

# Multiple Sclerosis

Christa Saracco  
Structural Yoga Therapy  
Research Paper

October, 2005

Lakewood, CO  
303-277-1271  
christa@bestweb.net

## CONTENTS

Case Study 1 Anna (CS1)	3
1a Initial Intake, Review of Symptoms, Subjective Pain Level and their Self Assessment	3
1b Physical Assessment	6
1c Summary of Findings	6
1d Recommendations	6
1e Summary of Results of Recommendations	6
Case Study 2 Debbie (CS2)	8
2a Initial Intake, Review of Symptoms, Subjective Pain Level and their Self Assessment	8
2b Physical Assessment	9
2c Summary of Findings	9
2d Recommendations	9
2e Summary of Results of Recommendations	9
Case Study 3 Trina (CS3)	
3a Initial Intake, Review of Symptoms, Subjective Pain Level and their Self Assessment	10
3b Physical Assessment	10
3c Summary of Findings	11
3d Recommendations	12
3e Summary of Results of Recommendations	12
4a Name and Description of Condition	13
4b Symptoms	13
4c Related Challenges	14
5a Ayurvedic Assessment	14
5b Ayurvedic Recommendations	15
6 Common Body Reading	15
7 Contraindicated Yoga Practices and General Activities	16
8a General Recommendations	16
8b Diet	16
8c Maintenance	17
9 Questions and Answers from Yoga Forums	18
10 References	19

## **1 CS1 Anna**

### **1a Initial Intake, Review of Symptoms, Subjective Pain Level, their Self Assessment:**

Anna, a 37-year old woman diagnosed relapsing remitting Multiple Sclerosis (MS) in 1999 came in seeking relief from her symptoms related to the disease. At the time of diagnosis her symptoms were mild. Over the course of time, they increased to leg and foot numbness with severe depression, nervousness and anxiety.

Anna is a very active woman with a very good diet. A part-time yoga instructor, she also works in a busy office setting in a managerial position.

Anna's chief physical complaints were low back pain and closed hips in addition to numbness and pain due to the demyelination in her brain and spinal chord. She mainly complained of emotional stress and an inability to deal with the world around her.

At the time of her initial intake, Anna's assessment of her childhood was typical. She had an overbearing older brother and both of her parents were still married. She grew up as a small child in New York and when she was six, moved to Connecticut.

She has limited memory of her early childhood and would say that it was relatively normal and happy. It wasn't until she turned about twelve that things began to get stressful. Her father began to exhibit extreme outbursts of anger. While he never struck or harmed anyone in the family, the outbursts were so intense, Anna would sit in her room with her knees hugged to her chest and fear for her life.

It was about this time that she began to exhibit food allergies and anxiety. When Anna began high school, which she did not enjoy, she became more withdrawn and inward. At age fifteen she started to develop an eating disorder, anorexia that later manifested into bulimia after college.

Her home life at this time became more stressful as her brother entered high school. While he had always been your typical "big brother" making fun of her and teasing, he began to get increasingly more physically and emotionally abusive with her. Anna and her brother were "latch-key" kids, meaning their mother went back to work when she was about twelve.

Being alone in the house with her brother got more and more stressful for Anna as he got older. He was experimenting with drugs and alcohol and she never knew what state he would be in when she got home. Sometimes he was charming and sweet and other times, he was physically violent and cruel.

Anna's parents were absorbed in the behavior of her older brother and paid little attention to her. She was a "good" child, who never "screwed up" in school and behaved well.

But her older brother was such the center of attention that they didn't notice her wasting away to 96 pounds (as an adult Anna stands at 5'8") or becoming increasingly depressed.

In college Anna's health problems increased to colds, sinus infections, viruses and knee problems as the result of running track through high school. Her mother was quick to show her the stack of medical files and bills stacking up on her.

Her relationship with her parents was strained. She related better with her father than her mother. She and her mother were continually at odds and she was very quick to always find fault with Anna, "don't gain weight Anna," "you really shouldn't study that in school Anna," "your eating habits are so strange Anna."

Her brother also fed her many negative statements about her body image and lifestyle. This began to fill Anna with much doubt and insecurity about herself and her ability to function in the world. She questioned every decision she made and still to this day has a hard time making decisions on her own.

After college Anna was desperate for some change to take place in her life and she met a man and married him after only knowing him for less than a year. While the marriage was uneventful, it was not a happy union.

Her health problems began to mount starting with severe stomach issues that turned out to be food allergies. She also began to exhibit extreme fatigue and exhaustion along with constipation and vertigo. On two separate occasions she passed out for no apparent reason that the medical profession could determine.

After just three years of marriage, her husband came home and announced that he was unhappy and was leaving. They were divorced six months later and this was the start of neurological symptoms for Anna.

It was right at the time of her divorce, Anna had been laid off from a new job and the legal divorce was two weeks later. She woke up one day and her entire right face was numb.

Having lived on the east coast, she was checked for Lyme disease (a tick born disease that can eventually mimic MS like symptoms), which was proven negative. *\*About four years after her MS diagnosis, Anna did eventually test positive for Lyme disease, but it was not considered a factor in her neurological symptomology and that she in fact has both diseases.*

Feeling the stress of being out of work and now divorced she fell into a deep depression. It was during these years that she began to exhibit more and more odd symptoms. Stray numbness in her hands, extreme exhaustion and fatigue, blurred vision and strange bouts of viral infections that would essentially cause her to drag herself around or be bed ridden for days.

About two years after her divorce, Anna woke up one day with another viral infection only this time her left trunk was numb. This led her to the doctor who sent her to a neurologist.

Around the time of her marriage and in the year following her divorce, Anna had been in three car accidents in less than four years. Two of which were in the same year. The second of these was the more significant leaving her with permanent damage in her cervical spine around C1 and C2.

When Anna found herself in the neurologist's office, her thought about the numbness in her trunk was due to nerve damage as a result of these car accidents. As the doctor began to examine her asking her questions about her body and lifestyle she found she was answering yes to most of the questions and began to worry.

The doctor ordered an MRI of her brain, which she questioned, "but I have numbness in my side, why are you taking pictures of my brain?"

The MRI showed swelling and scarring in her brain and after several more tests, including a spinal tap to rule out Lyme disease\*, Anna was diagnosed with relapsing remitting Multiple Sclerosis. *\*Oddly enough, the spinal tap did not show Lyme disease, it was a blood test years later that finally confirmed the diagnosis.*

This threw her into a deep depression. The neurologist who diagnosed her painted a very grim picture and told her if she didn't take the medication used in the treatment of the disease, she was headed for a wheel chair.

This terrified Anna and she went home and cried. She got angry at God and felt like the rug had been pulled out from under her. She was angry and upset and made a decision to not take the medication. Of course her parents did not support her decision to treat herself naturally.

After she got over the initial shock of the diagnosis, Anna decided that her life was not at all how she wanted it to be. She was unhappy and depressed and now sick and decided it was time for change.

Within less than a year from her diagnosis, Anna picked up and moved to Colorado. She didn't know a soul and didn't care. She packed herself up, much against the approval of her parents, and moved.

In her view, it was the best decision she ever made. While her physical symptoms have progressed through the years to left sided numbness in her leg and foot, Anna has maintained to treat herself through diet, nutritional supplements, yoga, positive affirmations and then began to explore herself on a deeper level through yoga.

One of the nurse practioners in her original neurologists office suggested she try yoga. She had said that it was recommended by the National Multiple Sclerosis Society

(NMSS) as being beneficial for persons with MS. She handed Anna an article about a man named Eric Small who had MS and became a teacher for persons with the disease in CA.

That article left an impression with Anna, and about a year or so after moving to CO, she found herself in a position to become a yoga instructor. She found that the practice of yoga helped her so significantly that she decided to become a teacher herself. The class she started was for autoimmune diseases.

This brought Anna great joy. It was a year after she started this class that she wanted to deepen her practice and sought out a structural yoga therapist to work with at the recommendation of one of her teachers.

### **1b Physical Assessment:**

In terms of **ROM**, she was internally rotated and experienced SI dysfunction.

<b><u>Hip rotators</u></b>	<b><u>External</u></b>	<b><u>Internal</u></b>
Belly (right)	50 (45-60 normal)	33 (35-50 normal)
Belly (left)	60	50
Back (right)	47	27
Back (left)	37	35

### **1c Summary of Findings:**

Anna suffers from tightness in her internal hip rotators (gluteus medius, minimus and TFL) and the deep 6. Additionally her gluteus maximus is tight and weak, as is her psoas.

The muscles most in need of release are her psoas, especially the iliacus.

### **1d Recommendations:**

Initial recommendations were the Sacroiliac Stabilization Exercise until a release is felt; Joint Freeing Series, flowing deliberately with the breath; and the warrior vinyasa series, with focus on triangle pose. Additional recommendations included study of the Yoga Sutras and Yoga Vasistha, working on replacing negative thoughts with positive ones and the study of whatever texts were uplifting to her.

### **1e Summary of Assessment:**

Anna was seen monthly for a period of two consecutive years. Over the course of time it was uncovered that she was not in need of physical recommendations. Anna's issues were in the keeper koshas. She was experiencing extreme mental exhaustion and the study of the Yoga Sutras and the Yoga Vasistha were found to be the most effective

treatments for her. In addition, the practice of replacing negative thoughts and emotions with positive ones (Sutra II, 34) along with the use of mantra were found to be beneficial

Anna was a dedicated student who transformed over the course of the years. As she began to come more into balance, she was then able to address and begin to explore the deeper levels of trauma that she experienced in her childhood and youth.

As Anna describes herself, she now knows happy days, has less neurological symptoms and has experienced true joy and peace in her life for the first time. Even in her last neurological examination, her doctor commented with surprise that her progression appeared to be getting better and not worse.

Structural yoga therapy became a healing and growing process for Anna. She began to unfold herself through the practices given to her. The physical practices were helpful, but the deeper effects came through self-study and the study of scriptures. Anna was not always able to practice the asana given to her so she read continually. The study of the Yoga Vasitha had the most profound effect on her.

The Yoga Sutras also had a deep effect on how she began to approach her life. Sutra II, 34 was the Sutra that she worked on the hardest:

*“Negative thoughts and emotions are violent, in that they cause injury to yourself and others...Therefore, when you consistently cultivate the opposite thoughts and emotions, the unwholesome tendencies are gradually destroyed.”*

This Sutra, of course, was what helped her to undue all of the negative statements fed to her through her life and has helped her to adopt a more positive view of the world.

Through this process, she began to experience a detachment from her physical body and truly see herself as truth, as Siva, despite her pain. The practice of pranayama helped with her depression and anxiety and the spiritual counseling she underwent with Mukunda Stiles benefited her in countless ways.

As Anna began to feel safe and began to have experiences of balance, she was then able to explore the deeper emotional trauma and abuse from her childhood. While this was painful, she felt that yoga kept her safe and helped her to release trapped emotions. Once she realized that she was able to be truthful about her past, she found she could no longer lie about her life and who she was.

This helped her to see her own truth and take her healing to yet another level. She then adopted the yamas and found that these ethical guidelines gave her a foundation for how to live her life.

This allowed her to discover herself and gave her a view of who she was without the criticism of her family. She was finally able to stand up to them and tell her how she felt

about the past. While this was not well received by her family, it gave her a sense of inner power and freedom she never knew.

She also was able to break free of them while still loving them and seeing them as divine. This was the most healing of all experiences for her.

While Anna is not “cured” from MS, she now has a greater acceptance of the disease. She knows true joy despite her physical pain and symptoms. She is still working on her past trauma and issues, but feels much more in control of her life. She finds that devotion and the spiritual practice of yoga give her a foundation to base her life on...a place to stand.

She still has physical symptoms and challenges but has learned through the study and practice of yoga that these physical challenges are not all there is. She now finds the ability to detach from the pain. She still knows pain and has had to come to truth within herself about her limitations, but now feels able to deal with the challenges as they arise instead of fearing and fighting them.

## **2 CS2 Debbie**

### **2a Initial Intake, Review of Symptoms, Subjective Pain Level, their Self Assessment:**

Debbie is a 48-year-old married woman with two children. She is a Colorado native, born in Boulder. She comes from a large Catholic family (four sisters and two brothers), of which she is the second oldest.

Debbie was diagnosed with Relapsing Remitting Multiple Sclerosis after she experienced numbness on her right side. She was in shower one morning shaving under her right arm and it was numb. When it didn't go away she went to the doctor.

Debbie is an active woman with a full time job and a family. Her medical history includes thyroid cancer, which was diagnosed over 22 years ago while she was pregnant. She continues to take synthroid medication and drank radioactive iodine to “kill” her thyroid gland.

She has not had any reoccurrence of cancer since. Additionally, she was diagnosed with asthma and environmental allergies about two years ago.

She is a former ballet dancer and loves to be very active physically. She has been happily married for over 25 years. She had a tendency to take on more projects than she should and feels a great sense of responsibility to charitable organizations and her family.

In fact, as a young woman, she was the one who took on the planning and directed most of her family's childhood activities. She describes herself as laid back and quiet.



She sleeps well and considers her diet to be OK. She does wake up on and off from restless leg syndrome.

Her neurological symptoms include muscle weakness and fatigue, minor speech problems numbness and tingling on her right side. Walking or any repetitive activities cause her numbness and/or fatigue.

Debbie did make the decision to take Avonex, a weekly intramuscular interferon injection.

### **2b Physical Assessment:**

The more I interviewed Debbie it was discovered that range of motion and/or muscle testing was not the appropriate course of action. See next section on Summary of Findings.

### **2c Summary of Findings:**

By listening to Debbie, it was discovered that what she needed was to relax. We focused on the Joint Freeing Series (JFS) to appease her “active” nature and the wave breath in repetitions of three. As I watched her breath, she began to relax. As we practiced the JFS she began to relax more deeply commenting that she found peace in the breath.

Debbie has found a great sense of frustration since the onset of her neurological symptoms and has found some level of satisfaction taking gentle yoga classes. She has taken Day Star Yoga, which she did not care for, and a beginning Hatha yoga class that she enjoyed.

Additional recommendations were based on her commentary of activities that she enjoys, gardening (pulling weeds is great therapy for her!), reading, cooking and cuddling/brushing her dogs.

It is a common recommendation for neurological patients to get in touch with activities they enjoy and focus on those types of activities. As in Debbie’s case, this rule appears to be true!

### **2d Recommendations:**

Debbie has found great solace in practicing pranayama. In her words, she “loves it!” It helps her to relax and sleep better. Taking a semi-regular yoga class has also given her a great sense of satisfaction by making her more conscious of her body and she finds it gives her the tools for muscle control and relaxation.

Unfortunately Debbie has had a very difficult year so her practice of yoga has fallen to the way side due to family stress. Her daughter became extremely depressed and suicidal

and her husband was diagnosed with prostate cancer, had a stroke and white matter disease (a neurological disease).

Her symptoms, surprisingly enough have not surged, although as with many MS patients, she has realized her job has become too stressful and she needs to scale back her workload.

Debbie has become a wonderful friend through this process and we chat on the phone regularly. I pray for her and have added her and her family to the Ananda prayer list and we occasionally get together and have lunch.

It is my experience that in lieu of private sessions, by maintaining our friendship it helps her. By simply listening to her stories I believe she finds peace through friendship. Remember of course that one of the most profound ways to help vata become balanced is through trust and friendship

### **3 CS3 Trina**

#### **3a Initial Intake, Review of Symptoms, Subjective Pain Level, their Self Assessment:**

Trina is a 36-year-old mother of three who is happily married. She is not a Colorado native as her father was in the Navy and they traveled around when she was a child. She was born in Florida and moved to Colorado when she was four. Her family is now all living in Colorado.

Trina was diagnosed with Relapsing Remitting MS in 2003 while she was pregnant with her third child. Her right arm went numb and that was what led her to the doctor.

She is a busy career woman who works part-time and often feels overwhelmed and stressed by her job. All of her children under the age of five and it's "all about the household".

She describes herself as anal retentive, negative and moody, however she finds her mood has been better since her diagnosis (this is a common occurrence as a person with neurological problems knows something is wrong and feels relief when the diagnosis is finally made). She has hard time seeing the glass as half full, but contends that exercise makes her feel better.

She is very physically active and continues to work out with weights and cardio machines. In addition, Trina participates in a weekly yoga for autoimmune symptoms class.

Most of her neurological symptoms are right sided and she finds that heat really aggravates her symptoms. She commonly experiences warming in all of her limbs and has a numb right leg, muscle weakness and pain in her right ear.

In addition to her neurological symptoms, she tore her right ACL when she was 16 and has frequent neck pain.

Trina did make the decision to take Avonex, a weekly intramuscular interferon injection.

**3b Physical Assessment:**

**ROM** revealed that she had tight internal and external rotators and experienced SI dysfunction.

<b><u>Hip rotators</u></b>	<b><u>External</u></b>	<b><u>Internal</u></b>
Belly (right)	42 (45-60 normal)	25 (35-50 normal)
Belly (left)	30	20

Trina was also tested on her neck:

<b><u>Neck</u></b>	<b><u>Left</u></b>	<b><u>Right</u></b>
Flexion	50 (45 normal)	
Extension	45 (55 normal)	
Lateral Flexion	25 (45 normal)*	30
Rotation	72 (70 normal)	65

\*Left lateral flexors feel tighter

**Muscle Tests**

<b><u>Hips (Supine)</u></b>	<b><u>Left</u></b>	<b><u>Right</u></b>
Flexion (rectus/psoas)	1	1
Psoas (isolation)	2.5	3
Sartorius (isolation)	5	5
Flexors (rectus ab)	3	4

<b><u>Hips (Side Lying)</u></b>	<b><u>Left</u></b>	<b><u>Right</u></b>
Internal rotators	4	4
Abductors	3	4
Adductors	4	4

<b><u>Hips (Prone)</u></b>	<b><u>Left</u></b>	<b><u>Right</u></b>
Extension	4	5
Glut Max isolation	3	3

<b><u>Neck</u></b>	<b><u>Left</u></b>	<b><u>Right</u></b>
Flexion (SCM)	5	
Lat Flexion	4	3
Rotation	1	2

### **3c Summary of Findings:**

Muscles to stretch are gluteus maximums and tensor fascia lata (TFL)  
Muscles to strengthen are the psoas and rectus femoris

Once we got through the summary of findings, she admitted that she felt she would not be able to devote herself to a regular practice. As I knew Trina from my weekly yoga for autoimmune class, she felt that was all she could continue to commit to.

### **3d Recommendations:**

The recommendations I gave Trina were to practice pranayama with more attention on the exhale, as she had a hard time letting go. She also commented that she found yoni mudra helpful in a lying position and this was an alternate way for her to practice pranayama at her discretion. She was also familiar with the joint freeing series, which was also suggested. She was also instructed to focus on slower movement for JFS #5 (internal and external rotation).

In addition, she was given the neck strengthening exercise<sup>6</sup> with lowered arms.

### **3e Summary of Results of Recommendations:**

Trina was familiar with the JFS from her weekly class and found that she could practice that semi-regularly. She does it with her kids and while she admits that she doesn't get the most benefit out of it while her children were with her, but they have a fun time practicing together!

She also finds that by attending weekly class it helps her to relax and focus more and that she is more able to concentrate on her breathing. Trina also finds that practicing yoni mudra on her pelvis helps her to relax and sleep.

It has been over a year since our initial meeting and she does have a few more neurological symptoms, primarily cognitive and sensory. She also finds that her mindset over the disease is better and she feels positively about the research that they are making toward MS. She continues to take the Avonex and does notice more tingling and numbness, but has been able to avoid steroid therapy.

#### **4a Name and Description of Condition:**

Multiple Sclerosis (MS) is a chronic and incurable disease of the central nervous system. It is often times progressive. MS is classified as an “auto immune” disorder, which means that the body is attacking itself. In the case of MS, the immune system crosses the blood brain barrier and attacks the myelin sheath, which is the protective white covering for the body’s nerve endings.

The result is a short-circuiting of signals sent to and from the central nervous system. Destruction of myelin (lesions) occurs at multiple sites, often with scarring sclerosis; hence the name Multiple Sclerosis. This scarring is a sign of actual nerve death.<sup>1</sup>

#### **4b Symptoms:**

The result is an unpredictable array of symptoms, which vary from person to person. Symptoms include, but are not limited to; numbness, tingling, pain, cognitive dysfunction, bladder and/or bowel dysfunction, muscle weakness, blurred vision, loss of balance, poor coordination, slurred speech, tremors, extreme fatigue, problems with memory and concentration, paralysis, sexual problems, depression, mood changes, vertigo or dizziness, seizures, over-sensitivity to heat and touch, spasticity and blindness. Because of MS’s unpredictability, these symptoms may come and go or become permanent.

Twice as many women than man are diagnosed with MS, usually between the ages of 20 and 50. In the United States between 350,000 to 500,00 individuals have been diagnosed with MS, 73% of which are women. In the state of Colorado, at least one in every 800 people have MS, which is among the highest prevalence rate in the country. To contrast with other areas, in Texas, one in 10,000 and in Canada one in 500. While it is unknown why certain areas have a higher occurrence than others, generally the prevalence of MS rises the further the distance from the equator, either north or south, so it is considered to be impacted in some way by an environmental factor, most probably a group of viruses.<sup>2</sup>

There are four different categories of MS, and progression from one to the next does occur:

1. **Relapsing Remitting**: Periodic attacks with partial or complete recovery (85% are in this category).
2. **Secondary Progressive**: Relapsing remitting for several years, which changes into progression of disability
3. **Progressive Relapsing**: Continuous progression of disability with occasional attacks (approximately 5% are in this category)
4. **Primary Progressive**: Continuous progression of disability over months or year (approximately 10% are in this category).

It is important to note that 30 years after onset of MS, over 70% of all people are still mobile.

Today the disease is very commonly diagnosed through the use of MRI. There are no lab tests or procedures by themselves that reveal a diagnosis, but MRI, Positive Evoked Potentials (PEP) tests and spinal tap are the best known methods.

The use of MRI helps neurologists identify areas on the brain and spinal chord that have been demylenated due to the course of the disease. MS lesions appear differently from other types of lesions and there are more advanced tests that can identify exactly what type of lesion an individual has.

#### **4c- Related Challenges:**

MS is not curable, but through the use of disease modifying drugs (there are five current injectable therapies currently prescribed) it can be held at bay. There are also many other medications that help MS patients with pain and other dysfunctions. The largest challenge of this disease is its unpredictability and uncertainty in terms of how it will progress; it varies greatly from person to person.

#### **5a Ayurvedic Assessment:**

According to Dr. John Douillard, MS is categorized as a vata imbalance or derangement. The imbalance is almost always the result of a shock or trauma to the central nervous system. The individual's sympathetic nervous system response kicks in and they get stuck in fight or flight mode and live in a constant state of fear and anxiety.

If the vata is not brought back into balance and does not find its way home, deeper levels of imbalance occur and the neurological damage to the Central Nervous System increases.

In Anna's case, underlying the vata imbalance was a deep-seated kapha imbalance. This imbalance could not be addressed until she had a sense of what it means to balance vata. Meaning that until the individual has an experience of what it means to achieve balance and a state of calm, they will never be able to address the deeper levels of the trauma that caused vata to imbalance in the first place.

I did not observe this in Debbie or Trina's cases, however the same amount and length of time spent in sessions with them was far less.

As vata begins to balance and the individual experiences vata in its home, they can then address the deeper grief and emotions that lie beneath the trauma.

### **5b Ayurvedic Recommendations:**

The deeper levels of vata imbalance require the Structural Yoga Therapist to either be balanced in their own vata or have an understanding of what it means to bring yourself back into balance after a traumatic event has occurred in your own life.

These clients require long term care and are not a “quick fix”. In order to work with these types of clients, you must build trust and friendship with them in order to be able to truly help them.

They require patience and you can expect much communication with them. Until friendship and safety with you as their yoga therapist is established, they will call/e-mail with frantic, nervous responses to things that may have happened in session with you, as a result of something you said or from their practice.

As Mukunda Stiles has stated, you must be balanced in your own vata before you can try to help them in any way.

In a class setting, these students must be continually instructed when to inhale and when to exhale in and out of movements/poses. In the deeper levels of vata imbalance, it is continually in motion and these students need to be kept on task. Additionally, savasana should also be guided so that their minds do not wander. This also helps them to relax and builds trust.

Pranayama (ujjaye breath) and the practice of Yoga Nidra (the yoga of deep sleep) have been found to be extremely helpful.

There are many herbal formulas designed to help balance vata as well as panchakarma treatments to help get the excess dosha out of their system, Shirodhara in particular.

As in Anna’s case, working with a Yoga Therapist in addition to an Ayurvedic doctor can be an extremely helpful team approach.

### **6 Common Body Reading:**

Body reading for an MS individual is difficult because of the uncertain nature of the disease. I would personally not test a person with neurological difficulties, as it can be frustrating to them and demoralizing. They commonly have muscle weakness, balance issues and muscles spasms, which makes it difficult to get an accurate assessment.

In cases when the student is stronger and has experienced little neurological damage or symptoms, the areas of interest from a structural point of view are typically the SI and the hips. If they are experiencing hip issues, it is common for headaches and neck pain to also be a factor.

For the more advanced cases of MS, I generally focus on watching how they breath, how do they relax (if at all) and how they carry tension in the body. Watching them in their favorite pose or activity can give a very through assessment of areas of weakness or tightness in the body, especially in a class setting.

## **7 Contraindicated Yoga Practices and General Activities:**

Persons with MS are advised to avoid excessive heat. While this will not cause further dymyelination, it can aggravate symptoms and cause fatigue. In light of this I would strongly recommend avoiding a Bikram, vinyasana flow, Ashtanga classes or any other more “aerobic” type of practice that would be practiced in a heated environment or cause the core body temperature to rise.

Other recommendations include getting adequate rest; reduce stress and the adoption of a mental attitude that fosters optimism and a determination to live a satisfying life within the limitations of the disease.<sup>4</sup>

Other yoga practice limitations are based on the level of disability for the person and are best determined by the individual’s own body and limitations. Some MS patients will tell you that if they don’t walk every day, they suffer symptoms. Others, as in Anna and Debbie’s cases, will express great distress at any type of aerobic activity. However this was not the case with Trina.

Meditation with a person with vata derangement will be challenging as their mind is in constant motion. Only if they express an interest or desire towards meditation would I help them cultivate a practice. I would focus on relaxation and stress relieving techniques first.

## **8 General Recommendations**

### **8a Diet:**

It has been recommended by many nutritionists to eliminate are gluten and saturated fat from the diet. Also getting tested for food allergies to learn what foods cause allergic responses in the body has also been recommended. In a person with MS, their body has to work considerably harder to do normal day-to-day functions. Taking known allergens or stressors out of the diet and lifestyle gives their body the best fighting chance they have.

According to Roy Swank, (The MS Diet Book), MS is primarily the body’s inability to process saturated fat in susceptible people (MS is now thought to be genetic and one is predisposed to the disease by age 15). In the United States, in 1909, the average person’s fat intake was 125 grams. In 1972, the average was 150 grams per person, an average increase of about .26% per year.<sup>3</sup>



With the last publication date of Swank's book in 1977, one can only imagine what the average person's fat intake is today with the availability of fast food and the high concentration of red meat and saturated fat we consume as a nation.

Swank's theory is that a low-fat diet, never to exceed 10 teaspoons per day of "good fats", increase polyunsaturated oils and eliminating all saturated fats (meaning any lipid that stands solid or hard at room temperature, processed hydrogenated vegetable oils, etc.).

According to Swank, adopting a low-fat diet, and never deviating from it, will keep an MS patient walking and working for up to 36 years after diagnosis (Swank's research spans a 36 year period) with far fewer and less severe attacks than a patient who does not to adopt a low-fat diet.

### **8b Maintenance:**

All MS patients can find a yoga practice that they can participate in. Specifically, restorative poses and poses that build confidence and inner strength are most helpful. Gentle poses that help build physical strength and flexibility will also be useful, as they will help offset muscle atrophy.

The Joint Freeing Series has been found to be extremely beneficial for balancing vata and MS in particular. The key with an MS patient is to keep the repetitions small and have them flow very deliberately with the breath. Again, in a class setting students will need to be guided when in inhale and exhale.

With MS you want to help them to understand what "too much is" in their practice and help them to listen to themselves (they will commonly have trouble listening to their inner teacher) and not do too much. This keeps the nervous system relaxed. As they trust you, you can become more "gently forceful" with them about doing too much.

Pranayama (ujjaye breath in particular), relaxation and Yoga Nidra will be key to an MS person's yoga practice. This will help them to relax and settle the mind and gain control of the self. As the disease "excites and fatigues the brain, it is important to give it rest by concentrating on the breathing."<sup>5</sup>

For more advanced students of yoga, as in Anna's case, the study of scripture and mantra can be extremely beneficial. It has been said that the study of scripture is like Shirodhara for the mind.

In many cases, much of your time may be spent working on pain and stress management as well as relief from symptoms. Body and energy work with a trained body worker can be extremely helpful as well.

Learning what helps the individual relax is the key to managing pain and stress. It may take some time to uncover this as the individual learns to trust you.

## **9 Questions and Answers from Yoga Forums:**

Another client, almost 60ish, has MS, unstable walking, stiffness, balance issues, is a regular student in my MS yoga class, and does water exercise, shaking memory retention, lost her husband of 25 years ago about 2 years ago. In our first private session, she has stated she likes my integration of mental/spiritual/physical modes and wants to work toward mentally/spiritually to better focus on the present. She wants to start meeting men again, but is quite plagued with a severe grief. (She often cries in class with me).

My plan with her is to first use some NLP/Time Line Therapy to work on the negative emotions of anger, sadness, pain, guilt, fear, and grief. Then take her toward guided visualizations to scan for tensions, emotions, mental patterns that may create blockage. Bring this stuff to the surface and work with the unconscious to consciously release the negative emotions. Next use basic pranayama, include the heart pranayama. Work with the hands on the ribcage for a more pitta type breathing for MS. Move toward a gratitude meditation. Ask her to start a journal. Finally the Gayatri Mantra to help her direct more energy inward and out. Am I anywhere near being on the right track????? Do you have changes, offerings, advice, etc???

### **Mukunda**

Moderator

Joined: 31 Jan 2002

Posts: 551

Location: Boulder, CO

Posted: Thu Aug 05, 2004 6:33 am Post subject:

-----  
I would not recommend pitta breathing for MS will tend to aggravate condition. it is a vata imbalance what is needed is ujjaye breath, yoga Nidra, JFS, restorative poses, etc. One client here has gotten a lot of mileage out of my yoga approach supplemented with bee venom therapy, having bees deliberately sting points of pain and acupuncture points. I can connect you to her if you wish.

Gayatri and other mantras can only be effective if you have done them consistently for over a year and also authorized by teacher to give them. If that is your background and practice then most definitely proceed. Emotions need support, validation and affirmation of her innate goodness all you can do to support that will be helpful. Do you do partner yoga in this group?. That can be helpful too with a sensitive partner.

## **10 References:**

### **Appendix:**

#### **Sources:**

- 1 – National MS Society
- 2 – National MS Society
- 3 – Roy Swank, The Multiple Sclerosis Diet Book, A Low-Fat Diet for the Treatment of MS
- 4 – Roy Swank, The Multiple Sclerosis Diet Book, A Low-Fat Diet for the Treatment of MS
- 5 – Yoga Journal, August 1997, “Yoga and MS” by Loraine Despres
- 6 – Structural Yoga Therapy textbook, Mukunda Stiles, page 180