

Neck Pain

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1. CASE STUDY

A) INITIAL INTAKE 2/28/06

Barbara is in her early 50's. During the last 15 to 20 years Barbara has suffered from numbness in her right arm and hand that occurs during sleep, particularly if she rolls onto her right side. At first the numbness was occasional, but over the years, the numbness has become more frequent. In 1998 Barbara saw a neurosurgeon who recommended that she have an MRI. The MRI showed disc bulging at C3-C4 and C4-C5. Carpel tunnel on the right side was also found. After seeing the results of the MRI, the neurosurgeon recommended physical therapy. Barbara followed the program given to her by the physical therapist and found it relieved the numbness. Early in 2005, the numbness got more frequent and began occurring during work. Barbara saw a neurologist who did neurological testing. She also had an MRI. The results showed "left greater than right C5 and/or C6 nerve root entrapments." Surgery was not recommended.

As far as other physical issues, Barbara suffers from migraines. She was diagnosed with asthma 10 years ago. She has vocal cord nodules, non-cancerous growths on the vocal cords that cause hoarseness. She developed the nodules from yelling at soccer games. She is currently on medication for reflux.

Barbara reluctantly shared with me that she has been bipolar since her teens. It was obvious from listening to her that living with this condition has been difficult for her. She has dealt not only with the ups and downs of bipolar disorder, but also with the pain of knowing others who were unsuccessful in overcoming the deep depressive side of the condition. Barbara has been on medication for bipolar disorder for the past seven years. She tried medication in the past, but did not find it helpful.

Barbara works as a patient services representative at a medical facility. She answers the phone, which she cradles between her neck and shoulder on the right side, schedules patients, and handles heavy files that sometimes need to be filed up high.

In September 2005 Barbara joined my weekly gentle yoga class. That class emphasized stress-reduction and relaxation. Each class began with 15 to 20 minutes of relaxation in savasana. After relaxation, we practiced complete breath, JFS, other postures, and returned to savasana for a final period of relaxation. During this class, Barbara often found it difficult to relax in savasana because her arm would fall asleep. Even adding a pillow or support under her neck and head was not always helpful. However, by the end of the 12 week session with the JFS, she was able to spend more time in savasana without numbness and found a reduction in the number of occasions of waking with numbness. Barbara also practiced JFS and other postures at home during this time.

Barbara returned to yoga in the winter. The class still focused on relaxation and stress-relief, but we were no longer practicing the JFS. Over a number of weeks, Barbara began noticing the numbness coming back. She gave up laying down for savasana, choosing to sit instead.

In the spring, Barbara did not return to yoga class. She and her husband decided to take ballroom dancing lessons which were scheduled at the same time as yoga class. Instead of regular yoga classes, Barbara chose to try yoga therapy.

B) PHYSICAL ASSESSMENT

Body Reading:

Barbara is about 5'8" tall with an athletic build. During the standing assessment, I noticed that her right shoulder is higher than the left, her right shoulder and arm are forward of the left, her shoulders and upper back are rounded (khyphosis), her head is forward and tilts slightly to the right. She has only a slight lumbar curve. Her right hip appeared higher than the left. Her hips are externally rotated, feet pointing out while standing.

In testing her sacroiliac joint, the right side moved down slightly while the left side did not move at all. The scoliosis test showed a left lumbar curve accompanied by a compensatory right thoracic curve. Her right scapula wings slightly and her left lower back is more developed than the right.

Postural Changes (from Mukunda Stiles, *Structural Yoga Therapy* p. 103):

Table 1a

Postural Change	Tight	Weak
High right shoulder	Right upper trapezius	Lower trapezius
	Right levator scapula	Latissimus
		Pectoralis sternal
Rounded shoulders	Pectorals	Middle and lower traps
	Serratus anterior	Latissimus
Khyphosis	Rectus abdominis	Thoracic erector spinae
	Pectorals	Middle and lower traps
	Upper trapezius	
Forward head	SCM	Upper trapezius
Head tilted to right	Right SCM	Left SCM
	Right upper trapezius	Left upper trapezius
Flat back	Middle trapezius	Lumbar erectors
	Rectus abdominis	Psoas, hip flexors
High right hip	Right quadratus lumborum	Left quadratus lumborum
	Right psoas	Left psoas
Feet turned outward	Psoas	Tensor fascia lata
	External hip rotators	Gluteus minimus
	Sartorius	
	Gluteus maximus	
Right winging scapula	Serratus anterior	Middle trapezius
	Right pectorals	Rhomboids
	Right anterior deltoid	

Range of Motion (ROM):

Table 1b

ROM	March	Right	Left	July	Right	Left
Supine						
Shoulder flexion		170	170		176	180
External shoulder rotation		90	90		90	90
Internal shoulder rotation		52	52		70	70
Prone						
Shoulder extension		45	65		58	62
Seated						
Shoulder horizontal adduction		100	95		110	120
Shoulder horizontal abduction		25	20		26	30
Neck flexion		30			40	
Neck extension		51			50	
Neck lateral flexion		25	30		26	20
Neck Rotation		55	40		65	70

Muscle Testing with significant findings in bold:

Table 1c

MT	March	Right	Left	July	Right	Left
Supine						
Shoulder flexion		4	3.5		4.5	4.5
External rotation		3.5	3.5		5	5
Internal rotation		4	3.5		5	5
Latissimus isolation		4	2		5	4.5
Prone						
Shoulder extensors		1.5	1.5		3	2.5
Middle trapezius		2			4.5	
Shoulder abductors		1.5	1		3	2.5
Seated						
Shoulder adductors		2	2.5		5	4.5
Neck flexor (SCM)		2			4.5	
Lateral flexors		2.5	2.5		5	5
Neck rotators		3	3		5	5

C) SUMMARY OF FINDINGS

Table 1c

Strengthen	Stretch
SCM	SCM
Upper trapezius	Upper trapezius
Middle trapezius	Posterior deltoid

Strengthen	Stretch
Posterior deltoid	Infraspinatus
Latissimus	Teres minor
Teres major	Pectoralis major
Triceps brachii	Anterior deltoid
Anterior deltoid	
Pectoralis major	

D) RECOMMENDATIONS FROM INITIAL INTAKE GIVEN 4/11/06

The recommendations for Barbara included the following:

1. Wave breath with awareness of sensations, thoughts, and feelings.
2. Sacroiliac Stabilization Exercise.
3. Joint Freeing Series (JFS) for wrists, elbows, shoulders, and neck as a warm up, each movement with 10 breaths.
4. Eagle arms from a seated position with elbows moving up and down with breath to strengthen pectoralis major and anterior deltoid while stretching posterior deltoid, then seated yoga mudra arms (hands interlaced behind back, shoulder blades together, knuckles reaching down toward floor, arms then lifting toward ceiling) as a counterpose to strengthen latissimus, posterior deltoid, triceps, teres major, and middle and lower trapezius while stretching pectoralis major and anterior deltoid.
5. Stick pose statically for 10 breaths to strengthen middle and lower trapezius and latissimus. This will help Barbara feel the shoulders and shoulder blades moving back and down.
6. Cobra dynamically for 6 breaths to strengthen upper trapezius, middle, and lower trapezius, latissimus, posterior deltoid, and teres major while stretching pectoralis major.

4/20/06

Barbara reported that she had followed the recommended practice almost every day. One of the days during the week she did not practice until before bed. The next morning she did her practice after waking. She felt a little soreness in her neck that day and skipped practicing the following day. She also mentioned that yoga mudra arms felt rather unpleasant, especially in the right forearm toward the wrist.

I reviewed Barbara's program with her, making minor adjustments. I encouraged Barbara to slow the breath and movements of the Sacroiliac Stabilization Exercise and JFS so she wasn't racing through them. With yoga mudra arms, not lifting the arms so high felt better. Barbara also used a strap instead of interlacing the fingers to keep it more comfortable. In cobra pose, I helped Barbara find a more neutral neck position. I also gave Barbara a handout showing good arm positioning for working at a desk and driving (Appendix 1).

Barbara told me that she had added Bridge pose at the end of her other postures because it felt good. We talked about focusing the effort on bringing shoulder blades toward each other (strengthening middle trapezius, stretching pectoralis major) and distributing the effort of the posture between the shoulder extensors (latissimus and triceps) and the hip extensors (hamstrings and gluteus maximus). In this posture, Barbara's hips and shoulders are in a line.

My Impressions:

I noticed a couple of things about Barbara this visit. I noticed that it seemed easier for her to keep her shoulders back. Her chest seemed more open while standing but still collapsed when sitting. Her mood was good and she expressed gratitude for some things in her life. That she was inspired to add a posture into her routine that feels good shows signs of increasing sensitivity.

4/29/06

Barbara woke up twice since our last visit with numbness in her left arm which she has had occasionally in the past. She did not notice any improvement with right side numbness. We reviewed her entire program to refine postures and emphasize muscle awareness. She rushed through the Sacroiliac Stabilization Exercise and the JFS, so I encouraged her to slow it down and pay more attention to sensation. Toward the end of this visit, Barbara asked me about my religious affiliation and told me about the different churches she had attended in her life until her youngest child became a teenager and she stopped going to church. I recommended that Barbara visit www.beliefnet.org to explore her own beliefs and to discover which faith communities share similar beliefs.

My impressions:

Barbara's standing posture is improving more than her seated posture. She practices her yoga therapy program and seems to enjoy it. However, she has trouble slowing down. To ask about religion shows that she is thinking about spiritual and faith issues.

5/16/06

Barbara has not practiced since May 4 when she began experiencing inner knee pain that made practice more difficult. To encourage her, I asked Barbara how she has benefited from yoga therapy so far. She replied, "I just feel better all around when I do my practice. I don't feel as good when I don't." To help with her motivation, I revised parts of Barbara's program. I changed the wave breath to intercostal breathing to make it more hands-on and active. I added bridge pose as a regular part of her program because she likes the pose and it feels good to her.

I also added a variation of locust pose (Appendix 2) that combines movements of the arms, upper back, and neck. In this variation, the neck is turned to the right and the hands rest palms facing up on the sacrum. On the inhale, the right arm sweeps from the side to up by the ear, the chest and left leg lifts. The head turns to center, neck stays neutral. On the exhale, the chest and leg lower while the arm sweeps back to the starting position. Head turns to the left. Repeat with the opposite side. This pose strengthens erectors in the upper back, the middle trapezius, posterior deltoid, latissimus, and triceps brachii while stretching pectoralis major and anterior deltoid. To strengthen the SCM, I added supine neck strengthener. To strengthen the triceps brachii, I added cat bows. Barbara seemed happy with the changes and thought that the sequence was doable in the time she was willing to devote to it.

My Impressions:

Barbara needed a jump-start to get back into practice. She seems willing to keep practicing. Her posture showed no improvement from the last visit.

6/1/06

When asked how she was doing, Barbara smiled as she replied, "I am actually surprised that I haven't had much numbness in my arm." One morning she noticed a heavy, bloated feeling in her arm upon waking, but that feeling passed and did not reoccur. She also reported adding a four-part movement called the robin (Appendix 3) to her practice of the JFS. One sequence of the robin has two inhales and two exhales. With the first inhale, the arms open to the sides at shoulder-height then extend back with shoulder blades coming together, neck extending. The chest is very open in this position. With the exhale, the arms come together in front, palms touching, back rounds, and neck flexes. On the next inhale, arms come to prayer position, back straightens and neck is neutral. The next exhale is the same as the first. The robin fits nicely after JFS #13 because its movements are similar and it uses the same muscles.

We reviewed Barbara's practice. I added a variation to cobra pose (Appendix 4) to strengthen the upper trapezius and posterior deltoid. For this variation, Barbara begins with hands behind her head, elbows out to the side. With the inhale, Barbara raises the chest and brings the elbows back. With the exhale, Barbara returns to the starting position. I also added boat pose dynamically with the breath to work the middle and lower trapezius, latissimus, triceps brachii, posterior deltoid, and teres major and minor, while stretching the anterior deltoid and pectoralis major. Because she was receptive, I showed her yoni mudra and emphasized the need for a period of relaxation at the end of her yoga practice.

My Impressions:

Barbara's posture is improving. Her shoulders are less rounded. It is easier for her to keep her shoulders back. She is adding more repetitions of the postures, and they seem to be getting easier for her. Although she is going through a stressful time with her family, she seems to be handling that well. She is again showing greater sensitivity by adding postures that feel good into her routine.

6/13/06

Barbara reported little change in the number of occurrences of numbness. In reviewing her practice, she realized that she forgot to incorporate the variation of cobra pose that I added last time. When I asked if she was able to fit in time to relax, she expressed that she is trying but that she is "not good at relaxing".

My Impressions:

Barbara's seated posture looks much improved with her chest more open. Postures are continuing to get easier. Barbara still struggles with slowing down, as reflected in her comment about not being good at relaxing.

6/27/06

Using the koshas as a guide, I asked Barbara what she has gained from yoga therapy to date. On a physical level, Barbara listed the following changes:

- Less right arm numbness
- Better posture
- Weight loss of a few pounds

- Less trouble with knees
- Less heartburn and gas
- Less lung congestion

Barbara did not mention any changes on the energetic level. On the psycho-emotional level, she mentioned:

- More positive thoughts
- Slower thoughts
- Feeling more peaceful

On the level of the wisdom body, Barbara said that her thoughts seem clearer, although she hasn't noticed a connection to her own intuition or guidance. That she has been inspired to add postures to her practice shows me that she has connected at times to the wisdom body. On the level of the bliss body, she is aware of being more peaceful.

I led Barbara through a relaxation exercise focusing on the chakras. Barbara was tired so we quickly went through her practice. After eagle and yoga mudra arms, I added Face of Light (gomukasana) arms. Barbara previously had shown an interest in gomukasana arms after seeing an article in the June 2006 *Yoga Journal*. With the "up" arm, I had Barbara move the arm forward and back, then up and down with the breath. She could easily place the "up" arm in the posture on both sides. With the right arm in the "down" arm position, she experiences tightness in the right anterior deltoid. When she tries to move the right arm into the "down" arm position, the shoulder pops, the elbow sticks out posteriorly, and the hand cannot move up the back. Gomukasana arms stretch the middle and posterior deltoid and teres major.

My impressions:

Barbara enjoyed relaxation, but was ready to move on to asana. Slowing down and relaxing is still hard for her. On the positive side, she is still working with it. All postures are looking good.

7/6/06

Barbara reported no numbness since our last visit. She also mentioned that she has felt "positive, relaxed, and cheerful." When I asked about her experience with her practice since we last met, she was excited to show me how in just over a week of practice, the right arm looks much better in the "down" arm position of gomukasana arms. She also mentioned adding alternate nostril breathing at various times during the day. She finds that pranayama calming because it requires mental focus. She has been able to increase her time in savasana to 8 to 10 minutes. She said happily that she can now lie down for savasana without any numbness.

I assessed her standing posture, took ROM measurements, and muscle tested. She has made tremendous progress in both ROM and strength.

My Impressions:

Barbara was in a very good mood. She seemed very pleased with her progress on all levels.

E) RESULTS OF RECOMMENDATIONS

After 12 weeks of yoga therapy, Barbara's posture has shown significant improvement. Her shoulders are more even, with the right shoulder just slightly higher than the left, and less rounded. The right shoulder is only very slightly forward of the left whereas before there was a more noticeable difference. The right scapula also shows less winging. Her head is less forward. There is less differentiation in muscle development from the left side of her back to the right. The sacroiliac test showed both sides moving upward.

Barbara shows much greater shoulder and neck ROM. She gained ROM in shoulder flexion, internal shoulder rotation, shoulder extension on the right side, shoulder horizontal adduction, neck flexion, and neck rotation. Muscles that stretched to allow the increased ROM include latissimus, triceps brachii, posterior deltoid, teres major and minor, infraspinatus, anterior deltoid, pectoralis major, upper trapezius, and SCM.

Barbara also shows much greater muscle strength. She improved in all muscle tests and rather significantly in some. Her biggest strength gains were in the latissimus on the left side, middle trapezius, SCM, and upper trapezius. Other muscles that were strengthened include posterior deltoid, teres major and minor, triceps brachii, anterior deltoid, and pectoralis major.

Yoga therapy has been effective in reducing the occurrences of numbness in Barbara's right arm and hand. In fact, she has been without numbness for over a week as of our last meeting. Other chronic conditions have improved. She has fewer incidences of heart burn and gas. The congestion in her lungs from asthma has improved. She has lost some weight. She feels more positive, calm, and peaceful. She is less critical of self and others. She is more sensitive and aware.

2. CONDITION

A) NAME AND DESCRIPTION

Neck Pain

"According to a recent report in the Annals of Internal Medicine, roughly 13 percent of American adults suffer from neck pain at any given time."

<<http://healthresources.caremark.com/topic/neckpain>>

"About two thirds of people will experience neck pain at some time in their lives. Prevalence is highest in middle age. In the United Kingdom, about 15 percent of hospital-based physiotherapy, and in Canada 30 percent of chiropractic referrals are for neck pain. In the Netherlands, neck pain contributes up to 2 percent of general practitioner consultations."

<<http://www.aafp.org/afp/20050101/bmj.html>>

"The disc is the major cause of chronic neck pain in about 25% of patients, and there can be both disc pain and facet pain in some people." <<http://www.spine.org/articles/whiplash.cfm>>

Neck pain can be caused by problems with the soft tissues of the neck (muscle, ligaments, and nerves) or by problems with the bones and joints. Infections, tumors, and congenital abnormalities can also cause neck pain, but these are less common. Problems of the soft tissues include:

- Injury or trauma which is most commonly caused by automobile or diving accidents, contact sports, or falls.
- Muscle strains caused by stress, poor posture (including postural changes due to scoliosis, leg-length differences, and pelvic torsion), and teeth grinding or clenching.
- Nerves trapped by bulging or herniated discs or a narrowing of the disc space.

Problems of the bones or cervical disks include:

- Degenerative and inflammatory diseases such as osteoarthritis and rheumatoid arthritis.
- Cervical disc degeneration, bone spurs, and spinal stenosis.
- Cervical disc bulge and herniation.

Neck pain can range from mild to severe, acute, lasting from one day to three weeks, to chronic, lasting longer than three months. “Most uncomplicated neck pain is associated with poor posture, anxiety and depression, neck strain, occupational injuries, or sporting injuries. With chronic pain, mechanical and degenerative factors (often referred to as cervical spondylosis) are more likely. Some neck pain results from soft tissue trauma, most typically seen in whiplash injuries. Rarely, disc prolapse and inflammatory, infective, or malignant conditions affect the cervical spine and present as neck pain with or without neurologic features.”

<http://www.aafp.org/afp/20050101/bmj.html>

Treatment of neck pain depends on its cause, severity, and duration. For acute neck pain caused by muscle strain or minor injury, the best treatment is often home care, including rest, over-the-counter anti-inflammatory pain relievers such as aspirin, ibuprofen, and naproxen sodium, ice (for inflammation), or heat (to relax sore muscles). For pain that does not respond to home care or becomes chronic, treatment may consist of the following:

- Physical therapy and exercise. Treatment may include heat, ice, ultrasound, muscle stretching, and muscle strengthening.
- Cervical traction. This may be particularly helpful in cases of nerve root irritation.
- Chiropractic or osteopathic manipulation.
- Modifications to daily activities that exacerbate pain.
- Short-term immobilization with a cervical collar.
- Pain medications. These may include narcotics, opioid analgesics, muscle relaxants, and tricyclic antidepressants that may reduce nerve root pain.
- Corticosteroid medications or nerve root block injections to reduce nerve root pain caused by herniated disks.
- Surgery. A last-ditch option for those with problems of the cervical vertebrae that cause nerve root pain.

Some people are now using yoga to relieve neck pain. “Of respondents using yoga in the previous 12 months, 64% reported using yoga for wellness, 48% for health conditions, and 21% specifically for back or neck pain.”

<http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=15055093&dopt=Citation>

Seek immediate medical attention for neck pain and stiffness accompanied by headache and fever, especially when the neck is so stiff that the chin cannot be brought toward the chest. These are symptoms of spinal meningitis. A doctor’s visit is also warranted for pain that is continuous, persistent, and/or severe, pain that radiates into the shoulder, arms, or hands, pain

that is accompanied by headaches, numbness, tingling, loss of strength, and/or changes in bladder or bowel habits. These may be signs of a neurological problem.

B) GROSS AND SUBTLE BODY COMMON SYMPTOMS

On the physical level, neck pain is not limited to pain in the neck. Neck pain also includes the following symptoms:

- Neck stiffness
- Sore, tense, tender neck and shoulder muscles that are painful to the touch
- Reduced ROM in neck and shoulders
- Abnormal head posture resulting from pain
- Headaches
- Pain that radiates into the shoulder, arm, hand, or between shoulder blades
- Tingling, numbness, and/or weakness in arms and/or hands

Many, if not all, of these symptoms are caused by poor posture and the muscular imbalances that it creates. The posture associated with neck pain includes, but is not limited to, forward head, rounded middle and upper back, rounded shoulders, collapsed chest, sunken solar plexus, and either lordosis or a flattened lumbar curve. With this posture, the muscles of the neck (SCM), upper and middle back (middle and lower trapezius and latissimus dorsi) are commonly weak, overstretched, and tight. The muscles of the upper chest (pectoralis major and serratus anterior) are shortened and tight.

A forward head posture causes not only muscle imbalances, but can also lead to compression of the vertebrae as the cervical curve flattens. Compression of the vertebrae can lead to arthritis, degenerative disc disease, and a host of related problems such as bone spurs and herniated discs.

Herniated cervical discs can cause pain that radiates to the shoulder, arm, hand, and/or fingers, tingling, numbness, and/or weakness as the disc material spills into the space occupied by spinal cord or nerve root. Where these symptoms are felt depends on which disc is herniated. Below is a listing of symptoms for herniation at a specific site.

Symptoms of a Cervical Herniated Disc (from www.spine-health.com):

A cervical herniated disc will typically cause pain patterns and neurological deficits as follows:

- **C4 - C5** (C5 nerve root) - Can cause weakness in the deltoid muscle in the upper arm. Does not usually cause numbness or tingling. Can cause shoulder pain.
- **C5 - C6** (C6 nerve root) - Can cause weakness in the biceps (muscles in the front of the upper arms) and wrist extensor muscles. Numbness and tingling along with pain can radiate to the thumb side of the hand. This is one of the most common levels for a cervical disc herniation to occur.
- **C6 - C7** (C7 nerve root) - Can cause weakness in the triceps (muscles in the back of the upper arm and extending to the forearm) and the finger extensor muscles. Numbness and tingling along with pain can

- radiate down the triceps and into the middle finger. This is also one of the most common levels for a cervical disc herniation.
- **C7 - T1** (C8 nerve root) - Can cause weakness with handgrip. Numbness and tingling and pain can radiate down the arm to the little finger side of hand.

It is important to note that the above list comprises typical pain patterns associated with a cervical disc herniation, but they are not absolute. Some people are simply wired up differently than others, and therefore their arm pain and other symptoms will be different. <<http://www.spine-health.com/topics/conserv/cervhern/chd1.html>>.

The posture associated with neck pain affects not only the neck and shoulder areas, it also affects the digestive system. "Tightness in the upper back and chest weakens the appetite, which is determined by the prana in the head and mouth. Tightness in the middle back and mid-abdomen weakens the digestive fire in the small intestine, which can become squashed by accumulated tension, causing malabsorption of food. Tightness or weakness in the lower back and abdomen constricts and weakens the colon, resulting in constipation or diarrhea and other problems of apana vayu." David Frawley, *Yoga and Ayurveda*, p. 209.

On the energetic level, respiration and circulation are negatively affected by a rounded upper and middle back and collapsed chest. This posture decreases lung space and capacity, causing shallow breath and reduced oxygen consumption. According to David Frawley in *Yoga and Ayurveda*, lung function impaired in this way leads to a number of problems including accumulation of mucus and congestion in the lungs, infection, allergies, and poor immune function. When the lungs are impaired, the movement of vyana vayu, the prana that governs circulation, particularly from the core to the periphery, will also be impaired.

A rounded posture will inhibit movement of udana vayu, the upward moving prana. Udana vayu is the positive mental energy that leads to self-transformation and spiritual growth. It governs the throat and the ability to stand up straight, hold the head up, speak the truth, and to express one's self. Symptoms of imbalanced udana vayu would include problems in any of these areas.

On the psycho-emotional level, symptoms associated with neck pain may include poor self-esteem, depression, fear, anxiety, and repressed anger. The posture that contributes to neck pain also contributes to low self-esteem and depression because it blocks udana vayu, the prana that is responsible for positive feelings that encourage personal growth. Poor posture also contributes to excessive fear, anxiety, and anger. In the same way that udana vayu is inhibited in its upward movement, prana vayu, the prana that governs the head, mind, and thought, is inhibited in its downward movement through the throat to the navel. This creates imbalance with symptoms of fear, anxiety, and anger.

On the level of the wisdom body, symptoms include a lack of awareness of the cause of the neck pain or what to do to make it better. The obstruction of udana vayu prevents connection to our own wisdom, intuition, and inner guidance. When udana vayu is in balance, confusion clears and consciousness evolves.

On the level of the bliss body, bliss is unattainable due to the imbalances in prana and udana vayus. "When prana is motionless, it becomes blissful awareness." Vasant Lad, *Textbook of Ayurveda*, p. 48.

In the same way that the koshas are affected by neck pain, the chakras are affected. Energy is blocked in all of the chakras from the root to the crown.

It is interesting to note that Barbara suffers from a number of problems caused by the pranic imbalances described in this section including reflux, asthma, and a mood disorder in which she experiences bouts of depression. It is also interesting that after three months of yoga therapy she has noticed a reduction of symptoms with less heartburn and gas, less lung congestion, and more incidences of feeling calm and peacefulness.

C) RELATED CHALLENGES

Neck pain is not often disabling, but it can account for lost work days. "In some industries, neck-related disorders account for as much time off work as low back pain. The percentage of people in whom neck pain becomes chronic depends on the cause but is thought to be about 10 percent, similar to low back pain. Neck pain causes severe disability in 5 percent of affected people." <<http://www.aafp.org/afp/20050101/bmj.html>>

Those with chronic neck pain may also suffer from other physical problems which may be due to poor posture that causes blocked energy channels in the body. These problems, discussed in the previous section, can include constipation, digestive disorders such as irritable bowel and reflux, asthma and lung disorders, thyroid conditions, headaches, depression, and anxiety. Any of these problems, in and of themselves, can become chronic and disabling.

3. AYURVEDIC ASSESSMENT

Neck pain is experienced differently in kapha, pitta, and vata types. Kapha types are not usually prone to neck pain because of their physical structure. When they experience neck pain, it is often caused by congestion or compression of the vertebrae. Pitta types are prone to inflammatory conditions such as arthritis and nerve compression. Vata types often have excessive mobility of the joints that can cause cervical disc prolapse or neck strains. Vata types also are likely to suffer from stress-related neck pain and headaches. www.iytyogatherapy.com

Neck pain is generally caused by imbalanced vata. With vata conditions, yoga therapy should help regulate prana. A yoga therapy program for neck pain should include the following:

- Pranayama. Good choices of pranayama include wave breath with awareness of thoughts and feelings, intercostal breathing, and sama vritti ujjaye pranayama which can be done alone or with dynamic asana.
- Dynamic movement with breath and awareness. Use the dynamic movements of the JFS for shoulders, upper body, and neck along with other dynamic postures. End asana with apanasana to bring vata back to its home in the pelvis.
- Sacroiliac Stabilization Exercise. Use when indicated by results of the sacroiliac test.
- Relaxation. Relaxation helps increase awareness and sensitivity and calms an overly stressed system. Yoni mudra is useful in savasana to bring displaced vata home.

Neck pain is also a pitta condition when symptoms involve pain radiating to the shoulder, arms, and/or hands, weakness, numbness, and/or tingling. In this situation, yoga therapy should focus on a dynamic mild stretch around the area of pain, being careful not to stretch on the area of pain. Care should be taken to avoid building too much heat with the stretch or with asana

practice. Yoga practice should work with the breath to help cultivate discernment about the causes of pain and how to avoid them and to keep practice from becoming too rajasic.

4. COMMON BODY READING

In a standing assessment, any of the following may be present:

- Forward head, indicating a tight SCM and weak upper trapezius.
- Tilted head, indicating tight SCM and upper trapezius and weak SCM and upper trapezius on the other side.
- Rounded shoulders, indicating tight pectoralis major and weak middle and lower trapezius.
- Uneven shoulders, indicating tight upper trapezius and levator scapula and weak lower trapezius, latissimus, and pectoralis major (sternal).
- Forward arm, indicating tight anterior deltoid and pectoralis major (clavicular) and weak posterior deltoid, infraspinatus, teres minor, and middle trapezius.
- Winging scapula, indicating tight serratus anterior, pectorals, and anterior deltoid and weak middle trapezius and rhomboids.
- Collapsed chest, indicating tight rectus abdominis, pectorals, and upper trapezius and weak middle and lower trapezius.
- Sunken solar plexus, indicating tight rectus abdominis, pectorals, and upper trapezius and weak middle and lower trapezius.
- Lordosis, indicating tight lumbar erectors, psoas, and hip flexors and weak middle trapezius and rectus abdominis.
- Flattening of lumbar curve, indicating tight middle trapezius and rectus abdominis and weak lumbar erectors, psoas, and hip flexors.
- Khyphosis indicating tight rectus abdominis, pectorals, and upper trapezius and weak middle and lower trapezius.
- Scoliosis.
- Pelvic torsion.
- Sacroiliac instability.

5. CONTRAINDICATED YOGA PRACTICES AND GENERAL ACTIVITIES TO MODIFY OR ELIMINATE

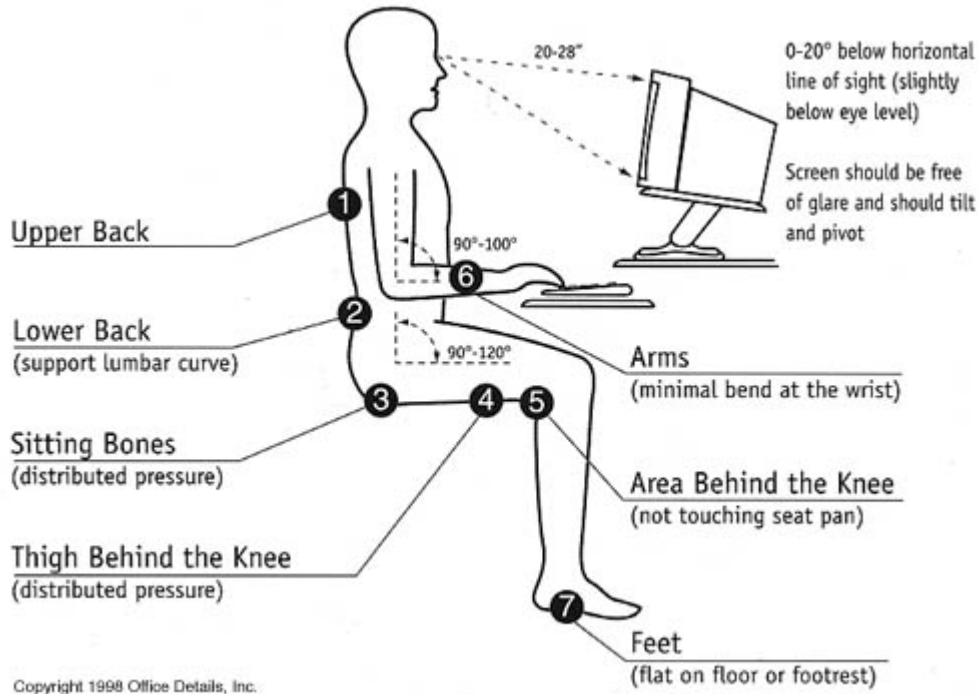
With neck pain, especially caused by degenerative conditions or herniated discs, avoid any asana that can cause compression of the cervical spine. Such postures include headstand, full shoulderstand, half shoulderstand, plow, fish, and camel. In all postures, maintain a normal cervical curve as much as possible. Keep the neck long in postures like cobra and boat. If looking up at the hand in poses such as triangle and balancing half moon pose is uncomfortable, look straight ahead to avoid straining the neck. With pranayama, keep the breath in the middle chest and/or belly to avoid stressing the neck and shoulder muscles that attach to the clavicle.

Modifying posture can go a long way toward preventing neck pain. Arrange work and home environments to help avoid forward head posture. The diagram below, from <http://www.nismat.org/ptcor/ergo/>, shows ideal office ergonomics. When using the computer, adjust the screen so that it is slightly below eye level. Use a document holder so that the neck

does not need to bend or jut forward to see what is on the page. Use a telephone headset. Avoid cradling the telephone between the ear and shoulder. When sitting, keep the lumbar area supported to maintain a normal lumbar curve. When the lumbar curve is maintained, it is easier to maintain normal thoracic and cervical curves. Sit close enough to the keyboard so that there is a straight line down from shoulder to elbow. With a bent elbow, the angle between the upper arm and forearm should be 90 degrees. Making these changes will reduce tension and strain in the neck and shoulders.

Ideal Office Ergonomic Features

(From <<http://www.nismat.org/ptcor/ergo/>>)



Modify daily routines, particularly at work, to allow for frequent breaks. Change positions often and stretch. Use the JFS for wrists, elbows, shoulders, upper body, and neck to keep those places from getting stiff and sore and to relieve stress.

For nighttime comfort, sleep on a firm mattress. Avoid sleeping on the stomach. For sleeping on the back, support the cervical spine with a neck roll. When sleeping, the head should be propped, if necessary, so that the forehead is slightly higher than the chin. For sleeping on the side, use an orthopedic pillow which is designed to support the head and neck in that position.

6. GENERAL RECOMMENDATIONS FOR THE CONDITION

A) THERAPEUTIC/FREE OF PAIN

In the acute phase of neck pain, treat symptoms at home with over-the-counter anti-inflammatory pain relievers such as aspirin, ibuprofen, and naproxen sodium, ice for inflammation, heat for soreness, and rest. Yoga therapy at this point could include pranayama such as the wave breath, intercostal breathing, or sama vritti ujjaye pranayama. Keep the

breath in the middle chest and/or belly to avoid stressing the neck and shoulder muscles that attach to the clavicle. The breath can also be directed into the place of pain to free the energy in that part of the body and relieve the pain. It may also be appropriate to practice the JFS for shoulders and neck if the movements can be done without pain.

B) STABILIZE SITUATION AND LIFESTYLE CHANGE RECOMMENDATIONS

The next phase of yoga therapy for neck pain would include asana to address specific muscle tightness and weakness as identified during the initial intake. In general, yoga therapy should aim to strengthen the muscles of the neck and middle and upper back, the area below the pain, while stretching the front of the chest. Postures should be done dynamically with the breath to reduce vata. If postures are done statically, guard against increasing heat or moving into rajasic practice. Helpful asanas from the twenty-four asanas in *Structural Yoga Therapy* are:

- Extended triangle with dynamic neck rotation to strengthen the SCM and upper trapezius.
- Warrior II with palms facing up, inhale fingertips to shoulders, exhale straightening arms to open the brachial plexus (SYT training, Boulder, CO, 5/27/06).
- Downward facing dog to strengthen the anterior deltoid and stretch the posterior deltoid, pectoralis major and teres major.
- Bridge with knees and shoulders in a line so as not to flatten the neck. Bridge pose strengthens the middle and lower trapezius and stretches the upper trapezius.
- Abdominal twist to strengthen the SCM.
- Stick to strengthen latissimus and middle and lower trapezius and stretch pectoralis major and anterior deltoid.
- Spinal twist to strengthen SCM and latissimus and stretch middle deltoid and teres major and minor.
- Cobra to strengthen upper trapezius and posterior deltoid and stretch pectoralis major.
- Camel with the neck upright, not hanging backward, to strengthen SCM, upper trapezius, teres major and minor, and latissimus and stretch anterior deltoid and pectoralis major.
- Face of Light arms with dynamic movement of the upper arm back and forth and up and down to open the brachial plexus.

Other postures that can be helpful are:

- Supine neck strengthener from Mukunda Stiles, *Structural Yoga Therapy*, p. 180 to strengthen SCM.
- Wall hang from Mukunda Stiles, *Structural Yoga Therapy*, p. 157 to stretch the erector spinae and neck.
- Cat bows from Mukunda Stiles, *Structural Yoga Therapy*, p. 179 to strengthen the middle and lower trapezius and triceps brachii.
- Cat with shoulder blades coming together on inhale to strengthen middle and lower trapezius and with shoulder blades moving apart on exhale to stretch those muscles.
- Eagle arms with dynamic movement up and down to strengthen pectoralis major and anterior deltoid and stretch posterior deltoid.
- Yoga mudra arms to strengthen latissimus, posterior deltoid, triceps, teres major, and middle and lower trapezius and stretch pectoralis major and anterior deltoid.
- Sphinx to strengthen lower trapezius and pectoralis major and stretch upper trapezius.

- Locust variation (Appendix 2) to strengthen erectors in the upper back, middle trapezius, posterior deltoid, latissimus, and triceps brachii and stretch pectoralis major and anterior deltoid.
- Boat with neck kept neutral to strengthen the middle and lower trapezius, latissimus, triceps brachii, posterior deltoid, and teres major and minor and stretch anterior deltoid and pectoralis major.
- Bow with neck kept neutral to strengthen posterior deltoid and teres minor and stretch pectoralis major and anterior deltoid.
- Desk with neck upright, not hanging back, to strengthen SCM, upper trapezius, teres major and minor, and latissimus and stretch anterior deltoid and pectoralis major.

Lifestyle changes include:

- Reducing stress
- Spending more time in relaxation
- Drinking more water, especially with degenerative disc conditions
- Modifying posture, especially forward head position
- Modifying schedules and routines to allow time to get up and stretch
- Modifying sleep position, if necessary
- Treatment for anxiety and depression

C) MAINTENANCE AND LONG TERM CONSIDERATIONS

This last phase of yoga therapy should include a short routine of postures to maintain strength in the upper and middle back and other key areas as needed by the individual as well as pranayama and meditation. At this point yoga therapy should also address other conditions that contribute to neck pain such as scoliosis, lordosis, leg length differences, and pelvic torsion. In addition to yoga therapy, psychotherapy may be warranted for resolving conditions such as anxiety, depression, fear, and repressed anger if they do not respond to yoga therapy.

7. QUESTIONS AND ANSWERS FROM WWW.YOGAFORUMS.COM

January 16, 2006 Post subject: C6, C7, T1 Tightness

Q-Can you please give some tips on releasing the tightness and "stuck" sensation in this area. I've tried the cat flows very mindfully and slowly - but don't feel this area moving independently. It also at times seems to jam into the C1-2 area as well.

A-Doing the cat bow with head up and sinking in the stuck region will normally create mobility in this region. The cervical must be elongated and to some degree increased in curvature to help this. Keep elbows tight and moving inferiorly, so that tone is given to middle trapezius and rhomboids. namaste m

January 06, 2006 Post subject: Shoulder/Neck Pain

Q-I had pain around the right side of neck and right shoulder for several years working long hours at the computer (my education was delivered/relied on the computer). I continue to have this pain whenever I use the computer or do chores where I have to stretch out my arms or raise my arm. A pop and grating can be heard at the back of my neck and pops as well when I move

my shoulder. I frequently do all chores and carry groceries (I live alone) I seemed to have strained my other left side of neck and shoulder as well. Now my upper back feels tight. It did not worsen this much when I was staying with my family. I think my delicate frame is not strong enough for many activities. Now I have used a proper chair and adjusted height of my computer which seem to lessen the pain on the right side.

I did the JFS which I feel seem to release much of the tightness and pain, although I could hear the clicking while doing them. I felt like a weight has been lifted away during and immediately after the session. Then, when I start to move my arms again for one or two times for my errands, the pain would come back.

I could not stop my chores as there is no one else to do them. How can I fully benefit from the JFS even after the session? Should I have to stop certain movements of my upper body daily for a while?

A-I would suggest you do the JFS very slowly and learn to focus attention on the currents of sensation in your body. They are likely to be pronounced not just the specific joint you are addressing but at diverse regions. So encourage that awareness. As long as your body is having a discharge of strain, pain or spontaneous motions (kriyas) keep doing whatever you are doing. just be gentle. If this is the way your body is healing then send me personal email to yogimukunda@comcast.net and begin the Tantra lessons they can deepen this subtle body reaction to more effective JFS.

If you fatigue while doing JFS then you simply need persistence to build muscle tone. In that case follow guidelines in SYT book chapters 17 & 18 if tone is not coming by being progressive then it is a sign that rest is appropriate. Often rest is needed when injured tissue is recovering from physiological changes of stress leaving your body. The joints are often where pre arthritis changes are stored. If that is the case then search this site for arthritis diet 10 day cleanse. namaste m

October 09, 2005 Post subject: Herniated Lumbar Disks & Cervical Spine Stenosis

Q- I have a client who has a herniated disk L4, L5 and spinal stenosis. The stenosis is in the cervical area. The doctors want him to have surgery and he doesn't want to. The doctors do not want him doing any yoga. He will be seeing a neurosurgeon next week. I have been working on him with poses for the herniated disk such as Triangle, Parsvakonasana and backbends. My questions are:

1. What do you suggest for the cervical stenosis?
2. Is it necessary to have surgery since it is in the cervical region?
3. Can Yoga help open up the cervical vertebrae? If so, what poses would be good for him?
4. I have read something about spinal stenosis but all lumbar stenosis and that it could be congenital or due to aging. Any other reasons this happens that you know of on the cervical region?

My client is in his mid 50's, very weak and tight ALL OVER his body. He is a M.D. He suspected from his symptoms that he has a herniated disk. He was surprised to hear about the cervical spinal stenosis.

I have ordered that book on Low Back Pain that you had suggested. It sounds like it may not talk about the upper spine. I would like to have one book to answer all my questions that come up. Like one stop shopping! Is this possible??? Thanks, S

A-

1) Arthritis diet for 10 days. For any bone spurs – arthritis, stenosis, and pitta imbalances in general.

2) Depends on many factors that I do not comprehend. When surgery is needed, it works fine for this condition. Recommend you see Surgery and Its Alternatives by Drs. McLanahan (brother and sister). She is alternative physician at Yogaville Ashram in VA; he a surgeon in Seattle. It is frank about the options and their effectiveness. It is an excellent reference book to keep on hand, inexpensive for such a huge work, now in paperback.

3) For cervical decompression and in general all poses you give must be done to decompress, elongate the spinal column. Moving pelvis away from waist and moving head away from shoulders are instructions to have in all asanas. Rolling bridge, Viparita Karani if he is strong enough to hold and neck relaxed enough during practice. Spinal twists of all sorts can decompress spine when done with mild backbend motions within the asana.

4) No reasoning that I can understand. Medical literature is more talking about symptoms rather than what caused it. I have a physician client who also has it mid 40s.

5) Then read Surgery and its Alternatives, covers all topics that are related to potential surgery and how to avoid it.

September 13, 2005 Post subject: Good & Bad Postures for Cervical Spondylitis

Q-I have been suffering from cervical spondylitis. After seeing my x-ray the doctor informed me that it was not very serious. However, I do feel pain when I turn my neck towards right side, especially in the mornings. I do those neck exercises but there is no improvement. Could Mukunda, Chandra or someone tell me what asanas are good for this problem and what asanas should be avoided. For the past 8 or 9 months I have STOPPED doing Sarvangasana, Halasana, Sirshasana & Mayurasana. I have been doing Padmasana, Vajrasana, Trikonasana, Bhujangasana, Shalabhasana, Dhanurasana, Supta Vajrasana, Paschimottanasana, Ushtraana, Matsyasana & Chakrasana. Please let me know if any of these are not advisable for me.

A-I would recommend speaking with your yoga instructor regarding this matter. They can observe you and the way your body wants to move in all of the positions that you are doing, and avoiding. If you practice only solo, I would advise you to find a reputable studio to get an opinion. An experienced observer is the best tool in this situation.

I have several structural problems myself, and I had to learn the hard way that some yoga postures are bad for certain things that are wrong with my spine. I had been doing several poses wrong due to my own personal limitations. My financial limitations saw to it that I did this damage for a few years before I took action and found a good instructor. A good yogi will be able to guide you and spot you.

You may also want to consult the physical therapist, or whoever gave you the neck exercises that don't seem to be helping you. Ask for some guidance or maybe some different exercises.

I have found that postures that I always avoided because they caused me pain, only needed to be modified while I strengthened and worked toward achieving the proper pose.

A-I concur with the above response, however I would recommend a yoga instructor who is either a yoga therapist or trained in working with clients who have special needs. Poses which strain the neck, placing excessive weight or are done outside of normal range of motion would be contraindicated in this case. Further, a trained body reader can assist you to recognize when you are straining the neck. A pose such as Bhujangasana (Cobra), for example, can be practiced with an excessive arch in the neck (which would exacerbate your condition), or as a therapeutic pose with a healthy neck extension (which would serve to provide stability). This is accomplished by keeping the spine long without lifting the chin.

In general, I would recommend that you focus on maintaining a neutral neck position, avoiding those postures which you cited as they can stress the neck. Without seeing you, it is difficult to determine specific muscular imbalances. Where are you located? It may be possible to see Mukunda or one of his Structural Yoga Therapy students/graduates for personalized practice guidelines.

March 23, 2005 Post subject: Neck Misaligned

Q-I have a student who told me a neck vertebrae was found to be misaligned- he doesn't feel any pain and is receiving physical therapy. I told him to not bend his neck backwards and told him not to do most of the ending postures; especially bridge pose, shoulder stand, halasana- so that he will not put pressure on his neck.

I would appreciate your advice- what should I tell them to do/not do during the lesson. Are there any questions I should further inquire in to?

A-Misaligned vertebrae is not a problem in his case as he is not in pain. So I would have him do all practices; especially my joint freeing series in its entirety as when this is done neck adjusts itself because neck series ends the practice. namaste mukunda

November 15, 2004 Post subject: Herniated Cervical Disk

Q-Would the neck exercises that you give in SYT text pg. 180-181 be beneficial to someone with a previously herniated cervical disk?

A-They should indeed be helpful gradually progressing to doing 12X.

September 24, 2004 Post subject: Hands and Arms Fall Asleep

Q-I'm working with a client who is a chef. Her forearms and hands (especially her index and thumb) tingle, are painful, and sometimes fall asleep. Her upper trapezius seems tight, and a little weak. Her middle traps are weak also. She does fine on ROM testing. I gave her cobra pose and the wall hang as well as the JFS for hands and shoulder area. How do I get more specific with her? Thank you!

A-When there is numbness, one needs to do variations of my JFS to assist at freeing the entrapment from neck to wrists. So I would suggest you reverse the sequence of this part of my series and go from shoulders to hands. Also add eagle arms and bring the elbows up and down repeatedly. Then do gomukhasana too pulling the upper elbow forward and backward then up and out to the side. Give plenty of breathing with these instructions, even more than one breath

per motion. See also if she really loves her job. Sometimes these symptoms are signs of "I don't want to be here". Just ask. Never hurts to be curious. namaste mukunda

August 06, 2004 Post subject: Neck Problems

Q-At the first SYT training in Yogaville, you helped a lady that was having neck problems. You cradled her head at an angle off the table and she had an emotional release. What exactly were you doing at that time? Were you just waiting for the muscle to release? You did have an awareness that it was a deeper issue!

A-That technique is described in my book, see SYT top of page 181, I align the vertebrae until spine is straight. The muscles that hold alignment are weakened so by stressing them it pulls spine to straight line. Emotional release I cannot tell for sure but my ability to ready prana sometimes warns me of its likelihood.

January 30, 2004 Post subject: Flattened Neck

Q - mukunda -- just got done reading structural yoga therapy. It was awesome; I will treasure it and use it for the rest of my life. Truly a great book. Thanks. One question about reversed cervical curve in the spine. Any yoga asanas good for this condition? The neck strengthening exercises are very good and helpful. But what else? Thanks again brother. Warm regards. yoga teacher from NYC

A-By reversed cervical curve I believe you mean a flatten neck not one going sideways. For that the variations of sternocleidomastoid muscle exercises on page 180-181 are best. You can also add cobra with hands behind head to strengthen the upper trapezius muscles. Namaste

October 17, 2002 Post subject: Cervical Neck Pain

Q-I have been to several of your workshops at Gentle Strength and have had one private session with you at your old place. The reason I am writing is about my dad. Dad lives in Desoto Kansas and I was hoping to find him someone who has similar training as you. Dad has had a problem in his neck or in between his shoulder blades that has bothered him for 4 months now. He gets 2 massages a week and has been told he has a bulging disk in his neck; I'm not sure exactly which vertebrae. I was wondering if you ever go to Kansas City or if you know of someone there that could work with him. I just spent a week at home and he is miserable, but I think he is open to some alternative ways to get better. Let me know if you have any suggestions or need more info. Thank you

A-I travel regularly to Wichita and he could have an appointment with me when I come there next is Oct. 17 - 21. I do not know of anyone in that area to recommend. A possibility is to contact the yoga center there in Wichita (316-636-9642, their website is www.thestudio-ict.com) and see if she has a recommendation for you. My recommendation would be a bodyworker not a yoga practitioner. Cervical neck troubles are rarely helped with yoga more often than not they are irritated.

July 01, 2002 Post subject: Arthritis in Neck

Q-Hi Mukunda, I have a student who has mild arthritis in the neck and has asked about doing Shoulderstand. I would appreciate your input on this matter. Thanks again for all your help. Jai Ma!! S

A-I would encourage the student to do the entire Joint Freeing Series regularly as a prelude to doing the half Shoulderstand as it is in my book. The ideal sequence would be to do all the poses on page two of the summary of the 24 Structural Yoga asanas. Drinking extra water especially now and also look up arthritis for more details on my supplemental Website - www.yogaforums.com

April 27, 2002 Post subject: Neck Strengthening Exercise

Q-My question is about the neck strengthening exercise in your book. I was wondering if this would be a good thing to do for people who have a forward head? From your book I see that the sternocleidomastoid muscles are tight and the upper trapezius is weak, so it would seem to me that it would be more appropriate for a person with a forward head to lie face down and lift the head up. If this were correct, would you place the hands behind the head and then lift up? I thank you in advance for your reply. Sincerely, S

A-Yes, this is indeed more for someone with a forward head though I would check as they can be forward and still have the later neck muscles weak too. In that case I would give both but with the head lift on belly done more and last.

April 27, 2002 Post subject: Neck Injury

Q-I have a person who came to me seeking help. He is in his late fifties and suffered a severe neck injury 20 years ago and lives in constant pain. He has limited range of movement because almost anything he does causes pain in the neck. Just a quick examination with him lying on the floor caused pain in his lower left back. He has been watching one of my classes for several weeks and has decided that yoga may help him. He wants to change his nutrition and begin some kind of movement to improve his condition. He is a Native American and approaches life in a deeply spiritual way. What may I do to help this person? Namaste, d

A-Again I would start this man with the JFS and pranayama. Breathing exercises beginning with seated or lying simply breathing into the painful area is the way to begin. If he can learn to direct his energy the pain should lessen or even subside to a great degree. For pain I find the major path to go is pranayama and meditation practices. Opening to the Great Spirit who can allow his body to heal. For people in long-term pain, the key is to focus on helping someone else who is in pain. That teaches them by proxy how to alleviate their own pain.

April 26, 2002 Post subject: C6 Neck Injury

Q-I have a student in her late forties with a c-6 neck injury, a disc; it gives her a great deal of pain and also causes headaches. She loves doing yoga but is limited in what she can do. There seems to be no rhyme or reason as to what causes the headaches. Are their asanas I can do with her that will improve the condition? Is there a way to lessen or eliminate the headaches? Thank you, Dean

A-Usually headaches are due to excess heat (pitta). Main remedy is improve diet, follow Ayurvedic guidelines for balancing pitta, be gentle in life and asana practice, increase time with gentle ujjaye pranayama direct energy to opening blood vessels in cranial cavity. Sometimes hands on healing like Reiki can work wonders.

April 26, 2002 Post subject: Narrowing C5 and C6

Q-One of my regular students has a narrowing of the disc space between C5 and C6; His doctor called it bilateral exit foraminal narrowing at C5/C6. He also has some straightening of the normal cervical curve. He is fairly tuned into his body and is in reasonable good health. My common sense tells me to avoid any kind of potential compression to the cervical spine. So in all his asanas I emphasize that he maintain normal cervical curve as much as possible. Can you give some advice for him?

A-Your thinking about this is aligned with mine. In general I do not treat this situation any different from a normal student unless there is current pain or nerve reactions down the arm. Main work I recommend is to strengthen the shoulders by doing Down Facing Dog pushups, handstand and pushups. By building up the deltoids, upper trapezius and maintaining normal flexibility of all the natural motions of the shoulder girdle the situation can remain as a situation and not progress to a problem. In degeneration or compression I always recommend increasing water intake to 1-2 quarts of water (not juices or beverages) per day. This often makes a difference in a few weeks.

April 24, 2002 Post subject: Neck and Shoulder Trouble

Q-My 17 year old son has been having trouble with his neck for some time. A recent x-ray reveals congenital fusion of C1 & 2 as well as C6 & 7. He is constantly making abrupt movements with his head from side to side to "adjust" his neck. He has been getting Craniosacral work and chiropractic about once a week, but I'm now worried about the chiropractic. He also possesses the unusual ability of being able to make himself faint if his shoulders come up to close to his ears (e.g. it happened once in cobra when his shoulders were too high). My sports doctor said he has hypermobility in the upper body and was pinching arteries into the brain. My son is also a mouth-breather, and nothing I have tried over the years will convince him that nose breathing is healthier. I look forward to your answer. In Love and Light, Karusia

A-In the ideal world, one's child would listen with respect and love to their parent's advice. They would rush to follow their every recommendation and heap mounds of praise upon them for their great love and concern for the child's well being.

In this world, let us understand what he has going on and see how you can relax your personal stress levels. Knowledge is a great reliever of tension and often brings an ability to access the true wisdom of God. I agree with sports doctor, your son very likely has occlusions of the vertebral arteries that run through the transverse processes of the cervical vertebrae. Look at a good anatomy book to see them. The ideal is for his muscles to become stronger in flexion and extension and minimize lateral flexion and rotation. Of course these are the very motions he is undoubtedly doing to adjust his own neck. Adjustments (whether done by yourself or a DC) increase vata and contribute to chronic instability. Definitely do not do neck rolls, they are rarely beneficial and in his case could lead to fainting. Unless chiropractor is a teacher of others I would not recommend use of this method for your son. Much better would be a highly skilled cranial sacral practitioner or polarity therapist.

There are many other reasons to justify nasal breathing, such as back pain and actually most pain (including neck) is often accompanied by mouth breathing. By correcting breathing one major portion of the pain cycle is broken. Pain is a vata imbalance and nostril breathing in descending vertical wave on inhale and reverse on exhale (described in more detail in my book)

is a simple solution if done consistently. For more details on nostril breathing and its benefits to top athlete's performances see *Body Mind and Sport* by John Douillard, DC. I don't know what your son will need to convince him but perhaps this book and its evidence may help.

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9. APPENDIX 1

Handout created by Lee Albert as part of the training materials for Positional Therapy taught at Kripalu Center for Yoga and Health (<http://www.kripalu.org>), Lenox, MA.

HOME CARE TIPS FOR POSITIONAL THERAPY

Kripalu presents



Sit with a pillow placed in the lumbar curve. This is just above your hip bones. Pillow should be thick enough to bring your head back over your shoulders and open the chest. This position should feel comfortable. This will contribute to overall good posture.



This position can cause muscle tension in the low back, upper back, neck and shoulders. This position can make the hips uneven. Make sure your bones are supporting you and not your muscles.



When sitting at your desk, keep your elbows by your side. Arms should be bent about 90 degrees.



This position can cause muscles tension in the shoulders, and neck. Do not reach for the mouse or keyboard.



When driving use your pillow and keep arms at side. Hands should be at the 4 & 8 position. This will also help to avoid potential trauma to the face if your air bags deploy.



Driving at the 10 & 2 position can cause muscle tension in the upper back, shoulders and neck.



APPENDIX 2 (Pose from *Yoga for Wellness*, p. 153)



Starting position.



Inhale.



Exhale.



Inhale.

APPENDIX 3



Inhale.



Exhale.



Inhale.



Exhale.

APPENDIX 4



Starting position.



Inhale.

10. BIOGRAPHY

Kathy Anderson is a yoga teacher in Frederick, Maryland, a suburb of Washington, DC. She completed 200 hours of yoga teacher training in the tradition of Integrative Yoga Therapy in 2004. Because of her interest in using yoga therapeutically, Kathy has received training in Yoga for Anxiety and Depression, Positional Therapy, Adaptive Yoga for MS, and Structural Yoga Therapy. Kathy enjoys teaching gentle yoga with an emphasis on relaxation and stress-reduction. She lives in Frederick with her husband and three children.