. her ROM is very limited and she can't take much pressure on the shoulder area. she feels comfortable doing unsupported cobra and anything that allows her arms to go behind her body and can raise her arms above her head, but not out to the sides. she is working on increasing her strength with therapeutic hydraulic circuit training equipment, but i'm wondering if there are any yoga poses that would assist in those efforts. i've only worked with her once and for a short time. she was in a fairly large class, so it was difficult to try to work with her limitations in that environment! do you have any suggestions? i know that you prefer to see the student personally, but i've been trying to get information through the web and books, but am coming up pretty short. any help you- or anyone else!- can give would be appreciated.

namaste- kerry

A - I have written a series of article on yoga therapy for knees and shoulders, published in yoga international magazine. you can buy reprints from me for \$5 or from YI. They have much more details than i can convey here.

For such an injury to the rotator cuff best is to learn to differentiate sensations of the external musculature from the deeper muscles. Working with strength in the deltoids, latissimus dorsi, triceps, biceps and pectorals is optimal for recovering mobility. By learning to feel these muscles independently that can help speed recovery time. This is most easily done with the help of my joint freeing series in my book it shows which movements isolate which muscles.

Q - Namaste, I have been suffering for about 10 months with repetitive injuries to my rotator cuff. At one time I could do reverse Namaste, downward dog, etc., without pain. Now I can barely rotate my arm around to my back. I am undergoing acupuncture and massage therapy/with resistance work to help ease the pain. What yoga asanas would be good to begin to slowly open this shoulder up and release in this area. Many thanks, Om Shanti D

A - There are many different motions of the rotator cuff. Primarily it is internal and

external rotation but when you add other possibilities -- extension, flexion, abduction, adduction it complicates the process. To be on the safe side I would recommend just doing my Joint Freeing Series alone for 7-10 days and no asanas. Then take up asanas and do those, which gradually extend the ROM slowly. I cannot make specific ethical recommendations about this injury without seeing you. It is too likely to be irritated without adequate professional assessment. Where are you from? If possible consider a personal visit to me, my travel schedule (on website see workshops) is extensive enough to likely be close to you at some point. Best wishes in your healing. Mukunda

Q - I have a student who when doing the Joint Freeing Series from your book has limited movement in the internal and external shoulder rotation. I had her lying on the floor, elbows bent and then moving the hands down toward the floor and back to the floor behind. Will doing this movement over time help to return the shoulder to full range of motion? Are there any yoga postures you might recommend I have her do to help?

A - Yes and I would recommend that you check that her elbows are below shoulder joint height as she does the motions. Lying on the floor will free the joint but not tone muscles. Then do them again sitting so that the muscles can be strengthened.

Q - Dear Mukunda,

Please clarify. My understanding for this motion (and others working shoulders in JFS) is to place the arm at shoulder height. Is this recommendation for this student because of the limited shoulder movement? Namste, Chandra

A - This modification is especially beneficial for limited range of motion and in fact now when i give trainings i am showing modifications of this and hip rotation in all classes because shoulder and hip problems are so common in rotation positions. I modify whenever person complains of discomfort regardless of the practice. All yoga poses are to follow Patanjali's guidelines in Yoga Sutras II, 46-48 and be comfortable and steady achieved by relaxation of effort and creating a continuous connection to breath and its underlying pranic field that induces peace and serenity.

See my text on Yoga Sutras of Patanjali for more details.

namaste, mukunda

Q - One of my regular students is coming for a private session, as I have not been teaching classes this fall during my own recovery from surgery. She is clearly pitta predominant -- vivacious, fiery, piercing eyes and high energy/enthusiasm. Her build is medium/strong and she tends to be impatient with herself and with the more meditative aspects of her yoga practice. (For example, she has a reaction to practicing Surya Namaskar with the movement flowing with her breath.) Last year she injured her shoulder -- apparently a rotator cuff injury. She was not happy to listen to her body during class and frequently went beyond her safe range of motion and into pain, despite encouragement to not do so. She has also been experimenting with Reiki healing and had some strong emotional reactions last spring after Reiki sessions. We did some meditation and discussion together after her experience, and she felt some relief from the anxiety/fear, which came up. Now she has developed a gastroenteritis (had 2 attacks, they have subsided), but continues to have heartburn. Also, rotator cuff is still injured. Both issues seem to be pitta inflammations.

She will come next week, and I suggested she do some "homework" to prepare. 1) Wave breath with focus on following the complete wave, allowing (not forcing/controlling) exhalation to lengthen. This to be done first lying, then sitting, and if she feels up to it, 2) Joint Freeing Series with focus not on full ROM but rather on maintaining wave breath as given above. When she comes, I will see how she is doing and review breath -- making sure she is not Efforting OR straining but rather releasing and letting go. I will also do ROM analysis for shoulder joint -- lying down on back seems easier for me than when sitting up. I will give her review of JFS and pranayama -- would also like to offer a soothing mind focus or more active releasing movement for her as the slow pace of the things could irritate her I have in mind. Gary Kraftsow's book suggests exhalations from kneeling with raised arms to child pose -- bringing arms behind the back rather than overhead on the ground -- while humming out or using a mantra on the exhalation is helpful for issues with digestion and/or anger/anxiety. I thought I would offer Apanasana

done as a flow on breath (single legs w/reaching arms overhead as legs extend, single leg to belly with gentle compression on exhale and "Om" or "letting go...") Perhaps the movement, which Kraftsow recommends also. Both have gentle compression of belly to stimulate digestion, but main focus on exhale and release of tension. Both are also comforting movements of being curled up and fetal. My feeling is that what she needs now is to allow herself to quiet and experience her

deeper self and meditation. Do you have any comments on the above or additional recommendations? Sorry I am so wordy -- thanks for your response.

A - I can see that you are understanding Ayurvedic concepts as they apply to making Yoga recommendations. Great you have given an excellent series of homework for this lady. If you have not purchased David Frawley's Yoga and Ayurveda then that may assist you to have more material for this combination of studies. You can also inquire into diet and lifestyle more effectively with that information. I would also recommend she do an anti-pitta diet and regulate her stimulating substances and lifestyle to having more time in nature and getting to bed earlier. Massage with soothing oil like sesame would be soothing too. For the shoulder the recommendations you have cited are fine and show the principle of adapting to this individual. Allow her to stay in charge your advice is only suggestions that she could try. Pitta predominant people need control until they are ready to relinquish it. Blessings. Mukunda

Q - Have encountered a couple of people in my classes with a similar complaint. They feel pain when they rotate their arm in a full circle, 360 degrees. The specific pose is a reclining twist (parivartanasana) with the extended arm moving in full circles (a Bartenieff Fundamentals exercise). I assume this might be some sort of rotator cuff problem, maybe an inflammation that causes them pain when their arm goes up and rotates above their head? I always suggest that they stop anything if it hurts but I wonder if continuing to take the humerus through its full range of motion might be beneficial? Or maybe its best to do less? What would you suggest?

A -

This motion is likely to be problematic as you are moving from external rotation to internal rotation above your head. By having the arm be passive as you move there is more likely a tendency to stress the rotator cuff and brachial plexus nerves. Safer is to have the entire arm actively turning as a unit. The motion is not a problem provided you are warmed up for it. Suggest you do the individual motions of the shoulder joint first, as in my book.

8 – References

Books

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Prakruti, Your Ayurvedic Constitution by Dr. Robert E. Svoboda

Physical Therapy of the Shoulder by Robert A. Donatelli

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Positivehealth.com, Injury Prevention for Massage Practitioners

Ayur.com/dosha/kapha

Ayurvedaonline.com – The Three doshas

IndianGyan.com – Cure Aches and Pain Through Osteopathy, Curing Postural or Upper Back Pain

9 – Appendix

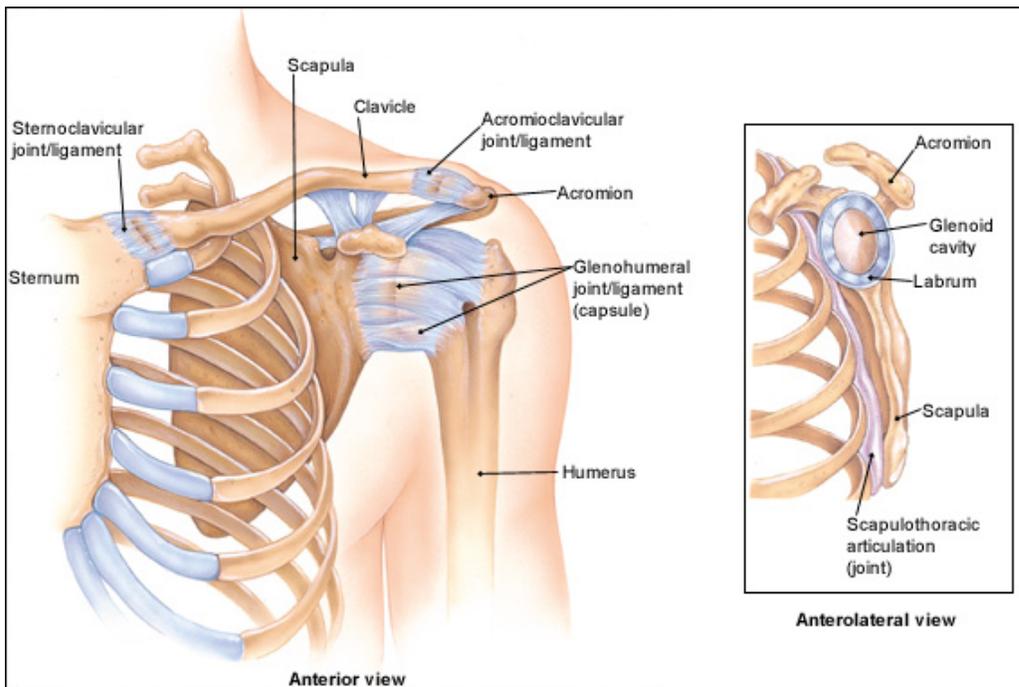
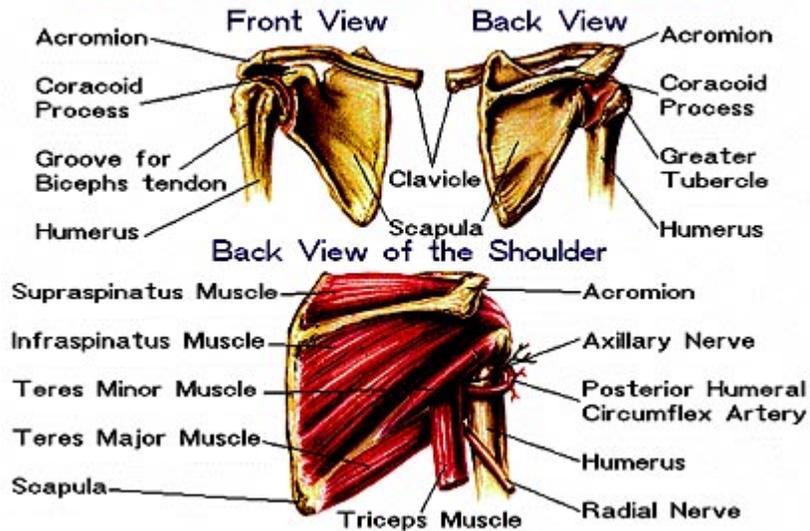
Shoulder exercises, received from Janice (Mirabai) Rocker-Rubino, occupational therapist.

Radial nerve glides to "floss" the nerve: stand in tadasana and move the shoulder from internal rotation to external rotation with the arm adducted at your side, so that the hand moves from palm facing the leg to back of palm facing the leg. Notice any pain and where it occurs and stop before the point of pain in both directions.

Arm hangs (elephant trunk): lean forward from a standing position with hips flexed ninety degrees and knees bent slightly so the affected arm is passively flexed and the spine is extended. Gently rock forward and backward so the shoulder swings into flexion passively. Rock side to side so the arm moves into shoulder horizontal abduction and adduction, and then rock in circles clockwise and counterclockwise, 6 times, working up to 12.

Isometrics 5 times, working up to 10: with elbows flexed about ninety degrees, forearm neutral and shoulders flexed ten to fifteen degrees, press the affected hand or fist into the opposite palm. Clasp hands and pull apart, hold outside of upper arm and pull upper arm (abduct), and then the opposite (adduct).

Bones & Muscles of the Shoulder



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Yoga nidra and meditation, preliminary practice

This is one of many dream practices. Almost every Asian culture has dream theory and practice. Try this method for a month and record your results in a journal.

Dreams and reality

Everything is a dream. This life is our own dream. What happens when we are awake is also a dream. Keep this in mind always, and the events in life will not have power over you. When we recognize events as not real, they cease to have power over us. Cultivate calmness and clarity. Remain aware.

Prana and Karma

Prana is life energy. When prana moves, as it does when we breathe in and out, it is unstable. Pranayama is often translated as "breath control". What it literally means is "to bring forth a measure of the eternal cosmic vibration".

According to Patanjali's yoga sutras, Chapter II, verse 47 through 49:

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.

From that perfection of yoga posture,
Duality, such as reacting to praise and criticism,
Ceases to be a disturbance.

When this is acquired,
Pranayama naturally follows,
With a cessation of the movements
Of inspiration and expiration.

Prana contains karma, or action. Karmic traces are the results of our actions, which remain in our mental consciousness and influence our future. Karmic traces can also be called habits, inclinations, or patterns. Every aspect of our experience is governed by karma.

The way to release negative karma is to let the emotion that it causes arise and

dissolve without grasping it, repressing it, or acting on it.

Dreams are the way we replay our experiences and attempt to attach meaning to them. If we can be aware during a dream, we can allow the karmic traces to "self-liberate" so they will not continue to manifest in our life. Once we purify and eliminate our karmic traces, we become pure awareness: no longer a dreamer. This is why enlightenment is called "awakening".

Pranayama is the method of controlling prana, and by extension, controlling awareness and eliminating karma. Prana moves through three channels in the body, which unite about four inches above the navel. The side channels lie on the sides and in front of the spine, move up through the brain, curl under the skull and open at the nostrils. The central channel is straight and in front of the spine. It widens at the heart and ends at the crown of the head.

1. Red channel - wisdom energy channel – right side for women.
2. White channel – negative emotions – left side in women.
3. Blue channel – primordial energy/non-duality – central channel.

Dream practice brings consciousness and prana into the central channel. When this occurs, the practitioner realizes the unity of all apparent dualities. Mystical experiences, bliss, and the clarity of emptiness are all based in the central channel.

Method of dream practice

1. Balance prana

Sit upright, with your back straight, neck neutral, eyes partly open and palms up on your lap, right over left with thumbs touching. Close your right nostril with your right ring finger. Exhale sharply from your left nostril and empty your lungs. Close your left nostril with your left ring finger and then gently and deeply inhale through your right nostril. Breathe in wisdom prana, hold, and then gently exhale. Repeat until calm!

2. Meditate

Meditation is a method used to develop concentration and quiet the mind. Success with dream yoga depends on being stable enough to avoid being swept away by

emotions and habitual responses. With practice, the mind can become stable enough to avoid distractions.

At first, it is important meditate on one object. Sit in the mediation position described earlier and either hold the object or place it in front of you. Be consistently and constantly aware of the object during meditation. Do not think about it, but only be aware of it. Keep your mind on the object. Remain in the moment, breathe gently and allow yourself to become quiet and calm. Developing concentration is like exercising muscles and it must be done regularly and frequently. Practice in short sessions once or twice a day. If you don't want to use an object, use a sound or your breath.

3. Sleep practice

Sleep on your left to put pressure on the white channel and close it slightly, while opening the wisdom channel. Draw your knees to a comfortable position and place your top arm along your body and your bottom arm under your cheek. Relax, take full, deep breaths and bring your mind and prana into the central channel. Visualize a beautiful red flower on your throat chakra at the base of your throat. Focus on the flower to produce gentle dreams. Remember that what you experience during sleep is not real, and remain aware. Hold your body position to maintain awareness, and notice whether you have changed positions during the night.

4. Journal

Write down how you feel when you wake up. Do you feel peaceful, agitated, stiff? Note this first. Then, write down any dreams you remember and how you feel about the dreams. The dream symbols are not so important, because they will most likely be personal symbols. What you feel about your dreams is more important.