BRS: For the first time, IAYT included Ayurveda in your most recent conference, the 2013 Symposium on Yoga Therapy and Research (SYTAR). What prompted such a move?

JK: It’s a natural area of growing interest by our members. As Yoga therapists grow in experience, many gravitate toward studying Ayurveda as well. A modest exposure to Ayurveda is also part of our new educational standards. Hence we actually presented several sessions on Ayurveda at SYTAR 2013. First, we offered a special half-day session on “Ayurveda 101 for Yoga Therapists”, by Hillary Garivaltis, Larissa Hall Carlson, and Arun Deva. This was well received, with over 100 participants. Later, Dr. Vasant Lad gave a keynote address on “The Yoga in Ayurveda and the Ayurveda in Yoga” describing, in his unique way, the inherent complementary nature of the two disciplines. He also taught an early morning pranayama class, which sold out immediately. Overall, there was so much interest. We will present Ayurveda again at our next conference, SYTAR 2014 in Austin, Texas. We are already working with NAMA to help us find the right presenters.

BRS: Doesn’t everyone think Ayurveda and Yoga are inherently and necessarily complementary disciplines?

JK: Well, no. All the Ayurveda practitioners I have met in the U.S. say Yoga and Ayurveda were historically complementary practices; that the yogi and the vaidya were often the same and that Ayurveda is the only medical system in harmony with yoga. However, not all IAYT members feel the same way. Some will say that, historically, Yoga as therapy did not necessarily rely upon Ayurveda as a complementary practice. Indeed, the only serious subject matter objection to our standards was the inclusion of Ayurveda. A few well-trained classical Yoga therapists felt that a modest amount Ayurveda need not be a necessary competency for Yoga therapy.

Personally I don’t have an opinion on the history, and I suspect that like so many aspects of Yoga, there were many different ways all this was taught within the context of Indian thought and culture. Still, perhaps it is instructive to the Ayurvedic community to hear that some learned practitioners in the Yoga community, while respectful of Ayurveda, do not think it is an inherent part of Yoga therapy.

In practice, however, it appears to me that many of the leading Yoga therapy institutions in India are now bringing in Ayurveda treatments and perspectives into their centers because that is what the students and clients want.

BRS: Are there any conflicts or problems with bringing in Ayurveda into the training of Yoga therapists?

JK: Potentially yes, for two reasons. First, we all recognize that in any training program of
reasonable length, there is only so much time available. Thus there can be an inherent practical conflict between devoting scarce time on Ayurveda versus, say, more exposure to the Western systems that the Yoga therapist will most likely interact with in the West. Second, since Ayurveda has its own language and theoretical framework— which is very confusing to the uninitiated— the Yoga therapist runs the risk of turning off students and Western-trained health-care professionals if they are not careful about the context when speaking in Ayurvedic terms.

Hence the IAYT standards are flexible enough for the program directors to determine the right balance in their own programs. I personally expect that Ayurveda will become a greater part of yoga therapist training over time, but let’s see what the market demands and not be overly prescriptive.

**BRS:** What was your first encounter with Yoga?

**JK:** Well, I’ve practiced in several lineages since high school, including Transcendental Meditation and the Iyengar method. However, traveling to India and studying one on one and in a small group with A.G. Mohan in the mid-1990s really opened my eyes to the breadth and depth of the practice and the power of adapting Yoga to the abilities and aspiration of the student. He was also an Ayurvedic practitioner. I continued my studies in this lineage for many years with Gary Kraftsow and the American Viniyoga Institute. “What’s the purpose of your practice?” and adapting the practice to the student’s purpose and priorities has been a central focus for me ever since. And this naturally lends itself to Yoga therapy, broadly defined.

**BRS:** What prompted you to become such an avid advocate of Yoga therapy?

**JK:** In short, Yoga and Ayurveda are part of the solution to our health-care challenges in the West. They are two of the paths to a much-needed radical transformation of the notion of health care.

My professional background is in Economics and I have always been interested in Complementary and Alternative Health Care, both as a consumer and from a public policy perspective. As the costs of our health-care system began to soar, and it became more and more recognized that many of those costs were driven by chronic disease that could be reversed by lifestyle changes, it became clear that Yoga and Ayurveda were part of the answer. But Yoga, despite often being a visible symbol of Complementary and Alternative Medicine (CAM), was never really at the health-care policy table. We weren’t organized, we didn’t have standards, we weren’t licensed and the practice was not covered by insurance. (Ayurveda was not even on the radar screen.) I read the long report of the White House Commission on Complementary and Alternative Health Care Policy and similar policy articles. I also helped teach the introductory CAM course at my local medical school and learned much more about the academic perspective on all this. Finally, I began to write articles on this for IAYT, including the need for standards. I think those articles were among the key reasons I was invited, out of the blue, to be the IAYT director in 2003.

**BRS:** What are the prospects of Yoga therapy?

**JK:** From one perspective, they are very bright, in the sense that Yoga is part of the mainstream and the health-care benefits of Yoga practice are becoming much more widely recognized. I am proud to say that IAYT is making a contribution to that recognition via our journal, which is indexed in PubMed, our professional
conferences for practitioners and our standalone conferences for academic researchers. In 2012 we published standards for the training of Yoga therapists and this year we have begun the accreditation process for programs that meet those standards.

From another perspective, however, we still have a long way to go, for Yoga hasn't been well accepted into the insurance system that finances so much of the health care in our system. And we are not sure we really want to be part of that system, for there is a very high price to be paid for those that rely upon insurance reimbursement. In short, you have to become an efficient “factory” to be sufficiently reimbursed by insurance payments and that simply just doesn’t sit well with the traditional practice of Yoga and Yoga therapy, where we explicitly consider the multi-dimension of the human being, and not just focus on a “problem” to be fixed so individuals can get back to work.

BRS: What are the hurdles of advancing Yoga therapy and Ayurveda in the world? What is being done to overcome them?

JK: One of the key hurdles is conventional academic research. So, since IAYT can’t directly fund such research, we can present research at our conferences and publish this in our journal. IAYT’s research conference, the SYTAR, has been surprisingly successful, at least by our modest standards. We hoped for 50 people at our first conference and were all but overwhelmed when 200 people showed up. Subsequent conferences have grown ever since. We think this has been a tremendous pillar to the acceptance of Yoga as therapy.

The other key hurdle – mentioned earlier – is insurance. Especially for ostensibly “expensive” treatments such as pancha karma. It’s actually quite inexpensive when compared to most Western medical treatments of similar duration.

One of the most encouraging developments to overcome these reimbursement hurdles is the recent recognition by Medicare that comprehensive lifestyle changes modeled on a Yoga lifestyle can reverse heart disease. Hence in 2010 Medicare began covering “Dr. Dean Ornish’s Program for Reversing Heart Disease” as a branded program under a new benefit category, intensive cardiac rehabilitation (ICR). This is the first time that Medicare has covered an integrative medicine program.

As Dean says, the practice of medicine is defined by the reimbursement system. So this is encouraging me to consider some new strategies about the future of Yoga therapy . . . and by extension, Ayurveda. Can these disciplines, and/or should they be, “rebranded” as key parts of “Lifestyle Medicine? and hence perhaps better accepted? After all, isn’t lifestyle a key component of Yoga and Ayurveda “therapy”? Should we focus more on developing clinically proven programs that can be adopted by hospitals and large companies that are encouraging wellness among their employees?

Cleveland Clinic, one the leading hospitals in the U.S., does indeed have a Center for Lifestyle Medicine, which features Yoga as one of the leading therapies. We were very proud to present this at our last conference. Similarly, we are proud to present the Dean Ornish program at our next conference.

John Kepner, MA, MBA, has been the executive director of IAYT since 2003. He is a practicing Yoga teacher and therapist with a professional background in economics, finance, and non-profit management. John holds teacher and therapist certifications from the American Viniyoga Institute and a teaching certification from A.G. Mohan in Chennai, India. His work for IAYT and his writings often have an economic and public policy perspective. In recent years, John has focused on organizing IAYT’s practitioner and research conferences, developing educational standards for the training of Yoga therapists and, most recently, providing accreditation services for programs that meet those standards.