

Inguinal Ligament and Hip Discomfort

Structural Yoga Therapy Course
July 2007 London, England.

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1 - Case study: Carla

a - Initial intake

Carla is 43 years old, and her sun sign is Taurus. She is short with a small frame and medium build. She has been in a stable relationship for 10 years, having married 2 ½ years ago. She has no children and says she has no inclination towards having any. She works for herself at home, as a shiatsu and Bowen therapist. She moved from London 4 years ago, to the small town of Frome in Somerset. Prior to her Shiatsu training in 2000, she worked in an office as an administrator for a charity. She describes herself as self contained.

She has an interest in her allotment; she likes growing things, working with her hands and says she feels good within an established routine and in the sunshine. She enjoys helping others.

She has a regular yoga practice and is attending my Integral yoga class and keeps fit once a week, and, she cycles regularly.

Her main issue she wishes to work on is discomfort in the hip area and inguinal ligament, especially the right side. She says, "it feels as if there is restriction, like the inguinal nerve is cut off or sitting in the wrong placement."

She describes her pain as a dull ache in the right side, barely a 1 on scale 1-5, but when she sits, kneeling or in certain chairs which places knee higher than hip, taking her into hip and knee flexion, she experiences a 'burning sensation from the pubic bone down to the knee over the adductors', pain up to 2-3. It is better when sitting if the knee and hip are at the same height with the femur level.

Upon standing after hip and knee flexion the leg doesn't straighten easily, she feels the need to release from the hip and has found a technique of flicking the leg out to the side into external hip rotation and abduction, with knee and hip flexion.

She also experiences feelings of catching and discomfort lateral to the sacrum, on both sides. She first noticed her symptoms in the early 90's. She also mentioned that her mum passed away in 91. After sitting in hip flexion and then coming to standing she started noticing discomfort, and restriction in inguinal region.

After some time, this started to trouble her when cycling, whilst trying to lift her leg over the cross bar her hip seized and she was unable to move it to the side, it was hard to walk for a short time. This still comes and goes and can still cause discomfort walking.

About a year ago her low back went out and she suffered a severe attack of sciatica. She 'felt her erectors tighten up', particularly the right side, she said it felt like the lower back shut down, she could barely walk or lift for a few days, this eased off slowly. She felt the cause was the hips.

She is very knowledgeable of her anatomy but has been struggling to decipher and isolate muscles or structures causing pain, despite palpitation of areas during stretches and is stuck with how to work with it.

Kneeling is the usual position for shiatsu treatments, this floor work she now finds difficult. She feels the side hip muscles tighten so she has had to modify her treatments, after experimenting with a high couch, which took tension into her upper body, she now uses a low couch.

She has had no serious medical conditions apart from meningitis when she was 5; this resulted in a lumbar puncture, which she feels has had lasting effects. She suffered badly as a young adolescent with pre-menstrual cramps, diarrhoea and heavy flow, nauseous and loss of energy down her legs but this shifted about 15 years ago to constipation and light irregular flow, with some lower back ache. At present she has slight swelling on top of right foot, below

the toes, this has been there for 2 to 3 months, she thinks she caused some injury while plantar flexing the foot in a standing stretch.

Things she has found that help are swimming, using frog leg stroke with hip flexion, abduction and external rotation, and squeezing the waist between the lower ribs and pelvic crest, the quadratus lumborum muscle, to release back pain.

b – Physical assessment

First basic meeting after class 12.5.07

In class it appears from visual assessment of the JFS and Asana that her Iliopsoas is tight and her glut. max. and, med are both weak and she confers this.

Had time after class to do a couple of tests, I did not have the equipment for accurate range of motion testing so did a couple of muscle tests, psoas 2-3 strength, Sartorius 3, gluts, hard to move knee at all and feeling goes to lumbar with hamstring test (Locust) .

Her sacroiliac moves down on the test, both sides.

Basic recommendations JFS and sacro iliac stabilisation series.

First full initial assessment on the 18.6.07 did Body reading, some ROM and muscle testing.

Body reading

Left shoulder higher than right.

Arms hanging forward

High arches

Swelling on top of right foot.

Sacro iliac, right side good movement up, left side moving down.

In supine with hip and knee flexion the right side inguinal area appears quite hollow.

Range of Motion Assessments							
Joint Action	ROM	18/6/07	18/6/07	17/7/07	17/7/07	16/8/07	16/8/07
	Norm°	Left	Right	Left	Right	Left	Right
KNEE							
Extension	0°/180°	0	0				
Flexion (Supine)	150°	142	143				
HIP							
Flexion (Bent Knee)	135°	121	115				
Flexion (Straight-Leg Raise)	90°	82	70				
Flexors-quad/psoas restriction	NSS			105 *	105*		
External Rotation (Supine)	45°-60°	65	70	67**	67 **		
Internal Rotation (Supine)	35°	25	25	28	32	35	32
External Rotation (Prone)	45°-60°	67	67	30	25	60	60
Internal Rotation (Prone)	35°	28	32	30	20	30	25
Adduction (Side Lying)	30°-40°			38	40		
Abduction (Side Lying)	45°			30	30		

*Carla felt a pull in her sacrum, more so in the right side during this test.

*Carla felt a pull in her adductors during this test.

Carla found the testing caused slight discomfort and led to feelings of needing to release muscular tension, and restlessness, due to this and my feeling that allowing her to gain awareness and benefit from our discussions, recommendations and home practice was the way forward, led to me not completing all the tests.

Muscle Testing Assessments						
Joint Action	18/6/07	18/6/07	17/7/07	17/7/07	16/8/07	16/8/07
	Left, 1-5	Right, 1-5	Left, 1-5	Right, 1-5	Left, 1-5	Right, 1-5
KNEE						
Extension						
Flexion						
HIP						
Hip Flexors & Abs (Supine)						
Trunk Flexion (Supine)	5	5				
Hip Flexors - Bent Knee (Supine)	4	5	5	5		
Iliopsoas Isolation (Supine)	3*	4	3**	4		
Sartorius Isolation (Supine)	3***	3***	3****	3****		
Abduction (Side Lying)	5	4*****	5	5	5	5
Adduction (Side Lying)	3	2	4	4	4	4
Gluteus Maximus Isolation (Prone)	2*****	1*****	3	2	3	2
External Rotation (Prone)	3*****	3*****	3	3	4	4
Internal Rotation (Prone)	4	4	4	4	4	4
Quadratus Lumborum (Seated)	2	2	3	3	3	3

* Carla felt this test in the lower back. ** She felt the recruiting of the Gracilis muscle.

*** Carla felt the recruiting of the gracilis muscle. **** She felt the recruiting of the adductors.

***** Carla experienced a burning sensation in the upper part of the TFL.

***** Carla felt this test in the pubis and adductors.

*****Carla found it hard to isolate the external rotator muscles.

Not all tests were repeated on the second and third meetings due to some discomfort experienced during the tests, Carla's need to release out restriction in the inguinal region and prioritising feedback due to time constraints at our meetings.

C - Summary of findings

Strengthen	Stretch	Release
Gluteus Maximus Quadratus lumborum Hip adductors Hip external rotators Iliopsoas	Hip adductors Hip flexors Hamstrings Hip adductors	Iliopsoas

d - Recommendations

Notes were made for Carla to take away with her during recommendations.

Recommended continuation of JFS and Sacroiliac exercise.

Sacroiliac stabilization series -She needs part one to tone her erectors and isolate the pelvic from upper body. Hold her upper body still if possible to show that it works due to ability to isolate lower from upper. Second part is to free up internal hip rotation so a stretch in groin or inguinal should result along with tone to gluteus medius. All these points need to be clear otherwise the exercise will not work.

She was given homework of the Joint freeing series, with focus on:

- Hip external rotation to strengthen Iliopsoas, Gluteus maximus and hip external rotators.
- Spine extension to strengthen Iliopsoas.
- Hip extension to strengthen Gluteus maximus, with sunbird variations.
- Hip flexion to strengthen Iliopsoas, and hip adductors.
- Hip adduction to strengthen Hip adductors.
- Hip abduction to strengthen Iliopsoas.
- Spine lateral flexion to strengthen Quadratus lumborum.

Sunbird variations were recommended for glutes and hamstrings, hold leg extended then bend and straighten knee repeatedly. Gluteus maximus does hip extension, slight abduction, and external rotation. To access strength do sunbird with leg out to side and turned out: or a little more challenging version would be to do this standing as in Natarajasana the King Dancer; but the most challenging would be doing these motions from locust (Salabhasana) by keeping the pelvis against the floor there is more challenge to the muscle tone than the others.

Bridge for strengthening gluteus maximus and rolling bridge for gluts and iliopsoas, and the glut. muscle test for strengthening.

I also recommended discovering time for deep relaxation, maybe between clients, as most of her interests are quite physically challenging.

e - Results of your recommendations

Met up on the 26th June for consultation,
She had done some parts of the JFS, everyday but usually not the full sequence.
I went over the sunbird variations, and awareness of gluteal strengthening.
Gluteus maximus does hip extension, slight abduction, and external rotation.

She said she had forgotten to do the Sacroiliac stabilisation series, so I reminded her of this and the lying variations.

I also suggested Dandasana and walking Dandasana for Quadratus Lumboreum strength along with the Q.L muscle test.

3rd July chat before class,

Things are feeling pretty much the same. She had found it fairly easy to practice the walking stick, Dandasana, every other day.

She also used the Quadratus Lumboreum muscle test twice since our last meeting.

She had practised the locust a few times, but found the bridge lift the most challenging; she had practiced it once since our last meeting.

Spoke with Carla on the phone 13th July; she said she felt the s.i. joint loosening up with the s.i. stabilization practice. Bridge poses still challenging lifting up 2 or 3 times. She was practising JFS everyday. Generally things feeling the same, but left leg feeling tight down the outside to the knee.

Saw Carla on the 17th July at class,
This meeting was before class so time was restricted, I retested only some joint ROM and muscles strength, received feedback and as same issues gave continued recommendations.

Gluteus maximus strength increasing slightly 3 on left, 2 on right, continue strengthening.

Suggested postures continuing bridge, also locust, and camel.

I also showed her some variations for groin and low back tightness.

*Pulsing runners stretch with legs wide apart, gradually drawing front leg straighter moving into Ardha Parsvottanasana (half pyramid position, and back again into Runners stretch.

*Spinal undulations while on hands and knees, knees wide apart and big toes together.

*Child's pose with wide knees, then onto hands and knees, taking hips forward of knees and moving into pelvic tilt and thrust. Gradually hips slide forward while continuing the pelvic movement for a few moments in each new position, moving arms forward as needed. Eventually the pelvis will touch the floor. Feet may need to come off the ground.

August 16th

Carla has been away for a couple of weeks and during that time she has been doing some of the homework I gave her but has been finding her own adaptations. From the good back guide and Healing back pain books, she has been working with exercises for toning the pelvic floor, urethra, vaginal and anal squeeze including the buttocks, to support the body from below and Glut, pulsing- a repetitive squeeze with a continuous low bridge lift. She found these really hit the mark, although they are just subtle adaptations. These exercises have created more comfort and ease in her body.

I completed some of the tests with Carla but did not persist with them all as the holding of positions seemed to bring up a tangible restlessness and physical discomfort.

I gave her the vinyasa bridge sequence and did release techniques with her, plus strengthening internal and external rotation.

We also talked about Meditation and this was quite revealing as she said she had given up on meditation as she found fears coming up which she felt overwhelmed by and couldn't handle. I suggested the possibility of candle or image gazing as she had talked about being a visual person able to take in the whole scene or picture which she uses to good effect in her body reading with clients.

Class 11th sept

She has continued to use her variations of pelvic floor muscle toning and glut strengthening to good effect, with more ease in her hips and inguinal region. She has had some improvement on strength particularly hip adduction, with a little improvement in the gluteus maximus.

The meditation she had tried but still finding challenging so I suggested the 3 part meditation technique – 1 – get comfy 2 – slow down breath 3 – ask thoughts to come more slowly.

She could do this either seated or lying, with the option of placing the hands in Yoni mudra where they felt drawn, I went through the placement over the 3 lower chackras, ending with right hand over heart and left hand over abdomen., balancing vata energy.

2 - a - Name and description of the condition

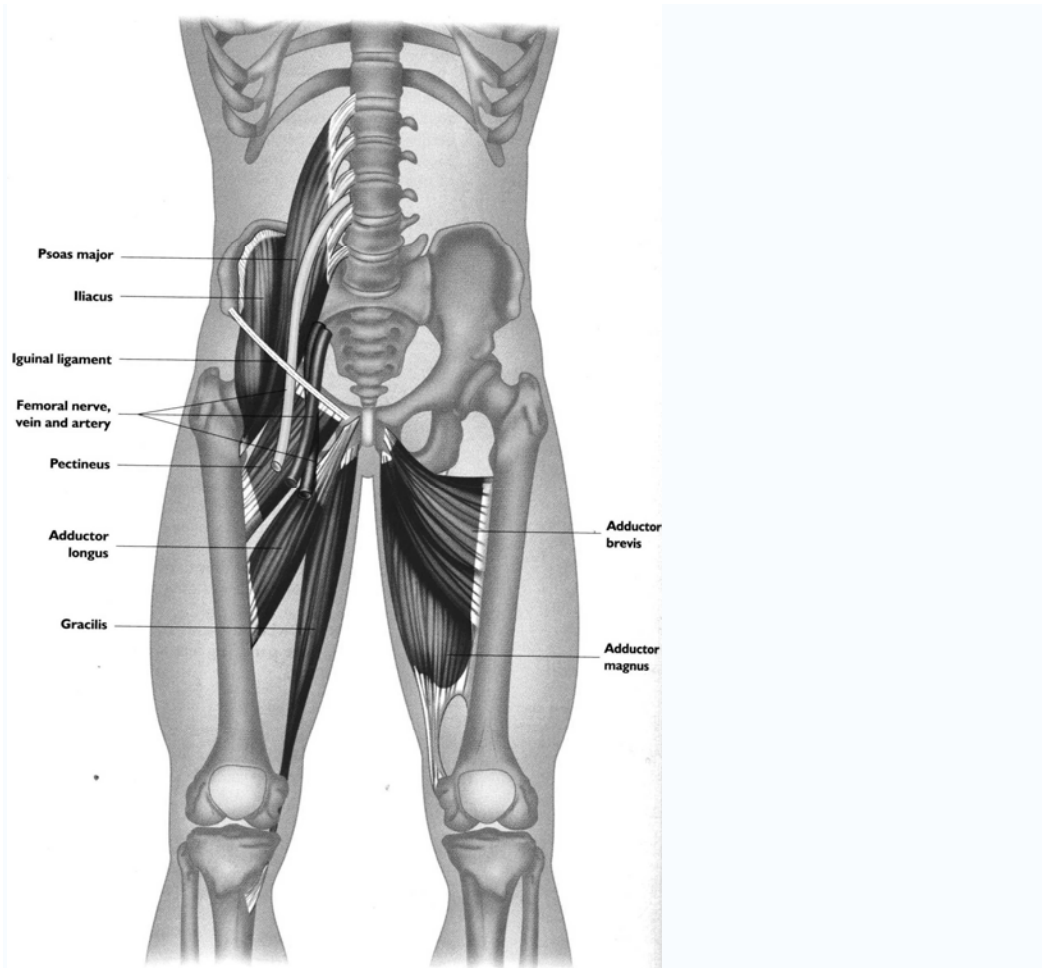
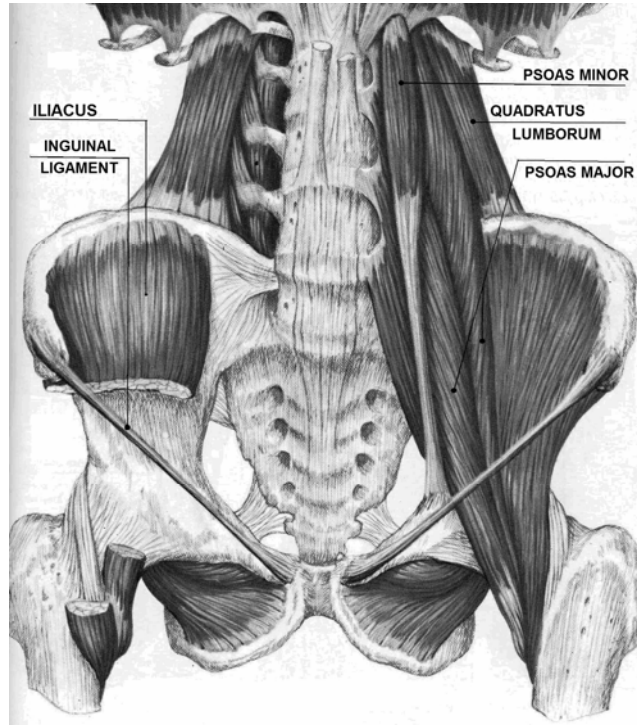
Inguinal ligament and hip discomfort.

The inguinal ligament is a tight fibrous band located between the thigh and the stomach and there are several weak spots along it, it forms the base of the inguinal canal.

It runs from the anterior superior iliac spine of the Ilium to the pubic tubercle of the pubic bone. It is formed by the external abdominal oblique Apo neurosis and is continuous with the fascia lata of the thigh.

It gives origin to the lowermost fibres of internal oblique and transversus abdominis muscles. The iliopsoas muscles, the femoral vein artery and nerve, all pass below the inguinal ligament.

It is also referred to as Poupart's ligament; because Poupart gave it its relevance to hernial repair (he called it "*le suspenseur de l'abdomen*", the suspender of the abdomen). It is less frequently termed the fallopian ligament. The ligament serves to contain soft tissues as they course anteriorly from the trunk to the lower extremity. This structure demarcates the superior border of the femoral triangle. (Taken from textbook: Evaluation of Orthopedic and Athletic Injuries).



b - Gross and subtle body symptoms

Tightening and discomfort around the hips when kneeling, or sitting in chairs which place knees higher than the hips.

There is discomfort and restriction upon standing after sitting in hip and knee flexion and restriction in the inguinal area.

c - Related challenges

Tightening in the hips can cause stress in the lower back.

Occasional difficulty waking and cycling when area seizes up.

Aware of length of time gardening, take regular breaks.

Be conscious in hip movements during ,mounting and dismounting whilst cycling.

3 - Ayurvedic assessment

Carla appears to have vata constitution, physically, mentally and emotionally.

She is also intellectual and piercing suggesting a pitta element, describing a burning sensation as a symptom.

All pain initially results from vata dosha being out of balance.

Carla also struggles with meditation, due to fear arising in the mind, fear arises when vata is out of balance.

Vata imbalance can result in mental confusion around the condition, which also strikes a chord here, with inability to have clarity on the situation.

Ayurvedic recommendations with vata is to embody the friend role to help them get over their own fears and discomfort, to encourage a movement to pitta and kapha, to reveal more of yourself to them. Moving with pitta to directness and comfort, listening to what they have to say, and taking on a spousal role to help them find discernment.

Vata balancing practices as listed under the maintenance section are appropriate and recommended for Carla as a regular practice.

4 - Common body reading

High shoulder – tight muscles upper trapezius, levator scapula;

Weak muscles lower trapezius, latissimus dorsi, pectorals major (sternal).

Arms hanging forward –

High arch – tight muscles tibialis anterior and posterior; weak muscles peroneals.

Sacro iliac instability.

5 - Contraindicated yoga practices

Any postures with hip and knee flexion taking the hips lower than the knee cause a feeling of restriction upon standing, this can be released, with abducting and externally rotating with leg in hip and knee flexion.

Also not maintaining sitting or kneeling for extended times which may aggravate the condition.

6 - General recommendations for the condition

a - therapeutic/free of pain

Recommended JFS movements for the hip

JFS #1 – Ankle Flexion/Extension (Ankle ROM)
JFS #2 – Ankle Inversion/Eversion (Ankle ROM as well as int/ext hip rotation) 24
JFS #3 – Ankle Rotation – (ROM of ankle)
JFS #4 – Knee Flexion/Extension (For stretching quads, hamstrings, and ROM of knee joint)
JFS #5 – Hip Internal/External Rotation (Start with int/ext rot and no swinging, then incorporate swinging the hip in and out in order not to tax the hip rotators.)
JFS #6 – Torso Flexion Extension (Cat Stretch: For pelvic mobility)
JFS #7 – Hip Extension/Flexion (Sunbird) (For Glut Strength)
JFS #8 – Lateral Flexion of Spine (for QL)
JFS #16 – Spinal Extension/Flexion (for lower spine and pelvic mobility)
JFS #17 – Spinal Lateral Flexion (for QL)

Postures to strengthen: Hip adductors are warrior 1, side of hip stretch, tree, abdominal twist, spinal twist, full forward bend and face of light.

Postures to strengthen: Gluteus Maximus are bridge, locust, and camel.

Postures to strengthen: Psoas are side of hip stretch, down dog, upward legs, supported shoulder stand, stick, head to knee, full forward bend, boat balance, hero, face of light, and bound angle.

Postures to strengthen: Quadratus lumborum are

Postures to strengthen: Hip external rotators are tree, warrior II, head to knee, and bound angle.

Postures to stretch: Hip adductors are triangle, warrior II, head to knee, and bound angle.

Postures to stretch: Hip flexors are bridge, and locust

Postures to stretch: hamstrings are Side of hip stretch, triangle, down dog, upward legs, stick, head to knee, full forward bend, and boat.

b - Stabilize situation

Continue to build on strength of muscles, and work on flexibility and release to maintain a balanced practice.

Keep a regular home practice of Joint freeing series (to evaluate joint freedom, to limber joints and improve circulation) and sacro iliac stabilising exercise.

Include vinyasa, asana, pranayama, and yoga nidra with yoni mudra as a regular home practice aswell as classes and continued input from yoga instrutors / therapists.

c – Maintaince

As above with particular focus on vata balancing;

pranayama, sama vritti ujjaye, and Nadi shodana;

vinyasa, palm tree, bridge vinyasa, sunbird II vinyasa, warrior vinyasa and sun salutation with breath awareness;

asana, done slowly with breath awareness;

Joint freeing series,

and meditation techniques, tratak - candle or image gazing, and Japa;

continue S.I stabilization when necessary;

deep relaxation – Create comfort in the body, slow down breath, ask the thoughts to come more slowly.

7 - Questions and Answers from www.yogaforums.com

Posted 01-11-2003, 06:16 PM

Post subject: Child Pose

Q: I also wanted to ask you about a problem a student is having with child pose and knees to chest. Left leg @ the crease of the thigh is hurting terribly. She is flexible and is a massage

therapist and has her own body worked on all the time. She is very puzzled by the pain in this area. She feels it is not a hip flexor. She thinks it is the joint capsule. Could you shed any light on what this problem is and possibly what she could do for it? Thank you

A: It is most likely a pressure on the hip flexors and/or adductors however it can also be the pressure of the abdominal wall or hip flexors against the inguinal ligament. When people go into these poses the hip/thigh rotates externally but compresses the groin. Often this accompanies either excessive weight or diminished rotation of the hip rotators. When this pressure is present it often helps to soften the groin tissue and on longer term work is to stretch the upper adductors -- pectineus especially then work your way to outward stretches of the adductor Magnus and longus. Underneath this issue is often a dysfunctional sacroiliac. See sacroiliac mobilizing exercise in Q & A on www.yogaforums.com where archives of sharing is kept. Blessings Mukunda

Posted 04-27-2002, 02:14 AM

Post subject: knee injury

Q: I have a student who I had do the knee flexion-extension exercise from your book and when she flexed the knee she felt a sharp, knife-like pain deep under the groin area. I asked her exactly where and she showed an area between the pelvis and femur to the front. She is an aerobics instructor and the other day when she got out of bed and turned to walk she felt this deep pain again and ended up this time having the pain last and was limping when I saw her. The next day I saw her again and she wasn't limping. She said she had gently stretched the area and could walk without pain, but that she couldn't put any weight/pressure on that leg/foot or the pain returned. Any suggestions as to what may be causing this problem. She did say in passing that the pain has first been noticed either during or right after delivery of her first child.

A: Sounds like one of two possibilities. The gentler explanation is that she needs to turn her thigh outward from the hip joint as she goes into flexion. This is commonly uncomfortable as the motion moves around the psoas and inguinal ligament. If this is the case strengthening the psoas and other external hip rotators may provide relief. This is done by leg lifting with external rotation while lying supine, one leg at a time. The more challenging scenario is that she may have an inguinal hernia that can also make walking difficult. If the first motion alleviates the problem not to worry. If it doesn't, I recommend she see a physical therapist or experienced bodyworker

04-24-2005, 12:46 PM

Post subject: Sciatica & Herniated Disc

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

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

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

Sciatica

Q: I have another question. I'm confused totally now. Everybody tells me different things. Is it ok to bend your back forward? Some tell me it's ok to do that, and some tell me don't ever do that at all. My leg pain has been gone. I did a short bend, and now my foot is hurting again slightly. I'm not sure if that's cause of my disc or cause my back muscles have been injured.

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

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

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

Hernia

A: It is confusing agreed. Because the internal and external oblique's mostly to lateral spinal flexion and rotation - side bending and twisting. But the abdominis rectus does trunk flexion - forward bending. While the former muscles assist in that action. Navasana firms the whole area but is not a motion of the trunk as in flexion. Navasana is the same as Dandasana the body remains at a right angle. Therefore it is considered as an isometric contraction - one that does not create joint motion.

The varying opinions as to which asana are helpful and which are not depend on where the hernia is. Most commonly hernias are to the tissues attaching to the inguinal ligament that is from the pubic bone to the iliac crest lateral from the genitals. They can also be higher or lower than the inguinal ligament thus in the belly of the abdominal muscles or in the adductors, groin muscles. Yoga asana is not very precise at placing attention to such specifics so what are recommended are according to the teachers experience with students. In my experience one really needs to see the student to evaluate where is the rupture, what is tight and what is weak, what motions cause distress. Then we have enough information that yoga therapeutics may be given with more benefit than confusion.

So look at a good anatomy book one that shows origin and insertion of muscles then you can feel in your own body how the muscle contracts. All strength of muscles comes from origin moving toward insertion, and also not as common in reverse order, that is vice versa. When you understand functional anatomy in this way then you can be much more specific than I can be without seeing you. I have several such books on my recommended reading list on my website. A new one I prefer for my Structural Yoga Therapy trainings is Concise Book of Muscles by Chris Jarney, published in UK by Lotus Publishing or in US by North Atlantic Books. Namaste Mukunda

8 - References

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9 - Appendix

Sacroiliac Stabilizing Exercise

The sacroiliac is the key joint to the lower body. There have been so many queries on problems related to this that I wanted to share with you an exercise I (Mukunda Stiles) have devised that relieves a host of offshoot problems - knees, lower back, sciatica, even menstrual irregularities. While these conditions are not necessarily caused by S/I dysfunction, they accompany it. I find that by creating natural motion in the S/I it begins to help vata/pranic energy find its way to balance.

The sacroiliac joint has a small amount of motion: adduction, abduction, flexion and extension. Without these motions or moving into extension (downward) during hip flexion (lifting your knees or sitting), your lower back and hips can be quite uncomfortable. The solution is to mobilize the sacroiliac properly.

The following exercise balances the joint so that as the hip goes into flexion, the psoas will contract with sufficient force to overcome its antagonist, the gluteus maximus, and the joint will flex (move upward). The movement needs to be done regularly for those who have frequent lower back discomfort until the correct pattern of motion is established. This should be done before any other exercises or asanas for those with reoccurring lower back, sacroiliac or hip strains.

Sit on the floor with your knees bent and feet to the right side, so that the right foot points back beside the hip and left foot is adjacent to the right knee. If you are stiff and unable to sit comfortably erect, then place sufficient padding under your pelvis to make it comfortable to be erect and move. Avoid leaning so far to one side that your hand needs to support you on the floor.

The first movement is to pelvic tilt back and forth from the iliac crest (top of pelvis) exhaling as you contract your belly and round your lower back. Then arch your lower back accentuating your natural lumbar curve by contracting the psoas as you inhale.

Repeat 12X, or until you feel the motion becoming smooth, whichever takes longer.

You are looking for a feeling of release (Kriya) in the tissue, energy, or emotion that will react to the motions.

The second motion is to take the top of the right thigh (not pelvis) and move it into internal and then external hip rotation. During internal hip rotation your pelvis will lift from the floor, during external rotation your ischial tuberosity (sitz bone) will touch the floor. Inhale as you lift your hips moving into internal hip rotation. Exhale as you lower the hip coming into external hip rotation. Continue for 12X, then reverse your legs and repeat.

When finished stand up and walk in place for 6-10 steps which will assist in promoting stability.

- Mukunda Stiles, Yoga Forums Thu Oct 03, 2002 Post subject: Sacroiliac Stabilizing Exercise.

Additional Practices recommended by Mukunda Stiles.

*Pelvic tilt and thrust - this series develops the abdominals, lower back muscles and pelvic floor as well as developing the tone of the psoas muscle.

*Rolling Bridge Pose - creates the ability to isolate the movements of the Vertebrae, freeing the joints and therefore eliminating stress, and strengthens Abdominals and erector spinae muscles.

*Runner's stretch - focusing on quadriceps of the back leg can deepen the stretch of the upper groin, relieving pressure on lumbar spine. Adapting the stretch to pulsing the front leg towards straight stretches hamstrings.

When hamstrings are flexible, hip flexors can develop more tone.

*Yoni Mudra - Thumbs touch, inner index fingers touch, forming a triangle. This mudra can be placed over the site of pain (on the front of the body as you lie on your back) or directly on the site, with hands either under the body or hands on back as you lay on your belly. Yoni Mudra draws the healing force of prana in towards it.

With the Mudra over the lower belly vata returns to its home, the pelvic cavity. When vata is balanced and home, pain leaves the body.

“By placing your hands in the triangle symbol you will reverse the process of energy spreading out to create your individuality as Mudra generates the process of pratyahara, withdrawing prana back to its Source.”

(Mukunda Stiles, Tantrik lessons)



10 - Biography

Yogini Uma is an Integral yoga teacher, who qualified in Bath, the U.K in 2001. She has been blessed with beginning her yoga journey within this authentic lineage and meeting with Swami Satchidananda on his last tour in the U.K.

She has continued to develop her yoga studies in Integral yoga, yoga for pregnancy, parents and babies and early years and children's yoga.

Uma has been Studying Structural Yoga Therapy with Mukunda Styles since 2005 and considers him now, her principal teacher and spiritual mentor.