

Reviews

Books

Mel Robin. *A Physiological Handbook for Teachers of Yogasana.* Tucson, Ariz.: Fenestra Books, 2002. Paperback, 629 pp., \$49.95. Reviewed by David Coulter (author of *Anatomy of Hatha Yoga: A Manual for Students, Teachers, and Practitioners*, email: hdcoulter@bodyandbreath.com, tel.: 570-251-9914).

Mel Robin's *A Physiological Handbook for Teachers of Yogasana* is encyclopedic in scope (approximately 300,000 words, several hundred illustrations, a glossary, references, and an index) and is a treasure trove for anyone who has an interest in Yoga therapy. Although few enthusiasts will want or need to read it from cover to cover (excepting perhaps those who are embarking on an upper division college level course of study), every chapter contains substantive discussion of dozens of concepts and issues that Yoga therapists have found themselves wondering about at one time or another. All the systems of the body are covered: nervous, musculoskeletal, cardiovascular, respiratory, endocrine, immune, digestive, and reproductive, and the book is organized along the same lines.

Several examples of concepts important in Yoga therapy are illustrative: cerebral hemispheric laterality, which is so important in right-left balance; stress, emotions, and the autonomic nervous system; structure and function of muscles in relation to stretch, distress, and injury; skeletal alignment and misalignment; cardiovascular and respiratory adaptations and problems; endocrine responses to postures; pregnancy and men-

struation; and a special appendix on injuries. All these topics and many more are discussed in relation to the practice of Hatha-Yoga.

In any work that is this ambitious and comprehensive, errors of commission are inevitable, and the reader should be forewarned not to expect perfection. Some errors are relatively harmless as far as reader comprehension is concerned, such as that the brainstem is composed of the pons, medulla, cerebellum (wrong), and midbrain (page 14), but others are more egregious, such as the implication that the spinal cord is composed of nerves (page 16), which it certainly is not. Hopefully the most serious flaws will be spotted and corrected for subsequent printings and editions, which will inevitably come as modern science more and more recognizes the value of Yoga as a valid therapeutic intervention. *A Physiological Handbook for Teachers of Yogasana* will soon be recognized as a classic.

Rob Eschbach. *Medical Yoga Manual.* East Lansing, Mich.: Yogic Sciences Research Foundation, 2001. Paperback, 120 pp., \$16. Order tel.: 517-882-4885, email: reschbach@yahoo.com. Reviewed by Richard Rosen.

According to the author, Medical Yoga is useful for "preventative therapy, health maintenance, emotional therapy, hormonal balance, relaxation and recovery, post procedural therapy, [and] pain management."

After a short introduction, the manual is divided into eight chapters. Four of these outline different practice series for flexibility, gas relief, increasing energy, and

improving digestion. The flexibility series is the most extensive of the four, including some 25 exercises, mostly simple stretches for the feet and ankles, hips and legs, spine, wrists and fingers, and neck and shoulders. The other three series are much shorter, consisting of perhaps seven or eight simple exercises. There are also practice chapters dedicated to the sun salute and to relaxation and stress management. Chapter 7 reviews the supposed “correspondence” between the ductless glands—the pituitary and thyroid glands, for example—and the seven traditional *cakras*. Chapter 8 briefly outlines the application of the Medical Yoga exercises to over 70 ailments. The author makes no claim that these practices are a *cure* for any of the listed ailments, rather that they are recommended only for the “prevention of chronic disorders” and to “help keep the body in a healthy condition,” or to make any existing “problem/condition easier to live with.”

It is hard to see how all this “provides an integration of modern medical technology with Yoga therapy techniques.” I am not sure where “modern medical technology” fits into this manual, and the “yoga therapy techniques” are nothing more glamorous than a straightforward collection of simple exercises with some *âsanas* or *âsana*-like movements and *prânâyâma*-based breathing techniques.

I have to say that there are several serious problems with the teaching. One egregious example: the flexibility series—said to be especially useful for “those with restricted movement due to age or infirmities”—includes both the half and full lotus poses. I cannot think of any good reason why either of these poses is recommended for a targeted audience of beginning, stiff, elder, or

infirm students. To make matters worse, the instructions for entering lotus (“bend and cross both legs to the opposite thigh”) are woefully inadequate. In the half lotus, the student is instructed to “bounce your knee up and down” (the accompanying photo actually shows the model *pushing* on his knee). What a bad idea! Granted the author cautions the student about lotus (“Careful! Don’t hurt yourself! Don’t force them!”), but any competent teacher should know that the painful consequences of practicing this pose improperly do not always manifest immediately, that often the knees give out somewhere down the road after merrily performing lotus without pain for weeks or months, even years. I could add more examples, but I won’t belabor the point.

I am obviously not enthusiastic about this work. In its favor, the benefits given for each exercise are quite good, and the simpler exercises (though not the lotus poses and deep squats) are accessible to all levels of students. But the overall instruction and cautions for a self-therapy manual lack sufficient detail; the photographed model does not always demonstrate the described positions to the best advantage; the attempt in chapter 7 to match the glands and *cakras* is unconvincing and, in the context of the manual, not really useful; and a few of the listed ailments in chapter 8 (e.g., schizophrenia) seem far beyond the pale of the manual’s therapeutic potential. While this is an earnest effort, it needs additional work.

Linda Sparrowe, with Yoga Sequences by Patricia Walden. *The Women’s Book of Yoga & Health: A Lifelong Guide to Wellness*. Boston: Shambhala Publica-

tions, 2002. Paperback, 368 pp., \$22. Reviewed by Richard Rosen.

Linda Sparrowe is a former managing editor at *Yoga Journal* who has written extensively on women’s health issues, herbs, and complementary medicine, as well as on Pilates work and Yoga. Patricia Walden is a well-known Yoga teacher and one of the instructors in *Yoga Journal*’s enormously popular “Yoga Practice Series” of videotapes.

This book has 15 chapters divided evenly among five parts. Part one consists of three long “essential yoga sequences” for women—the essential, energizing, and restorative sequences. Building on this foundation, the remaining chapters and their sequences are organized roughly according to the female life cycle: Part two covers eating disorders (two sequences), the menstrual cycle (four sequences), and the immune system (one sequence); part three covers pregnancy (two sequences), common back problems (one primary sequence serving as the basis for two more-expanded sequences), and headaches (two sequences); and part four covers depression (two sequences), menopause (five sequences), and digestion (three sequences). The last part looks at conditions common later in life, including postmenopause (three sequences), osteoporosis (one sequence), and high blood pressure (one sequence). By my rough count, the book outlines a generous 32 sequences, most of them consisting of between 10 and 15 poses.

Each chapter (after the first three) has an introduction offering important background information on the subject at hand. For example, the chapter on eating disorders looks at anorexia, bulimia, and compulsive eating—their causes, biochemi-

cal indicators, and how Western doctors view and treat these conditions. The chapter on depression investigates its physiology, conventional medications, and alternative methods of treatment.

Sparrowe is an excellent writer, her work being an intelligent mix of up-to-date scientific and medical fact, personal anecdote, and case histories, packaged in a down-to-earth voice that is both authoritative and warm. Each chapter also includes a short section explaining generally “how yoga can help” with the condition under consideration, along with occasional pithy “Patricia Says” tidbits from Walden.

Most of the poses are (typically) described over a half page of text, including their effects and any cautions, and then illustrated by anywhere from one to three photos. Walden is a masterful instructor and sequencer whose *âsana* progressions for conditions like back care, headache, and digestion could just as easily be applied to males. This is a book I feel is destined to become a classic, a lifelong friend and adviser to women from their teens to the “wisdom years.”

Brian Payne. *Slow Yoga: For Enhanced Fitness, Strength and Health*. London: Souvenir Press, 2001. Paperback, 102 pp., \$14. Reviewed by Richard Rosen.

This book consists of 16 short chapters divided among four sections. Section 1 (with two chapters) focuses on the mechanics of breathing and five simple breathing exercises performed either standing, sitting, reclining, or inverted in shoulder stand. Section 2 (six chapters) first reviews the mechanics of the muscular system and the benefits and principles of Slow Yoga and then presents five practice chapters:

back bends, back and forward bends together, side bends, twists, and “straight spine exercises.” The third section (four chapters) provides practice hints, six Slow Yoga programs (including one for pregnancy) of seven exercises each, and exercises that can be performed while shaving or “making up,” either in the office or while traveling. The last section covers alternative exercise methods (e.g., Pilates, T’ai Chi), tips on diet and exercise for selected ailments (e.g., high blood pressure, obesity), exercises for common health problems (e.g., eyestrain, low back pain), and a brief exercise for “coping with stress.”

Payne, a physician and medical scientist, writes informatively on breathing and muscle and joint mechanics. There are about 25 main exercises in this program: Some are simple movements, others familiar *âsanas*. Each exercise/*âsana* is briefly described, along with providing its benefits, usefulness, and cautions, as well as possible alternatives, either easier or more challenging. The exercises and programs are accessible to all levels of students.

As I understand it, the main selling points of the system are that the exercises/*âsanas* are performed slowly (hence Slow Yoga), held only for a few seconds, and repeated several times (usually three to six repetitions). According to Payne, this method of practice is designed to “load” muscles isometrically, as you do with weights in strength training, to safely and efficiently increase, among other things, strength and endurance. Though certainly an interesting approach, I am not sure it is as “revolutionary” as the book’s covers claims it is. Slow, repetitious practice is a staple of the Desikachar approach to the postures, and really all the physical benefits adduced for Slow Yoga as a whole—the two

mentioned before, and others such as better flexibility, improved muscle tone, and calmer mind—are pretty much the same as those for traditional *âsana* practice. Still, if you enjoy working slowly and precisely with fairly simple exercises, then this practice manual is worth a look.

Kenneth Pelletier. *The Best Alternative Medicine*. New York: Simon & Schuster, 2000. Paperback, 449 pages, \$15. Reviewed by John Kepner.

This is an engaging and encouraging survey of evidenced-based complementary and alternative medicine (CAM) from the perspective of a leading medical researcher well experienced with the many scientific and public policy issues involved in CAM. It provides a delightful educational experience and deserves a prominent spot on the shelf of Yoga therapists for many reasons.

Yoga therapy is often practiced within a constellation of CAM and conventional therapies. It serves the Yoga therapist well to have a basic understanding of these approaches other CAM therapies (as well as of allopathic therapies) and the medical evidence for their efficacy. Most of the major CAM disciplines and methods are covered in this book, including Mind-Body Medicine, Dietary Supplements, Traditional Chinese Medicine, Acupuncture, Western Herbal Medicine, Naturopathy, Homeopathy, Chiropractic, Ayurveda and Yoga, and Spirituality and Healing. The section on Yoga is short but positive. For the experienced practitioner, this section will not reveal much new information. It may prove instructive, however, to see the brief selection of studies provided in support of the favorable assessment. In general, all assess-

ments of therapies are well documented, which is one of the major strengths of this work.

A noteworthy and valuable feature of this book is an alphabetical list of many specific conditions and the evidence behind a variety of CAM therapies for treatment. Unfortunately, back pain is not explicitly listed. This condition is well known as one of the most common reasons to seek CAM or conventional treatment, and it also is one of the most obvious areas (at least to Yoga therapists!) where Yoga can be quite effective. Within the sections on Acupuncture and Chiropractic, back pain is noted as one of the primary areas of known efficacy. Because low back pain is such a common ailment presented to Yoga therapists, practitioners may be especially interested in the discussions of treatments by these and other disciplines in order to better understand the appropriate integration of Yoga with other alternative and complementary therapies.

Yoga practice ranges from specific therapeutic applications, to broad health maintenance, to extreme fitness and development, to personal growth and transformation. Thus the discipline of Yoga therapy can be difficult to define and distinguish from Yoga in general. Other CAM therapies also often share a broad scope of practice ranging from therapy to spiritual development. “When you enter into CAM therapies, they inevitably involve lifestyle changes, and the necessity of personal, internal introspection and transformation.” This reach can be challenging to explain, especially in the area of conventional health care, so it is helpful to the Yoga therapist to see the same broad scope of practice discussed for other disciplines and given favorable review for an integrated approach to health care,

health maintenance, and personal development. It is also encouraging to see the emphasis given to the importance of exercise, diet, and lifestyle in health care—personal disciplines in which Yoga and other CAM disciplines often excel.

This book is written from the perspective of a medical scientist. What is “known” to work, why, and what is “in the works.” Many Yoga therapists do not come from a health care background and so may not be well acquainted with medical science methodology, terminology, and ideology. The book provides a good introduction to what medical science looks for. The discussion reflects an experienced understanding of why the usual preferred medical science method—randomized, double blind, placebo controlled studies (RCTs)—is sometimes not technically or financially easily adapted to some CAM practices. (Some CAM traditions also have ethical hesitations about withholding known treatments by using placebos.) The appropriate scientific evidence base for evaluation thus can and should include more than RCTs. The lack of good scientific evidence for the effectiveness for many common allopathic methods also is discussed and thus provides a perspective on the often claimed lack of evidence for many CAM methods.

Health care in the United States is practiced within a bewildering array of political, economic, and regulatory policies. Consumers, CAM practitioners, allopathic practitioners and institutions, insurance companies, and regulatory institutions are all wrestling with how to best integrate CAM practices, often with an underlying element of economic competition. For the policy-minded Yoga therapist interested in how Yoga therapy might become better accepted and what would be in-

involved, this book provides important background. For example, see the extensive section on CAM insurance. (Unfortunately, this otherwise very helpful discussion does not address the fundamental impact Medical Savings Accounts might have on making CAM more accessible by providing consumers more treatment and economic choices in their own health care decisions. *Editors’ note:* For more on Medical Savings Accounts, see John Kepner’s article, “Yoga Therapy and the U.S. Tax Code: Policy and Practical Considerations,” in *International Journal of Yoga Therapy*, 2001, no. 11, pp. 103-105.)

For more on the connection between the background provided by this work and current public policy, see the recent report (March 2002) from the White House Commission on Complementary and Alternative Policy (WHCCAMP), available on the web. (*Editors’ note:* For information on WHCCAMP and Yoga, see John Kepner’s article “Yoga Therapy and Complementary and Alternative Medicine Policy,” *Yoga Studies*, May-August 2002). To see how public policy towards CAM is rapidly evolving and may impact Yoga and other CAM therapists, note the model guidelines for CAM just approved in April 2002 by the Federation of State Medical Boards.* These guidelines attempt to remove barriers physicians encounter in referring patients to “licensed or otherwise state-regulated health care practitioners with the requisite training and skills to utilize the CAM therapy being recommended.” (Pelletier was one of the advisors to this effort). “This is meant as positive encouragement for practitioners of non-licensed therapies to take the necessary steps toward regulation.” To consider the relationship between Yoga therapy and other CAM disci-

plines, note that in the United States there are currently no common standards for Yoga therapists, nor a consensus definition of Yoga therapy or scope of practice, much less licensed or state-regulated practitioners.

* Model guidelines for CAM approved by Federation of State Medical Boards. *Journal of Alternative Therapies*, Jul/Aug 2002, 8(4):31. See also pp. 44-47 for the complete set of guidelines.

Videos

National Multiple Sclerosis Society. *Yoga with Eric Small: Adapted for People with Multiple Sclerosis or Other Disorders*. Los Angeles: National Multiple Sclerosis Society, Northern and Southern California Chapters, 1999. 100 minutes, \$15. Order online at <http://www.msconnection.org/secure/programreg.htm> or tel.: 310-479-4456 or 510-268-0572. Reviewed by Richard Rosen.

Eric Small is a certified Iyengar instructor who has lived with multiple sclerosis (MS) for almost 50 years. The information presented on this tape is based on his studies of the work of B. K. S. Iyengar with MS-afflicted students.

The session is divided into four segments: Segment 1 focuses on restorative poses designed to refresh, calm, and oxygenate. It includes three passive poses: a reclining position similar to bent-knee corpse, a blanket-supported bridge, and a supported inversion similar to half shoulder stand. The goal of segment 2, energizing poses, is to stimulate nerves and increase range of motion. There are again three poses: a seated shoulder stretch with a twist, a seated forward bend, and a seated, wall-supported downward-facing dog. Next comes a segment divided

between ambulatory and supported movements for stamina, coordination, and balance. The ambulatory segment includes two simple standing poses, four seated poses, a reclined leg stretch, and a chair-supported shoulder stand. Its companion supported segment includes two standing poses and a series of seated positions, including a back bend, a twist, groin openers, and a forward bend. Relaxation and corpse are covered in segment four.

As you would expect from an experienced Iyengar teacher, the poses make extensive use of props (e.g., chair, strap, blanket) so that the student can realize the full benefits of each exercise without stress or strain. Also typical of Iyengar-trained teachers, Small's instructions are crystal clear and detailed, always aware of precise movements and alignment. He appropriately uses MS students for models.

This tape provides a complete therapeutic program for MS students that fully understands and respects their needs and limitations, and knows how to elicit their best efforts. Small's work, however, is directed more toward experienced Yoga teachers and therapists; this is not an instructional or self-treatment tape for unsupervised beginning students.

Editors' note: The Southern California Chapter of the National Multiple Sclerosis Society regularly offers a one-day workshop with Eric Small on teaching Yoga to persons with multiple sclerosis and other forms of limited mobility. The cost of the workshop is minimal and includes a copy of the Yoga with Eric Small video. If you are interested in serving those with limited mobility, this workshop is highly recommended. For more information, contact Miranda Mirsec, Chapter Programs Manager—Physical Health and Recreation, email: Miranda.

Mirsec@cal.nmss.org, tel.: 310-481-1134. The Northern California Chapter also offers Eric's workshop and conducts Adaptive Yoga classes in various locations around the San Francisco Bay Area for persons with MS and other forms of limited mobility (see <http://www.msconnection.org/calendar.htm>). The fee for the classes varies, but is always modest, with low-income scholarships often available.

Yoga System. *Healing Science of Yoga: Arthritis*. Falls Church, Va.: Yoga System, 2001. 105 minutes, \$20. URL: www.yogasystem.com, tel.: 866-990-4008. Reviewed by Richard Rosen.

This video is one of 62 in a series available from Yoga System, produced in collaboration with Swami Vivekananda Therapy and Research Foundation in Bangalore, India. The therapeutic sessions cover a wide range of ailments, such as various addictions, allergies, breathing disorders, and stress-related, nervous, and muscular disorders. The series also includes nine "Yoga for Women" tapes, addressing conditions like menstrual cramps and menopause, eight "Yoga For All" general interest tapes (which include beginning and advanced *āsana* practices, *prānāyāma*, *kriyā*, and *mudrā*), and three tapes for the "Ayurvedic Personality" (*vāta*, *pitta*, *kapha*).

Obviously it is impossible to make sweeping judgments about an entire collection of this size just from viewing one of its members, but let's just say, about this particular video, that the heart is in the right place, but the head needs to return to the drawing board.

The tape certainly touches all the Yoga bases: 20 minutes of warm-up exercises, a short session

of eye exercises, instruction in 15 Yoga *âsanas*, 15 minutes of *prânâyâma* and *bandha* instruction, a demonstration of several internal cleansing techniques (*kriyâ*)—including the disturbingly fascinating nostril flossing (*sûtra-neti*) and water vomiting (*kunjâl*)—*mudrâ*, chanting, and meditation. It would be hard to find a tape on the market nowadays that offers such a complete and sincere presentation of Hatha-Yoga practices.

But—and this is a big but—while the tape is advertised as presenting the “healing science of yoga” specifically directed at arthritis, there is absolutely no mention of arthritis anywhere on the tape (and I viewed it twice to make sure), or

how any of this work will benefit an arthritic student. Presumably the producers are saying that arthritic students will benefit simply by performing this practice, but that is true of almost any mild beginning practice. It would have been nice to hear something about why *this* practice fits the particular needs and limitations of its target audience, and how it might be altered to better serve those needs and limitations.

Also, considering the variety of potential problems for arthritic students, I found some of the instruction and model demonstrations lacking in sufficient detail and caution. For example: the models are shown performing half lotus, probably not the best *âsana* for arthritic

hips and knees, and then *pushing* the half-lotus knee toward the floor. Ouch! Later in the session the models perform *full* lotus, a pose that should be avoided on just about *any* tape, let alone one for arthritics. It was hard at times to believe that these folks had much actual experience working with arthritic students.

Again, just from this one sample, one cannot draw conclusions about the value of any of the other videos in this series. This presentation does have some interesting things to offer as a general Yoga practice, and might even benefit arthritic students if used as a home-practice companion along with supervised Yoga therapy, but by itself I cannot recommend it as a therapeutic tool for arthritis sufferers.