

# Yoga Therapy: Healing Injury on Each of the Five Koshas

Structural Yoga Therapy™ Course  
July, 2006 - Boulder, Colorado, USA

Nichole Nurenberg-Miller  
Boulder, Colorado, USA  
303.818.3498  
[nichole@fivekoshayoga.com](mailto:nichole@fivekoshayoga.com)  
[www.FiveKoshaYogaTherapy.com](http://www.FiveKoshaYogaTherapy.com)

## **1. Case Study**

**A. Initial Intake:** Katherine is forty-nine years old. Her sun sign is Scorpio. Katherine has a loving, supportive husband and is the mother of three healthy teenage children. Her husband is the caretaker of the their family home and he is also responsible for shopping and meal preparation. Katherine works outside the home as the executive director for her state housing authority. She and her office assist nearly 2000 low-income households statewide. In addition to this job, and being a mother and a wife, all of which she loves, she is currently writing a book and maintains a social life with friends. She enjoys her life, but admits to feeling stress because of her many commitments. She treats herself to facials and other papering but can see that she needs to give herself more nurturing and gentle care on a daily basis.

She has always been physically active and enjoys downhill skiing, rock climbing, cycling and running. The time she spends with her family and friends often include these activities. In the past, she has maintained a moderate or high level of activity regardless of injury, though she would modify each activity to lessen any pain. It is emotionally difficult for her to miss out on daily exercise or activities with her family; she often participates even with pain. A long-time Ashtanga student, Katherine has studied with Richard Freeman and in Mysore, India with Sri K. Pattabhi Jois. She held a long-standing personal Ashtanga practice, as well daily meditation, until being injured.

Katherine's initial injury occurred over eight years ago. After hiking for eight hours in cold, damp weather and reaching the top of the mountain, Katherine began doing some asana at the top. She said she remembers feeling great after the hike and beginning the asana felt very natural, that her muscles were relaxed and prepared by the hike. She moved into Prasarita Padottanasana when she felt a sudden pop in her left adductor group. She believes she tore a muscle, though she has not had it confirmed by a medical doctor or MRI. At the time of injury, she was in pain and knew she was injured, but continued hiking, as she indicated, because of her ego.

She has unique pattern of injury that has followed left to right in her body: left adductor (eight years), right adductor (seven years), left groin, then right groin (both three years), and now her left medial/posterior knee. She now avoids any asana due these injuries and the pain occurring periodically in her sacrum.

Her Structural Yoga Therapy™ (SYT) goals are to work with the left knee injury, as it is the most often painful and difficult to adjust for in her activities. She also wants to break the pattern of injury before it impacts her right knee. She feels that that she, along with yoga therapy and my help, could address all of her injuries. She hopes to regain her asana and meditation practices and is open to it taking another form other than Ashtanga. She has 30 to 40 minutes available to commit to her yoga therapy homework at least four times a week.

## **B. Physical Assessment**

The physical assessment was done over two sessions. The first session, September 29, 2006, included the intake interview, sacroiliac test and the range of motion test (ROM). The second session, October 4, 2006 included additional interview and muscle testing. The prescribed Structural Yoga™ asanas were given in a third session on October 16, 2006.

### *Body Reading:*

- Five feet and four inches tall
- Average, lean, but toned athletic frame; tends to go under weight

- Narrow shoulders, hips and a narrow sacrum
- Erect standing and sitting posture
- Course hair, with some graying
- Moderate body hair
- Skin is pale, thin with visible veins and has a dry quality
- Eyes color is blue, eyes are bright, quick
- Lips are pale and thin
- Breath stays high in chest, belly is not soft and expands very little
- Slightly high right shoulder
- Left foot internally rotated
- SI: Right moves up .5 inches and Left moves down .5 inches

*Special Notes On Katherine:*

- Scorpio sun sign rules the rectum, sex organs and pelvis.
- Because Katherine was injured in an asana and has struggle around her yoga practice for years since, I want to begin with reconnecting her to her breath and rebuilding her confidence in her ability to correctly perceive what is beneficial.
- Katherine speaks with directness, so I match this. I encourage her discrimination by asking for her perspective on the work we are doing and my recommendations.
- It is difficult for Katherine to resist correcting her body and moving herself into Ashtanga alignment. She needs to jump in place several times with my reminder to not correct herself so I can see her natural stance and foot fall. She notices and comments on being compelled to correct herself.
- Before bending forward for the scoliosis and spinal evaluations, she explains then that she can do a forward bend in Westside Back Stretch (Paschimottanasana) and Downward Facing Dog (Adho Mukha Svanasana), but cannot do Standing Forward Bend (Uttanasana) without causing pain in her left knee. With her arms hanging, it is difficult for her to not try to touch her toes. We adjust for this elevated pitta by having her hold her elbows with the opposite hand and then move into a freestanding wall hang. She is able to do this without discomfort and she doesn't have to worry about touching her toes.

<u>Range of Motion Assessments</u>							
Joint Action	ROM	1st Date	1st Date	2nd Date	2nd Date	3rd Date	3rd Date
	Standard°	Left	Right	Left	Right	Left	Right
<b>ANKLE</b>							
Dorsiflexion	20°	20°	20°				
Plantarflexion	50°	50°	50°				
Eversion	20°	20°	20°				
Inversion	45°	45°	45°				
<b>KNEE</b>							
Extension	0°/180°	0°	0°				
Flexion (Supine)	150°	150°	150°				
<b>HIP</b>							
Flexion (Bent Knee)	135°	150°	148°				
Flexion (Straight-Leg Raise)	90°	90°	90°				

Flexors-quad/psoas restriction	NSS	quad	quad	quad			
External Rotation (Supine)	45°-60°	55°	50°	38°	40°		
Internal Rotation (Supine)	35°	* 55°	30°	40°	35°		
External Rotation (Prone)	45°-60°	35°	40°	38°	50°		
Internal Rotation (Prone)	35°	45°	35°	45°	36°		
Adduction (Side Lying)	30°-40°	* 53°	* 54°	----	----		
Abduction (Side Lying)	45°	* 65°	* 65°	* 65°	* 60°		
<b>NECK</b>							
Extension	55°	55°	55°				
Flexion	45°	45°	45°				
Lateral Flexion	45°	45°	45°				
Rotation	70°	70°	68°				
<b>SHOULDER</b>							
Abduction	40°	40°	37°				
Adduction	130°	130°	130°				
External Rotation	90°	90°+	90°+				
Internal Rotation	80°	85°	55°	85°	68°		
Flexion	180°	172°	180°				
Extension	50°	50°	50°				
<b>ELBOW</b>							
Extension	0°	0°	0°				
Flexion	145°	140°	145°				
<b>WRIST</b>							
Flexion	90°	90°	90°				
Extension	80°	80°	80°				
Radial Deviation	20°	20°	20°				
Ulnar Deviation	30°	30°	30°				

<b>Muscle Testing Assessments</b>						
<b>Joint Action</b>	<b>1st Date</b>	<b>1st Date</b>	<b>2nd Date</b>	<b>2nd Date</b>	<b>3rd Date</b>	<b>3rd Date</b>
	Left, 1-5	Right, 1-5	Left, 1-5	Right, 1-5	Left, 1-5	Right, 1-5
<b>ANKLE</b>						
Dorsiflexion	5.0	5.0				
Plantarflexion	5.0	5.0				
Eversion	5.0	5.0				
Inversion	5.0	5.0				
<b>KNEE</b>						
Extension	5.0	5.0				
Flexion	5.0	5.0				
<b>HIP</b>						
Hip Flexors & Abs (Supine)	3.5	3.5	4.5	3.5		
Trunk Flexion (Supine)	4.5	4.5				
Hip Flexors - Bent Knee (Supine)						
Iliopsoas Isolation (Supine)	3.75	4.0	----	----		
Sartorius Isolation (Supine)	3.5	3.0	3.5	----		
Abduction (Side Lying)	4.5	4.5				

Adduction (Side Lying)	4.5	4.5				
Gluteus Maximus Isolation (Prone)	3.0	3.0	0.0	0.0		
External Rotation (Prone)	2.0	2.5	3.0	2.5		
Internal Rotation (Prone)	2.5	3.0	2.5	3.0		
Quadratus Lumborum (Seated)	3.0	3.0	3.0	3.0		
<b>NECK</b>						
Extension	5.0	5.0				
Flexion	5.0	5.0				
Lateral Flexion	5.0	5.0				
Rotation	4.5	4.5				
<b>SHOULDER</b>						
Abduction	5.0	5.0				
Adduction	3.5	3.5	5.0	5.0		
External Rotation	4.5	4.5	4.0	4.5		
Internal Rotation	3.5	3.5	4.0	4.0		
Flexion	5.0	5.0				
Extension	5.0	5.0				
<b>ELBOW</b>						
Extension	5.0	5.0				
Flexion	5.0	5.0				
<b>WRIST</b>						
Flexion	5.0	5.0				
Extension	4.0	3.5				
Radial Deviation	4.5	3.0				
Ulnar Deviation	4.5	4.5				

---- No testing due to pain

\* Hypermobility

### C. Summary of Findings

The muscle groups testing hypermobile will have their respective antagonist groups strengthened in the attempt to bring the hypermobile joints closer to standard range of motion. Hypermobility joints are evidence of a vata imbalance and Katherine's hypermobility ranges from 10-20 degrees. In the second gluteus maximus isolation test, Katherine could not keep the action in her gluteus maximus and instead it moved into the adductors, resulting in a zero for the second reading.

While testing Katherine I read an imbalance of prana around her hips, sacrum and pelvis. I did not read this during the standing body reading, but as I progressed with the muscle testing from her feet to her hips and then continued testing her upper body, it was very clear. The pranic energy around her hips and pelvis is considerably lower than the rest of her body.

Strengthen	Stretch	Release
Hip Flexors Psoas Sartorius Shoulder Adductors Shoulder Internal Rotators Gluteus Maximus Hip External Rotators	Quadriceps Hip External Rotators Shoulder Internal Rotators	Psoas

Hip Internal Rotators		
-----------------------	--	--

#### D. Recommendations

##### September 29 and November 4, 2006 - Sessions 1 and 2 Recommendations:

- Incorporate compassion and loving kindness in all of your daily activities and exercise. This will calm both pitta and vata and cultivate discernment around your body's needs. Do not do an exercise or activity unless it can be done without pain; this includes my recommendations and any asana.
- Joint Freeing Series (JFS), use Ujjaye breath, repeat each motion 6 times, stay in harmony with your natural rate of breath. The JFS is used to calm vata, lubricate joints, to improve internal and external rotation of the shoulders and hips, and to strengthen the hip adductors and abductors.
- Watch your breath while doing the JFS. Ask yourself what is needed and then explore. For example: What do I feel? Where do I feel this? Does this sensation change with my breath?
- Sacroiliac Stabilizing Exercise (SSE); repeat each movement 12 times on each side. Watch for movement to become smooth. Add more exercises if needed for shift. Take the time needed to adjust and prop to keep your body free from pain. Used to strengthen gluteus medius and stretch the quadriceps.

##### October 16, 2006 - Session 3 Recommendations:

- If shaking occurs due to muscle weakness, lessen the effort; if shaking occurs due to an emotional release or energetic kriya, encourage with your breath. During kriyas, maintain the inhale through the nose, but exhale can be exchanged through your nose or mouth. An audible sigh and mouth exhale may help stuck energy in coming up and out.
- Shallow and rapid breathing are early indicators of strain; if adjusting does not change the breath, come out of the posture and rest.
- Continue JFS exercise with Ujjaye breath, but decrease to 3 times for the sake of time, unless noted. Substitute the following variations:
  - JFS #4 Lift leg and rotate up and out at 45° angle, 3 times on each side, to strength psoas. Arm position should be comfortable, hands on ground behind back.
  - JFS #5 External Hip Rotation, 6 times on each side, to strength deep external hip rotators. Hip Internal Rotation, 6 times, focus on gluteus medius to strengthen.
  - JFS #7 Use a five-part Sunbird, with "fire hydrant leg" included, 3 times on each side, to strength gluteus maximus, hip extensors, psoas and rectus abdominus and "fire hydrant" to strengthen gluteus medius. Hip flexion strengths sartorius, hip extension strengthens gluteus maximus.
  - JFS #14 Shoulder Internal Rotation, 3 times on left, 6 times on right side to balance and increase right ROM and strength the right latissimus dorsi and teres major.

- Cat Bows (Marjarasana), double from current 4 to 8, focus on keeping elbows close to your body, shoulders should be down and back. Used to strengthen middle trapezius, latissimus dorsi and posterior deltoid.
- Mountain (Tadasana), hands in forward Namaste for 3 complete breaths, set an intention; I suggest an intention of healing. Mountain grounds us and builds kapha, balances pitta and vata.
- Warrior I (Virabhadrasana I), stay for 1 complete breath, move into Warrior II (Virabhadrasana II) on inhale, stay for 1 complete breath. This is 1 round, do 3 rounds in total on each side. Focus is gentle lengthen along front of groin and contraction in gluteus maximus and gluteus minimus--rise up by contracting these 2 muscles. Both Warrior I and II tone gluteus maximus, which is responsible for sacroiliac joint stability. Warrior I strengthens sartorius. Warrior moves prana into the colon and brings vata back to its major seat.
- Downward Facing Dog (Adho Mukha Svanasana), hold for 3 breaths, because you enjoy Down Dog and it lengthens the spine, it strengthens the anterior deltoid and stretches the shoulder internal rotators.
- Bridge (Setubandhasana), do rolling bridge, 3 times, to strengthen gluteus maximus, middle and lower trapezius, and abdominals and to stretch the hip flexors and pectorals
- Abdominal Twist (Jathara Parivartanasana), 3 complete breaths on each side, strengthens hip adductors, and the internal and external abdominis obliques, stretches gluteus medius and latissimus dorsi
- Cobra (Bhujangasana), gentle low cobra, 3 times, inhale up, exhale down, strengthens triceps, lower and middle trapezius, stretches pectorals, rectus abdominis
- Locust (Salabhasana), because you enjoy it, 3 times, inhale extend legs as you lift them, client prefers legs together, exhale lower legs, stretches the passive hip flexors.
- Camel (Ustrasana) gently modified to backbend with hands on buttocks. Hold for 3 complete breaths and move into Child's Pose and hold for 3 complete breaths, this is 1 round, do 3 rounds total. Camel strengths: middle and lower trapezius, latissimus dorsi, teres major and minor, upper trapezius, gluteus maximus and rhomboids. Camel stretches: the sartorius, psoas, and anterior deltoid. Clears mind of any rajasic quality.
- Relaxation of a Corpse (Savasana), linger here as long as possible, optimal is at least 10 minutes, begin with deep breaths, inhale through nose, exhale through mouth as a sigh for a few breath then relax and fall into your natural rhythm of breathing. Savasana to calm vata and pitta; Savasana, along with the sighing-exhales, to stimulate the parasympathetic nervous system and relaxation response.

## **E. Results of Recommendations**

### **October 4, 2006 - Session 2**

We finished the initial intake today. Katherine has been practicing the JFS and SSE for one week and is talking her yoga practice to her running. She is now running pain-free. She has shortened her running stride to what is comfortable for her. A sign that her pitta and vata are decreasing: she speaks of our first session and the concept of not doing

activities that hurt her. She is remarking on what a concept that it, so profound, but so simple. I encourage this and praise her deepening sensitivity and discernment.

#### **October 12, 2006 - Email Check in**

Katherine is enjoying the JFS. She does it at the office and in the park on her lunch break. She says it is difficult to remember the motions that she does not like; these are also motions where ROM is limited or needs strengthening. I explained that SYT targets what is weak and needs stretch to improve what it is needed, to not be discouraged. To help pacify Katherine's high-pitta need for achievement, I decided to add additional asana to her program to include ones that she enjoyed and felt strong in. Remembering from SYT lecture, "Give them what they want so you can give them what they need."

The SSE has introduced some pain and inflammation into her right SI and her right groin. She modified the exercise by putting herself into bound angle (Baddha Konasana) until we could speak; this alleviated some of the pain during the exercise. I asked her to stop the SSE until we can meet in person. I spoke with Zoe who gave me some modification to try. She suggested doing the exercise sitting in a chair and the pelvic rocking in Hero pose (Virasana). Zoe also recommends lying prone and moving hips into internal and external, as in the muscle test, to tone these two muscle groups. We'll go through these modifications together when we meet in a few days.

#### **October 16, 2006 - JFS and SSE Reassessment**

The inflammation in sacrum and groin is now gone. We go through the SSE modifications together, and for now, we decide on the prone internal and external rotation for toning. I feel that Katherine is discouraged slightly by the pain she felt. She has stopped running and is back in the gym using the elliptical machine, which is a no-impact cardio machine.

Today I introduced the JFS variations and the prescribed asana. I gave her a seventeen-minute-long CD of Yoga Nidra by Swami Muktidharma (Swami Satyananda Saraswati's Yoga Nidra.) I suggested that she could use this at the end of her practice as Savasana if she had the time and on the days that she is resting from physical practice. She seems happy with the challenge of Cat Bows (Marjarasana) in her practice. She is not happy with how gentle a Camel she needs to be in right now: her hands are on her buttocks rather than on the floor or her heels. She speaks to how difficult it is on her ego. I try to encourage her that these gentle modifications are needed for now and that it would change as she continued to heal. She is working through a lot of emotions and struggling with the need to adjust for what her body can do at this time. I try to encourage her and include asana where she is strong to pacify her. We talk about this together and she is encouraged.

#### **November 9, 2006 - Email Check In**

Katherine emails that she has slowly removed the SSE and any modifications to it, some of the lower body JFS and most of the asana I recommended for her practice. She says she feels she is better off not doing any yoga [asana] right now. The two biggest problems are pain in right SI and right groin. She says that as long as she doesn't do any asana, except for Cat Bows (Marjarasana), and does not run, she is fine [pain free]. She is going to the gym for her exercise now, using weights and elliptical machine. I acknowledged that she eliminated what was causing her pain and again encourage this. I also acknowledge her choice of non-impact cardio exercise until we can reevaluation the program. We set up a time to meet over the next week.



### **November 13, 2006 - Check In and Reassessment of Entire Program**

Katherine and I meet to reevaluate what we have been doing. We begin again with history and she begins to reveal more about herself and her past injuries. In addition to what she initially revealed, she has fractured her right elbow and left wrist while competing in gymnastics as a teenager. She sustained three fractures in her left hand during yoga practice. In early September 2006 (our intake was late September 2006), she had seen a physical therapist who gave her three exercises to strengthen her gluteus maximus and gluteus minimus. She said she did the exercises a few times and did not continue because of sacral pain that developed immediately after she began them. She stopped doing the exercises and did not follow up with the PT regarding the pain. With this new information, I ask Katherine if she would be interested in trying another approach with her yoga therapy and address some of the deeper vata and pitta issues that I was seeing before trying the SYT exercises again. She agreed to try this approach.

#### **New Recommendations:**

##### *Annamaya Kosha:*

- Warm sesame oil self-massage (abhyanga) before bathing and at bedtime, soothes vata and nourishes skin, joints and nervous system.
- The JFS to soothe vata, reconnect to breath and evaluate joint freedom.
- Organic foods and balanced meals, shared with friends and family, help our body digest and convert what we eat into healthy, well-functioning cells.
- Increase sattvic foods, such as ghee, almonds, dates and figs, to promote deep tissue recovery.
- Decaffeinated tea, to warm and hydrate, decaf to avoid increasing pitta or disturbing vata.
- Katherine also wants to include a B vitamin supplement.

##### *Pranamaya Kosha:*

- The JFS as a committed practice shifts awareness to the energetics of the pranayama practice, creating a pranic flow through this kosha that awakens intuition. With time and committed practice, prana will become smoother and finer.
- Mukunda's Tantrik lessons to work with your own pranic energy as a technique to remove energetic blocks and advance your yoga practice.
- Wave Breath and Nadi Shodhana to build prana; Jhalandara and Mula Bhandas to be added later to sustain prana.

##### *Manomaya Kosha:*

- Read uplifting books (she had been wanting to read a book she already had, entitled, *Eat Pray Love*, by Elizabeth Gilbert) to nurture and uplift the mind.
- Read Mukunda's *Yoga Sutras of Patanjali*, especially chapter two and the sutras on suffering with gentle contemplation of yourself.
- In the past, Katherine had a self-compassion practice that she was again interested in.

- Protect your mind by keep good company; choose music, movies, books and companions that uplift your mind and support your sadhana.

*Vijnanamaya Kosha:*

- Meditation, Katherine had been longing for her past practice and wants to sit again. Meditation, as part of a sadhana, is a practice that quiets the mind (Manomaya Kosha) and frees us from misperception (Vijnanamaya Kosha).
- She suggests she journal this process. Journaling is a tool for healing on the Manomaya and Vijnanamaya Koshas by pacifying the mind and revealing wisdom.

*Anandamaya Kosha:*

- Yoga Nidra to relax the mind and the body, accessing stillness, peace and bliss as a reflection of our true self. Yoga Nidra is a healing technique for all four lower koshas and way to experience the bliss of the Anandamaya Kosha.
- Meditation, as a technique to allow the joy and bliss of Anandamaya Kosha to arise.

As we discussed each of the koshas and these recommendations, Katherine begins to have insights around her care. She is noticeably shifting from a rajasic state to a more sattvic state as we share tea and talk. Her rajasic mind has become a softer focus which is noticeable as she adds her ideas to this new approach. Her breath has also expanded into her belly.

**December 13, 2006 - Check In and Second Measurement of Hips and Shoulders**

Katherine has been using the koshic recommendations for a month now and is seeing benefits. She says that she loves the sesame oil massage; she oils and then puts on her thick, warm socks before bed. She is enthusiastic about this practice. When asked how the rest of the practices are going, she is happy to share that she is meditating daily and very grateful to regain her practice. She is utilizing the Wave Breath in her sitting practice. I encourage all of her good work and wait for her to share more. She has been working out at the gym, using an elliptical machine and weights. She is comfortable with this and what she does at the gym does not cause her any pain so I encourage her. She is not doing any of the SYT asanas at this point. She feels, at least for now, as long as she does not run or do any asana that she will be fine.

She does not share any more after this and my feeling is to leave it to that for today and to begin the second set of measurement for my paper. There will some measurement that will be passed over when pain comes up during the session. A third ROM and muscle test is may be done in spring 2007 if Katherine is ready to reintroduce the yogasana into her program.

**February 6, 2007 - Email Check In**

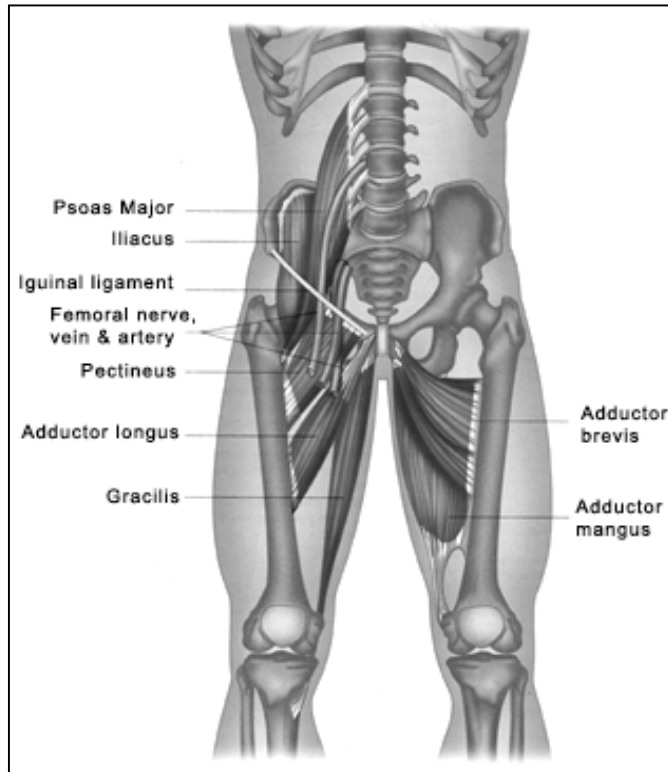
I received an email from Katherine today. She said that she was thinking of her injury and had a "flash" of insight about receiving some deep tissue work for it. She was ready to go back in and look at it. She has heard of a local physical therapist, Mark Plaatjes, who works on old injuries and scar tissue with great results. Mark is a past Olympic runner and world record holder. He, and his wife Shirley, offer an incredible combination of massage, Rolfing and physical therapy. Many of the Olympic runners who train in Boulder see them for precise and beneficial bodywork. Just last week, I had my own

first appointment with Shirley and with tremendous personal results. I had also recently found a post of Mukunda's on Yoga Forums stating that good massage could speed the healing of an adductor injury by 50 percent. I was preparing an email to share all of this with Katherine when I received hers. I encouraged her to make the appointment. I am waiting to hear back from her once she gets in for her first session.

## 2. Name and Description of Condition

**A.** Katherine's physical condition is symptomatic of long-standing and untreated muscle strain in one or more of her hip adductors, most likely to the gracilis. This is a common injury occurring when adductor muscles are under stretched or fatigued. The hip adductors include: pectineus, adductor longus, adductor brevis, adductor magnus and gracilis.

A muscle strain (or muscle tear) implies damage to a muscle that can extend to include the attaching tendons. Muscle damage can include tearing, either partial or full, of the muscle tissue, the tendon-muscle attachment or the tendon-bone attachment. The damage may not be limited to the muscle and tendons and



can include the surrounding blood vessels resulting in bruising as an immediate indicator and later, decreased circulation of both blood and lymph. Pain accompanying muscle damage is a result of nerve irritation or interruption. Pain can vary widely from immediate and short-lived to chronic and intermittent. Once a muscle strain occurs, the muscle is vulnerable to reinjury, so it is important to let the muscle heal completely and to follow preventive protocols in the future.

Muscle strains are graded from one to three depending on severity. A grade I tear is considered mild and heals quickly with rest. A grade III strain is the considered severe and is a complete muscle tear. Grade III muscle damage can take months to heal and may require casting or surgery.

## **B. Gross and Subtle Body Common Symptoms**

- A snap or popping sensation as the muscle tears
- Immediate pain at point of injury (↑ vata)
- Radiating pain within the muscle group
- Bruising and discoloration
- Tenderness (↑ vata), swelling (↑ kapha) and localized heat (↑ pitta) may result from the immunity response to the damaged tissues.

- A sudden loss of prana in the area, like a stopper being pulled on a sink full of water. Pranic imbalance may become prolonged due to trauma resulting from the incident that caused the injury. Vata gets displaced and does not return to its seat.
- A vata trauma response, an immediate departure of vata from its seat or blowing out of the body, can result in fear and mental confusion around the physical injury and the details of the incident.

### **C. Related Challenges**

Muscle strain of a hip adductor muscle can greatly impede everyday functions such as bringing your second leg in or out of the car to crossing your thighs while seated. Physical activities such as asana, running, swimming (breast stroke legs), soccer, Judo and horse riding heavily utilize this muscle group and will be limited due to an injury.

### **3. Ayurvedic Assessment**

Katherine's prakriti is pitta-vata-kapha and her vikriti is vata-pitta. She is beginning the transition from her later pitta years and to the early vata stage of her life at 49 years of age. She is perimenopausal, another indicator of the pitta to vata shift for women. We are also beginning this program in a vata time of the year (late September), especially in Colorado's dry high-desert climate.

#### **Katherine's Doshic Symptomology**

##### *General Vata Excess:*

- Dryness
- Chills
- Moving pains
- Cracking and popping joints
- Sacrum dysfunction
- Bothered by windy, cold, dry weather
- Dehydration

##### *Prolonged Vata Excess:*

- Dry skin
- Lack of lubrication in joints
- Irregular appetite
- Chronic chilliness
- Scant body secretions
- Confusion around self-care
- Intermittent and chronic pain (8+ years)
- Hypermobility

##### *Vata Treatment Strategy For Physical Ama and a Rajasic Mind:*

- JFS: to connect movement with your breath, evaluate joint freedom, to maintain a healthy ROM. Committed practice will create a pranic flow and help awaken intuition.
- Pranayama: Nadi Shodhana, Wave Breath, Ujjaye all making the prana smoother and finer. Pranayama also guides vata back to its subsidiary seats: the five prana vayus.

- Gentle self-care will help return and keep vata in its major and minor seats.
- Read Patanjali's Yoga sutras on suffering. Patanjali offers insight into the causes of suffering and teaches us that future suffering is avoidable.
- Self-study (svadyaya) to gain an observer's perspective on your yoga and your mind. Journaling is a great tool of svadyaya.
- Hydrate tissues with water and decaffeinated teas; Maharishi Ayur-veda offers a vata blend tea.
- Meditation to deepen your perception and to cultivate stillness in which to receive and reconnect to the Divine.
- Oiling and self-massage (abhyanga) with organic sesame oil to nourish skin, sooth vata, lubricate the joints and nervous system.
- Increase sattvic foods in the diet. After approximately thirty days, sattvic foods will become ojas when distilled properly through the seven dhatus.
- Yoga Nidra for deep relaxation and to sooth high vata. Deep relaxation to assist your inner teacher in coming forward and being heard. To lessen or completely transform chronic pain (chronic vata imbalance) by the systematic relaxation of the physical body. To decrease the sympathetic nervous activity and the increase parasympathetic nervous function.
- SYT yogasana done with slow, measured breath and stable concentration to maintain sweetness and steadiness in the posture.
- Utilize asanas that put gentle pressure on pelvic and colon areas (the major seat of the vata dosha).
- Decrease hypermobility by strengthening antagonist muscles.

*General Pitta Excess:*

- Difficulty resting injuries so they may heal properly
- Criticism
- Compulsive achievement
- Overworking
- Frustration
- Over identifying with the ego

*Pitta Treatment Strategy For Physical Ama and a Rajasic Mind:*

- Abdominal Twist (Jathara Parivartanasana), putting gentle pressure on small intestine (the major seat of pitta dosha).
- Gentle stretching and strengthening around past injuries.
- Limit intensity; instead focus on the qualities of the stretch or strengthening in the asana.
- Decaffeinated teas: Maharishi Ayur-veda offers a pitta blend tea to cool pitta.

- Stay well hydrated (at least 64 ounces of water per day) to assist in many physiological processes.
- Protect your mind and keep good company to support your sadhana.

#### 4. Common Body Reading

Postural Change	Tight Muscles	Weak Muscles
High Shoulder	Upper trapezius, levator scapula	Lower trapezius, latissimus dorsi, pectoralis major (sternal)
Foot Turned Inward	Tensor fascia lata, gluteus minimus	Psoas, external hip rotators, sartorius, gluteus maximus

#### 5. Contraindicated Yoga Practices

All yoga practice and general activities should be modified or eliminated if they cause pain. General activities that should be avoided during the healing process are side splits or high side kicks.

Katherine's injury required the elimination of the standing forward bend (Uttanasana), Feet Spread Intense Stretch Posture (Prasarita Padottanasana), Extended Hand Big Toe Posture (Utthita Hasta Padangusthasana) and the modification to a closed-legged Locust (Salabhasana). For Katherine's specific combination of injuries and vikriti, there were times when all asanas (except savasana) were eliminated while we tried to balance her elevated pitta and vata doshas, especially her high vata symptoms, to avoid additional injury.

#### 6. General Recommendations for the Condition

##### A. Therapeutic/Free of Pain:

- Most muscle strains can be treated with the R.I.C.E. protocol as the first response to injury.
  - Rest: eliminate the activity that caused the injury and avoid other activities that call that injured muscle into use. (↓ pitta and vata)
  - Ice: Cool packs can be used in 20-minute intervals several times a day. Always keep a protective layer, such as a towel, between the pack and skin. (↓ pitta and kapha)
  - Compression: To prevent further swelling, an ACE compression wrap can be used. (↓ kapha)
  - Elevation: To reverse swelling and to minimize additional swelling, elevate injury; above the heart is ideal. (↓ kapha)
- Wave Breath and yoni mudra (to build and direct prana; returns vata to its seat and moves mind to a sattvic state)

##### B. Stabilize Situation:

- Resting injury and avoiding movements which normally recruit the damaged muscle (↓ pitta, vata, kapha)
- Joint Freeing Series (to evaluate joint freedom, to limber joints and improve circulation)

- Arnica montana, as a topical and taken internally (↓ pitta and vata)
- Soaking baths with Epsom salts and baking soda (↔ vata and pitta)
- Icing and elevation as needed (↓ pitta and kapha)
- Allow the muscle to heal completely (↔ vata, pitta and kapha)

### C. Maintenance:

- Develop balanced muscle tissue throughout the body. Many strains develop do to an imbalances to their antagonist group.
- General toning and conditioning to injury and surrounding muscles. This avoids strains due to fatigue.
- Slow and gradual stretching will give your muscle tissue the chance to lengthen and prepare it for activity.
- Check-in with your body during your stretching or conditioning. Use the Wave Breath to release tension from your muscles.
- Stay hydrated and give the body adequate rest.
- Exercise your humility and compassion muscles; honor what your body can do today and practice within that.

## 7. Questions and Answers from www.yogaforums.com

11-12-2002-----

Q: I have a new student who has torn his right adductor longus and aggravated the injury through playing sports and running. In your book you recommend some standing poses (trikonasana, parsvottanasana, Virabhadrasana I) and floor work (baddha konasana, upavista konasana, janu sirsasana) to stretch and strengthen the adductors. However, in working with him, he finds most of those poses very painful and so perhaps they are not actually beneficial for him at this stage. He is okay with the joint freeing series and I'm wondering what else he can do to regain the strength and mobility in the ductas. Any ideas greatly appreciated.

A: This muscle provides both internal and external hip rotation in addition to flexion and adduction. So all motions of the joint freeing series are fine. Sounds like his condition is acute so I would keep him to the JFS instead of pursuing a full asana practice at this time. Give time to heal first. Mukunda

09-07-2006-----

Q: I am more happy with how I handle that area than I was a year ago.... And as a result feel more confident and get more done... but I can also see that making time to study (giving myself PERMISSION, actually I think is what I mean...) is a part of my life I want to build. It is a good lesson for me to see how you handle all of US!!! AAHHHH - the biggest lesson of all perhaps

A: You guys are not a challenge. The focus for me is in keeping my relationship with Shakti and Divine strong through how I adapt my sadhana. My sadhana must reflect both my inner world and the outer world. So sometimes I give more attention to kosha one and other times more practice for kosha two. Each kosha needs attention on a daily basis. The Yoga Sutras from II, 46 onward show how to work with the signs of sattvic koshas. By persistent reading of that and reflection on the commentary on its evolution as in Vasistha's Yoga I have found a great way to monitor myself. Each kosha must

have an assessment technique. I have shown MT and ROM as kosha one techniques; leading through the experiences of II, 47-48. Watching the chakras, the Nadis, the currents of sensation using Yoni Mudra and process of II, 50-51 to contain my prana is my method of kosha two that leads to II, 49 and 52. Similarly the senses which are transitions from kosha two to three are regulated by pratyahara in II, 53. The mind must be trained as in III, 1-2 via many techniques such as I, 33-39 and II, 33-36 aided of course by following the precepts (yama and niyama II, 30-45) and taking them seriously enough to form a resolution (sankalpa) to retain them regardless of life situation (II, 31). It is basically the difference between a yoga student and a Yogini. One who is a yogini has no difficulty doing this; it is a "naturally arising activity" to use the language of the sage Vasistha. To others they should not bother their heads with this. They are yoga students and need to relax into that role. Striving to become a yogini never works. It is stressful to put yourself into a role in life that is unnatural for you. Look deeply at this and see who you believe yourself to be and act accordingly without stress. Being yourself is the goal of life. Being anything other than that is stressful and does not suit such a great being as yourself. Reflect deeply and then act naturally to fulfill your destiny

02-02-2005-----

Q: M & I saw someone with both palms facing back. I am thinking that the correlation of the heart & the hands facing posterior may be on a more emotional level so we talked about that & she agreed that it was a significant thing. Does this happen very often, that emotional traumas or feelings cause significant changes to the physical body?

A: A very intriguing discussion. To me heart is multidimensional organ. So I suspect that the correlation of emotional heart being closed would hold true here. How often we see this when people are depressed heart is not open and then are rounded shoulders. Who can say where this line is drawn between chronic and acute heart aches? Is it postural or structural? - that is temporary due to emotional state or more durable due to persistent mental state. by asking these questions you can come to conclusions about which kosha (dimension) is affected. Each of the five dimensions requires different approach to Yoga Therapy. Namaste Mukunda

05-28-2006-----

Q: Mukunda, One of the students in my Tucson study group had this question - I decided to post it in its entirety.

If we follow the logic that imbalances, or dis-ease, begin in anandamaya kosha traveling down through the koshas to manifest finally on the physical level, then Mukunda's joint-freeing series is excellent because it works on the pranic level as well as on the physical level. Interesting to me is that to work through imbalances we have to start with the lowest level of manifestation. I noticed that with the loss of the dog on tuesday, I began with prayer beads (anandamaya kosha), then went through some logical application of what I know about loss and what happens after (vijnanamaya kosha), wednesday I lost it - did a lot of crying that day (manomaya kosha), felt very tired and sluggish on thursday (pranamaya kosha), and yesterday and today I feel so physically sore in many places in ways that do not correspond to work that I have been doing - sore tight hamstrings (annamaya kosha). So, I am wondering about manifestations now. It is wonderful that we can work with things on the physical and pranic levels. But how do we start working with things on the levels that are higher up, specifically the manomaya kosha? We would have to work with emotional release. So, for instance, if fictitious person Z (I don't know anyone named Z) were to witness an act of murder, something that would cause a dis-



ease in anandamaya kosha, we know that it is going to work its way down unless Z can stop it at vijnanamaya kosha. When it gets to manomaya kosha Z will be more verbal, because Z is just that way with us, Z starts to relieve with crying. We know that there is going to be a physical manifestation - will that automatically happen in the psoas and then distribute to appropriate areas of the body? As yoga teachers/therapists (not that I call myself a therapist, but since we are working with the techniques) do we, shouldn't we also be learning techniques for working on levels higher than annamaya and pranamaya kosha? I am wondering how this works because I have worked with things on the physical level only to have had them come back once I began to delve into the pranic level. Obviously I believe that things go higher up and that those issues need to be dealt with, but how do you know what corresponds to what? If my SI issues are related to scoliosis then how do you deal with that when the scoliosis has been there since I was born? Do we then move into the realm of karma? We obviously stirred the pot that is my brain and I am whirring away today. I am interested to know what you all think about this. Maybe Mukunda has some insight or ways that he works on the higher levels.

A: There is only one body. The concept of the koshas is to explain our illusion that we take to be real. In actuality what we think, we feel, what we do, we experience. All are simultaneous. Where our awareness is, is what we believe to be the cause of our next experience. In truth, it is the lack of discipline in thinking and conditioning that leads to disease and troubles. My purifying the mind what is meant is not merely positive thinking but entering the subtlest state where thoughts arise and slowing down that. When we carefully read the Yoga Sutras all the methods in the latter portion of chapter 2, that is 46-55 are about slowing down or stilling posture, breath, senses, so that attention can go to root of the mind. When that happens the conditioning reflexes are removed. One reacts to formerly triggered stimuli with sattvic peace and contentment. This is the process of knowing the Self. Health comes from being in the Self. The word for health, swastha literally means, "being in the Self". This comes from consistent practice aided by being with spiritual teacher and reflecting on a text that they choose for our upliftment. blessings. Mukunda

12-31-2005-----

Q: During the hugasana practice, you were asking about colors...what is the significance of the colors that I saw during hugasana practice? If I see a color during meditation or energy work, it is usually the purple. Occasionally, I see a small red dot.

A: color sometimes tells which chakra or kosha one is in. purple is crown chakra. red dot is called bindu it arises from center of Yoni. and from many yantras it is there in center.

12-31-2005-----

A: Yoga Therapy sequence is for those with first or second kosha issues as it refers to the dosha sequence. A vata issue once resolved will free up not only the imbalanced pranas that vata was suppressing it will also promote healthy pitta. This is not the same as the sadhana sequence. The 3 are not exactly correlated. it is similar to idea that the gunas are not the doshas. Namaste

06-09-2004-----

Q: How can the Anandamaya Kosha be visualized?  
Is there somewhere a meditation procedure for visualization of the Anandamaya Kosha?

A: This is the fifth kosha or veil covering/hiding the True Self. The Self is omnipresent; it is who you truly are. It has always been with you as you. Therefore experiencing yourself is most natural. Each of the 5 veils are also a natural self expression of you as physical sensations, emotions, thoughts, wisdom, and bliss (in order). Therefore a joy or bliss that spontaneously arises is the experience of anandamayakosha. It is not something one visualizes, it is not aroused from any technique as it is like all the previous 4 states natural to you. You cannot create a thought or an emotion, you only get to see that they are natural behaviors of being human. So as Joseph Campbell has said, the way there is to simply "follow your bliss".

If you or any wish more on this subject and my comments on spiritual life, email me (yogimukunda@comcast.net) to join my Spirit's Path email list. Blessings Mukunda

04-23-2005-----

Q: In the years you have been working with clients, how have you seen stress redefine itself in our society? In addition to the Annamaya, Pranamaya and Manomaya koshas, has stress spread to encompass Vijnanamaya and Anandamaya as well? Or has it always been affecting all 5? If it has been affecting all five, where do you believe stress manifests first?

A: For those unfamiliar with the concept of our multidimensional anatomy, the koshas, refer to Structural Yoga Therapy, chapter 6. Stress has not changed. The ways in which we respond to it have changed. There are many studies on the changing of epidemics, heart disease, cancer, and more recently environmental toxicity. When one looks at ancient medical texts death came much earlier and often due to traumas from wars and the malnutrition brought on by loss of crops during wartime. The two subtlest koshas vijnana and ananda are indicators of spiritual stress, not being connected to wisdom and higher power. Much of our wisdom has needed to survive the test of time thus we seek wisdom from those texts that are highly revered for thousands of years. That which is available as contemporary insights would rarely survive such a test. We need the help of a thorough investigation into this human condition and what has been of help in the past. By seeking historical ways of dealing with stress we can see how wise people of our era have adapted these teachings for this modern life. In looking at Classical Yoga of the Yoga Sutras II, 4 we see that Patanjali viewed all stress as originating from avidya, ignorance which is the fourth kosha. When we misidentify ourselves to be merely our physical body we tend to not listen to messages that come from a subtler level. Then there are others who are more "in their heads" who do not listen to messages coming from a grosser kosha. So it depends on where you conceive yourself to live that is the source of your perspective of stress. Namaste

04-24-2002-----

Q: What practices would be feasible, useful for a person with Parkinson's disease?

A: Parkinson's needs individual connection to the student. Maintain lots of eye contact. Make sure he knows that you are with him fully. Pranayama is the best practice to give. Not asana as they are unlikely to provide help. The difficulty is more in the subtle and mental body not physical. One needs to treat situations according to the kosha not merely asana. Asana is not yoga. Yoga is a multi-dimensional approach to a multi-dimensional person. Find out which kosha is most affected and go subtler from there. As you found in first session what makes immediate benefit is to be pursued, let other ideas float away. Teach him to have a smooth steady breathing and look to your own breath to see that his state does not imbalance your own. The main need is for your compassion to match his need and keep your heart open.

12-20-2005-----

Q: This block is a small hard kernel nut that resides in the center of my chest. I feel discomfort where it is right now and sometimes it catches my breath and I cannot breathe deeply. Of course, I just released a deep sigh and the discomfort is reduced...

A: It does not matter the source of this. What matters is that you remember the process of energy block removal as taught in early Tantra lessons I sent and apply same basic procedure. Sometimes the blocks are not merely knots in the pranic flow but they can encounter what is known as a granthi. This is a much deeper knot of karma that can be located there in heart, gut or pelvis. Hence they arise in one of 3 chakra regions but are not really on that 2nd dimension or kosha. They are on 4th kosha, at the level of root of physical karma. They are removed by persistence to just be love. Not by making amends to some imagined harm in this life or recent past lives.

## 8. References

### Books

Clemente, Carmine D. *Anatomy: A Regional Atlas of the Human Body*. Baltimore: Williams & Wilkins, 1997.

Devi, Nischala Joy. *The Healing Path of Yoga*. New York: Three Rivers Press, 2000.

Digambaraji, Swami. *Hathapradipika of Svamarama*. Pune: Kaivalyadhama, 1998.

Feuerstein, Georg. *The Yoga Tradition: Its History, Literature, Philosophy and Practice*. Prescott: Hohm Press, 1998.

Frawley, David. *Self-Healing and Self-Realization*. Twin Lakes: Lotus Press, 1999.

Jarmey, Chris. *The Concise Book of Muscles*. Berkeley: North Atlantic Books & Chichester, UK: Lotus Publishing, 2003.

Stiles, Mukunda. *Asana: Theory and Practice. Teaching and Application*. Boston: Patanjali Press for American Yoga College, 1997.

———. *Structural Yoga Therapy*. Boston: Samuel Weiser, 2005.

———. *Yoga Sutras of Patanjali With Great Respect and Love*. York Beach: Samuel Weiser, Inc., 2002.

———. *Yoga Therapy for Knees and Shoulders*. Four articles reprinted by Yoga International Magazine. Honesdale: Himalayan Institute, 1999.

Stiles, Mukunda and Ryder, Genevieve. *Structural Yoga Therapy Manual for Physical Evaluation*. Boston, MA: Yoga Therapy Center, 2002; revised 2004.

Svoboda, Robert E. *Prakriti: Your Ayurvedic Constitution*. Albuquerque: Geocom Limited, 1989.

### Websites

American Academy of Orthopedic Surgeons. <http://orthoinfo.aaos.org>

e-Sutra: The Worldwide Yoga List. <http://esutra.blogspot.com>

Yoga Forums. <http://www.yogaforums.com>

### Course Handouts and Lecture Notes

Buhrman, Sarasvati and Hari Das, Baba. Ayurveda I and II. Rocky Mountain Institute of Yoga and Ayurveda. Boulder: 2003.

———. Pranayama and Meditation I. Rocky Mountain Institute of Yoga and Ayurveda. Boulder: 2004.

———. Ayurveda and Women's Health. Rocky Mountain Institute of Yoga and Ayurveda. Boulder: 2004.

———. Asana and Ayurveda. Rocky Mountain Institute of Yoga and Ayurveda. Boulder: 2004.

Devi, Nichala Joy. Yoga of the Heart. Rocky Mountain Institute of Yoga and Ayurveda. Boulder: 2004.

Muktidharma, Swami. Yoga Nidra. Rocky Mountain Institute of Yoga and Ayurveda. Boulder: 2004

Stiles, Mukunda. Structural Yoga Therapy Program. Boulder: 2004, 2005, 2006.

### **Mentorship**

Zoe Elaine Kowalchuk

## **9. Appendix**

### **10. Biography**

Nichole graduated from the University of Colorado at Boulder with a premedical degree in integrative physiology with an emphasis on neurophysiology. She began studying yoga as therapy in 1998 with Dr. Alixandra Summit and continued her yoga and ayurveda studies at the Rocky Mountain Institute of Yoga and Ayurveda where she met Mukunda Stiles, her now principal teacher and beloved spiritual mentor.

Her life and her yoga are devotional; every success, every misstep is a gift to the Divine Mother.