

Practicalities of Iyengar Yoga Therapy For Serious Conditions



BY LOIS STEINBERG, PH.D.

There are a broad range of therapeutic applications of Iyengar Yoga. All CIYTs should know how to use Iyengar Yoga to address so-called “minor” ailments and conditions—routine knee, hip, neck/shoulder, low back problems, and normal menses and pregnancy. CIYTs can include students with these conditions in regular classes and give these students alternative poses whenever appropriate. All CIYTs can also conduct specialized classes devoted to addressing one or more of these “minor” ailments or conditions.

More qualified CIYTs are authorized to use Iyengar Yoga therapeutically to address more serious conditions that prevent the students from taking a regular yoga class. For these students, it is common to have either a one-to-one private session or a group class with a unique sequence personalized to his/her condition. The latter is essentially a RIMYI-style therapy class.¹

In this column, I will discuss the practical issues and challenges that arise when specialized sequences are developed for serious conditions. However, as will be apparent, the development and oversight of specialized sequences is merely a more intense and focused application of the same skills and practices that all CIYTs must develop to meet the needs of their students. There is no set formula for any therapeutical application of Iyengar Yoga. There is no one sequence for all, and there is no one pose that is done in the same way, even for the same condition. All therapeutic applications of Iyengar Yoga require a deep understanding of the effects of a classical pose (or stage of a classical pose) on the specific conditions unique to a student’s body. All therapeutic applications of Iyengar Yoga are fundamentally experiential and experimental. Serious ailments present greater challenges because of their complexity and because of the greater difficulty of understanding the conditions unique to the student.

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OUR EXTRAORDINARY BASE OF KNOWLEDGE

A teacher should not consider using any posture therapeutically—either for herself or for others—unless the teacher has understood and experienced the elements and effects of the relevant stage of that *asana*.

In *Light on Yoga*, B.K.S. Iyengar (Guruji) thus describes the elements and effects of each *asana*. For example, he says the following about *Tadasana*:

“People do not pay attention to the correct method of standing. Some stand with the body weight thrown only on one leg, or with one leg turned completely sideways. Others bear all the weight on the heels, or on the inner or outer edges of the feet. This can be noticed by watching where the soles and heels of the shoes wear out. Owing to our faulty method of standing and not distributing the body weight evenly on the feet, we acquire specific deformities which hamper spinal elasticity. Even if the feet are kept apart, it is better to keep the heel and toe in a line parallel to the median plane and not at an angle. By this method the hips are contracted, the abdomen is pulled in and the chest is brought forward. One feels light in the body and the mind acquires agility. If we stand with the body weight thrown only on the heels, we feel the gravity changing; the hips become loose, the abdomen protrudes, the body hangs back and the spine feels the strain and consequently we soon feel fatigued and the mind becomes dull. It is therefore essential to master the art of standing correctly.”²

1 Interestingly, RIMYI has now developed a combination of a common ailments class and a personalized group class. In one of RIMYI’s three weekly “therapy” classes, the class begins with every student in the same pose, such as *Supta Baddha Konasana* or *Bharadvajasana I*. The class is then divided into three groups, with some students doing personalized sequences on the side and the other students jointly doing sequences to address particular “minor” ailments.

2 *Light on Yoga*, page 64.

Light on Yoga is likewise one of many Iyengar Yoga texts that provides guidance on postures that benefit students with various ailments. See *Light on Yoga's* Appendix, *Curative Asanas for Various Diseases*. Based on his experience during his first 25 years as a teacher, Guruji gave “groups of *asanas* for different functional and organic ailments and diseases.” Over the last 55 years, the Iyengars and others have refined and expanded upon these teachings, and Iyengar Yoga teachers today have a toolkit to help ourselves and others with a broad array of ailments, injuries, and other health conditions. This toolkit provides invaluable guidance for the ways in which the actions in *asanas* can benefit specific health conditions.

UNDERSTANDING THE STUDENT'S CONDITION AND ITS EVOLUTION

But the application of these principles requires a deep understanding of the physical and psychological conditions facing each student. There are many techniques CIYTs can use to gain this understanding, and I ultimately rely on questionnaires and in-person interviews.

But in some respects, the experience of the CIYT can aid this understanding. Individual CIYTs can face the full array of health challenges that befall our students, and CIYTs can and do use Iyengar Yoga to help themselves heal. When we do so, we can also learn to understand how to help others. However, we must exercise extreme caution. Our bodies can differ from our students' bodies, and *what works for us is not necessarily going to work for someone else*.

Likewise, to help our students, we must develop the ability to imagine health conditions that we have never had and that are otherwise unique to our students. This requires that CIYTs refine the observational skills we routinely use when we teach general classes. In these classes, we learn to put ourselves in our students' bodies and to experience their pain or their potential to harm themselves from doing a pose incorrectly. Whether or not we have experienced conditions that our students have, we need to develop an intuitive ability to imagine the restrictions and pain they experience and the actions that can improve their conditions.

Yet much more is required than merely employing observational skills, because many effects of ailments will not be immediately apparent to a CIYT. To help our students with what ails them, we thus must deeply

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understand their physical condition and its associated emotional and psychological qualities. In my experience, an effective first step for CIYTs is to have each student fill out a Student Information Health and Lifestyle Questionnaire.³

The teacher can then use the results of the questionnaire to conduct an in-person assessment interview. The teacher asks the student open-ended questions regarding their health issues they revealed on the survey. Open-ended questions are questions that cannot be answered with a simple ‘yes’ or ‘no.’ This type of question lets the student give a free-form answer that could reveal a lot. For example, if the student checked on the survey that they have anxiety, you can ask them: Tell me about your anxiety. Then listen and get the student's perspective in their own words. You can ask them to tell you more if you feel they may not have revealed everything, are vague or ambiguous. You can probe further by asking, How did the anxiety start? It is not that you never ask a close-ended question. Those types of questions can be used to clarify a response. The drawback to open-ended questions is that they can be time consuming and give you information that is not relevant.

With practice and experience, you can become a skilled interviewer and direct the student to pertinent information. I often schedule an interview for 15 minutes and can complete the interview within this period. However, if you are new, plan for the interview to take up to 40 minutes. Many students have a long list of problems that I ask about one-by-one. I will ask them to prioritize what is the most important condition for them to address in the yoga practice. I also consider depression, anxiety, and respiratory conditions as having a higher priority over other conditions as these could be life threatening, fatal illnesses.

The interview is also an opportunity for detailed observation of the student's body. It should include: evaluation of the front, sides, and back of the student's relaxed standing position; body carriage; observation of walking; and the Adam's forward bend test (when possible).

³ The Student Information Health and Lifestyle Questionnaire was developed by Gwendolyn Derk, PhD, CIYT, C-IAYT and contains patient reported outcomes that are validated by the National Institute of Health (NIH). Contact the IYNAUS research chair to start collecting data on your students.

Finally, at the end of the interview, I try to prepare the student for the personalized group therapy class (or private) by describing what I expect of them and what they can expect from us or my assistants. The more information a new student has about the class, the more comfortable they will feel. Students who have never come to an Iyengar Yoga therapy class may be overwhelmed by it. At the end of the interview, I show them the props and let them know we will help them to set up, and that ultimately, if they are able, they should set up their supports on their own. I also let them know they should speak up and get our attention when they need it.

Yet the questionnaire and interview merely provide information about the student's condition before they begin attending my therapy class. I also require each student to fill out a Progress Note Form before and after each class session. The pre-form includes: length of time and number of days of home practice; new significant health/life events between sessions; and the student's current physical and emotional status on a seven-point scale (0 being extremely good, 3 neutral, 7 extremely bad). I require the student to present the pre-Progress Note Form to me before each class, and I then either authorize the student to continue the regular program or make any necessary changes to it. In the post-class form, the student addresses whether any new health condition was resolved, their physical and emotional status after the practice, and how easy/difficult the sequence was—all on a seven-point scale.⁴

THE PERSONALIZED SEQUENCES

Based on the initial assessment interview, I craft a 1.5-hour unique program of ten or more postures for the student. I also create alternative sequences for students whose conditions fluctuate from day to day. The sequences are all subject to change based on the progress or backsliding of the student—and the responses to the Progress Note Form. When possible, I encourage the student to practice at home.

The personalized sequence of postures is divided into thirds. Each third will represent either a “resting” or an “active” phase of practice. A new student starts with three resting phases: rest|rest|rest. When there is improvement, the phases are modified to rest|active|rest. Upon further progress, the student's phases are modified to active|active|rest—similar to a standard yoga practice. Over time, I will also modify the

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therapy class sequence to include all the categories of poses, with detailed instructions of how to adapt each pose for the student's needs. These students sometimes “graduate” to a regular yoga class. Others may do both the weekly therapy class and a regular yoga class before ultimately doing only regular classes.

Conversely, some students may temporarily regress and return to a previous phase when warranted.

To determine the initial length of the complete rest period, I consider the abilities of the student. If the student has no prior history of Iyengar Yoga, this phase can last two to three months. Students with grave or terminal conditions continue this program for the duration of their lives to ease their pain and discomfort. The periods of complete rest may be shorter if the student has a history of attending yoga class and responds well. Alternatively, I may shorten the duration of the resting poses or include more complex/challenging adaptations of the resting poses.

On the one hand, depending on his or her health condition, a self-motivated, long-term, proficient practitioner may need to have a lengthy resting phase initially, but may transition to the rest|active|rest phases earlier than a beginner. On the other hand, it may be difficult for this “seasoned” practitioner to rest and the teacher may have to prolong the period of this “yoga rest.” Table 1 lists one example of a general sequence for resting poses.

THE BENEFITS OF THE REST PHASE

The rest phase is crucial. Ill-health creates fatigue. It also can trigger the flight-or-fight reflex and other aspects of the sympathetic nervous system. That can also lead to muscular gripping or otherwise create or enhance pain. The rest phase creates an environment in which the student can relax, activate the parasympathetic nervous system, feel whole and calm, and reduce or suspend the mental fatigue of ill-health. This also gives the student confidence in the beneficial effects of yoga and enhances trust in the instructor.

Through these resting poses, the student also can

⁴ Go to www.loissteinberg.com to download the Progress Note Form.

I am not suggesting that the instructor should routinely lecture students during their practice. In fact, it is better to let them be quiet in the poses to get immersed.

experience their body on more subtle levels and can develop greater understanding, awareness, and knowledge of anatomy, physiology, psychology, and respiratory and other bodily systems. This awareness can help them overcome or minimize structural musculoskeletal imbalances and pelvic and shoulder girdle stiffness. It can cause their postural alignment and body carriage to improve and lead to improved circulation, especially to stagnant areas. I will include adaptations of inverted poses when possible, as these poses bring circulation and balance to all the systems of the body.⁵

I find it can be helpful to educate the student on how the yoga poses act on the organic body and why particular poses are important for them to practice because they stretch the muscle tissue in the heart, digestive organs, and blood vessels or target abdominal cavity organs (e.g., kidneys, adrenals, gallbladder, pancreas, lungs, spleen, stomach, and the primary lymphatic organ of the thymus gland). The secondary lymphatic system organs, the lymph nodes, located throughout the body in the neck, armpits, groins, and gut can also be affected beneficially by the poses. When students have disorders and conditions characterized by chronic inflammation (e.g., diabetes, inflammatory bowel diseases, asthma, arthritis, cancer, obesity, and long Covid), I sometimes will likewise explain how the postures address these conditions by improving the functioning of the immune system.

However, I am not suggesting that the instructor should routinely lecture students during their practice. In fact, it is better to let them be quiet in the poses to get immersed. But a brief explanation from time-to-time can be helpful for students to understand why they are doing certain practices.

The resting poses produce other benefits. Many of these poses stretch and extend the abdominal cavity. The abdomen and intestines have myriad neural connections to the brain: e.g., the vagus nerve interfaces with the parasympathetic control of the heart, lungs, and digestive tract and the brain. These poses thus help balance the

nervous system. The extension of the abdominal cavity also helps move the spinal column from the back to the front, from posterior towards the anterior body. By extending the spinal column and moving it inwards, these poses balance and improve the functioning of important components of the brain-cerebellum, hypothalamus, thalamus, pituitary and pineal glands, amygdala, and hippocampus. This aids in controlling and stabilizing all the vital functions of the body.

In all these poses, precise positioning of the head and extension of the neck are critical. It not only contributes to balancing the brain, but also benefits the thyroid gland, sinuses, and the ears.

The resting poses cause students to go inward—to move from the periphery of the body to its core. By containing the student's body, these poses conserve the student's energy, which is limited when bodies are injured or diseased. When space and containment is created, internal alignment is facilitated, and the mind can quiet and be present, instead of projecting into the future, ruminating about the past, or otherwise engaging in destructive worries/thinking. When the body is calm and quiet, the breathing naturally relaxes. This is the gateway to the breathing practices of *pranayama*, which begins with focusing on letting the breath be relaxed and normal.

In this regard, an important function of the instructor is to observe where the student holds tension in the body. During the resting phase, the instructor guides the student and helps the student focus on releasing body tensions, particularly the abdomen and diaphragm during normal exhalations. The response of the parasympathetic nervous system is enhanced and the mind will be further quieted by the correct positioning of the student's head and neck, the centering and quieting of the student's eyes, and the relaxation of the student's facial muscles and mouth cavity.

IYENGAR YOGA THERAPY IS EXPERIENTIAL AND EXPERIMENTAL

Devising a personalized sequence of yoga postures is an ongoing, complex, and dynamic process for the instructor. The sequence of postures is experimental. The effects have to be continually evaluated, and changes must be made whenever necessary or appropriate, with adaptations made to some postures, with the elimination of other postures, and/or the addition of new postures.

⁵ It is always good to read and re-read the *Sirsasana and Sarvangasana* sections that describe the effects of these poses in *Light on Yoga*.

In yoga therapy, the poses are adapted with an array of accessories to support the pose.

The instructor must also consider new health conditions that were not part of the original ailment(s) but that arise or become apparent after the program was established. For example, when a student arrives for class with a headache that was not a symptom of their primary complaint, I will often change their sequence to focus on resolving the active headache. This requires that I first do “detective” work to determine what caused the headache and what part of the head is affected. If the student does not know why he/she has the headache, the teacher must inquire further. Are they dehydrated, constipated, or have they been overly stressed, and for women, are they premenstrual or menopausal?

Indeed, the range of responses to a headache illustrates the breadth of the Iyengar Yoga toolkit. If the likely cause is dehydration, the student would obviously drink water until they feel adequately hydrated. If the student is constipated, supine poses could be used. If the headache is from stress, the student might be asked to do *Viparita Karani Sarvangasana* as a first pose (it typically is an ending pose), and if the headache is resolved by this pose, the student can commence his or her regular program. If there is neck and shoulder tension, the student could be told to do adaptations of *Bharadvajasana* and *Utthita Marichyasana 3* using a wall (with the forehead supported on the wall or turned opposite to the torso with the ears parallel to the wall). Following the twists, supine poses are included that specifically target and relax/align the musculoskeletal area of the upper body to release tension. If the

headache is related to hormonal changes, the student could do modified forward bends.

If the cause of the headache remains a mystery, the student could begin the practice with forward bends; if that reduces the headache, then the student would continue this category of poses. If the headache does not go away or returns upon movement, then supine poses could be performed/selected. If all are ineffective, then the *Samaashrayi* and *Upaashrayi* (L-shape) poses can be implemented. Additionally, the student can wrap his/her head, a supported variation of *Shan Mukhi Mudra*, with the head wrap adjusted based on the location of the headache. Of course, the head wrap would be unraveled if it becomes irritating.

During their time in my therapy classes, students become more adept. They often understand what poses they need and will suggest poses that they should practice. Ideally, my role steadily diminishes, and the student learns to be more and more independent and, hopefully, be consistent with a home practice. When possible, all the categories of poses will be included in the student’s practice, especially when he/she progresses to the active|active|rest phase.

USE OF PROPS TO ENHANCE THE EFFECTS OF THE POSE

In yoga therapy, the poses are adapted with an array of accessories to support the pose. The support is not necessarily to make the pose accessible or easier, but to target areas that need enhancement. Ultimately, it may be possible to lessen the use of support.

For example, Figures 1-5, shows how Cross Bolsters (a combination of *Dwi Pada Viparita Dandasana* and *Setu Bandha Sarvangasana*) can be adapted to meet



Figure 1



Figure 2



Figure 3

the needs of students with various conditions. (The model⁶ does not have these conditions.) Figure 1 depicts a support for a man who has recovered from surgery to remove a testicle due to cancer. The hips are higher to bring circulation to the pelvis and prevent or break up adhesions from the surgery. The upper thighs are belted with a block between them to contain the area traumatized by the surgery. Later, the legs can gradually open wider to *Upavistha Konasana* in Cross Bolsters (Figure 2) to further improve circulation and reduce any scar tissue. Unless there is a contraindication (e.g., neck issues, high blood pressure, thyroid problem), the head is extended back to lift the student's spirits. Figure 3 shows support for a person with high blood pressure that is being treated with medications that are not working effectively. In this case, the pose is done more like *Setu Bandha Sarvangasana* with the back of the head and neck extended to increase the circulation to the head, to reduce the feeling of lightheadedness and to induce relaxation. The feet are also elevated to



Figure 4

enhance the return of the blood back to the heart. Figure 4 shows a Chumbal (a rolled washcloth can work) to support and lift the back chest (in the region of the base of the esophagus) for hyperacidity. The weight of the body is more in the direction of the legs and the chest is supported higher to reduce heartburn, throat irritation, and abdominal distention (Figure 5). In all these cases the body type, ability, and comfort of the student is considered so that the supports are not going to irritate in any way.

Assistants can help students place the props correctly to permit the desired actions in the pose. If the students are able, they are taught to set up the props themselves, and how to correctly get into and out of the poses, so as to become independent. They are taught to observe which parts of the body work excessively and which parts need to be accessed. The teacher and or assistants improve the student's poses by observing the various reactions of the students. Some important things to observe are changes in pallor, tautness of the skin, breathing, tension in the face/head/neck, even corners of the student's eye. The poses are done with accuracy and precision. Yet, the teacher should not be obsessed with the evenness of the body, as we tend to do. What is ultimately important is whether the quality of the student's pose shows an alignment inside the body that shines forth and manifests a change in the student's well-being. It can take a long time for us to reach this level of observation. Certainly, we will never reach the genius that was Gururji's as he astounded us with awesome observations of the students that we would never have seen on our own.



Figure 5

⁶ Thanks to Jerry Chiprin (CIYT, Level 2) for modeling the poses.

THE ART OF SEQUENCING AND DETERMINING TIMINGS

Sequencing the poses and determining the length of time that each pose is held presents another set of issues that require great knowledge and expertise. Each sequence is crafted so that poses of a similar nature are organized together, often to reduce the time spent transitioning from the floor-level poses to upright poses. But this is not a hard and fast rule, and the particular health condition could require a different result. For example, when a student has renal calculi (kidney stones), the forward, backward, inverted, and twisting poses are alternated to encourage the movement of the passage of the stones. Similarly, some mental health conditions require movement, such as extending only the toes and fingers to bring the consciousness to the periphery (to help the student to become embodied) while moving through *Prasarita Padottanasana* between sides in *Parsvottanasana*, without attention to details.

The poses are maintained from one to five minutes; shorter time in the pose is indicated when a student is restless. According to the capacity of the student, the longer the time held in the poses results in more time for the circulation to increase to targeted areas.

I hope this article will help teachers to put into perspective how to think, process, and use the tools of assessing, evaluating, and creating practices for students who need to use Iyengar Yoga therapeutically to live with, and perhaps recover from, their health issues. Often, I tell my student teachers to be confident about what they have learned in their studies and to see what works, and what does not, as they help others to heal and ultimately practice yoga for the love of yoga.

Gratitude to David Carpenter, CIYT, C-IAYT for editing this article.

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Table 1. *Salamba Asanas* – With Support Poses (Resting Sequence)

1. **Setu Bandha Sarvangasana/Dwi Pada Viparita Dandasana* – Bridge Pose/Two Footed Reverse Staff Pose combination (aka Cross-bolsters)
2. **Salamba Purvottanasana* – Supported Intense Stretch of the Front Body Pose
3. **Dwi Pada Viparita Dandasana* – Two Footed Reverse Staff Pose
4. *Samaashrayi Upavistha Konasana/Baddha Konasana/Dandasana* – Upright Seated Angle/Bound Angle/Staff Pose
5. **Upaashrayi Upavistha Konasana/Baddha Konasana/Dandasana* – Reclined Seated Angle/Bound Angle/Staff Pose
6. Rope *Adho Mukha Svanasana* – Downward Facing Dog Pose
7. Rope *Salamba Sirsasana* – Supported Head Pose
8. Chair *Salamba Sarvangasana* – Supported All Limb Pose
9. Chair *Salamba Halasana* – Supported Plough Pose
10. Bench or Bolster *Setu Bandha Sarvangasana* – Bridge All Limb Pose
11. *Viparita Karani Sarvangasana* – Going to Reverse All Limb Pose

* *Supta Swastikasana, Supta Baddha Konasana, Supta Virasana* may be substituted for those who need a very gentle approach. Additionally, these poses may be added in when the student has become proficient and has more time for additional poses. For those with back pain when extending backwards, these poses are contraindicated until the back pain has resolved. Various *Adho Mukha* and *Salamba Savasana*, Downward Facing and Supine supported Corpse poses, may be substituted.