

Breast Cancer

Structural Yoga Therapy Research Paper
October, 2003

Edited by Mukunda Stiles
July, 2005

Zoe Kowalchuk
Evergreen, Colorado
zoe-yoga@ecentral.com

1. CASE STUDIES:

#1

A woman with breast cancer with treatment of surgery and chemotherapy needed treatment for the results of the remedies. She was a woman in her 50's, active with a relatively good diet. She was an artist and yoga instructor. Her complaints were lack of energy, pain in her arms, inability to sleep due to pain, tightness in the upper body. She had done supporting therapies of Chinese herbs, acupuncture, vitamin therapy, Hands of Light healings and regular massage therapy. Her cancer diagnosis was about 3 years ago. There is no history of breast cancer in the family. She was the caretaker for her family through several medical issues.

Recommendations:

Breath: Inhale/exhale/relax to balance vata.

Visualization: Imagine yourself lying on the grass comfortably and seeing the clouds pass by.

Mantra: a mantra was given

Poses: Joint Freeing Series with arm variations as needed. Focus on the active contraction in the movement as opposed to the stretch.

Down dog pose with the chest dropped further to the floor for flexibility.

Dolphin pose for strength.

Sun Salutes with extra breaths, moving in and out of poses slightly.

Do all the poses rhythmically to release congestion.

Practice in a sattvic way.

Later add in balancing poses, twists, inversion, and backbends.

Mudra: the yoni mudra was given to help with sleep.

Herb: Add turmeric to the diet for heat to reduce mucus accumulation.

Journaling: especially in regards to things that aggravate and are detrimental, to define areas of fear, anger, and attachment, to speak personal truth and be willing to heal relationships.

The only recommendation that wasn't followed through with was the visualization as the person felt other concepts worked better for her.

2

A woman in her 40's was diagnosed with a fast growing cancer two years ago. She had no symptoms. The diagnosis was made from a mammogram. Her treatment included radiation, lumpectomy, and tamoxifen. Before diagnosis, she was very stressed, exhausted, and felt her immune system going down. She was on hormone replacement for years and believed this was part of her cancer. There is no history of cancer in her family. She was mostly retired from her job as a postal worker delivering mail. She is very active physically and hikes often. She is an upbeat woman, trim, but through evaluation found to be very inflexible in most of her body. She has a persistent cough from smoking.

She is presently in yoga class and fully participates. She has some limited range of movement in her shoulders. She attributes this to the radiation. She also attributes weight gain to the drug she is taking. Her stamina is diminished and she has overall weakness as well. Her blood pressure is elevated since she had radiation. Her husband has been very supportive throughout the process. And she is surrounded by

good friends. She does the Joint Freeing Series as tailored for her needs, which can change on a daily basis. Having explained that this series can be done for stretch as well as strength, she has adapted it. The wall hang pose is one she uses for her blood pressure. Giving herself time to relax and permission to be tired also helped relieve some of her stress.

3

A woman in her 60's, diagnosed with a fast growing unusual cancer has had several recurrences. After her first diagnosis, she followed with lumpectomy and radiation. A year later another diagnosis, followed by a mastectomy 1 week later. Another diagnosis and another mastectomy 2 years later. During this time her husband also had a heart attack. These 2 surgeries were also followed by radiation. Another diagnosis 4 months ago. This time the cancer had metastasized into the lungs and abdomen. Before this last diagnosis, she was taking yoga and getting back her arm and upper body flexibility.

Her sense of humor was beginning to show through. And she seemed less guarded about her body and allowing some of her body armor to drop away. She truly seemed to be opening on all levels.

She had been an educator, now retired, but still active with programs in education. She is a small woman, no history of breast cancer in the family, a caretaker. She enjoys reading, the theatre, and music. She admitted that she pays very little attention to her spiritual life. Her family means a great deal to her. Her favorite things include doing pottery and visiting with her children and grandchildren. Movement in her upper body was especially limited. She participated in yoga class at her level. She quickly took to the Joint Freeing Series, adapting arm movements as needed, and practiced it every day. She also started to do the modified push-up at a corner on the wall, changing arm positions as she improved flexibility and strength. At this point her posture lifted and as her body opened so did her personality.

Then the last cancer diagnosis...this time the treatment was chemotherapy. She had a treatment almost every week. At this point in time, 3 months into the treatments, she is bald, very frail and thin, often very confused, has not been able to drive due to weakness, has a change in eyesight, lives in an almost constant state of anxiety, and has memory loss. Every now and then her sense of humor pops through.

She regrets some of the decisions she has made in regards to her treatment in the past. She has in the past seen cancer as something awful she needed out of her.

She has changed her pattern this time around. She has created a large support group around her of friends, family and healers. She is using yoga, Chinese medicine, massage, and other energy healing techniques to help her through the chemotherapy and cancer. Her main complaints are nausea, weakness, anxiety, and insomnia. Over the past few months a great deal of fear has come up for her which she has difficulty in addressing. Death from this cancer is a possibility, yet she is not ready to look at that. She admitted not seeing cancer as having anything to do with her spiritual life and is not into that.

Phase One

Recommendations at first included working with the breath. She had a tendency to hold her breath. So we began with very simple technique of inhale, exhale, and relax. Even as the weeks progressed so did the chemotherapy. So we often returned back to this technique as it was simple and effective.

Phase Two:

When she felt very shaky and unsteady on her feet, she would lie down with her calves on a supporting chair. This allowed her lower body to let go. She carried a great deal of tension in her upper body, so we adapted the breath to inhale and draw the shoulders up, exhale let shoulders go down, relax and release them down more. She visibly relaxed with this method.

On another level we spoke about fear of death. She began to journal every now and then. She was encouraged to look at her fears and at the same time to write a list of the things that she enjoyed doing and do them to her capacity. She examined the word anxiety and was encouraged to note if her feeling were "concern" or "worry" or "anxiety".

Phase Three

She was given mudras, 3 in particular. Tucking the thumb in and closing the other fingers over...this worked for a while but then she began to hold her hands in tension with this a great deal of the time. Then we encouraged her to release her hands as well. Also was given the body mudra of holding onto God's feet, which she seemed to forget. She was given the yoni mudra to help her get to sleep. This one she used when she remembered and said it helped.

She enjoys reading mysteries. A suggestion was made to add in some spiritual reading of her choice. She agreed.

After two years of knowing her, she recently asked about meditation. The suggestion was to go back to the simple breath she had begun with. With as many drugs as there are in her system, she is in a mental state of confusion quite often. Her body is very weak. She is calling on people for assistance in her process and is tentatively optimistic about her life.

Breath to balance vata, mudras, looking at self through journaling, and spiritual reading are the main recommendations at this time.

2. a. NAME OF DISEASE: *breast cancer*

DESCRIPTION OF DISEASE: disease of the immune system in which abnormal cells grow, divide, and spread through the lymph system. Primary sight is the breast tissue.

There are several different types of breast cancer:

1. ductal carcinoma in situ: a cancer which forms in the ducts and usually forms no lumps but rather a soft thickening of the tissue.
2. infiltrating ductal cancer: the cancer cells break out into surrounding tissue outside the ducts.
3. lobular cancer in situ: small round cells stuff the lobules which are usually empty. This kind of cancer is usually found all over the breast.
4. less common types of cancer, which may or may not be aggressive.

There are also different stages of this disease.

Stage 1. the tumor is small with no lymph nodes involved and no metastasis.

Stage 2. a larger tumor and/or lymph nodes involved and no metastasis.

Stage 3. any size tumor, perhaps ulcerating, with lymph nodes involved and no metastasis.

Stage 4. any tumor size with lymph nodes involved and metastasis usually to

lungs, liver, and bones.

If the breast cancer has spread to these other sites, it is still breast cancer because its original site was in the breast and the type of cells it involves.

b. COMMON SYMPTOMS: Symptoms can be pain and/or lumps, or swelling in the breast. In certain kinds of cancer there may be a discharge from the nipple. If left untreated, ulcerations and destruction of body tissues and organs follow with possible death.

c. RELATED CHALLENGES:

Detection of the cancer itself is a challenge as it is not always easy to notice. In the mid 19th century when breast cancer was first seen as a treatable disease, a person was usually seen in stage 4 when there were very visible signs of the disease. Now, with early detection techniques like mammograms, blood tests and self-exam, cancer is being detected in earlier stages.

There are both mental and physical challenges relating to the type of treatment to choose and how to cope with the effects of the treatment once begun. Unfortunately financial considerations are one of the top concerns for many women.

Depending on the type of breast cancer and the stage, radiation, surgery, and/or chemotherapy may be recommended by an allopathic practitioner. There are many variations or combinations of drugs and dosages as well as timing of treatments.

The diagnosis of breast cancer often carries with it many overtones that play out in the arena of our emotions and belief system. Often a person may wonder what they did to "cause" the cancer. There is often an underlying fear of death in the diagnosed. Friends may on some level believe that cancer is a virus they can "catch" and cannot be with the diagnosed person. In a relationship, the partner is greatly affected and may or may not be able to cope with the impact of this disease on his partner. The diagnosed person's personality undergoes many changes and the partner may opt out of the relationship, or the relationship may grow stronger due to the new teacher in their lives.

3. AYURVEDIC ASSESSMENT OF THE CONDITION:

Cancer is excess kapha. Kapha relates to the region of the chest and the stomach. It is held in the lymph and the fat tissue. Kapha relates to the emotions, love, and attachment. According to David Frawley, "Ojas is the most refined vital essence of kapha. It is the basic capacity of our immune system, our potential to defend ourselves against external invaders." It provides endurance, resistance and strength to ward off disease. It is the subtle energy of water responsible for nourishing and grounding. Ojas is the deeper energy that we absorb in the breath and store at a deep level of the heart. When our heart closes we move towards unhealthy patterns in eating, exercise, and relationships. We become stagnant in these areas. Kapha accumulates and causes disease.

4. COMMON BODYREADING -

Range of Motion (ROM) FINDINGS;

When the disease is in its early stages, there may be no ROM differences from the

person's normal range.

If the ROM assessment is done in the cancer's later stages or while the person is in or after treatment, there may be limited range of movement simply due to the pain and/or fatigue from the disease. It may show up in the upper body due to the surgery, radiation or chemotherapy. If the person's treatment is holistic, there may be fewer changes in ROM.

When there is limited movement in the upper body, the posture changes. There is a rounding of the spine, the area of the heart closes and the lungs cannot fill easily. The breath will become more shallow and will not flow throughout the body. As the front of the body closes, the back of the body has to take over more of the load of the posture. Therefore backaches can also be an issue.

Some specific ROM findings may be:

1. limited shoulder flexion which involves the clavicular section of the pectoralis
2. limited shoulder extension which involves stretch of the pectoralis
3. limited external shoulder rotation which involves stretching of the pectoralis
4. limited internal rotation again involving the pectoralis
5. limited shoulder abduction involving stretch of the pectoralis
6. limited trunk extension due to tightness in chest muscles as demonstrated in

cobra pose

These findings have been validated by testing client who were presently in or had finished treatments for breast cancer.

Muscle Testing (MT) FINDINGS: Due to excess kapha there may be a general weakened condition. When kapha accumulates as mucus, it creates stagnation in the physical body and also blocks the channels and nadis of the head and the subtle body.

There may be certain muscles that are weak or tight according to the treatment chosen, for example the arms and chest after surgery or radiation.

Some specific findings are:

1. weakness in shoulder flexion involving anterior deltoid and clavicular pectoralis.
2. weakness in shoulder adduction involving anterior deltoid and pectoralis major.
3. weakness in shoulder internal rotation involving pectoralis major and anterior deltoid.

5.. CONTRAINDICATED YOGA PRACTICES:

Forward bends if held long with shallow breath are contraindicated. Examples of these poses are: Janu sirsasana, Upavistha konasana, paschimottanasana, kurmasana, Uttanasana. These forward bends held long are more relaxing and releasing poses. They will not balance vata and pitta for the person with breast cancer.

Any yoga practice that is tamasic that is characterized by these qualities: slow moving, heavy, tendency towards inertia, no change, weak irregular practice, not motivated, unaware mind, sloppy, lazy, shallow breath, are contraindicated. And of course any activities that aggravate the pain are contraindicated, for example, cross country skiing, vacuuming etc. It is important that the person tune in to what they feel when doing any practice. If it isn't working for you, don't do it.

6. GENERAL RECOMMENDATIONS:

The gunas are qualities of our primal nature. We fall into the qualities of sattva (balance), tamas (inertia), or rajas (aggression). We strive for the sattvic state although we are composed of all 3 gunas. The state of tamas is the negative disease state we want to correct. Rajas is the effort needed to correct the disease, therefore bringing us back to the state of sattva where there is freedom from disease.

What yoga practices can we do to bring us back to this state? We want to reduce mucus (which is the waste product of kapha), inertia, tamas, and the disease state. How?

If we want to balance sattva, we want to balance vata. When we balance vata, pitta and kapha usually fall into balance as well. We can also focus on increasing pitta to burn out the disease using physical activity. Kapha depends on vata for its stimulation and movement. It requires pitta for warmth.

PHASE ONE

In the beginning, to balance vata, breathwork that is rhythmic and easy to perform is appropriate. For example, give the person inhale/ exhale/ relax or inhale/ pause/ exhale/ pause.

Mudras will also help this balance. A specific mudra taught by Richard Miller, bringing the thumb into the into the base of the little finger and closing the other fingers over it, is a mudra to help the breath. A full body mudra can be used. Lying prone on the floor and encircling God's feet will help us to surrender and trust the process.

Restorative poses may be the only ones that are appropriate at this time. This would include child's pose, Savasana and variations. A good book to find more restorative poses is Judith Lasater's Relax and Renew. A wall push done in the corner with hands low and close to the body eventually moving upward and out will help increase flexibility and strength. The joint freeing series will help to keep the energy moving even as it helps flexibility and strength. A few modifications may be needed in the arm.

PHASE TWO

When appropriate, the person can move on to more active breathwork and poses as well. Kapalabhati is a warming breath to increase pitta.

Standing poses, inversions, and backbends practiced in a more energetic way with a sattvic approach will increase pitta. With a sattvic approach we attempt to do the poses in the most appropriate way for us at that moment. It requires a great deal of awareness, being in the moment. Pitta poses stimulate, energize, warm and release toxins. Cobra and locust will release congestion in the stomach and chest where mucus accumulates, thus reducing kapha. Decreasing the amount of time forward bends are held and instead going with easy repetitions will balance vata. Also sun salutes done rhythmically with breath will balance vata.

PHASE THREE

Maintenance of the breathing practices, the poses, including the Joint Freeing Series. Mudra, mantra practice and spiritual reading as appropriate for the person. Devoting time for self-study, examining what is really important in one's life and doing it.

The following recommendations may be used at any point in the therapy:

Herbs: Use herbs that improve circulation and create heat. Eat spicy foods. Use nasal cleansing to remove mucus.

Meditation: a consistent practice of loving-kindness, directed towards others and

self, will move excess kapha towards its essential beneficial form of OJAS. Ojas is a basic capacity of the immune system to defend itself against disease on all levels.

Relationships: increase time spent with loved ones and get more hugs. Do things that are enjoyable. Have fun.

Breath: practice kapalabhati to reduce and expel mucus.

Practice allowing the breath to flow through the entire being. Use the 5-part breath for balancing the 5 pranas. Let the breath help you reconnect with your emotions. Experience your emotions without judgment.

There is also information supporting the need for lymphatic drainage therapy to keep the breasts healthy. We don't know all the causes for breast cancer.

Perhaps research into the negative impact of under wire bras and certain chemicals in anti-perspirants with aluminum is warranted.

7. Q & A from Mukunda's www.yogaforums.com site

Helpful information can be found on the following posts on this site:

April 24,2002:Yoga, Cancer and Heart Problems

April 24, 2002:Chemotherapy and Radiation

April 24, 2002:Cancer and Yoga

April 24, 2002: Recommendations for Mastectomy

October 3, 2002 :Cancer

November 19,2002:Colon Cancer

January 11,2003: Yoga and Cancer

January 14, 2003: Guided Visualization/Meditation

December 1, 2003: Chemotherapy, Restoring the Immune System

October 12, 2004: Cancer and Eye Response

8.. RECOMMENDED READING:

Dr. Susan Love's Breast Book by Susan Love M.D.

Yoga and Ayurveda by Dr. David Frawley

Yoga by Siddhartha Bhushan

Yoga Journal M/J 1999 Sandy Boucher

Yoga International May 2003 by Shakta Kaur Khalsa

Website: www.healthbreastprogram.on.ca with Sat Dharam Kaur

www.estheryoga.com

www.yrec.org

www.iayt.org

The Cure for All Cancers by Hulda Regehr Clark PhD. N.D.

Surgery and Its Alternatives by Sandra and David McLanahan M.D.

Close to the Bone by Jean Shinoda Bolen M.D.

Getting Well Again by Carol and Carl Simonton M.D

This list is by no means comprehensive as there is a wealth of information on breast cancer available.