



Photos: Adam Latham, angeladam.com

**Dr. Faustina Nevarez, OBYN, practices at Kaiser Permanente. "Yoga is growing and people are actually seeking us out for that. It's also changing physicians and how they approach pregnancy."**

# Is Yoga Medicine?

Yoga Therapy enters the Arena.

BY JULIE DEIFE

The battleground is the healthcare industry, an industry that represents nearly 20% of our gross national product and doesn't pay cash on the barrelhead for talking to patients about spirit and ego and transcendence. But it does like cost-effective treatments for asthma, stress and lower back pain.

*Fifteen years ago the new Indian Health Services hospital in Shiprock, New Mexico unveiled itself to the Navajo people of the Four Corners region. The new facility was designed to soar lightly into the cloudless blue sky uniting the four foundational directions of the Navajo belief system. Looking outward over endless mesa from a vantage point inside its 100-foot tall windows, one notes the crawl of a distant pickup on the black snake highway of the rez. A winding journey it's been, keeping both the tribe's traditions and the government's idea of good medicine intact.*

*The fact is, along with state of the art diagnostic technology and facilities for surgical procedures unimaginable in the Navajo past, smoke from a healer's fire now rises through a rooftop portal as traditional healers set to work, nestled in a kiva deep inside the otherwise state of the medical art building. They are chanting and invoking spirit guides.*

*Medical doctors, nurses, anesthesiologists, other caregivers in the employ of Indian Health Services have greeted this integration of new medicine and old with cautious optimism. These healthcare professionals who everyday treated an ongoing stream of accident victims, stood beaming over the high tech equipment in the emergency room. They also believed that the addition of the kiva for more chronic conditions, while it might not make a lot of scientific sense, made a lot of cultural sense. Maybe it was the white man's guilt that allowed it to steal into the building's plans, but one suspects that even the academics in white lab coats had thoughts that maybe there was something to be gained by integrating a little ancient wisdom with modern science.*

Healthcare options for the general population are changing. Acupuncture, part of the traditional system of Chinese Medicine, is licensed in most states. The public embraces chiropractic, naturopathy, massage and homeopathy as viable alternatives to biomedicine. An integration of biomedicine with traditional and non-traditional forms of healing, now called complementary and alternative (CAM) therapies, is on the rise in frequency and scope, prompting yoga to throw its hat into the healthcare ring as one of these new CAM therapies.

Yoga - as - healthcare may come as a surprise to many yoga practitioners and even some teachers. Many consider yoga something more like a spiritual dance party, which it could very well be, if you ascribe to the as - yet unmeasured benefits of trance dance to connect with spirit and lower your stress level. And, many of the 15 million people (approximately 3% of the U.S. population) who say they practice yoga, use it mainly as a fitness program, fitness also being good for your health. Yoga has found a groove in the mainstream and the mainstream are healthcare consumers, the group of people who receive services from private insurers and government sponsored reimbursement systems.

Most Americans are plugged into the biomedical healthcare system at some time in their lives. We give birth with the aid of doctors, nurses and other caregivers and love the idea of having the costs for this care covered by insurance, when indeed it is. Even if we take yoga very seriously, when confronted with a disease such as diabetes, multiple sclerosis or cancer most of us will turn to biomedicine. Doctors and others who inhabit the medical system are licensed and their fees for services, diagnostic testing, pharmaceuticals and possible hospital costs, can be covered by insurance, either private or government programs such as Medicare or Medicaid. When seeking rehabilitation following physical or emotional trauma, the same can be said.

The general public relies on this combination of culturally acceptable healthcare, based on biomedical models of disease, supported by research and pharmaceutical companies and reimbursed by insurance. What else

would we do? Specific and more advanced applications of yoga are not yet apparent to most people, not even some of the most basic yoga applications.

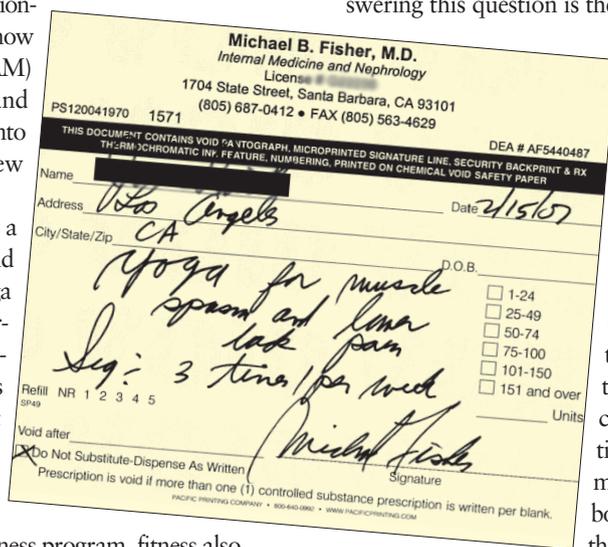
What is it that qualifies yoga to be part of the healthcare system? Answering this question is the challenge and ultimately the goal of those working in a specialty area of yoga education called Yoga Therapy. Close to 2,000 yoga professionals are represented in the U.S. by the International Association of Yoga Therapists (IAYT), from the yoga mat to the accepted regimens of the U.S. healthcare system.

Yoga Therapy attempts to bridge a gap between biomedicine and the 5000 - year old system of yoga. This is because the "system" treats mainly the body, while yoga maintains that healing and wellness occur on the physical, psychological and spiritual levels, sometimes simultaneously. Biomedicine, even with mind-body research studies amassing, employs body-based interventions and usually leaves out the role of the mind and spirituality in healing.

Yoga is a dance of science and spirituality, and that is exactly how it was presented here in the U.S. in the beginning. In 1893, Swami Vivekananda introduced yoga to America in Chicago at the Parliament of Religions in order to lay the foundation for a synthesis of East and West, of *religion and science*. Paramahansa Yogananda, author of the seminal work *Autobiography of a Yogi* and founder of Self-Realization Fellowship, addressed an international congress of religious leaders in Boston in 1920 with a talk titled "*The Science of Religion*." The roots of yoga in America include both scientific and spiritual underpinnings that ideally ultimately unify in the transformation of consciousness. It will be a challenge to maintain spirituality in yoga when it is part of the healthcare system.

In 1990, the Dean Ornish Program for Reversing Heart Disease, the yoga component of which was developed by renowned yoga teacher Nischala Joy Devi, won approval by America's healthcare insurers. The study that led to the program was the first double-blind clinical study showing that heart disease could be reversed through yoga, meditation and diet. Its acceptance opened doors for yoga into more elaborate research and

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The opening panel chosen by the IAYT leadership represented different voices in Yoga Therapy, who agreed to disagree. From left to right, Mukunda Stiles, Structural Yoga Therapy; Michael Lee, Phoenix Rising Yoga Therapy; Lisa Walford, Iyengar Yoga Therapy; Larry Payne, Yoga Rx; Joseph Le Page, Integrative Yoga Therapy; Gary Kraftsow, American Viniyoga Institute; Shanti Khalsa, 3HO Foundation and GRD Center for Medicine and Humanology; Swami Ramananda, Integral Yoga.

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even some of our most prestigious medical schools. Yoga teachers, cardiologists and others jumped on this new-found credibility. It offered a wide - open invitation to prove to the western medical community that yoga has viable applications for addressing many specific illnesses, conditions and diseases.

### Enthusiasm

Funding for research on yoga for depression, respiratory conditions, insomnia, carpal tunnel syndrome or almost any physical or mental condition, gained support quickly following Ornish's work. A lot of the dollars have come from federal government entities (remember Indian Health Services?) such as the Integrated Neural Immune Program, which alone set aside \$16 million for mind - body research in 2005, and the National Center for Complementary and Alternative Medicine which funded research at close to \$76 million in the same year.

At a time when the U.S. healthcare system is being decried as broken, bloated, inefficient and a pawn of the pharmaceutical industry, what can yogis be thinking to even consider getting involved, some might ask. Yoga is at an identity juncture. The research studies on yoga have paid off, and the door to the medical established is unlocked and swinging open for yoga therapy providers who decide they want to play. The question at hand, however, isn't how far we want to go in embracing western medicine, in order to hook up with it. It's how much of the good - hearted intangible ever - present spirit of yoga do we want to risk losing in order to get through the doors of the medical center.

Native Americans have an interesting relationship with the bio-medical model. They by and large gave up their tradition of faith, healing and interconnectedness in exchange for emergency room care and invasive procedures (and lower incidence of death in child birth). They live longer but still have some of the highest rates of diabetes and heart disease in the world. One wonders if that would have been the situation had they embraced Ayurveda, the medical side of yoga, instead of Western medicine.

That's not to say it's an either/or situation and no two conditions are ever exactly the same. But yoga, as a Vedic tradition, already has a complete system of medicine, the aforementioned Ayurveda. Ayurveda is a medical modality that is actually closer to a biomedical model, than is yoga. Yoga provides a path to enlightenment while Ayurveda is the science of life, with an ancient foundation in disease prevention, diagnosis and treatment for almost any disease or condition you could name. Yoga and Ayurveda, often referred to as two sides of the same coin or as sister sciences, each fundamentally aspire to free the divine self to unite with God. Illness is seen as a spiritual issue, by and large, for both of them.

But yoga has become more acceptable in the West than has Ayurveda, largely because it had a huge head start. Centuries of British rule over India during The Raj forced Ayurveda underground until 1945. Obvi-

ously in 1893 when yoga came to America it was most expedient to leave its sister behind. Today yoga has high name recognition, lots of teachers who aren't trained in any medical modality at all - but mounds of research proving that *pranayama* and *asana*, if used appropriately, can help make sick or injured people better. Today we face the possibility of yoga separating even further from the Ayurvedic system of medicine, depending on the fork in the road the emerging professionals called Yoga Therapists take in the near future.

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One way takes us into the system that has created the best trauma care in the world, pays its providers well, but has hardly any tradition whatsoever for bringing body and spirit together and has, with the exception of immunization, hardly any model at all for preventive care...what both yoga and Ayurveda are all about. Are we selling out, and if so, what's the cost? Are we buying in, and if so, what have we lost?

There is a lure to Yoga Therapy becoming a recognized CAM therapy.

Recognition would help solidify Yoga Therapy as a 'profession.' And, after all, some reason, haven't we earned it? The research speaks for itself, some say. And in regards to Ayurveda, it isn't up to speed yet in working with 'the system,' which includes the biomedical community. Next would come benchmarks, standards, accountability and a set of core values to define the profession because those are the hoops (following the research phase) that CAM therapies are expected to jump through.

The universe of yoga teachers in this country is broad. There are teachers of 40, even 50 - plus years practicing the art of yoga along with newly certificated teachers from only a weekend training program. Those with longer tenure as yoga teachers, those who have immersed themselves in a particular lineage and have studied in-depth foundational texts such as the *Yoga Sutra* of Patanjali and the *Bhagavad Gita*, some who are informed by the Ayurvedic system of health, have a lot to add to the discussion. IAYT and those with a stake in Yoga Therapy have accepted an enormous responsibility for the future of yoga in the West.

Recently IAYT sponsored their first annual *Symposium on Yoga Therapy and Research* with over 800 yoga teachers, complementary medicine and biomedicine professionals and researchers in attendance. The complications surrounding

the definition of yoga therapy and future directions of this unlicensed, unregulated profession came to the fore. Indeed, that was a goal of the symposium - to discuss what yoga therapy is. Though there was ample dialogue, there is little agreement yet to be reported other than that by definition yoga most certainly is therapy, and that yoga has the ability to



*Iyengar-certified teacher Marla Apt utilized chairs to place a student in a therapeutic inversion adaptation at the January IAYT symposium.*

offer specific treatments for a particular need.

Listening to representatives at the symposium from as many as 15 different schools or individuals offering certificates in yoga therapy is similar to hearing varying views from any other profession or specialty – whether it be psychology, education, architecture or nutrition. Everyone has their own point of view, their own territory and, on occasion, their own agenda. As in these professions, Yoga Therapy has multiple acceptable curricula and approaches, which when completed by an individual, would qualify one to utilize yoga as a therapy, *provided* it is agreeable to the people brokering the conversation and those willing to publicly define the profession. The fact is, schools are adopting niches, and a lot of people call themselves Yoga Therapists, some with a lot of experience and some with very little.

John Kepner, IAYT Executive Director, says: “We have published illustrative standards for Yoga Therapy on the website. This whole issue takes a lot of dialogue, and we all want to help ‘the profession.’ What we have done so far is that we recognize the reality that there are many different methods being used and training paths, especially the long-term practitioners.”

## Reality

If you’re a member of a profession, you kind of want “the profession” to offer some sort of guarantees that you’ll be able to make a living from it. Kepner, a former economist and current Viniyoga therapist, has thought a lot about this, too.

“People are voting with their pocketbooks,” says Kepner, “...and yoga and yoga therapy are cash pay practices. People are interested in what works. The medical community had their eyes opened about 15 years ago when they realized how many people were seeing CAM providers.”

Out-of-pocket expenditures on CAM doubled in the 1990s in the U.S., with 42% of people using some form of CAM each year, according to eMJA, *The Medical Journal of Australia* online. It’s hard to argue with the consumer.

Richard Miller, Ph.D., founding member of IAYT and a keynote speaker at the yoga therapy and research symposium, concurs. “Kaiser, the military, insurance companies all can save millions of dollars if they get their patients into CAM. We are influencing the medical community. Why can’t that be acknowledged?”

In 2006, IAYT commissioned a legal opinion on ‘when is yoga therapy a qualified yoga expense?’ The opinion came back that yoga therapy is a qualified expense when it is a *bona fide* therapy that provides good support, when a person has a medical condition diagnosed by a *recognized* health professional, the health professional recommends yoga and the patient keeps the receipts.

Adds Kepner, “Up to 30 - 40% can be saved, depending on what tax bracket a person is in. It is defined by the IRS and there are existing billing codes. This doesn’t require licensing or going through a health-care company. Already health savings accounts and flexible spending accounts are available. When yoga is truly a therapeutic application, it is eligible for these accounts.”

Re-enter acupuncture, naturopathy, chiropractic, physical therapy, other CAM therapies. Even if yoga therapy were to be headed the route of

acupuncture, which became licensed in the state of California in 1986, are Yoga Therapists sure they want a fabled piece of the healthcare pie? We probably should be listening closely to what these CAM professionals have to say.

Today, for example, acupuncture is an acceptable method of treating chronic pain. Thirty years ago, who would have thought it would be the case? The number of Chinese Medicine practitioners was significant and growing in certain regions, particularly the San Francisco Bay area and also in parts of Southern California. The Chinese - American public had every right to receive their traditional form of medicine and by licensing acupuncture, the public would be protected, which is one of the main reasons for licensing.

Protected yes, but the trade-off is in the quality of services delivered when a provider is beholden to the healthcare system. As Bob Dylan sings, “you’ve got to serve somebody,” and apparently the system, not the patient, has become the master to many providers. Several delegates to the IAYT *Symposium on Yoga Therapy and Research* took the microphone to testify that licensing of their particular therapy hasn’t been all that it was cracked up to be, imploring the leaders of the yoga therapy movement to be careful where they lead.

A panelist at the symposium, John Weeks from Seattle, who has been involved in integrative health care for more than 20 years as a consultant, writer and organizer related the story of an acupuncturist who decided to enter the system in Washington State. The woman told Weeks flat out that her patients wouldn’t receive all of her expertise and care anymore, due to the reduced amount of time she’d be able to spend with them – but they’d still get the needles, she added. The ‘care’ she regret-

tably felt she would be leaving behind is what is defined by Yoga Therapists as ‘relationship.’ And Yoga Therapists are seriously considering ‘relationship’ as a core component of Yoga Therapy.

Already thousands of yoga teachers call themselves Yoga Therapists.

Says Miller, “Let’s legislate ourselves, create minimum standards and ethical guidelines, grandfather in a certain number of people for initial standards. If somebody starts to legislate us, we can say that we already have rules.”

In the end, the question may be whether we will receive prescriptions for spiritual awakening (yoga) or something else. The medical establishment and those who govern it may be ready for yoga on their terms. Will yoga go the way of other spiritual healing traditions, diluted and secondary to the dominant system? Leaders in Yoga Therapy have tough questions facing them.

## Learn More

*The National Center for Complementary and Alternative Medicine and the National Institutes of Health joint website*  
[www.nccam.nih.gov/health](http://www.nccam.nih.gov/health).

*International Association of Yoga Therapy website* [www.iayt.org](http://www.iayt.org).

**LA YOGA**

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