

FIBROMYALGIA

Structural Yoga Therapy Course

June, 2008

Integral Yoga Institute, New York City, N.Y.

Mary J. Scott

Schenectady, NY

518-346-7389

mjscottny@verizon.net

Case Study One

1 A. Initial Intake: Terri is a very likeable and sensitive fifty-five year old woman, who is married with three grown children. She is employed full time as an administrative secretary, a position she was promoted to after successfully passing a civil service exam. Her main interest is in maintaining a balanced and enjoyable home life for her children and her grandchildren. She participates regularly in the lives of her grandchildren as she hosts their friends and activities on weekends and they depend on her often for after school care.

Terri has been plagued by physical issues which have somewhat limited her activity level for the last fifteen years. She had a car accident in her early 40's, which exacerbated the general aches and pains she already had. A doctor, who was treating her for the stomach irritation caused by sensitivity to arthritis medications, was the first to diagnose her with Fibromyalgia. Nine years ago she fell and dislocated both elbows. Seven years ago her job and life situations combined to create a lot of stress, which lead to what she terms a "meltdown". She became very depressed, leaving her job at the time, and was subsequently treated by a psychologist and antidepressant medication was prescribed for her. A few years ago she had a laminectomy for a ruptured lumbar disc and was also diagnosed with spinal stenosis. She also has osteoarthritis in both ankles.

Terri has reflected upon her illness pattern and remembers having pains in her legs as a child, with the diagnosis of "growing pains". Her mother and her brother also have Fibromyalgia, and she has tried to help them with ideas for lessening their discomfort.

I first met Terri, when she joined my basic level yoga class a year ago. After one session she moved into the therapeutic class I teach, as she was having some difficulty with pain in her elbows. She is well aware of the need for balance in managing Fibromyalgia and tries very hard to maintain that, although is sometimes frustrated at the way it limits some of her possibilities. She would like to travel and advance her career, however has found it difficult with this challenge. She also realizes how resilient and strong she is and appreciates her own perseverance through great difficulty. At the same time she speaks of the "slippery slope" created by having Fibromyalgia in that a change of seasons, cold, rainy days, or contracting a virus can cause a "Fibro" flare up to happen. She fears that she will be physically much worse as she ages.

She has actively engaged in pro-active self-care including walking, yoga, and making healthy food choices, while advising that she cares most about "living an uncomplicated life".

My initial impression of Terri was that of a strong and robust, although somewhat guarded, woman. She had an aura of being able to handle anything and is hesitant to let her sensitivity emerge. I think she also finds it difficult to ask for help.

Her initial goals for her SYT are to lessen discomfort in her body, increase strength in her shoulders, arms, and wrists, to strengthen upper back muscles in order to limit progression of thoracic kyphosis, and strengthen the sense of well-being yoga brings to her life.

B. Physical Assessment

Body Reading:

- Height 5'5"
- Weight 213

- Moderate thoracic kyphosis
- Shoulders round forward
- Slight forward head
- Sacroiliac Joints: Both move down on testing

C. Summary of Findings:

Range of Motion Assessments							
Joint Action	ROM	May 3	May 3	July 10	July 10	Aug.	Aug.
		2008	2008	2008	2008	14	14
	Norm°	Left	Right	Left	Right	Left	Right
KNEE							
Extension	0°/180°	0	0	0	0	0	0
Flexion (Supine)	150°	110	110	120	120	120	120
HIP							
Flexion (Bent Knee)	135°	110	110	110	110	110	110
Flexion (Straight-Leg Raise)	90°	75	80	90	90	90	90
Flexors-quad/psoas restriction	NSS						
Internal Rotation (Supine)	35°	35	28	35	35	35	35
SHOULDER							
Extension	50°	45	45	50	50	50	50
ELBOW							
Extension	0°	0	0	0	0	0	0
Flexion	145°	120	120	135	135	135	135
WRIST							
Flexion	90°	65	65	80	80	80	80
Extension	80°	50	50	70	70	70	70
Radial Deviation	20°	*	*	20	20	20	20
Ulnar Deviation	30°	*	*	30	30	30	30

* Could not measure- painful

Muscle Testing Assessments						
Joint Action	May 3	May 3	July 10	July 10	Aug.	Aug.
	2008	2008	2008	2008	14	14,
	Left, 1-5	Right, 1-5	Left, 1-5	Right, 1-5	Left, 1-5	Right, 1-5
KNEE						
Extension	3	3	4	4	4	4
Flexion	3	3	4	4	4	4
HIP						
Hip Flexors - Bent Knee (Supine)	2	2	4	4	4	4
Iliopsoas Isolation (Supine)	1	1	4	4	4	4
Sartorius Isolation (Supine)	2	2	5	5	5	5
Abduction (Side Lying)	3	3	4	4	4	4
Adduction (Side Lying)	1	1	3	3	3	3
Gluteus Maximus Isolation (Prone)	0	0	4	3	4	4

External Rotation (Prone)	3	3				
Internal Rotation (Prone)	1	1	3	3	3	3
SHOULDER						
Abduction	2	2	5	5	5	5
External Rotation	2	2	4	4	4	4
Flexion	2	2	4	4	4	4
Extension	2	2	4	4	5	5
ELBOW						
Extension	2	2	4	3	5	5
Flexion	2	2	4	4	5	5

Summary of findings:
First Test May 3, 2008

Muscles to Strengthen	Muscles to Stretch	Release
LOWER BODY		
Hip Flexors: Rectus Femoris and Psoas Hip Internal Rotators: Gluteus Minimus, Anterior Gluteus Medius, TFL Adductors Hip Extensors: Gluteus Maximus and Hamstrings	Rectus Femoris Hamstrings	Psoas
UPPER BODY		
Shoulder Extensors: Latissimus Dorsi, Posterior Deltoid, Teres Major and Minor Shoulder Abductors: Posterior Deltoid, Middle Trapezius Elbow Extensors- Triceps Elbow Flexors- Biceps	Pectoralis Major Anterior Deltoid	

I was unable to measure ulnar and radial deviation as Terri's hands became red and immediately swelled upon moving through ROM.

Second Test July 10, 2008:

The ROM for straight leg hip flexion became normal, as did shoulder extension, while elbow flexion increased 15° to 135.° Wrist ROM in all directions is normal, except for flexion, which is now 80°, with no difficulty or pain in movement, except for flexion. Muscle testing revealed dramatic increases in strength in all areas targeted to work on. Hip flexors increased from 2-4, Psoas from 1-4, hip adductors from 1-3, Gluteus Maximus from 0 – 4 and 3 respectively, hip internal rotators from 1-3 and shoulder abductors from 2-5. Most importantly the Biceps and Triceps both improved from 2-4 as this was an area of extreme difficulty post elbow dislocation.

Third Test August 14, 2008:

Strength gains continue, specifically in the areas that had been weakest and most painful. The shoulder extensors tested at a 5 this test, where last time they were a 4 while both Biceps and Triceps tested at a 5 also, where last time they were at a 4.

The areas throughout Terri's body which had been hypersensitive have gradually over sixteen weeks, improved in strength, range of motion, as well as resiliency.

D. Session I and II Recommendations:

The initial recommendations come from assessments and intake interview which was done over two dates May 3, and May 7.

As a result of her extreme sensitivity to pain/discomfort and since overexertion and pushing a muscle too far beyond its limit with Fibromyalgia can cause painful flare-ups, one of our initial goals will be to gently create a widening of Terri's pathway for pain free muscle/body engagement. The initial practices prescribed for Terri were as follows:

- Begin with centering wave breath for 3- 5 minutes.
- Do the S.I. stabilizer to bring ease into the lower back area.
- Work with the exercises in the Joint Freeing Series. Do each movement six times synchronized with the breath to gently increase strength and range of motion, while entraining with and exercising awareness muscles to increase felt body sensitivity in a non-painful way. The goal is to begin to bring Vata into balance. (She could not do ulnar or radial deviation as her hands swelled.)
- Do a five-minute savasana while gently bringing awareness to the breath.

E. Results of Recommendations

May 19, 2008

Through a telephone check-in when I returned from training in New York, Terri reported that she has done her practice regularly and is sleeping better, has more energy later in the day, feels more tranquil inside, her extra tender points are hurting less, she notices that she has more range of motion in her wrists, and the S.I. stabilizer is making her back feel better.

May 24, 2008

Even though Terri's allergies were very bad last week she reported that she was able to "keep it", Fibromyalgia, under control, while the positive results of the previous weeks continued. She also reports finding herself being more "mindful" in the way she moves her body in everything she does. A work assignment on the computer requiring constant wrist motion did not set up the usual inflammatory response that she has experienced in the past. She reports looking forward to doing her yoga practice everyday, and had done it five times that week.

D. Recommendations

- Continue with the short centering wave breath.
- Continue with S.I. stabilizer.
- The Joint Freeing Series was reviewed and the movements polished with emphasis added to the following:

#1) Dandasana: Engage the psoas in hip flexion to encourage a normal lumbar curve, arms back bringing shoulder into slight extension, while feeling the triceps, latissimus, and posterior deltoid engage, feel the chest open (pectoralis and anterior deltoid stretch), and slightly adduct scapulae to engage the middle trapezius. Hold for 5 breaths.

#4) Lift leg while allowing hamstrings to flex knee and hip flexors/ Psoas and Rectus Femoris to bring foot toward to body and to the mat, only placing hands on the leg at the end. In reverse doing the same, with emphasis placed on the hip flexors and the quadriceps in knee extension.

#5) On internal rotation motion lift the hip to engage the Gluteus Minimus, TFL and anterior Gluteus Medius.

#10) To attempt these motions with a very small range of motion. (Per a question to Mukunda, he felt to work with Pitta, with the inflammation in this location could be beneficial.)

#16) Retract scapulae and concentrate on engaging the Trapezius and the Rhomboids.

Cobra: Place hands with fingers pointing out at slight angles away from the body bringing shoulder into slight abduction. Pulse in and out of pose four times very slowly with breath, engaging the posterior deltoids, middle Trapezius and thoracic erectors.

½ Locust: Pulse in and out four times with the breath, alternating legs, to strengthen the hamstrings, Gluteus Maximus and adductors.

- Continue with five-minute savasana.

E. Results of Recommendations

May 31, 2008

As I greeted Terri I could see that she was walking very stiffly, slowly and was clearly uncomfortable. She had been at the Therapeutic Yoga class I teach the previous Tuesday and was energetically radiant and fully present at that time.

She advised that her grandchildren required extra care and much taxiing around after she left work on Wednesday. Her quality of sleep that night was poor, and gradually the discomfort and stiffness, specifically in her feet, ankles, knees, wrists, and elbows had gotten worse.

D. Recommendations

It was clear that Terri was in beginning a cycle of a “Fibro flare-up” and it would be critical to offer her a gentle restorative practice to calm her worries, as well as to bring her closer to a state of balance. I felt that teaching her these tools for controlling the effects of a condition that could prove to be life long, would be invaluable for her own self-care.

Supported Shoulder Stand: A restorative and calming pose with a pillow under the hips and lower back and legs propped over a chair. Additional pillows placed under arms, head etc. as needed. The effects of this pose are: blood is assisted on its return through the veins in the legs towards the heart, blood pressure decreases, pulse rate decreases, as well as a decrease in swelling/ fluid retention in the legs.

Pranayama: Centering and breathing below the belly for a few minutes to allow for the effects of the pose. I guided her through the following practice of breathing into each painful area, allowing the breath to fully enter and surround each area and then exhaling up and out. Repeating each inhalation into an uncomfortable area several times, beginning with the ankles, and then knees, wrists, and elbows.

Using the Yoni Mudra, with the thumbs at the navel for 5-10 minutes, and resuming a below the belly breath while bringing awareness to any sensations of energy or prana shifting within her body.

Immediately after this session she indicated that her ankles and knees felt lighter and not so heavy.

I prescribed this practice at home two times a day over the weekend and at least once a day on workdays.

E. Results of Recommendations

June 7, 2008

Terri has improved a little since our last session, a week ago. Her ankles are still swollen, however she attributes this to pre-existing arthritis and the hot humid weather. She indicates that she has done the assigned practice everyday, although liked it better when I did the guided breath meditation. She did come to yoga class on Tuesday night and said she felt better after that, as well. She believes that continuing this practice has helped her from going into a flare-up situation.

D. Recommendations

- Do the Joint Freeing Series three times this week (if possible) but only do three repetitions of each. Avoid the ankle movements if it is too painful. Omit the strengthening movements and the asanas this week.
- Continue to do the restorative pose and the pranayama for pain relief and the Yoni Mudra daily, and after the above practice.

E. Results of Recommendations

June 15, 2008

Terri seemed lighter and more carefree when I greeted her today. On check in she reported that she feels she has returned to where she was prior to the flare-up she experienced. She has noticed that the sensitivity that has existed since dislocating her elbows is diminished and feels the practices she is doing are helping. She is sleeping well and her joints and the areas around them feel pain free, with the exception of her ankles. At the end of the day they are a little swollen. She indicated that she had done the pranayama and Yoni Mudra for pain relief everyday last week and also did three repetitions of the JFS three times last week.

D. Recommendations

- Continue with the recommendations given on May 24, with the following additions/ changes to the JFS.
- JFS #1, in Dandasana lift the leg 3-6 inches off the ground, keeping hip on the floor, and move leg out to side and then back in and down, alternating legs, to strengthen Psoas.
- JFS # 5, when doing the internal rotation movement, lift the foot/leg one inch off the ground. This will further strengthen the Gluteus Minimus, TFL, and the anterior Gluteus Medius.
- JFS #15, after the completing the last shoulder extension movement, maintain the shoulder and arm in extension, and flex and extend the elbow three times. This will help to tone the triceps and Posterior Deltoid.
- Continue ½ Locust, pulsing in and out of asana three times with the breath, to strengthen Gluteus Maximus and hamstrings
- Continue with Cobra, with the hands at angles to body bringing shoulder into slight abduction. Pulse in and out three times with the breath to strengthen middle Trapezius and posterior Deltoid.
- Pelvic Tilt and Thrust (*M. Stiles, Structural Yoga Therapy p. 166*) twelve times with the breath, to tone Rectus Abdominis, lower Erector Spinae, and release for the Psoas, while bringing ease into the lower back.
- Continue with 15-minute savasana, using the pain relief technique and Yoni Mudra as in past weeks.

E. Results of Recommendations

June 22, 2008

Terri related how she has been helping her husband to clean and prepare a rental unit they have for new tenants. She feels stronger and more energetic, even though her back did bother her after so much cleaning. She did the pelvic tilts and indicated she then felt better and her back feels stronger. All the new practices assigned last week are going well and although challenging, are not causing any pain and she feels stronger overall. She has also been doing a small number of the ulnar and radial deviation motions with her practice and feels this area is also getting stronger and inflammation has decreased.

I sense that vata is more in balance at this point in time for Terri than it has been since I met her and that pitta is also significantly reduced. She also has achieved an inner confidence in the practices she has been given and their ability to strengthen and help heal her.

D. Recommendations:

- Continue with five minute centering wave breath.
- Substitute the following practices for the complete JFS;
- In Dandasana lift leg 6 inches up and 18 inches out to the side, turn foot out, bring foot to knee and then lower the knee to the mat. Do this six times on each side to strengthen psoas and sartorius.
- Continue Shoulder flexion and extension six times, and after last repetition with shoulder in extension, flex and extend elbow six times.
- Hydrant, in cat pose, keep feet on the floor and lift knee to the side, and then down, using breath. Do this six times on each side to strengthen abductors.
- Continue with Cobra.
- Continue with ½ locust.
- Continue with pelvic tilt and thrust.
- Rolling Bridge- start by repeating this motion three times, to strengthen the erectors, gluteus maximus, hamstrings, tone the rectus abdominis, and stretch the hip flexors.
- Warrior I- pulse in and out of the pose three times with the breath, three times on each side. To strengthen middle deltoid, adductors, quadriceps, hip external rotators, sartorius and “also the trapezius which draw scapulae back, while triceps extend the elbow”. (*R. Long, Key Poses of Hatha Yoga, p. 73*)
- Warrior II- pulse in and out with breath three times on each side. On the last asana hold the pose for three breaths. To strengthen hip external rotators, abductors, middle deltoids, quadriceps, and hip flexors.
- Continue with 15 minute savansa using Yoni Mudra.

** If any generalized inflammation begins, stop these practices and do the JFS for three repetitions.

E. Results of Recommendations

July 10, 2008

Terri was very pleased when we discussed the results of the second reassessment, as she has been diligent in her yoga practice and states that she feels stronger and better balanced throughout her body. She commented on how she always worried about being sickly and unable to care for herself as she ages. Now she knows she will be strong and able to care for herself. She has fewer fears about intrinsic sensitivities in her

body, as the small flare-ups she did have during our work together were manageable and quickly passed.

Due to the extreme sensitivity of Terri's wrists, the only homework she was assigned in this area, was to "try" wrist flexion and extension and ulnar and radial deviation "as tolerated." (When initially measuring and testing this joint her hands became swollen). We therefore did not include this in our areas to work on. On testing ROM in all directions, the wrist has significantly improved. Terri can now perform these motions with no swelling or reaction of the hands.

Energetically Terri now exudes a confidence in herself. She stands up straight, her posture is solid, with a strong back (her middle Trapezius muscle test was a 5) and her shoulders do not round forward.

D. Recommendations

Continue with yoga practices previously given on June 22 and the JFS. Use discernment to decide what is needed is a given day. I gave her the choice to do strengthening and asana practice or JFS, as long as strengthening is done three times a week.

During centering prior to practice ask, "what is it I need today?" After practice and savasana, place hand(s) over heart, honoring your inner wisdom or inner teacher, with great love and respect.

E. Results of Recommendations

July 24, 2008

Terri described how, on the night of July 13th, she accompanied her husband to the emergency room. He had a mild heart attack and spent the night waiting for tests and then the next morning had surgery, where they put stents in blocked arteries. She recounted throughout the entire night and the next morning it was as if her body was disconnected from her mind, as she felt nothing. As soon as the doctor came in after surgery and said everything went well and her husband would be all right, pain began radiating down her quadriceps, knees, her chest, hips, upper and lower back. (She had made copies of the body pain diagram sheet and completed one at this point, later that night, and then again the next morning.) That evening she did the JFS, her asana practice and pranayama with savasana. She then took a hot shower. After this the painful areas were rated as "intermittent", not "constant". She went to bed and slept well. The next morning she again did her JFS and asana practice before going back to the hospital to see her husband. Any areas of discomfort at this time were the usual occasional intermittent discomfort. Terri is very certain that having a practice like this to do in a crisis situation, prevented her from going into a complete flare-up.

D. Recommendations

I presented some ideas for diet and lifestyle changes that Terri might think of making to provide additional help in stabilizing the condition and improving overall health. Terri also had mentioned that she is determined to lose weight. We discussed *The Fibromyalgia Cookbook* by Mary Moeller, which recommends removing carbonated beverages, high fat dairy, white sugar and flour, fried foods, red meat, colas and soda, NutraSweet and saccharine. A low carb and high protein diet is suggested as many Fibromyalgia patients crave carbohydrates which leads to weight gain. It is also suggested to eat lots of raw foods, including vegetables, fruits, and nuts to boost the immune system. Omega 3 fish oil is also recommended as it contains anti-inflammatory properties. Ginger and Turmeric are also recommended for anti-inflammatory properties and I gave her some Yogi Ginger Tea to try.

Job accommodations such as a head set for her telephone at work would help relieve repetitive stress on elbow and wrist joints. A memory foam mattress topper would help to ease the hardness of her mattress on the tender spots on her hips.

We discussed strategies for dealing with the general stress that comes with her life, the importance of balance in all things, and knowing ultimately the only things she can control are the choices she makes for herself. Her formula for balancing the multiple things that demand her attention and cause stress in her life, is her yoga practice, pain relief pranayama, meditation and the additional practices that have become her lifeline to wholeness and healing.

I also suggested a deep relaxation yoga nidra before bedtime and gave her one by Nischala Devi.

E. Results of Recommendations

August 14, 2008

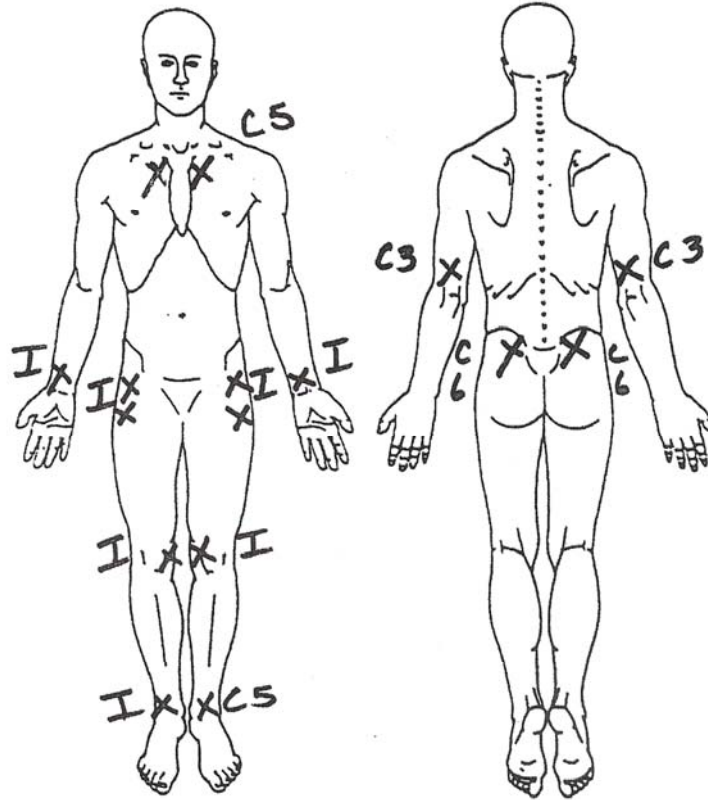
The third assessment continues to show improvements in strength, specifically in the biceps, triceps, as well as in shoulder extension. The ROM in the wrists continues to be normal and she is pain free in this area which was one of her main problem areas when beginning yoga therapy. Terri has been going to water aerobics with her daughter this summer and knows that this would not have been possible if she had not become a lot stronger through SYT. In addition, she is considering doing the Level I yoga class this fall instead of the therapeutic class she had been in.

Terri has made incredible strides in her entire physical and energetic well being through SYT and looks forward to the possibility of traveling, as well as other activities she would never have thought possible before.

Body Diagram

Instructions:

On the body diagram below, please indicate where your pain is located at the present time, by placing an (X's) over that area.



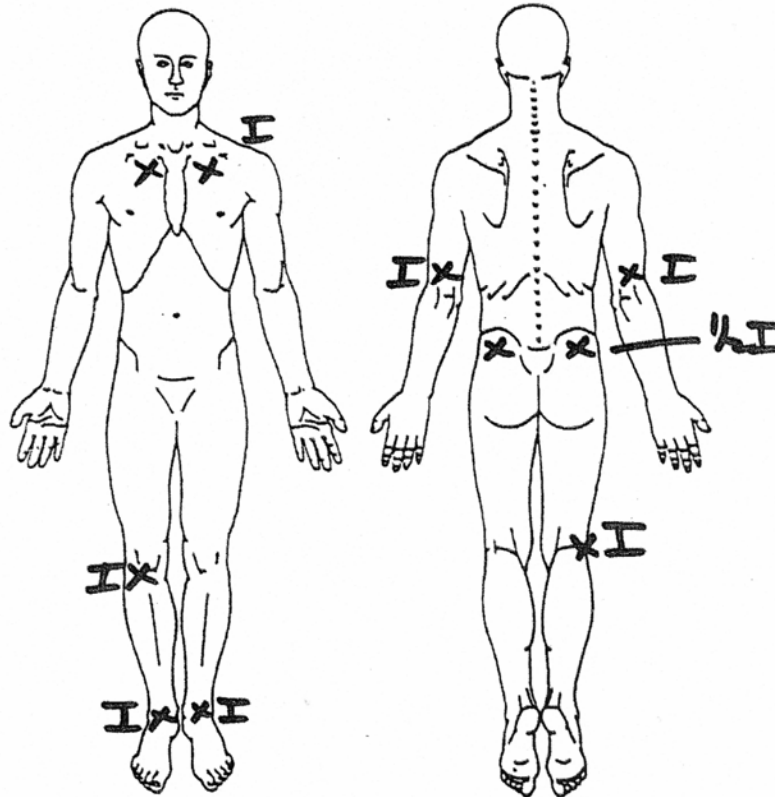
1). Next to the areas marked above note a "C" for constant pain, an "I" for intermittent pain, or an "S" for pain that is seldom felt.

2) Indicate next to the areas marked above with a "C", how you would describe your present pain in that area by placing a number between 1-10, 1 representing a minimal sensation of pain and 10 representing the worst pain you have ever felt.

Body Diagram

Instructions:

On the body diagram below, please indicate where your pain is located at the present time, by placing an (X's) over that area.



1). Next to the areas marked above note a "C" for constant pain, an "I" for intermittent pain, or an "S" for pain that is seldom felt.

2) Indicate next to the areas marked above with a "C", how you would describe your present pain in that area by placing a number between 1-10, 1 representing a minimal sensation of pain and 10 representing the worst pain you have ever felt.

Case Study Two

1 A. Initial Intake: Carol is an outgoing 53-year-old woman who works as a nurse for group homes serving the mentally disabled. She is divorced, has one grown son and enjoys reading a good book and crafts at home. She indicates that she cares most about her family. She was raised as a Catholic, but left that tradition in her 20's. She describes herself as a "spiritual" person, however she has no spiritual practice at this time nor does she participate in an organized religion.

In addition, she sees herself as a homebody but confesses that she isolates herself because of the pain of her condition and the depression that results from it. In addition, she has had painful disappointments in relationships with men and has felt betrayed on more than one occasion. Carol confides that she knows she sabotages herself in various ways and feels sometimes that "she can't get out of her own way".

Carol has struggled with her weight for some time and has been on a medi-fast diet for quite some time and has already lost 70 pounds.

Fifteen years ago Carol contracted a virus that lasted for about four days. Approximately three or four weeks later she woke up one morning with painful sensations in various areas of her body, including her middle back, hips, back of legs, and upper neck. She saw a rheumatologist at the time who gave her medicine to relieve the pain, but she did not like the way it made her feel. She now has pain at most of the standard areas for a Fibromyalgia diagnosis, although it varies with intensity. Carol often feels defeated and frustrated by the limitations that this condition places upon her life. She would like to return for an R.N. degree and advance her career, but she is afraid to push her limits. She states that Fibromyalgia has caused her to be depressed and because of it she internalizes many issues.

My impression of Carol is that of someone who tends to be reactive to events and people in her life. I believe her physical body has not been given an opportunity to experience what sattva is due to "perceived" disturbances.

Her initial SYT goals include lessening the discomfort in her body and to increase her sense of well-being. She wishes to strengthen her whole body, however we will initially work on strengthening the hip flexors, external rotators, adductors, Latissimus, Triceps and middle Trapezius. We will include practices leading to a deepening of a spiritual/meditative practice for her.

B. Physical Assessment

Body Reading:

- Height: 5'4"
- Weight: 182
- Shoulders round forward
- Sacroiliac Joints- Both move down on testing
-

C. Summary of Findings

Range of Motion Assessments							
Joint Action	ROM	May 2	May 2	July 10	July 10	Aug.	Aug.
		2008	2008	2008	2008	14	14
	Norm°	Left	Right	Left	Right	2008	2008
ANKLE							
KNEE							
Extension	0°/180°	0	0	0	0	0	0
Flexion (Supine)	150°	120	120	120	140	120	140
HIP							
Flexion (Bent Knee)	135°	110	110	115	120	115	120
Flexion (Straight-Leg Raise)	90°	90	90	90	90	90	90
Flexors-quad/psoas restriction	NSS						
External Rotation (Supine)	45°-60°	30	40	35	40	35	40
Internal Rotation (Supine)	35°	50	35	45	35	45	35
External Rotation (Prone)	45°-60°	50	50	55	55	55	55
Internal Rotation (Prone)	35°	50	30	45	35	45	35
SHOULDER							
Abduction	40°	40	40	40	40	40	40
Adduction	130°	110	110	120	120	120	120
External Rotation	90°	80	90	90	90	90	90
Internal Rotation	80°	80	70	80	80	80	80
Flexion	180°	180	180	180	180	180	180
Extension	50°	40	40	50	50	50	50
ELBOW							
Extension	0°	0	0	0	0	0	0

Muscle Testing Assessments						
Joint Action	May 2	May 2	July 10	July 10	Aug.14	Aug. 14
	2008	2008	2008	2008	2008	2008
	Left, 1-5	Right, 1-5	Left, 1-5	Right, 1-5	Left, 1-5	Right, 1-5
KNEE						
Extension	3	3	3	3	3	3
Flexion	2	2	4	3.5	4	3.5
HIP						
Hip Flexors & Abs (Supine)	2	2	3	3	3	3
Trunk Flexion (Supine)	1	1	3	3	3	3
Hip Flexors - Bent Knee (Supine)	1	1	4	3	5	4
Iliopsoas Isolation (Supine)	2	2	4	4	5	5
Sartorius Isolation (Supine)	2	2	3	4	4	5
Abduction (Side Lying)	3	3	5	5	5	5
Adduction (Side Lying)	1	1/2	3	3	3	3
Gluteus Maximus Isolation	0	0	2	2	3	3

(Prone)						
External Rotation (Prone)	3	3	4	4	5	5
Internal Rotation (Prone)	1	1	3	3	4	4
SHOULDER						
Abduction	1	1	4	4	4	4
External Rotation	3	3	5	5	5	5
Internal Rotation	3	3	4	4	4	4
Extension	2	3	4	4	4	4
ELBOW						
Extension	3	3	5	5	5	5

First Test May 2, 2008:

Muscles to Strengthen	Muscles to Stretch	Release
LOWER BODY		
Gluteus Maximus Psoas Sartorius Hip-Internal Rotators Hip-External Rotators- especially left Adductors Rectus Abdominus Quadriceps-especially Rectus Femoris	Psoas	
UPPER BODY		
Shoulder Abductors: posterior Deltoid, middle Trapezius Shoulder Extensors: Latissimus, Triceps, Teres Major	Pectoralis Major Anterior Deltoid	

Second Test July 10, 2008:

Where Carol had shown hypermobility in the left hip, the internal rotation decreased to 45° from 50° and the external rotation increased to 55° from 50°. Shoulder extension increased 10° to 50°, while shoulder adduction increased 10° to 120°.

Muscle testing revealed a significant increase in strength in knee flexors, trunk flexors, hip flexors, Psoas, Sartorius, hip abductors and adductors, and internal rotators. Shoulder abductors and external and internal rotators, as well as elbow extensors (Triceps) all increased significantly in strength.

Third Test August 24, 2008:

Additional gains in strength were shown in the hip flexors/ Psoas, Sartorius, Gluteus Maximus, hip external and internal rotators.

D. Session I and II Recommendations

The initial recommendations come from the initial intake and assessments, which were done over two dates, May 2 and May 9, 2008. Although Carol tested weak on many of the muscle tests, she advised me that she did not participate in the tests as much as she could have, as she was afraid it would cause pain. Due to this weakness and the discomfort she feels at most times, caution will be required, with the initial goal of our work together being bringing vata into balance. Her initial practices included:

- Wave breath for 3-5 minutes to relax and become centered.
- The S.I. Stabilizer twelve times on each side to bring movement into the sacroiliac joints.
- The entire joint freeing series done six times, synchronizing movement with the breath.
- Savasana for five minutes gently following the breath.

E. Results of Recommendations

May 19, 2008

Through a telephone check-in when I returned from training, Carol reported that for two days after we did the last session with the entire JFS, the pain in her shoulder and neck was gone. She said that she felt so wonderful she cleaned her entire house and she had so much more energy. She reported the S.I. stabilizer as going very well, and it does make her lower back feel better. She indicated that she did her practice four times that week.

May 23, 2008

Some of the pain has returned into Carol's shoulder and neck area and Carol indicated that she is extremely tired and also under some pressure at work. She is in a fairly new job and is now training new people. I asked Carol what would have happened after our last meeting, when she felt so well, if she simply enjoyed the feeling of non-pain and allowed other areas of her body to feel what non-pain and the resulting energy felt like. Of course, she said her house would not be clean, but I stressed the bigger picture of our work together. She reported doing her practice four times during the week.

D. Recommendations

- After an initial 3-5 minutes of engaging in wave breath I asked Carol to bring in to her awareness a sankalpa or affirmation for her life and to bring a positive intention from that to her practice.
- Continue with the S.I. stabilizer
- The JFS was reviewed and polished with awareness to the following motions in the series.
 - 1) Dandasana: Engage the Psoas in hip flexion to encourage a normal lumbar curve, arms back bringing shoulder into slight extension, while feeling the Triceps, Latissimus, and posterior Deltoid engage, feel the chest open (Pectoralis and anterior Deltoid stretch), and slightly adduct scapulae to engage the middle Trapezius. Hold for 5 breaths.
 - 4) Lift leg while allowing hamstrings to flex knee and hip flexors/ Psoas and Rectus Femoris to bring foot toward to body and to the mat, only placing hands on the leg at the end. In reverse doing the same, with emphasis placed on the hip flexors and the quadriceps in knee extension
 - 5) On internal rotation lift and isolate the hip to strengthen the Gluteus Medius and TFL.
 - 6) On the "cat" motion engage the Rectus Abdominus and pull the navel in toward

the spine with the exhalation.

16) On scapular adduction hold for a breath to emphasize engagement and to strengthen the middle trapezius and the rhomboids.

- Continue with a five minutes savasana.

E. Results of Recommendations

May 30, 2008

Carol's level of discomfort has continued. She indicates she has been under much work related stress, which she feels contributes to this. She indicates she feels a real tightness in her upper trapezius and shoulders, related to "holding" the stress there.

I sensed that her prana/energy is more diffuse and scattered than when we started, a sign that vata is still far from sattvic.

She expressed fear that she is not progressing in these practices as she "should", and that I perhaps "expect" her to be improving and she is not. I explained that I have no expectations, as she is a unique individual and there is no way anyone can know the outcome of our work together. Remembering her issues around betrayal, I sense she is worried that I will be disappointed in her and that perhaps I will not continue to work with her. She indicated that she did her practice four times last week.

D. Recommendations

- Continue with centering pranayama.
- State a sankalpa of trust for her inner knowing and ability to love and care for self, through allowing herself to feel worthy of that level of self-love. (I led her in a brief meditation around this topic, calling in the energy and presence of her inner teacher).
- Continue with S.I. stabilizer.
- Continue with the JFS homework assigned last week. She did the practice on this day and emphasis was placed on feeling the sensation in the muscle working and the energy flowing with the motion while focusing on a long inhalation and exhalation. I also described location and name of muscles performing the motions. This appeals to her previous experience in nursing training, so it was a review of things forgotten.
- Abdominal Twist: in the little bit of yoga she had done she said she liked this pose, so I assigned it also. Holding statically for 4-5 breaths on each side will stretch the gluteus medius and latissimus and strengthen the adductors and obliques.
- Pranayama for pain using Yoni mudra, where it is reachable is relaxed position, or breathing into that area and exhaling up and out.
- Savasana for ten minutes, placing Yoni Mudra at abdomen with thumbs at navel.

E. Results of Recommendations

June 7, 2008

Carol indicates that she is doing her practice, but still struggling with coordinating the breath, but says she practiced four times this week. She feels much stronger on some days and on other days does not. She indicates she is doing her best to do the pranayama practice with the Yoni Mudra, but finds it difficult focusing on the breath. She reports that she is under a lot of stress at work as the state officials are on site at her workplace checking records and procedures under her care. She is not sleeping well at all because of this stress.

I suspect that she is not practicing as much as she indicates, because if she were I think the breathing pattern would be better established by now. We reviewed the practice again with the breathing instructions and pranayama and savasana.

D. Recommendations

- Continue with the breathing instructions and pranayama and savasana, as we reviewed today.
- If Carol wakes up at night and can not sleep, use the Yoni Mudra practice with the breath to calm herself and relieve areas of discomfort in the body.
- All other practices the same.

E. Results of Recommendations

June 17, 2008

Carol and I were due to meet last Saturday, but she had family obligations. She indicated that the tender areas on her body related to Fibromyalgia seem a lot less painful, however she is now bothered by pain on the lateral aspect of her left knee, radiating to her ankle. She attributes this to an old meniscus tear that she did not have corrected seven years ago. She has some very good days and others are hard because she is so tired. She reports continuing regularly with her practice and tells me that on good days she will do up to ten repetitions of the JFS.

I rechecked her S.I. joints and they are now both free and moving smoothly.

I lead her through the initial five minute centering breath practice and I could sense that her breath is more stable and her body is energetically responding to this practice.

I sensed that despite continuing issues with pain and lack of sleep, vata is becoming more balanced, and as a result pitta has also lessened.

D. Recommendations

- Discontinue S.I. Stabilizer
- Do initial centering breath laying down for five minutes.
- Pelvic tilt and thrust ten times coordinated with the breath. (*M. Stiles, Structural Yoga Therapy, p. 166*) To tone and free the Psoas, strengthen the erectors and Rectus Abdominis.
- Continue with the JFS and the previously recommended points of emphasis, however only do each one six times, and if very tired, or if any fibro pain is occurring, back off to three times. (I shared Mukunda's advice about doing less, as often Fibromyalgia patients do too much and still believe it is not enough. I felt it would be important to emphasize this point.)
- JFS #5 On internal rotation, lift the foot at least one inch, preferably three inches off the floor to emphasize strengthening internal rotators (Gluteus Medius and TFL) . Do six times each side.
- JFS #6, Hydrant. From cat position lifting knee to the side, with foot still touching the floor, six times each side, to strengthen abductors.
- JFS #7, At the end of hip extension, turn the foot out to the side. On the right side do this motion three times, and on the left do it six times to strengthen external rotators, specifically the left side.
- Extend savasana to fifteen minutes, using the pain relief technique of breathing into the area and using the Yoni Mudra
-

E. Results of Recommendations

July 10, 2008

The discomfort levels in Carol's back, neck, and shoulder area has greatly decreased and she feels more flexible and freer in this area. She also reports feeling much stronger just about everywhere in her body and she is please with the results of the reassessments. The one downside is the persistent pain in the lateral left meniscus area. This area has increased in discomfort level while the pain in the rest of her body has subsided.

Out of the blue Carol asked me if I feel her negative self-image is getting in the way of her progress in healing and reducing pain. I mirrored her inquiry and asked if she thinks this is so? She says yes and we discussed the ways we have and will continue to "cultivate the opposite" for her progress in this area

She has pain in the left knee when she does the hip extension motion, with the foot turning out at the end of the motion.

D. Recommendations

- For her continuing practice hip extension is modified so that her knee is bent and she lifts the leg out to the side, engaging and strengthening the external rotators. She is to do six on the left and three on the right.
- Remainder of JFS practices as assigned.
- To balance Kapha and cultivate ojas, Carol will need to daily nourish the true self and affirm the wisdom and divine within. I lead her in a ten-minute pranayama practice, using the Yoni Mudra, followed by allowing the phrase honoring our inner teacher; "With great respect and love I honor my heart, my inner teacher, Namaste." She feels she can do this after her practice and also on days she does not practice. I express my belief that important changes will happen if she can commit to doing this practice everyday.

E. Results of Recommendations

July 24, 2008

Carol has been practicing 3-4 times per week and also doing the wave breath pranayama and also doing the affirmation honoring her inner teacher at the end of her practice. She has experienced 85% improvement in the shoulder pain, although her hips still ache somewhat, but are much better than they were. We compared the body pain diagram from pre-therapy to now, or twelve weeks latter. Pre- therapy she had eight points of constant pain level six or above; two constant at five and two constant at three. There were two points that were intermittent, and four points that were seldom painful. Post-therapy she had two constant at two and one-half and six were intermittent.

D. Recommendations

I recommended some changes in lifestyle and other considerations for gradual lifestyle changes. She has been on a medifast diet for five months and eats one meal per day. She will begin this month to eat "real" food again, so we covered many suggestions from *the Fibromyalgia Cookbook* by Mary Moeller, of what to eat and what to avoid. I also recommended that she "try" a wonderful vegetarian restaurant near where she works. In addition, adding Ginger Tea, Turmeric, and rice and squash diet during any flare-ups might also help her condition. We also discussed the need to for regular bedtime and waking, which she does not do now. Carol is often up until midnight and must wake early for work.

Gentle massage and warm water pool exercises have also proven to be very beneficial for resistant Fibromyalgia conditions, and Carol will consider adding warm water pool exercises to her yoga practice.

Carol and I discussed the tendency that she has to become easily stressed out over conditions which she has little control over. A big area of consideration for Carol is stress management and continuing to cultivate non-reactivity. We talked about ways to use mindfulness to prevent her from going on autopilot into a stressed out state. Carol can use pranayama techniques she has learned, such as the centering wave breath to short circuit reactivity and for recentering, as she needs to.

E. Results of Recommendations

August 14, 2008

Carol continues to do her assigned practice 3-4 times per week and feels increased strength, specifically upon measurement in the external rotators, Psoas, Sartorius internal rotators, and Gluteus Maximus. Once again after we do the muscle testing she is amazed that she has made such progress, as she still underestimates herself. She generally feels better all over, but still succumbs to fibro-fog and general tiredness on some days.

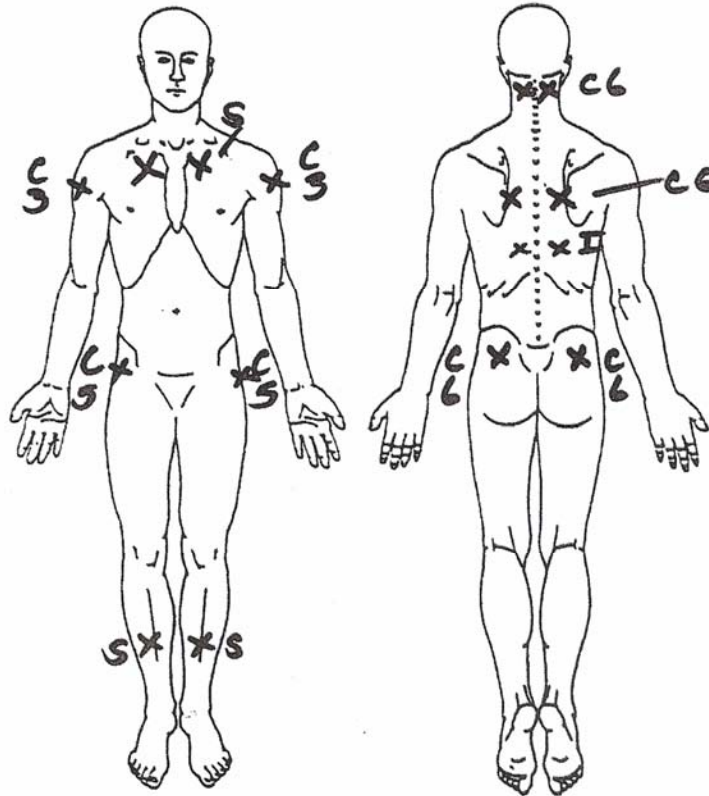
Carol: Pre- Yoga Therapy

Carol: Pre-Yoga Therapy

Body Diagram

Instructions:

On the body diagram below, please indicate where your pain is located at the present time, by placing an (X's) over that area.



1). Next to the areas marked above note a "C" for constant pain, an "I" for intermittent pain, or an "S" for pain that is seldom felt.

2) Indicate next to the areas marked above with a "C", how you would describe your present pain in that area by placing a number between 1-10, 1 representing a minimal sensation of pain and 10 representing the worst pain you have ever felt.

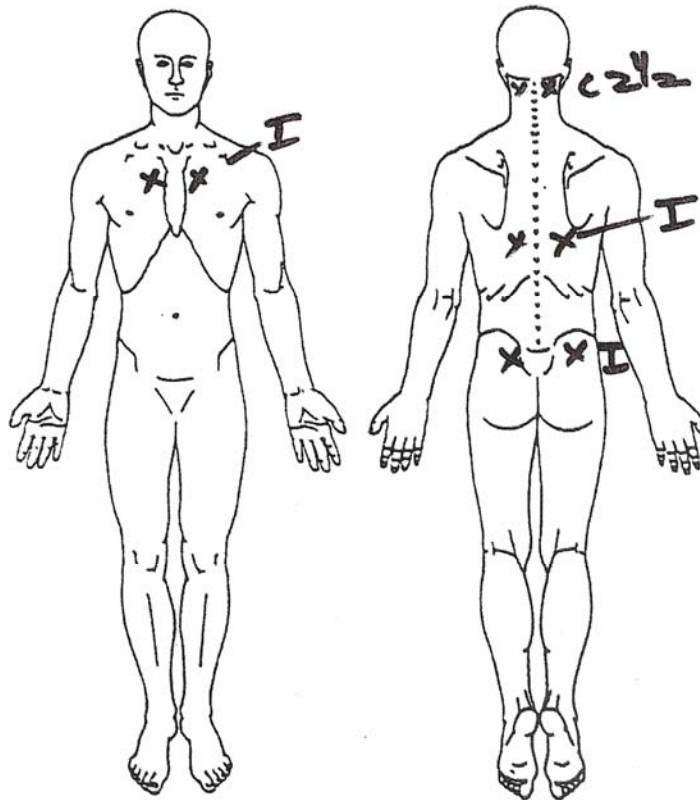
Carol: Post- Yoga Therapy

Carol: Post-Yoga Therapy

Body Diagram

Instructions:

On the body diagram below, please indicate where your pain is located at the present time, by placing an (X's) over that area.

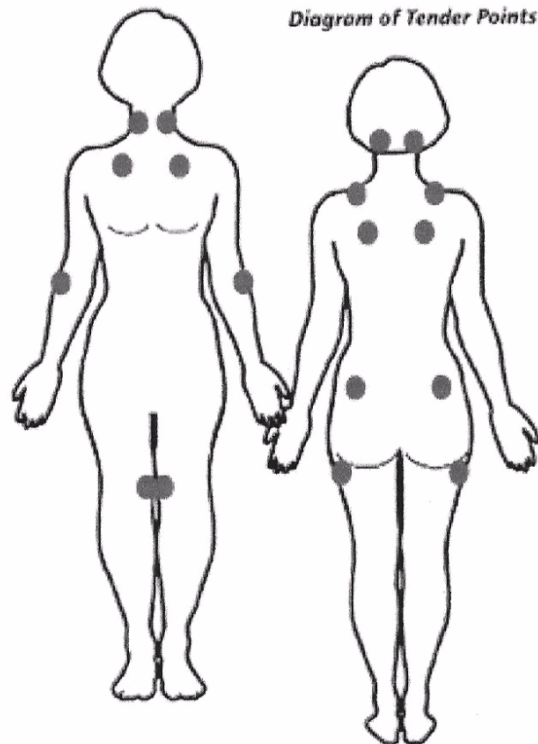


1). Next to the areas marked above note a "C" for constant pain, an "I" for intermittent pain, or an "S" for pain that is seldom felt.

2) Indicate next to the areas marked above with a "C", how you would describe your present pain in that area by placing a number between 1-10, 1 representing a minimal sensation of pain and 10 representing the worst pain you have ever felt.

2 A. Name and Description of the Condition

Fibromyalgia is a chronic condition, which manifests as widespread pain in the fibrous tissues of the body, which include the ligaments, muscles and tendons. There are numerous tender points associated with the condition, where the muscle attaches to the bone or ligament.



*Fibromyalgia “tender points” from the
National Institute of Arthritis and
Musculoskeletal and Skin Diseases*

Although the symptoms of this condition include widespread pain, fatigue, and difficulty getting deep restorative sleep, it is difficult to diagnose. There is no inflammation or other visual symptoms that are measurable by medical procedure. The current diagnostic criteria was developed by the American College of Rheumatology in 1990, although it was not until 1993 that the syndrome was officially recognized by the World Health Organization. The criteria for diagnosis includes: pain present for three months, located on both sides of the body, above and below the waist, with pain response in 11 of 18 specific trigger points.

Fibromyalgia syndrome affects an estimated five million people, or 2% of the population. Although men may be affected, women between the ages of 20-60 make up 90% of the patients visiting a doctor with symptoms. In addition, Fibromyalgia appears to run in families.

The onset of Fibromyalgia may occur after an accident, a virus, surgery, a period of extreme stress, as well as in conjunction with other rheumatologic disorders, such as Rheumatoid Arthritis, Lupus, and Ankylosing Spondylitis, and MS.

Dr. Robert M. Bennett classifies Fibromyalgia as a problem of. “disordered sensory processing”. He states that “sensory input from the muscle, as opposed to skin is a much more potent effector of central sensitization,... and there is evidence that afferent activity from Golgi tendon organs and muscle spindles can be converted into pain signals under the influence of central sensitization.” (*Dr. Robert Bennett, Understanding Chronic Pain and Fibromyalgia. www.fmware.org, p.4*) Almost all Fibromyalgia patients show changes in the pain processing pathways of the central nervous system compared to healthy controls. (*www.2arthritis.org*) There is some evidence that individuals with Fibromyalgia appear to have a hypersensitive and overactive sympathetic nervous system, which creates a situation of reactivity to normal stressors in the environment. In addition, people with Fibromyalgia have abnormal levels of several chemicals; serotonin and substance P, which are believed to also cause pain reactivity. “There are high levels of substance P in the spinal fluid, a chemical that transmits and amplifies pain signals to and from the brain.” (*Daniel Clauw, M.D. Fibromyalgia. www.rheumatology.org, p.2*) It is as though the volume control is tuned to high in the brains pain processing areas. Low amounts of serotonin are attributed as a cause for the disrupted and abnormal sleep patterns of those with Fibromyalgia. Such sleep patterns are described as “nonrestorative” with the resulting tired and achy morning sensations.

B. Gross and Subtle Body Common Symptoms

Fibromyalgia effects everyone differently, and every day may be different for someone with this syndrome. In addition to widespread pain and fatigue, people may also experience the following:

- Migraine headaches
- Serious sleep abnormalities in stage 4 deep sleep
- Irritable bowel and bladder (45% prevalence)
- Painful menstrual periods
- Restless leg syndrome (75% prevalence)
- Numbness, tingling, or feeling of swelling in the extremities
- Depression (50% prevalence over lifetime)
- Dizziness
- Raynaud’s syndrome
- Dry eyes and mouth
- Cognitive or memory problems (Fibro-fog)
- Skin sensitivities and rashes
- Changes in muscle metabolism**

** Deconditioned muscles and decreased blood flow to the muscles may contribute to decreased strength and increased pain, as deconditioned muscles are more reactive to pain. “Fear of pain in activity leads to deconditioning, which can predispose muscle and tendon injuries and reduced stamina.” (*Bennett, www.fmware.org*)

C. Related Challenges

Fibromyalgia can be managed and the chronic pain and fatigue kept under control in many cases, however it never completely goes away. There are many aggravating factors that can trip an effected person into a flare-up. These factors may include: cold or humid weather, physical or mental fatigue, excess physical activity or inactivity, as well as anxiety and stress. It has been noted that a patient with Fibromyalgia has a 50% probability of becoming clinically depressed during their lifetime. What is unknown however, is whether depression is a part of the syndrome, or because one has the syndrome they become depressed. The potential does exist for many changes in an

individual's personality; including social withdrawal, marital and vocational difficulties, and diminishment of various functional abilities associated with chronic pain. There is evidence that suggests that many individuals with Fibromyalgia succumb to a craving for carbohydrates, which in turn leads to weight gain. The causative chemical reactions that would induce such craving are unknown at this time, however weight gain in individuals who are already experiencing difficulty exercising further contributes to compromised health.

D. Ayurvedic Assessment

Fibromyalgia is a disease of vata, as are all musculo-skeletal diseases. Signs of vata imbalance include pain which ebbs and flows, and “weight change, anxiety, worry, constipation, and joint instability.” (M. Stiles *Ayurvedic Yoga Therapy*, p. 31.) In addition, “individuals with a vata imbalance experience fatigue, loneliness, depression, and pain- especially dull chronic or irregular pains in the morning that leaves after movement.” (*Stiles p. 32.*) Robert Svoboda notes that in addition to pain, fear, anxiety, and stress are a sign that vata is imbalanced. A deep-seated fear is accentuated due to anxiety over recurrence or increase of pain. Svoboda notes, “Disease of vata is a sort of possession of the body by the demented genie of vata, producing contractures, curvatures, fractures, breaking pains, cutting pains, stiffness, lameness, paralysis, tremors, tics, exaggerated reflexes, loss of sensation, loss of sleep...” (*Robert Svoboda Ayurveda*, p 227). Anyone who has Fibromyalgia would agree with the analogy of body possession by a demented genie causing pain and untold suffering.

The treatment of a disease of of vata requires stabilization of vata. A yoga therapist working with an individual with Fibromyalgia must be sensitive to the current state of vata in their client. Before any issues of increasing strength or working with specific limitations can be addressed, the therapist must work to balance vata and increase prana in their client. In Structural Yoga Therapy a preferred way of stabilizing vata/prana is the practice of moving through the motions of the Joint Freeing Series using a very gentle effort while synchronizing with the breath. This creates openness and space in the joints, while increasing prana.

Slow asana practice where .. “breath leads the motion with the body following its direction” is a key to balancing vata. (M. Stiles, *Structural Yoga Therapy*, p. 70.)

Allowing the body to flow through the Palm Tree Vinyasa while using a cooling Ujjaye pranayama, with more emphasis on breath than on movement, is a specific way of using asana and pranayama to balance vata/prana. Using the Yoni Mudra during Savasana to ground and bring vata/prana home is also a successful technique to include in daily practice when working with individuals with Fibromyalgia. Yoga Nidra practice done anytime and specifically at bedtime, is restorative and will also be of great help in balancing vata, and for inducing a deeper restful sleep.

Through out all yoga practices given for a vata imbalance it is extremely important to cultivate discernment and sensitivity in the individual. Thereby they will come to know their own needs at the subtle levels of their being and will come to know what true balance feels like. This felt sense of understanding balance or “sattva” is one of the key components for maintaining the best quality of life and experiencing joy, despite the challenges of Fibromyalgia.

4. Common Body Reading

POSTURAL CHANGE	TIGHT	WEAK
Forward Head	SCM	Upper Trapezius
Round Shoulders	Pectorals,Serratus Anterior	Middle and lower Trapezius

		Latisissimus
Tendency toward Thoracic Kyphosis	Rectus Abdominis	Middle, lower Trapezius
	Pectorals	Thoracic Erector Spinae

5. Contraindicated Yoga Practices and Activities to Modify

Any yoga practice that uses forceful, static and strong asana practice with long holding time of postures, extra force on the joints, and demand on the muscles should be avoided. The more intense and heating pranayamas such as kapalabhati should also be avoided. Any activity requiring strength and stamina must be approached with caution and discernment.

“With Fibromyalgia doing too much is a symptom of the condition. And they think they are not doing enough.” (*M. Stiles, e-mail message of June 14,2008*)

Whether undertaking basic chores of home maintenance, gardening, shopping, or work related tasks, great care must be taken to do everything with an easy, slow pace and stop before overdoing it. There is a common pattern among individuals with Fibromyalgia to take advantage of a “good” relatively pain free day and catch up on everything around the house. The down side is they often end up in a flare-up situation and then are barely able to function.

6. General Recommendations

A. Therapeutic/ Free of Pain

Often times someone effected by Fibromyalgia will gain a sense of relief when a diagnosis is finally made, as other serious health conditions have been ruled out. Although Fibromyalgia is chronic it can be managed, is not life threatening, and will not cause serious damage to the joints.

As everyone is affected differently and also responds differently the following are general recommendations

- Establish a partnership with a network of health care providers, some of whom may include: a Rheumatologist, a psychologist/ counselor, yoga therapist, massage therapist, and ayurvedic specialist.
- Establish regular sleep patterns, retiring and waking at the same time, with at least eight hours of sleep. Avoid naps during the day. Many Fibromyalgia sufferers also require help obtaining deep restorative Delta wave sleep.
- Avoid stimulants; caffeine, chocolate, alcohol, and cigarettes.
- Very gentle exercise is critical in bringing the body back into balance. The Joint Freeing Series works on the physical and pranic levels, as the body moves through the ROM for each joint, guided by the breath. For individuals with Fibromyalgia the body’s response to moving at the slower pace with the breath will often create a new pattern for moving in a pain free way. The effect of moving slowly, with awareness, concentration, and care may also retrain the body/mind to function more mindfully in other activities of living.
- Preparing for practice by centering in a supine position and engaging in a gentle wave breath with cooling Ujjaye pranayama, which allows the body to relax and the mind to become more still. Many chronic pain sufferers will hold their breath, and breathe in a shallow way to ease to effect of the pain. It is important to establish a more normal breathing pattern, which wave breath practice will do.
- Savasana with Yoni Mudra to bring prana/vata home.

- Yoga Nidra, especially before bedtime, will allow the body to enter a state of deep relaxation in preparation for sleep. It is believed that through yoga nidra the deeper koshas may also be affected and this is where the healing happens.
- The body scan can promote sensitivity to what the body needs to decrease pain. This practice also increases the flow of prana and brings awareness to the ever shifting and temporary nature of body sensations.
- Energy work such as yoga body work, therapeutic touch or Reiki can be helpful for pain reduction.
- Pacing through daily activities is important. Allowing time to accomplish tasks and also soliciting help from spouse/ significant other, relatives, friends and coworkers. Learning to ask for help and honoring ones limitations.
- Practicing Ahimsa toward self.
- For flare-up situations using restorative poses eg: supported shoulder stand, bridge, bound angle, child, and savasana are helpful. Using one of the “Five Pain Control Techniques”, whichever is the most beneficial, is also recommended.
- Warm water pool exercise has been found to be beneficial for Fibromyalgia patients.
- Very gentle massage therapy can be helpful to some people.

B. Stabilize Situation/ Lifestyle Changes

- Svoboda notes “a consistent regular lifestyle is the only permanent answer to vata’s innate erratic quality.” (*Svoboda, Ayurveda p. 228*) Develop ongoing discernment in what is needed daily/hourly to maintain the healthiest situation possible.
- When the effected individual has obtained some freedom from pain and has made progress through the JFS, the following can be added in order to continue to develop strength and condition muscles though a full ROM. These asanas performed dynamically, flowing in and out slowly with the breath are recommended: Warrior I, Warrior II, ½ Locust, Cobra, Back of Hip Stretch and Forward bend. Pelvic tilt and thrust and rolling bridge are recommended to increase spinal flexibility and reduce stiffness. In addition, abdominal twist is also recommended to balance pitta.
- Palm Tree Vinyasa is a good vata balancing vinyasa to utuilize as part of a daily sadhana.
- Dietary consideration as outlined in The Fibromyalgia Cookbook by Mary Moeller may be good to incorporate in the diet. She suggests eliminating:
 - Carbonated beverages
 - High Fat foods
 - White sugar and Flour
 - Preservatives
 - Red Meat
 - NutraSweet, saccharine
 - Nightshade vegetables

She also recommends a diet high in protein and low in carbohydrates, and eating raw foods, vegetables, and fruit to help boost the immune system.
- Turmeric added to foods or taken in capsule form is an ayurvedic remedy for inflammation
- Omega-3 fish oil contains anti-inflammatory properties and is recommended on a daily basis.
- Ergonomic adaptations at home and at work may also make life a little easier.

- If the mattress used for sleeping is too firm and aggravates trigger points, the addition of a 1 or 2 inch memory foam topper can ease pressure on these points.
- If continual telephone usage irritates wrists and hands, the use of a telephone headset can make a difference.
- Equipment to encourage proper body mechanics is important; a lumbar support for a desk chair, a pad to rest hands on at the computer keyboard, and a computer screen adjusted at the correct height.
- Recognizing life stressors by limiting the idea of the need to control things that are out of one's area of control. Stress is seen as the "reaction" to the event and not the event itself. As stress can be a big contributing factor to relapse, it is important to recognize when one goes on "autopilot" and to utilize one of the many techniques available for becoming centered and non-reactive.

C. Maintenance

The maintenance, self care, and the balance required in lifestyle choices is a life long process and a challenge for someone with Fibromyalgia. Through continuing development and experience the individual will discover the best practices to develop balance (sattva) in all things. The focus must become more internal with increased sensitivity to the true self in order to reach and maintain this sense of balance. Ongoing sadhana practice will bring an ever-deepening sense of comfort and ease in all things. Exploring and expanding the lifestyle choices for exercise can be beneficial. In nice weather adding a long gentle walk in nature can help the body and the spirit. Maintaining an ongoing support system, as previously outlined and joining a support group can be very beneficial. Maintaining enjoyable social contacts and engaging ones sense of humor to keep it all in perspective will add richness to life.

7. Questions and Answers from www.yogaforums.com

11/19/02 5:32 pm. I have a new student with chronic pain from Fibromyalgia. Behind her R knee is painful, and her R leg is shorter than the L. She has pain in the psoas area as well on the R side. Before our yoga class, I gently pulled on her R leg (as I have seen you do in our Wichita training) and she said it gave her quite a bit of relief. Would your joint-freeing series be helpful to her? Should I encourage more breathing, relaxation and maybe meditation for her? Thank you for your consideration. Your Q & A's are a blessing! With great respect and love.

Reply by Mukunda: Chronic fatigue is a vata (pranic) imbalance. Changes in leg length are often due to the sacroiliac joint being unstable. I will show you how to work with this when I come next month. The joint freeing series addresses this and is potentially a great help. In addition learning how to relax specific areas of the body individually, pranayama directed to that relaxation, and meditation on restoring the pitta (fire) energy to the belly can be of benefit. To work with energy it is best to learn to do these skills yourself then your energy will teach others energy. It will not come from didactic presentation, but from the subtle body sharing its state with another. In this way subconsciously you can be of more assistance.

4/24/02 10:13 am. A friend of mine (he is a massage therapist) is currently treating a woman with fibromyalgia. She is interested in yoga as therapy for her condition. She is fairly active and would like to use yoga as treatment for joint/muscle pain. I have

received suggestions on a sequence of breathing/postures from the Internet. I was wondering what breathing techniques/poses and sequencing of poses you would recommend for this condition. I would really like to help this person out. I would appreciate your input.

Reply by Mukunda: Fibromyalgia symptoms include trigger points of neuro-muscular sensitivity that are located in the shoulder girdle, pelvis, and sometimes extend into the abdominal and leg region. In more difficult cases they can include chronic fatigue, digestive disorders and a wasting away of tissue. In general I recommend a vata balancing practice to be at the core – specific sequence of motions done with more focus on breath than asana. By developing the breath into prana this condition is greatly improved. The key is to learn the practices by someone who knows how to develop prana. This body should not be looked at as a neurological or muscular problem. Should a yoga master not be available then other practices such as Chi Gung, Pranic Healing, and Tai Chi are quite helpful, when given by a master teacher in these methods.

4/24/02 10:39 pm. I have a new student with fibromyalgia. I am not sure where to start with her, besides pranayama and sitting. Many movements create pain. I understood your answer about Asana is not Yoga. Yet, it is very difficult for these students to sit and breathe. Any suggestions?

Reply by Mukunda: I recommend emphasis upon relaxation in between movements. And all movements to be connected with breathing, so that reflex of breathing becomes established. Fibromyalgia clients often hold their breath and when they don't they are shallow breathers. Establishing long deliberate breath with exhalation twice as long as inhalation is the goal. Doing this will create oxygen saturated blood and promote energy. Studies show that deep breathing creates 7x the oxygen availability of shallow breathing. Give them poses they can do – lying or standing if sitting is painful - but emphasize breathing.

7/16/03 8:49 am. I have several students with Fibromyalgia, one of whom is in regular pain. I tried the Joint Freeing Series with them and it triggered more pain the day after. I took your recommendations and tried it slower with less repetitions, more breath and only extending 3/4 of their ROM. This also did not work and caused pain. I'm wondering if you have any other insights as to why this is so painful for them.

I understand Fibro and have learned that less is definitely more with these folks, but I don't understand the pain aspect and what triggers it. Any insight is appreciated.

With many thanks and much respect

Reply by Mukunda: This condition sometimes has acute phases especially in the trigger points across the trapezius muscle of the upper back. Without hearing what specific pains were aggravated I would guess that is the problem your students are having. In this case I would suggest minimizing upper body work of the JFS and instead do the rest of the series. It sounds like you did all you could to modify the series by being more gentle and that is always first choice for adapting.

In addition I find working with restorative poses, and especially with the support of a guided yoga nidra tape (available from Richard Miller's site www.nondual.com) is most beneficial.

7/14/03 10:50 pm. As I use meditation more and more, I find myself wanting to invent my own-guided visualizations/meditations for the students. However, I wonder if you know of a good source to locate specific meditations pertaining to chakras, specific medical

conditions (beyond the ones visualizing the red and blood cells doing battle), like diabetes, fibromyalgia, Parkinson's, etc. An obscure question, but you never know with you!

Reply by Mukunda: Visualizations are good for pitta predominant students such as yourself. I would not have a reference for conditions such as you are recommending except to see Carl Simonton's literature on cancer clients he is one of the first to use this method in medical intervention, he is an oncologist. I find chakra meditations are not beneficial and do not recommend them. Instead concept of simply opening yourself to wave of breath (described in my book page pg. 53-55) which travels in the central channel of the chakras but not focusing specifically on them as Spirit knows best how to open us beyond our minds self centered interests.

8. References

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Websites

www.2arthritis.org : The site of the National Arthritis Foundation. Provides information on all conditions which fall in this category.

www.fmaware.org : The site of the National Fibromyalgia Association. Provides detailed and comprehensive information on all aspects of Fibromyalgia, recent research, and varied strategies for living with Fibromyalgia.

www.johnshopkinshealthalerts.com: John Hopkins Guide to Fibromyalgia- a booklet available on through this site that offers a complete description of diagnosis, causes, challenges, and ideas for living with this condition.

www.rheumatology.org: The site of the American College of Rheumatology. Provides information and resources concerning all conditions falling under the banner of rheumatological diseases.

www.niams.nih.gov/Health_Info/Fibromyalgia/default.asp#fib_m : Site of NIAMS: National Institute of Arthritis and Musculoskeletal and Skin Diseases. The mission of the National Institute of Arthritis and Musculoskeletal and Skin Diseases is to support research into the causes, treatment, and prevention of arthritis and musculoskeletal and skin diseases, the training of basic and clinical scientists to carry out this research, and the dissemination of information on research progress.

10. Biography

Mary J. Scott, M.A. works in a Rehabilitation Hospital Wellness Center with individuals post physical and occupational therapy, as well as community members. She teaches therapeutic yoga classes at the hospital, in private classes, and in one on one private sessions.

Mary is a Structural Yoga Teacher and has studied with Mukunda Stiles since July 2007. She is also a Yoga of the Heart® Teacher, trained by Nischala Devi. Mary completed the professional internship in Mindfulness-based Stress Reduction with Jon Kabat-Zinn nine years ago and offers 8-week MBSR groups in the community, as well stress reduction workshops in the public and private sectors.

Mary utilized yoga and mindfulness meditation to regain her own health and flexibility after a severe arthritic condition caused Fibromyalgia, as well as premature hip joint degeneration. She has lived the possibilities that yoga can offer for healing and wholeness and wishes to share those possibilities with others.