

YOGA AND YOGA

Multiple Sclerosis

A Practical Guide for People with MS and Yoga Teachers



SINGING DRAGON 

GARTH McLEAN
FOREWORD BY HART C.M. COHEN

“When knowledge and experience can come together, it can synthesize something beautiful. Garth McLean’s book is a testament to precisely that.

This book is honest, clear and straightforward. It creates channels of hope, courage and confidence for those affected by MS. ...very well laid out and neatly categorized...”

—*Abhijata Iyengar*

“In *Yoga and Multiple Sclerosis*, Garth McLean captures the true essence that adopting a yoga practice can have for a practitioner at any level—the potential for transformation of body and mind.

Steeped in his own personal experience with MS, Garth shares his journey in a clear, compassionate and accessible way. Others who may struggle with the challenges of MS are offered a pathway to help overcome obstacles of a frightening and unpredictable health challenge.

Coupled with his personal experience with Iyengar Yoga, McLean offers an invaluable resource punctuated with illuminative photographs and skillful insight to further aid practitioners, yoga teachers and other professionals.

Underpinned by yogic philosophy, this exciting resource transcends the physical practice, offering any student of yoga hope in times of uncertainty.”

—*Patricia Walden, Advanced Senior Iyengar Yoga Teacher*

“*Yoga and Multiple Sclerosis* looks like many other Iyengar-based books: detailed instructions, many photos, adaptations and, of course, props. The magic is McLean’s uses of his embodied theater sensibility to bring the reader into the lived experience of MS. What a treasure for students and professionals to glimpse the ups and downs of yoga and MS in a way that breathes life into a powerful guide that’s not just for MS, but every yoga practice.”

—*Matthew J. Taylor, PT, PhD, C-IAYT. past President of IAYT,
author of Yoga Therapy as a Creative Response to Pain,
and director of SmartSafeYoga*

“This book by Garth McLean is a boon for yoga teachers as well individuals with multiple sclerosis (MS). Garth’s rare experience as a patient of MS, an Iyengar Yoga practitioner as well as teacher is beautifully reflected in this well-balanced, illustrated step-by-step approach in his book. A neurological condition which expresses in one’s youth can be quite stressful and demotivating but the book will provide new hopes and means to lead a happy life.”

—*Rajvi H Mehta, Editor of Yoga Rahasya and teacher of Iyengar Yogashraya, Mumbai*

“What an amazingly good, useful, valuable and impressive work and service! Garth’s life story is exemplary in his chosen path of Iyengar Yoga to help him thrive with MS—an inspiration for everyone! His book is clearly presented for anyone to follow and understand. The black and white photos are clear and clarifying. Above all, it will greatly benefit those with MS to take up a practice that will enhance their lives as well as for yoga teachers to help guide their students who have MS. This book is clearly a classic that will keep on giving.”

—*Lois Steinberg, PhD, CIYT Advanced 2, C-IAYT*

“This is such a well-written, educational and inspiring book that I can highly recommend it for students and teachers in any lineage, not just Iyengar. In addition, Garth’s honesty and thoroughness about his comprehensive, integrative approach to managing his disease lends to the credibility and value of this book.”

—*John Kepner, Executive Director, International Association of Yoga Therapists*

Yoga and Multiple Sclerosis

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A Practical Guide for People
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GARTH MCLEAN

Foreword by Hart C.M. Cohen, MD, FRCPC



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1

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I dedicate this book to Dr. Geeta S. Iyengar, a compassionate visionary and my beloved teacher, and of course to her Guru and mine, Yogacharya B.K.S. Iyengar.

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Contents

	<i>Disclaimer</i>	10
	Foreword by Hart C.M. Cohen, MD, FRCPC	11
Chapter 1	Introduction	13
Chapter 2	Starting a Yoga Practice with MS	37
Chapter 3	Sequences of Asana	55
Chapter 4	Pranayama and Meditation	153
Chapter 5	Asana and Pranayama for Symptom Relief and Management	174
Chapter 6	Advice for Teachers and Yoga Therapists	282
Chapter 7	Diet and Lifestyle	324
Chapter 8	The Proof Is in the Pudding	336
	<i>Afterword</i>	340
	<i>References</i>	341
	<i>Resources</i>	344
	<i>Index</i>	346

Disclaimer

The opinions and perceptions contained in this book are mine. As a person with relapsing remitting multiple sclerosis, the information I present is based on my personal experience with managing the condition through the discipline of yoga presented to me by Yogacharya B.K.S. Iyengar. I am not a medical professional, nor am I an academic. I am a student of yoga. I am a curious man who through the daily practice of Iyengar yoga has dealt with and navigated a range of frightening symptoms associated with multiple sclerosis since being diagnosed with the disease in 1996. I offer my personal experience and understanding in the pages that follow, as many people have asked me to do so. What I present is for those who are self-ambulatory and is in no way meant to limit one's experience or the range, scope and approach for persons living with MS. I refer to smarter people than me in the following pages, people whose knowledge has served to guide and inform me along my path. Common sense dictates that prior to commencing any yoga or exercise program, you should seek the advice of your health care provider. It needs to be stated that yoga is not a cure for MS. The information presented herein is for reference and should not be considered as a replacement for expert medical advice. What also needs to be stated is that to the extent permissible by law, Garth McLean, B.K.S. Iyengar, Geeta S. Iyengar, the estates of B.K.S. and Geeta S. Iyengar, Jessica Kingsley Publishers and any of their respective agents, representatives, employees, heirs or assigns, collectively and/or individually, hereby disclaim any liability for any injuries incurred as a result of the information contained herein.

Foreword

During my 33 years as a neurologist, I have had the pleasure of caring for a wide variety of patients with an equally wide variety of symptoms and conditions. Many of my patients have multiple sclerosis (MS), and in addition to discussing all of the latest available allopathic treatment options with them, I encourage each of them to remain active and engage in physical activity in order to maintain optimal mobility and functionality.

I met Garth McLean in 2001 when he became my patient. You might think that he and I would be unlikely collaborators, being that I am a student of the art and science of medicine, and Garth is a student of the art and science of yoga; just the opposite is true. We have genuine respect for each other's perspective and expertise. Witnessing Garth's successful use of Iyengar yoga to manage his symptoms during the course of his MS has been both compelling and inspiring. I have seen how his practice of yoga has built his strength, kept him mobile, and even slowed the progression of physical problems during the course of the disease.

Yoga and mindfulness have been recognized, not just by me, but also by the National Multiple Sclerosis Society, as effective tools for managing this condition. It has been demonstrated that stress may exacerbate the symptoms of MS. It seems that yoga, in addition to bolstering physical strength and nerve function, also reduces stress and enhances the practitioner's sense of well-being. One could argue that such benefits would be welcomed by everyone—with or without MS.

The Iyengar yoga system is well known for the use of various props,

which provide support and a safe way to practice the poses for students with any sort of challenge, and are an integral part of the comprehensive training of certified teachers. I have seen, through Garth, that Iyengar yoga teaches actions that are necessary to maintain balance and overall functionality. As a result, I do not hesitate to recommend Iyengar yoga to my patients.

Garth's dedication to his health, his yoga practice and his students is impressive. His willingness to write this book and share his experience and strategies so that others may follow his lead is exemplary.

I wish all of you the very best of health.

Sincerely,

Hart C.M. Cohen, MD, FRCPC

CHAPTER 1

Introduction

It was a hot day in May 1996 when I finally made the call. I had gone numb from head to toe and could no longer feel my body. I was tripping over my feet as I tried to walk. Lifting my right foot was literally a drag. I couldn't control my fingers to use a pen to write my name or button my jeans. Sensations of hot and cold were non-existent. I had to use one hand to guide the other for routine tasks like eating, shaving, changing the radio station in the car. Otherwise, my hand would go astray. Am I dying?

Driving home from the gym after a good workout about a month earlier, I missed the button attempting to change the station on the radio. That was weird. Kicking my shoes off when I got home, I couldn't feel my feet. Even weirder. Concerned, hungry and fatigued, I had a bite to eat and literally stumbled into bed. That was when I first noticed something very strange was going on. The feeling came back the next day, but then a few days later, I lost the feeling of heat and cold and was experiencing a tingling sensation in my right arm. A recurring feeling of ants crawling under the skin in my arms freaked me out. My torso felt like I was being crushed in a vice grip which made breathing difficult. Embarrassingly, being unable to retain my urine and my bowels was even more of a challenge, especially as I wasn't ready to resort to wearing a diaper. At the same time, I was having crazy electrical shock-like sensations running down my spine whenever I turned my head to look up or down.

Initially I thought I had pinched a nerve in my back or neck, which might explain the feeling of pins and needles in my right arm. It then

spread to my left arm and into my fingers. Seeking relief, I went for a couple of chiropractic adjustments. Nothing. The numbness soon began to spread to my legs and throughout my torso, affecting my ability to walk, and throwing off my balance and overall body control.

About 14 years earlier, when I was in my early twenties, I'd had a similar experience that lasted for several weeks and then as mysteriously it came on, it simply disappeared. Like the earlier experience, I figured this latest storm would somehow just go away. It didn't.

When all of this came on, I was busy producing a play in Hollywood and was caught up in the pursuit of an acting career. I kept pushing through and forging on, making up excuses at casting auditions about why I was walking funny and had trouble holding things. When this mystery thing that was inhabiting my body crept into my face and skull, rendering them numb, I freaked. Something was really wrong. It had become impossible to ignore. I was 36 years old and thought, that's it. I'm dying. Facing my own mortality forced me to make the call to the neurology department at UCLA Medical Center. Fortunately, they got me in the next day and, after an initial exam, I was immediately admitted to the hospital. After a few days, three MRIs (magnetic resonance imaging), a spinal tap, a seemingly endless amount of blood work, and an IV infusion of steroids being pumped into my body, I received my diagnosis. Multiple sclerosis. Relapsing remitting multiple sclerosis. MS.

Not welcome news, but at least I now had an answer for what was happening and why things were all messed up in my body. The good news was, I wasn't going to die. At least not yet.

Everyone's story with MS and what led to their diagnosis is unique because MS presents such a wide range of challenges that differ greatly in degrees of severity.

Being diagnosed with an incurable, chronic condition and hearing the possible prognoses threw me, and perhaps many of you, into a whole new spin of uncertainty, fear and anxiety. I felt lost, isolated and even more afraid. Will I ever walk again? How did this happen? How did I get here? What does the future hold? I immediately asked my neurologist what I could do to help relieve my symptoms and fend off the condition. In addition to laying out all the possible pharmaceutical options, he urged me

to try yoga and swimming. He believed that in addition to being excellent lifestyle disciplines for anyone to adopt, yoga and swimming would help keep my stress levels in check and enhance my physical, mental and emotional states. He cautioned me to avoid sweating or overheating as this could make symptoms worse.

As fate would have it, friends of mine visiting me in the hospital suggested that I try Iyengar yoga, a type of hatha yoga named after the legendary yoga master B.K.S. Iyengar. Due to health issues of his own as a young man, Mr. Iyengar developed ways to adapt poses with the use of yoga props (ropes, blankets, bricks, belts, chairs and more) and common household items so that any individual, regardless of health challenges of any kind, could participate in yoga and experience the benefits of practice. More information on Iyengar yoga will follow.

My life changed the day I was diagnosed with MS. As devastating as the news was, it opened up a whole new world of opportunity to culture a more balanced, healthy life. My diagnosis forced me to face my new reality with uncomfortable, rigorous honesty. Within 72 hours of being released from the hospital, I attended my first Iyengar yoga class. Then I went for a swim.

After that first yoga class, my interest was sparked. Within a few weeks, I began to feel better physically, and significantly more coordinated. I continued to study the subject with great devotion. My balance and gait steadily improved. I could feel my body again, was gaining control of my coordination, and began making other, healthier life choices that included cleaning up my diet. My perspective on my condition also changed, and life became much less burdensome. Not completely out of the grip of MS, I experienced three other clearly defined episodes over the next five years, all of which included a repeat of many of my original symptoms and more. Additional symptoms I have endured include optic neuritis, losing sight in my right eye and partially on the left, right-side drop foot and overall weakness on my right side, along with symptoms invisible to others of neural burning pain in my hip and right arm, right-side weakness, depression and overwhelming fatigue. Whether I was experiencing symptoms or not, I practiced yoga daily, adapted to what I could do on any given day. The yoga practice unequivocally helped me to navigate and endure the times

of crisis with much less anxiety and a relative sense of calm. I offer a list of common MS symptoms and their characteristics in the section “Symptoms of Multiple Sclerosis” later in this chapter.

As I continued to regain my strength and coordination, I realized the profound benefit of embracing a yoga practice. I thought if there was any way I could help anyone else deal with the nightmare of this diagnosis and what it means to live with MS, it was my duty to do so. So, I became a Certified Iyengar Yoga Teacher and a Certified Yoga Therapist in order to share my experience with others with MS, as well as to help guide fellow yoga teachers and yoga therapists.

To this day, I continue to successfully manage my MS through a daily practice of Iyengar yoga. I also swim with regularity. Aside from residual nerve damage that has lingered in my right leg, which often manifests as chronic, burning neural pain in my right hip and foot, along with overwhelming fatigue, thankfully, I have been reasonably symptom-free and without relapse since June 2001. In the years since my diagnosis, I have received countless inquiries from individuals around the globe with MS, as well as many yoga teachers and therapists, requesting that I share my experience on what to consider and how to approach a yoga practice.

As noted earlier, everyone’s story is unique because multiple sclerosis presents such a wide range of unpredictable, frustrating challenges that differ greatly in degrees of severity from person to person. It is my sincere hope that by sharing my understanding and experience, I can help those of you with MS achieve or maintain a sustained positive outcome by incorporating yoga as part of your overall wellness regimen for good health, mobility and functionality.

As I am not a medical doctor, I cannot, and don’t pretend to, offer medical advice. I strongly encourage you to seek medical advice and speak with your doctor prior to starting any physical exercise or program, which includes practicing yoga postures.

In my experience and in that of the countless number of people whom I have since met and worked with, the good news is MS is a manageable condition. And even more good news is, you are not alone!

Next Steps to Taking Action

It is important to underscore that at the time of publication there is no known cause and no known cure for multiple sclerosis. If anyone claims that they have it figured out and have got a cure, my recommendation would be to kindly thank them for their concern and swiftly move on. Though not a cure, like other complementary approaches to living well with MS, we can look to Iyengar yoga and its pragmatic approach to effectively manage the various stages and categories of this complex and confusing condition, and quite possibly preempt future attacks and slow disease progression.

Whether you have MS or work with someone with MS, it is equally important to have a foundational understanding of the condition and the systems affected by MS. I'd like to identify and review what the scope of MS is, who gets the condition, and why, where and when it most commonly appears; also to outline the recognized stages of MS, and explain common symptoms and prognoses. Let's have a look...

Multiple Sclerosis Overview

What Is MS?

Multiple sclerosis is considered to be an unpredictable inflammatory demyelinating disease with resulting nerve damage. Myelin is the insulating membrane composed of lipids that surrounds nerve cell axons. Myelin is the insulation that allows for quick and efficient nerve impulse messages to be transmitted. In MS, demyelination takes place in the central nervous system (CNS). Where and to what extent the nerves are damaged is determined by the location of the demyelinating areas on the brain, spinal cord and optic nerves, and the degree of demyelination.

Though the root cause of MS is unclear, it is considered an autoimmune disorder where the body's immune system randomly attacks the myelin, causing demyelination. The demyelination leaves behind multiple hardening areas or scarring on the nerve cells. It is considered to be one of the most common inflammatory autoimmune disorders affecting the central nervous system, with a tendency to attack young adults (Ropper *et al.* 2019). The scars or hardening left behind on the myelin after an attack are also known

as lesions or sclerosis. The term “sclerosis” is derived from the Greek word *sklērosis* for hardening (Merriam-Webster Online Dictionary 2019a). When the myelin is damaged or lost in multiple areas, there are multiple sclerosis, hence the name of the condition. Compromised ability is a result of the nerve impulse messages being unable to transmit from the CNS to various parts of the body for efficient bodily function and movement.



Normal and myelin-damaged nerve cell

There is no one test to determine a clinical diagnosis. MRI, however, is thought to be the most accurate means to determine if there is demyelination. MRI can help pinpoint the exact location of lesions, as well as identify whether the lesions are symptomatic or asymptomatic, in the cerebrum, cerebellum, brain stem, optic nerves and spinal cord. Cerebral

lesions, more often than not, are asymptomatic, while lesions in the spinal cord are almost always symptomatic (Ropper *et al.* 2019).

Who Gets MS?

Patterns exist as to who may develop the condition, although as previously stated, the cause of MS remains unknown. Worldwide there are more than 2.3 million people diagnosed with MS (Khalsa *et al.* 2016). Because MS can be difficult to diagnose, exact numbers of how many people have MS are based on cases that have been reported. Anyone can contract the disease, though it is not contagious. There is a belief that a combination of environmental and genetic factors may contribute to the risk of developing MS, but it is not considered to be an inherited condition. To learn more, the MS Society offers wonderful resources on their website: www.nationalmssociety.org.

In terms of general demographics, most people with MS are people diagnosed between the ages of 20 and 40. Initial diagnoses can occur outside of this age range, in both younger and older individuals. The majority of persons are diagnosed with relapsing remitting MS (RRMS), the most common form of the disease. In 2013, the International Advisory Committee on Clinical Trials of MS revised their initial identification of four major categories of MS. These categories are identified and outlined below (Lublin *et al.* 2014).

Geographically, MS is more prevalent in colder climates, at latitudes that are farther away from the equator in the northern and southern hemispheres. Higher per capita rates exist in northern Europe, Canada, Northern United States, Scandinavia, Australia and Brazil. Whether or not a person is diagnosed with MS has more to do with where one is raised rather than where one may move to as an adult. Several studies (Dean and Kurtzke 1971) have indicated that migration from a high-risk to a low-risk geographical area still carries the original geographical risk regardless of migration; the disease may not manifest until 20 years after relocation.

With regard to gender, two to three times more women than men are diagnosed, suggesting that hormones may also play a role in determining susceptibility to MS.

MS can affect all ethnicities, including African-Americans, Asians and Hispanics/Latinos, but is most common among Caucasians of northern European ancestry. Susceptibility rates vary among these groups; however, recent findings suggest that African-American women in the United States have a higher than previously reported risk of developing MS (Glynn 2013). Rates of MS may differ significantly among ethnic groups living in the same geographic area. For example, though they may live in similar regional latitudes, MS is very rare among the Inuit, Yakutes, Hutterites, Hungarian Romani, Norwegian Lapps, Australian Aborigines and native New Zealanders. This seems to indicate that ethnicity and geography interact in some complex way to impact the prevalence of MS in different parts of the world. Interestingly, in the yoga classes I offer for people with MS in Los Angeles, I have noticed an increased number of Persian women with the progressive form of MS, as compared to other ethnicities.

Lack of vitamin D and sun exposure may also be a risk factor for developing MS. This could possibly explain the prevalence of MS in certain latitudinal positions (Simpson *et al.* 2011).

Types of MS

There are thought to be four major stages or categories of MS, as listed on the National MS Society of the US website. Each stage may manifest as mild, moderate or severe (National MS Society 2019a).

Clinically Isolated Syndrome

With clinically isolated syndrome (CIS), generally there is a singular episode of neurological symptoms caused by inflammation with demyelination in the central nervous system. Those who have an episode, which is defined as lasting at least 24 hours, may or may not develop MS. If an MS type of lesion is found in the brain on an MRI scan, those persons are at greater risk of experiencing a secondary neurological episode and being clinically diagnosed with MS.

Relapsing Remitting MS

Approximately 85 percent of people with MS are initially diagnosed with RRMS—the most common category of the disease. RRMS is characterized by clear inflammatory attacks on CNS myelin (National MS Society 2019a). These attacks, or relapses (also called exacerbations, episodes, flare-ups or bouts), can intensify existing or bring on new neurological symptoms. A relapse is followed by periods of partial or complete recovery, referred to as being in remission. During remission, all symptoms may disappear; however, some symptoms may continue and become permanent. With RRMS there is no apparent progression of the disease when in remission. Naturally, if one is in remission, the goal is to avoid future relapse. Most people with RRMS are diagnosed in their 20s and 30s (although it can occur in childhood or later adulthood), as noted by the National MS Society (2019b).

Common symptoms associated with RRMS include, but are not limited to, episodic transitory bouts of motor weakness, spastic paralysis or stiffness of lower leg(s) (*paraparesis*), gait abnormality and difficulty walking (*ataxia*), unusual and extreme fatigue, a feeling of pins and needles, burning and/or numbness (*paresthesia*), vision problems (*diplopia* and *optic neuritis*), spasticity of torso, bowel and bladder dysfunction, slurred speech (*dysarthria*) and problems with cognition (learning, memory or information processing) (Ropper *et al.* 2019). Because the location of the myelin damage is so variable during the inflammatory attacks of a relapse with RRMS, no two people present the exact same symptoms. A more expanded list of symptoms is included later on.

People who have been living with RRMS for at least ten years often transition to the next category, known as secondary progressive MS (SPMS). Thus, it is important to have an early intervention with some sort of disease-modifying strategy that includes medication and/or behavioral change. Yoga is often a recommended complementary discipline.

Secondary Progressive MS

SPMS follows an initial course of the relapsing remitting stage of the disease, as described in the section “Relapsing Remitting MS.” Once SPMS develops, there is a progressive worsening of neurological function over time. Progressive forms of MS are more likely to present gradually worsening problems with a person’s walking, mobility, function and any other existing symptoms. As with RRMS, each person’s experience with SPMS will be unique, though symptoms may manifest in similar ways.

Individuals may or may not continue to experience relapses caused by inflammation; however, the disease gradually changes from an inflammatory process to a steadily progressive phase characterized by increased nerve damage or nerve loss.

Primary Progressive MS

Primary progressive MS (PPMS) is characterized by neurological degeneration and worsening function from the initial onset of symptoms. Generally, PPMS is absent of initial relapses or remissions. Persons with PPMS are usually diagnosed after the age of 40 (Ropper *et al.* 2019) and represent approximately 15 percent of those diagnosed with MS. As with the other stages, each person’s experience with PPMS will be unique. Most people with PPMS require some form of assistance with mobility and daily activities. Persons with PPMS have brief periods when the disease is stable as well as periods when increasing disability occurs. Increased disability can happen with or without new relapses or new lesions appearing in the CNS.

Persons with PPMS tend to have more lesions in the spinal cord than in the brain. PPMS involves less inflammation than the type seen in relapsing MS. This makes PPMS more difficult to diagnose than relapsing forms of MS.

In the relapsing forms of MS, women are more affected than men at a rate of approximately two to three times more than their male counterparts; in PPMS, the numbers of women and men are approximately equal (National MS Society 2019a).

Precipitating Factors

There have been varying opinions and debate around whether infection or trauma can trigger a relapse (Ropper *et al.* 2019). It is thought though that stress, especially severe stress that could result from trauma or injury, can lead to increased inflammation, which in turn may send autoimmune reactions into overdrive (Reinberg 2018).

As noted in the relapsing remitting stage, lesions begin as inflammation, so it makes sense to adopt lifestyle choices and disciplines that reduce our stress levels and inflammatory responses in order to create balanced autoimmune function. Of course, there are several pharmaceutical disease-modulating therapy options. Pharmaceutical immunosuppressant and modulating drugs are prescribed in MS as a means to modulate the body's autoimmune response to myelin (Ropper *et al.* 2019). Medication can be prescribed to offer other symptom relief such as stress management, pain, spasticity, depression, anxiety and more. Some medication can result in adverse side effects. At the time of publication, medical advances continue to evolve. For the latest updates on medications available for MS and related symptoms, consult with your neurologist.

Symptoms of Multiple Sclerosis

Because the location of the myelin damage is so variable and unpredictable from individual to individual, and the degree of myelin damage can also change and fluctuate, manifested symptoms are as unpredictable as they are variable. There is a tendency, however, for lesions to appear in certain parts of the CNS, so the resulting symptoms can be delineated as MS related. Whether adopting a yoga practice, or working with someone who has MS, it is vital to take into consideration the range of symptoms that are possible.

A person's symptoms often affect one side of the body (*ipsilateral*) more intensely than the other (Ferrain *et al.* 2005). Symptoms of weakness and challenge can also be present on both sides of the body (*bilateral*), though this is not as common. Below is a list of common symptoms of MS, many of which I have experienced (Multiple Sclerosis News Today 2019).

Symptoms of MS (listed in alphabetical order)

Aphasia: The inability or challenge to comprehend or formulate language.

Ataxia: Gait abnormality; difficulty walking; loss of balance; lack of coordination of movement. Further manifestations of ataxia may include:

- ❖ **Drop foot:** A weakness in the foot and ankle presenting difficulty or inability to flex or lift the front part of the foot, which hinders walking. Often initially limited to one side of the body.
- ❖ **Dysmetria:** Known also as an *intention tremor*, indicated by the inability to judge distance or scale, characterized by the under- or overshoot of an intended target with the fingers, hand, arm, leg, eyes.
- ❖ **Dyssynergia:** Sudden, abrupt uncoordinated movement.

Bladder dysfunction (inability to initiate or empty bladder, and urinary incontinence): In some cases, initiating urine presents difficulty, while in others, urine retention is compromised, coupled with urgency.

Bowel dysfunction (constipation and incontinence): Constipation can result from compromised relay of messages signaling it is time to evacuate the bowels. Incontinence can result from compromised sensation in the rectum and anus, causing difficulty in retaining or controlling bowel movement.

Cognitive decline: Sometimes referred to as brain fog, this is characterized by reduced attention span, diminished processing speed and memory decline.

Depression: When facing a chronic, incurable condition, feelings of despondency and dejection can be overwhelming. The MS Society notes that research indicates that depression is more common in inflammatory conditions. Depression may also be connected to the hippocampus region of the brain (Campbell and MacQueen 2004).

Diplopia: Double vision. In MS, diplopia is generally bilateral.

Dizziness/vertigo: A sensation of whirling or spinning, even when not moving, which results in loss of balance, lightheadedness and sometimes nausea.

Dysarthria: A motor speech dysfunction resulting in difficulty with articulation or slurring of words.

Dysesthesia: Can evoke an overwhelming inexplicable burning sensation, itching and pins and needles of the skin or muscle fibers.

Dysphasia: Difficulty swallowing.

Fatigue: Inordinate levels of tiredness and overwhelming exhaustion.

Formication: A sensation of bugs crawling under the skin; subcutaneous buzzing sensations; a less common form of *paresthesia* (see below).

Optic neuritis: Inflammation of the optic nerve resulting in partial or total loss of vision, generally in one eye, that can last over several days (Ropper *et al.* 2019). I experienced optic neuritis in both eyes that lasted approximately 11 weeks.

Paresthesia: Causes sensations similar to dysesthesia, with feelings of pins and needles, a limb falling asleep or feeling numb throughout parts of the body. Also the feeling of an electrical charge, similar to the sensation felt when the ulnar nerve near the elbow, also known as the funny bone, is tweaked. A further sign of paresthesia is:

- ※ **Lhermitte's sign:** An uncomfortable electrical sensation that runs through the neck, down the spine and into the limbs when flexing the neck by bowing or turning the head. Lhermitte's sign was originally associated with cervical cord trauma. Though technically listed as

a “sign,” it is more a symptom than a sign (Ropper *et al.* 2019) of demyelinated axons in the cervical spinal cord. In my case, even though I have lesions in C2, C5 and C6, I experienced Lhermitte’s on several occasions due to an active lesion in my brain stem.

Spasticity (*paraparesis*): Motor weakness, spastic paralysis or stiffness of leg(s). Flexors of the lower body can suddenly extend or retract in stiffness and spastic paralysis. Extensors of the upper body can retract in sudden flexion.

Most people with MS are negatively impacted with flexion of the lower body: drop foot, inability to bend or lift a leg. Spasms are very common with MS and can come on rapidly with no warning. The American Association of Neurological Surgeons notes two types of MS-related spasms: flexor and extensor. Flexor spasticity involves the involuntary bending of the hips or knees toward the chest. Extensor spasticity is an involuntary straightening of the legs (which involves quadriceps and adductor muscles). Spasticity may be triggered or increased due to sudden movements or position changes, muscle tightness, temperature extremes, humidity or infections. Tight clothing can also cause spasticity (American Association of Neurological Surgeons 2019).

During a neurological exam, my neurologist, Dr. Hart C.M. Cohen, first mentioned that damage to the CNS can often preferentially negatively affect the extensors of the upper body, and the flexors of the lower body. Therefore, spasticity and/or spasms can result in overriding flexion of the arms and fingers, making it difficult for them to straighten out or extend. Spasms in the lower body can often cause a sudden stiffening of the legs into an extended position, resulting in the temporary inability to bend the knees, flex the foot or lift the legs.



Spasticity affecting extensor (arm) of upper body, flexor (leg) of lower body

In more severe states of spasm, the arm(s) can suddenly retract with flexion toward the chest. The legs can suddenly straighten and extend stiffly. The foot of the affected leg(s) may be noted in supinated inversion, where the foot curls downwards and inwards.

Other physical manifestations of MS may include the **MS hug** (*dysesthesia*), a form of formication when spasms are present in the intercostal muscles. Intercostal muscles are located between the ribs. The resulting sensation is compression in the torso that feels like a banding, binding or girdling and makes breathing difficult (Healthline 2018).

Tremor: Uncontrolled rhythmic trembling or shaking, usually caused by lesions in the cerebellum.

Uhthoff's phenomenon: Though noted as a phenomenon, it could be considered more of a symptom (Ropper *et al.* 2019). It is considered a phenomenon as there can be a sudden occurrence of heightened neurological challenge. This sudden heightened challenge is temporary and usually subsides quite quickly once the body temperature is lowered or brought to the normal range.

In my experience, taking a hot shower increased the swelling of the spinal cord due to the increase in body temperature. This temporarily negatively impacted my balance, coordination of movement and walking. The feeling was that my body was going to explode. Once I was able to lower my body temperature, by running cool water on my wrists and placing a cool, dampened washcloth on the back of my neck, those temporary impediments subsided within the scope of approximately an hour.

A sustained occurrence of increased neurological impediment or challenge, regardless of body temperature fluctuation, would be more likely to be considered a symptom.

A new symptom, or sustained worsening of an existing symptom, that results in neurological dysfunction may be the result of an imbalanced autoimmune attack on the myelin sheath that either creates a new lesion due to demyelination or otherwise reactivates and thus worsens an existing lesion in the CNS. This would be considered as an exacerbation or relapse.

Genu recurvatum: While not a specific symptom, a common occurrence in persons in the progressive stage of MS is hyperextension, or reverse curvature, of one knee as a result of weakness and instability in the weaker of the two legs. The knee of the weaker leg hyperextends (backward)

when straightening the leg. This is a result of weakness in the knee and hip extensors (quadricep muscles) or bicep femoralis (hamstring muscles), and/or a laxity or looseness in the ligaments, which are unable to prevent the knee from locking backward when attempting to straighten the leg.

Mobility assistive devices and various orthotic devices can help to manage some of the mobility challenges and symptoms.

If demyelination can cause all of these symptoms, it makes sense to ask...

Can Myelin Nerve Damage Be Repaired in MS?

The short answer is, not yet. Myelin is formed by cells called oligodendrocytes. Some remyelination is possible, but these myelin-producing cells are destroyed during an immune system attack and the remaining oligodendrocyte cells have little or no ability to proliferate or repair to full efficiency.

Michael C. Levin, MD (University of Saskatchewan) notes that if the myelin sheath is able to repair and regenerate itself, there is a possibility that nerve function may return. However, if the myelin sheath is severely damaged, the nerve fiber can die. Nerves in the central nervous system do not have the ability to fully regenerate once the myelin is damaged and as a result remain permanently damaged (Levin 2018). Disease progression can then potentially worsen, not only from the immune system continuing to attack myelin but also because the myelin cannot be fully repaired. While research to repair the damaged myelin of nerve cells in MS continues, currently there are no approved therapies for myelin regeneration (Craven 2019).

All is not lost though. Research suggests that we have a certain amount of neurological reserve. The brain is a complex and flexible organ and may have the ability to remap blocked pathways through what is known as neurological, or brain, reserve (Sumowski *et al.* 2013). For example, you may have witnessed the resilience of plants and animals in nature: when faced with challenges they can adapt to their situation in the drive to survive. Brain reserve, albeit limited, may actually be able to help the human

brain adapt to the demyelination challenge and reroute nerve impulses that might otherwise be blocked by MS lesion(s). The MS Brain Health Initiative, founded by a group of medical experts, further underscores that positive lifestyle choices can help to keep the brain healthy, enhance brain function and perhaps boost our neurological reserve capacity (Pepper *et al.* 2019). Though this has yet to be scientifically proven, if we are open to the possibility, taking action to maintain as healthy a brain as possible through diet, exercise and adopting mindful life choices makes sense. These activities may serve to help to maintain any potential brain reserve, freedom of movement and independent function.

Can We Control the Root Cause of an Attack?

Immunosuppressant and immune-modulating drugs are the common pharmaceutical intervention treatments prescribed in an attempt to divert, prevent and keep the villainous T cells (white blood cells) that infiltrate and attack the myelin sheath in check. Researchers at Boston Children's Hospital have identified the composition of malicious T cell helper cells that can be targeted with antibodies to preempt inflammatory attacks. Eileen Remold-O'Donnell, PhD, a senior investigator of the Program in Cellular and Molecular Medicine, suggests that targeting the rogue T helper cells could possibly "ameliorate MS" (Hou *et al.* 2019).

Taking this under consideration, let's turn to looking into what yoga has to offer as a complementary approach to maximizing health, balancing immune responses and easing the burden of living with MS.

Yoga and Multiple Sclerosis

As you can see, the scope of challenges MS can present is wide and varied. The goal certainly is to relieve existing symptoms while simultaneously encouraging healthy, balanced immune responses to prevent future episodes and possibly slow disease progression. This is important in all stages of the condition.

In the relapsing remitting stage, RRMS, it is especially important to get and keep the MS in remission as early as possible. If we look to adopt

yoga as an approach to help manage the condition, it is important to gain further knowledge about the scope of what yoga is and its potential impact in order to understand how yoga can be of help.

What Is Yoga?

Given yoga's popularity, it is likely you have already heard of yoga as a way to keep fit, become flexible and mellow out. Many people have an idea of what yoga is based upon their own exposure to classes, social media, gym or spa center advertising. I have often heard people say that yoga is really meant for young, fit, able-bodied people dressed in workout clothes who lead happy, euphoric, alternative lifestyles. However, many have discovered that yoga is a multifaceted discipline accessible to a wide range of demographics and is so much more than just a feel-good exercise workout.

Yoga means a union. A joining together of body, mind and spirit. Yoga is also defined as the cessation of the fluctuations of consciousness. It is also considered to be an art, a science and a philosophy.

With the growing popularity of yoga studios, many people look to yoga for physical exercise and health, but with continued practice, many soon discover that yoga has the potential to transcend the physical plain. The side effects of a yoga practice can reduce stress, help to regulate the systems of the body and offer one a profound sense of well-being (Iyengar 1993a).

In the *Yoga Sutras*, a widely accepted treatise on the subject of yoga, the sage Patanjali wrote of eight steps toward overall health and spiritual fulfillment: *yama*, *niyama*, *asana*, *pranayama*, *pratyahara*, *dharana*, *dhyana* and *samadhi*. Moral (*yama*) and personal (*niyama*) disciplines, the physical practice of postures (*asana*) and the regulation of the breath (*pranayama*) make the body a healthy and fit vehicle for one's being. As the practitioner gains proficiency in these physical and physiological aspects of yoga, the practice begins to penetrate and affect the more subtle emotional, psychological and intellectual bodies within.

After the withdrawal of the outward pursuit of the senses (*pratyahara*), concentration is enhanced (*dharana*), which leads to meditation (*dhyana*). Once in a state of deep relaxation and meditation, the practitioner may enter into a state of total absorption beyond the pulls and pushes of nature

and dualities of the mind. In yoga terms, this is considered to be a state of freedom (*samadhi*).

What Is Iyengar Yoga?

Iyengar yoga is based on the practice and teaching of yoga legend B.K.S. Iyengar. Iyengar yoga, one of the most widely practiced forms of yoga in the world, emphasizes correct alignment of all parts of the body within the physical practice of the yoga poses. In the Iyengar tradition, there is an inherent step-by-step methodology and evolution of learning from beginning to intermediate to advanced levels of practice and deeper exploration of the various other limbs of yoga.

B.K.S. Iyengar and his daughter, Geeta S. Iyengar, offer further insight into the theory of yoga in their advice to yoga teachers:

Yoga is considered to be one of the six *darsana* of Indian philosophy. *Darsan* means vision, seeing or looking, implying a thorough inquiry, investigation and reasoning on essential nature as well as the state of being, without imaginary ideals or objects. (Iyengar and Iyengar 2003, p.70)

Yoga lays a great emphasis on practice or *sadhana* and serves to establish the proper links between the body and nerves.

As mentioned earlier, B.K.S. Iyengar's intention was to make yoga accessible to every person, so if you don't have the strength or flexibility to do the asana poses independently, or even if you do, you can still gain the benefit of the postures by using props, such as ropes, blocks, blankets, belts, chairs, a wall and more.

As Mr. Iyengar continued to teach yoga, his teaching ideology began to attract students with a wide range of health conditions and restrictions. He recognized the need to adapt the yoga poses in order to help relieve his students' symptoms and so they could continue with a consistent yoga practice as a preventative measure. Initially, he incorporated household items as props to provide support to enhance the practice of the physical yoga postures and realize a favorable outcome for the students. This is what

led to his invention of what we now recognize as widely used props for yoga as noted above.

Thankfully, any posture or breathing technique can be adapted to suit the practitioner's level of ability through the use of a prop and body position so that the practitioner can glean the intended benefit of a particular pose or pranayama.

Is Yoga Right for Me?

As long as one is willing, no one is too old or too stiff, too challenged, too fat, too thin or too tired. Iyengar yoga can guide students of all ages and physical conditions to an experience that's profound, intelligent and transformative.

Using deep-seated knowledge of the yoga asanas (postures) and pranayama (breathing techniques), Iyengar yoga teachers and yoga therapists individualize their approach for each student. Special adjustments and considerations are made for various body types, injuries and conditions, from high blood pressure, knee and lower back injuries and pregnancy to MS.

Even though asana is an integral part of enhancing physical ability, asanas are not always the only answer for every individual. Some persons may be better suited to other aspects of yoga such as pranayama, meditation and the philosophy of self-compassion. As yoga is multifaceted, one does not need to be doing physical asana in order to be practicing yoga. One can be working on breathing and meditation techniques, though to keep mobile and functional, the practice of asana certainly helps.

Yoga as Therapy

To be more specific on how yoga can help, let's consider yoga as therapy. The International Association of Yoga Therapists (IAYT) defines yoga therapy, derived from the practice of yoga, as:

the process of empowering individuals to progress toward improved health and wellbeing through the application of the teachings and practices of

yoga. The practice of yoga therapy requires specialized training and skill development to support the relationship between the client/student and therapist to effect positive change for the individual. (International Association of Yoga Therapists 2017, p.9)

In a 2017 keynote address to the International Association of Yoga Therapists, Sat Bir Singh Khalsa, PhD, a researcher in the field of body–mind medicine specializing in yoga therapy, and an assistant professor at Harvard Medical School, remarked that the climate in the medical community has been incentivized to emphasize speed and immediate symptom relief for conditions, over preventative measures such as yoga.

Symptom relief is obviously vital and certainly desired by patients. However, as Khalsa notes, to achieve sustained levels of health, emphasis on prevention and looking at the root cause of the condition would be beneficial for many who want to maintain their health and remain symptom-free.

The *Yoga Sutras of Patanjali* is considered to be a foundational yoga philosophy text. There are 196 sutras, or short teachings. Khalsa’s remarks brought one of them to my mind: Yoga Sutra II.16, *heyam dukham anagatam*. The sutra loosely translates as “the pains which are yet to come can and are to be avoided” (Iyengar 1993b, pp.116–117). As Mr. Iyengar further illuminates in his commentary on this sutra:

Past pain is finished. Pain that we are in the process of experiencing cannot be avoided, but can be reduced to some extent by yogic practice and discriminative knowledge. Unknown future pains can be prevented by adhering now to yogic disciplines. ... Yoga is a preventative healing art, science and philosophy, by which we build up robust health in body and mind and construct a defensive strength with which to deflect or counteract afflictions that are as yet unperceived afflictions. (Iyengar 1993b, p.117)

To further illuminate yoga as therapy, the scope of yoga therapy is not separate from yoga, but rather “nests” inside of it, as Bhavanani *et al.* (2019) comment in their discussion on the emergence of what is a growing movement known as yoga therapy. While we can easily get caught up solely

in symptom management of a particular condition, embracing the scope of yogic principles, yoga therapy has a much broader reach to facilitate self-empowerment through improved overall health and well-being of the whole body.

We will look at strategies for specific symptom relief and management as well as preventative strategies, which are an integral part of yoga therapy, in Chapters 4 and 5. I encourage you to look beyond symptom management alone in order to realize a well-rounded life-enriching outcome. Whatever disciplinary path you choose to follow, setting intentions for your action plan, envisioning a positive outcome and having trust in the process are vital to realize results.

Further in line with applying yoga as therapy, and for additional inspiration, I often look to Yoga Sutra I.20, *shraddha vira smirti samadhiuprajna purvakah itaraseṃ*, which Iyengar translates as “Practice must be pursued with trust, confidence, vigor, keen memory and power of absorption” (Iyengar 1993b, pp.69–70).

When I first spoke with B.K.S. Iyengar and told him of my struggle with multiple sclerosis, his initial advice to me was to have trust in the process of yoga. He further advised, “Every day you must walk the line between courage and caution. Be patient, be a learner and, most importantly, keep up the practice. If you have doubt, do the practice. See who wins.” Twenty-plus years later, I’ve been able to keep my MS in remission primarily through a daily yoga practice.

In the first five years after my diagnosis, aside from the times that I was in crisis, I opted to forgo the ongoing medication prescribed for my MS to see if I could handle it more naturally. Faced with two severe exacerbations in 2001, when I experienced optic neuritis for 11 weeks, and two months later had another exacerbation where I lost feeling from the navel down to my feet, I opted to try an immune-modulating intra-muscular injectable medication. The side effects were even more debilitating. While I cannot advise on pharmaceutical choices, as an experiment about two years later in late 2003, I opted to commit wholeheartedly to the yoga practice to see if I could manage my course of MS in a more natural manner to monitor the health benefits of yoga. In early 2004, with only myself to hold accountable, I chose to experiment by forgoing the conventional disease-modulating

pharmaceutical treatments prescribed for my RRMS. My agreement with my neurologist is that I have an annual MRI scan of my brain and spine to monitor my MS lesions. In our agreement, should things begin to show signs of active MS activity or decline, I would immediately return to adopting a pharmaceutical treatment recommended by my neurologist. Comparative annual MRI analyses since 2005 have consistently shown favorable results from the consistent ongoing yoga practice that indicate no change in disease activity as well as a reduction in the size and number of lesions on my brain! While anecdotal, these are favorable results. It is not all rosy as there was one new lesion that appeared on my brain in 2015, shortly after B.K.S. Iyengar passed away. Undaunted, I continued to practice, took some oral steroids and, within a month, that new lesion was quickly rendered inactive without further incident.

My health is absolutely vital to me and I remain committed to a daily yoga practice. Based on the favorable results I've experienced, I am equally committed to my agreement with my doctor that, if necessary, I will immediately look to the advised pharmaceutical treatment plans.

As a yoga practitioner, I encourage you to be curious, be courageous and be cautious as you explore the practice of yoga with honesty, compassion, safety and respect, while honoring how you may feel on any given day.

CHAPTER 2

Starting a Yoga Practice with MS

At least one good thing in *asana* and *pranayama* is that they help in curing diseases, and if it fails to cure, at least it minimizes and creates the power to endure.

B.K.S. IYENGAR (IYENGAR 2006, P.245)

As presented in the previous chapter, there is a wide range of potential symptoms with MS that can be hard to predict. We've also noted that there is a vast variance within the disease itself as well as a range of differing challenges, from the newly diagnosed to those who may have dealt with MS for many years. Though symptoms may be similar, as previously noted, each individual's experience with MS is unique. Therefore, there is no magical one-size-fits-all application of yoga for disease management. I have tailored my yoga practice during the times when I have been challenged by many MS-related symptoms. I continue to tailor my practice even when I have been symptom-free. It is close to impossible to try to advise and cover every possible scenario; however, I will offer you guidelines that have been effective for me.

Setting the Foundation for Practice

The body is a tangible, known entity. It's where we live. When we think of who we are, we often identify ourselves with the physical body. When bodily

function is compromised because of MS, or any other condition, we long to get back to what we know as “normal” in order to feel like ourselves again. Living relatively symptom-free is fantastic. During those times when we are not facing any physical challenges from MS, naturally, we want it to stay that way. I know I do, and know that I am not alone in my thinking: “I will do anything I can to lessen my symptoms and live symptom-free,” and “I want to do whatever I can as long as I can!” Bearing those goals in mind, visualizing good health and committing to take the necessary actions are vital first steps.

If you decide that you want to change or improve your living space, you assess your resources and decide how to proceed: with a remodel, a rebuild or a new build. You then develop a vision and a set of goals. With those in mind, you come up with a game plan of how to best move forward. You might consult with a set of professionals—a designer, an architect, a contractor—or choose the “do-it-yourself” route. Whatever path you select, a systematic approach is essential if you wish to reach your goals and realize your vision.

The same is true in creating a yoga practice. Once we set the intention, there is a systematic approach to rebuilding. Assuming that the first foundational limbs of yoga, the societal morals (*yamas*) and personal disciplines (*niyamas*), are in place, we look to the yoga limbs of postures (*asanas*) and breath control (*pranayama*), to create and/or maintain a strong, resilient and well-functioning body and mind.

Asana

Asana is the physical practice of postures that can play an integral role in achieving sustained physical health. There is a wide variety of asanas that may help you achieve the goal of getting control over, and maintaining, bodily function. Asanas build strength and endurance; they lubricate the joints, and also help with coordination and control of movement. Balance is often enhanced as a result of practicing asanas. Categories of asanas include standing, seated, revolved, forward extensions, backward extensions, inversions and restorative postures. A more thorough explanation of each category appears in the section “Categories of Asana.”

On the subject of asana, Mr. Iyengar states:

Asanas purify the body and mind and have preventative and curative effects. They are innumerable, catering to the various needs of the muscular, digestive, circulatory, glandular, nervous and other systems of the body... By practicing asanas, the *sadbhaka's* [practitioner's] physical disabilities and mental distractions vanish... Asanas bring health, beauty, strength, firmness, lightness, clarity of speech and expression, calmness of the nerves and a happy disposition. (Iyengar 1993a, pp.9–10)

It would be ideal if practicing asana alone would result in vanquishing the practitioner's physical disability. Though I still have MS, I can attest from first-hand experience that regular practice of asanas and pranayama, as recommended by Mr. Iyengar, has helped minimize my symptoms and, I'm happy to say, kept my MS in remission.

Mr. Iyengar further discusses asana as therapy:

Different asanas, having varying degrees of interpenetrative actions, work effectively on the body and bring the required changes in the healing process. Each asana has a peculiar character of its own to work effectively on the body. So selecting of different asana, sequencing them correctly to fit into the structure of the body helps the afflicted areas to undergo the required biochemical changes for healing.

... In case the diseased body does not indicate the improvement or is unable to perform or sustain and maintain the position of the body in asana, then the external support is taken with the help of props. When the body is supported with the external props, one gets courage to perform and vitalize one's body. When one cannot walk by balancing on the legs, then one uses a stick or a walker as a support. (Iyengar 2008b, p.33)

Pranayama

Pranayama is the conscious regulation of the incoming and outgoing flow of breath along with breath retention in a regular and rhythmic pattern. As with asana, in pranayama, there is a variety of breathing techniques that

can be practiced to enhance and sustain health. Loosely translated, *prana* is the Sanskrit word for breath, life force, and the vital currents of energy that universally permeate all living things. The practice of pranayama allows the practitioner to tap into this universal life force.

It is recommended that pranayama be practiced once the body is prepared, through the consistent practice of asana, in order to realize the potential calming or energizing effects pranayama creates in the nervous system, the body and the mind. Pranayama also can have an energizing effect on the whole body. Mr. Iyengar further notes that watching the flow of breath teaches stability of consciousness. With the breath and prana at work in the physiological body, the breath serves as a bridge between body and mind (Iyengar, Evans & Abrams 2005, p.73).

The stresses and strains of modern life are readily apparent and relentlessly present for most people. Adding a diagnosis of MS, with its unpredictable nature, can certainly raise the stress quotient. If stress is a precipitating factor in the potential onset of MS symptoms and immune system responses, pranayama is a wonderful calming and energizing strategic resource to employ to help prevent and foil any rogue T helper cell invasions on the myelin.

In teaching many people with MS with varying degrees of physical ability, I can assuredly say that the one thing anyone I've ever worked with can do is breathe. I have found incorporating a daily pranayama practice to be equally effective as an asana practice when it comes to relieving fatigue, remaining calm in the face of adversity, and brightening my outlook on life when things seem bleak.

Asanas and pranayama also have the potential to ease the mind and lessen the impact our emotions sometimes have on us. The mind and emotions strongly influence our approach to the practice of asana and pranayama, as well as the world itself. These practices are important keys to opening the door to possibility and transformation.

Sequencing

The sequencing of asanas in your practice is also a very important component in tailoring a practice to your needs. Which poses you do first, second and

so on have definite effects on symptom relief, stamina and overall health. A solid sequence of poses that can be built upon over time will create a strong foundation for your practice. The level of ability of the practitioner must be taken into consideration when approaching a practice. Knowing that a person's condition, and therefore level of ability, can change on any given day, it is a must and extremely beneficial to be open to practicing with sensitivity, observation and sensibility.

If you are not feeling depleted and if you have control over your legs and balance, the approach to a practice usually begins with standing poses. When experiencing some of the more common symptoms of MS such as fatigue, gait and balance challenges, numbness of the legs or overall malaise, I've found it best to begin with something more restorative that does not tax the body. Starting with restorative poses helps to relieve fatigue and allows the practitioner to build up from there. It bears repeating that it is important to arrive exactly to where we are on any given day with rigorous honesty if the pains of the future can and are to be avoided.

Getting Started

Once you have made the decision to get started, the next step is to take action. Figuring out where to begin can be a little overwhelming, but you have to start somewhere. Every day, I heed Mr. Iyengar's sage advice to "walk that fine line between courage and caution." I also approach my practice with sensitivity, observation and sensibility (SOS), adopting and adapting the asana with the support of a prop, if I need one. I urge you to do the same.

Attending Classes

If you are ambulatory and have access to a yoga studio, I strongly recommend seeking out a local Iyengar yoga studio, a Certified Iyengar Yoga Teacher (CIYT) or an accredited yoga therapist as a way to get started. Classes offer the benefit of supervised instruction so you can learn how to do poses, with support if required. Being with other students in class is also a wonderful

way to alleviate feelings of social isolation. To find a teacher or therapist in your area, refer to the Resources section at the end of the book.

If you are currently experiencing any symptoms, it is always best to inform your teacher. Yoga teachers are not necessarily clairvoyants, so by telling the teacher what is going on, you assist the teacher in keeping you out of harm's way. As a result, the teacher may be able to customize or alter the practice in order to enhance your experience, and you will benefit from continuing to work toward your goal. I understand that you may not want to be a bother, you may be embarrassed, or you may want to do what everyone else is doing. I get it. But, by being honest with yourself and acknowledging whatever may be going on, you reaffirm your commitment to your self and your health. Be sure your goals are realistic. Depending on your degree of ability, the teacher may recommend classes that may be specially suited to you and your level of ability.

Practicing at Home

Understandably, not everyone has access to a class. By exercising courage, caution, patience and self-compassion, you can also begin a practice at home. When you are just starting to practice asana, it is best to start slow, and limit the number of poses as well as the amount of time spent in each pose. This will help to keep the nerves calm and not exhaust the body. It is natural to feel some fatigue when you start practicing yoga asanas, so avoid working to the point that you feel depleted, or your body starts to shake. If you feel very tired, or if your body starts to shake, simply move on to poses that are “restorative” (see the section “Categories of Asana”).

If practicing at home, the following yoga equipment is recommended. Most equipment is available through online retail stores. You may also have various household items—pillows, a sofa, chairs, cushions, towels, blankets, belt or necktie—that could be used. The following will be helpful when starting a practice:

- ✱ one yoga sticky mat; thinner version preferred as it is more pliable
- ✱ one or two foam, wood or cork yoga bricks

- * three or four blankets
- * one yoga belt
- * one or two folding chairs.



Yoga props

Create a Safe Space, Build a Brave Space

I am intrigued by the concept of the “safe spaces” and “brave spaces” movements that have become popular on Western university campuses. Though the campus ideology may differ, in yoga, we want to create both safe spaces and brave spaces as well. It reminds me of Mr. Iyengar’s message to me about walking the line between courage and caution.

The safe space in yoga is a supportive, non-threatening environment where the practitioner can rest, recover and explore. This is the critical foundation upon which a practice is built. The security of a safe space inspires curiosity and deeper exploration. Once a firm foundation of familiarity, ability and confidence is established, and there is comfort with moving further, the yoga practitioner can enter a brave space.

The brave space is not necessarily one of comfort, but a space in which

we can safely challenge our limitations with intelligence and discretion. The brave space is where I have found transformation takes place, where safe exploration can expand without barriers.

If we are to move beyond our limitations, we need to move beyond what is comfortable, physically and mentally. In this way, we increase our body's range of movement and our mind's perception, which expands the horizon of possibility.

The Before and After Dilemma

One thing I frequently hear from students with MS when they first start a yoga practice is "I used to be able to [*fill in the blank*]. Now I can't." The student may then want to test themselves by attempting to do a particular action, perhaps in an act of positive defiance, but if the body has yet to recover or isn't ready to do the action, it can increase the frustration and sense of disappointment. The key to building a healing and effective yoga practice is to remember to go slowly, exercise courage and caution, use props as needed, and exercise patience.

When we want to do something we could previously do with ease, and the body fails us when we make the attempt, no doubt this can be frustrating. One of the hardest things for anyone to do is to face our reality with rigorous honesty. To do so is not comfortable and takes tremendous courage; however, it is from that place of honesty that we can begin to move forward.

Yoga can have a wonderful way of illuminating each practitioner's limitations. When symptomatic, I had to learn to face my limitations, set my ego aside and admit, "OK. I get it. This is what is happening today. I can't do this right now. Let me see what I can do." This was a vital step for me in order to allow the healing benefits of yoga to take place. This admission didn't mean that I had given up or was not strong. On the contrary, facing my situation with honest vulnerability helped me to arrive at a place of compassionate self-acceptance and find solace in the knowledge of what I was capable of doing. This arrival to myself gave me deeper insight into the fact that I was not powerless over my situation. While we understandably may be mourning our former life, and what we may have lost, the sooner

I could relinquish my anger and frustration at what I couldn't do, and focused on what I could do, now that I have MS, the easier it was to tap into my power to take positive action. It could have been that brush with the deep-rooted innate human knowledge that all bodily function and all sensation will ultimately cease to operate completely once the soul leaves the body that woke me into action. I wasn't ready to leave, and I needed to take care of my body in whatever manner I could for it to continue to function. If I couldn't conquer the disease, I wasn't going to let the disease conquer me. I had to win myself.

This did not mean that I immediately got better. That took time. However, this acceptance fortified my drive and incentivized my will to carry on without trying to replicate what I could do in the past. Naturally, I was frightened at the prospect of what the future might hold, longing for the past, and frustrated with where I was in the present. Once I was willing to face that I may not be able to do everything I once could, and that it was OK to take support to remain mobile and hopeful, my outlook and my physical body improved. Supported by the past, open to the future and rooted in the present, I had to summon the trust and faith that what I was doing would have benefit in some way when facing the unknown. Perhaps intuitively understanding my struggle and frustration, Mr. Iyengar offered me his reassuring counsel: "Why polish your old self? Polish your new self!"

Make a Closed-Circuit Connection

The use of a prop—a wall, a brick, a chair, a kitchen countertop, or anything that offers tactile support—often provides some feedback for the nerves of the peripheral body to communicate with the motor nerves, which are located in the central nervous system. The peripheral nerves connect the central nervous system and the motor nerves to the limbs and organs of the peripheral body. The sensory nerves of the peripheral body, whether we have sensation or not, send the messages back to the CNS. The feedback through the use of a prop helps to create alignment and awareness of where the body is in space. Support for the body through the use of feedback can offer improved stability and better balance. In my experience this

can potentially soothe the nervine responses, which I suspect is a result of the *prana* being given a pathway to permeate the muscle and nerve fibers. Iyengar would sometimes declare, “The use of a prop can change motor function.”

When teachers want to know what it feels like to be off-balance, shaky or otherwise not in control of their body, I suggest that they take a ride on a local metro, train or bus. If the teacher is not at risk of falling, and it would not cause injury to themselves or others, I tell them to try to stand without holding, or leaning on, any support while the vehicle is in motion. It’s a simple way to give someone an experience of what it is like to not have control of the body and live without balance.

Categories of Asana

In the process of learning yoga, if one wants to build (or rebuild) the body, one needs to be familiar with various asanas, and pranayama. Below are the various asana categories. What is presented here is a starting point, a means to open up the door to possibility. Asanas range from simple to challenging, so it is important to practice the beginning-level poses and the stages of learning before proceeding to the more challenging stages or advanced asanas. Please use common sense and practice according to your ability (or that of your students).

Instructions on how to do the asanas presented in this book are based on the work of B.K.S. Iyengar and are further informed from my personal experience. As the range and scope of asanas is vast, I have included the most relevant asanas as a starting point, in order to remain as mobile and functional as possible when dealing with MS. Basic sequences and instructions for how to do the selected poses appear in the chapters that follow.

For additional information and further instruction, please refer to:

Light on Yoga, B.K.S. Iyengar (1991)

Yoga in Action: Preliminary Course, Geeta S. Iyengar (2000)

or your yoga teacher.

Standing Poses

If capable, and when energy allows, all the standing poses can be done. The practice of standing poses can help build strength, balance and stamina, enhance walking, increase energy and boost confidence. The poses serve as a foundation for students as we begin to move the body in all directions: forward, backward, sideways and rotationally. While being on the legs is implicit in standing work, use of the arms is also incorporated, which further helps with balance and coordination. When you have mobility challenges, standing on the legs and moving may help the body reformulate, retranslate and refine the relationship between coordination of movement and balance. We want to continue to use the muscles of the legs as long as we can. I recommend some version of the standing poses be attempted daily, if possible. Once reasonable stability is established, with or without support, you may then be able to safely attempt to further refine the body's movement through the standing work, which recruits actions of the neuromuscular system.

Standing asanas can be challenging and exhausting if practiced beyond one's ability. Again, use discretion, go slow and avoid overdoing it. You want to feel refreshed but not depleted from doing the standing work. In the zeal to heal, it is natural to want to try everything. Though it is natural to feel some fatigue, avoid exhaustion. If the body starts to shake or the legs buckle, switch over to restorative or seated asanas to help recover.

For added stability when doing standing work, having access to a trestle is helpful. In the absence of a trestle, use a wall, a kitchen countertop, a large table or a similar item that does not move.



Yoga trestle

Some of the standing poses are shown with and without support. At first I resisted using the support, as I wanted to prove to myself, and I suppose everyone else, that I could do everything. The act of taking the support served me better, as I was able to find the requisite stability in order to build a stronger foundation.

If standing asanas are not accessible to you, several of the asanas can be adapted to be done seated in a chair, which will be offered as an alternative in the sequences that follow.

Seated Poses

The seated poses are less taxing and offer more rest for the legs, but that does not mean they are any less challenging. The seated asanas help to improve joint movement in the legs (hips, knees, ankles and feet) and increase the range of motion in the muscles of the legs (quadriceps, hamstrings, calves, groins, gluteus). The seated poses also help to keep the spine erect, which makes nerve transmission more efficient, creates more space for the functioning of the organs of the body, and lifts the practitioner up, not only physically but also emotionally and psychologically. Seated asanas also require use of the arms. If you are unable to sit up independently, use the support of a wall or a chair to help you lift the spine. Using support can help with fatigue management.

Forward Extensions

Forward extensions involve both extension and concave movements of the spine, as well as a forward movement of the torso over the legs. Bending forward requires action in the hamstring and gluteus muscles, which is learned and developed in the standing and seated poses. When you extend the head and spine over the legs, the heart and brain are rested. I have found the poses help to relieve fatigue and bring a sense of calm, especially when the head is supported. The relaxing effect is indicative of creating a parasympathetic nervous system response. Rest, digest, slowing the heart rate and energy conservation are synonymous with parasympathetic nervous system responses (Powley 2013).

Revolved Poses (Twists)

After practicing spinal extension in the seated and forward extension poses, we move to rotation of the spine with twisting movements. In addition to offering freedom of movement in the spine, twists can help relieve muscle ache and catches in the back, neck and shoulder girdle, and increase flexibility of the joints, muscles and tendons. When walking is compromised we often compensate with muscles of the back and legs to remain mobile. Compensating in this manner can cause aches or catches in the back and joints. I have found twists to be of benefit as they also massage the internal organs with wringing and rinsing contractions, followed by expansion, to keep the organs functioning. If we consider the pliability of a cleaning sponge, once the sponge is saturated, we wring and rinse it out in order to rid the sponge of toxins that may have accumulated and then release back to be rehydrated to an expanded refreshed state. Twists can also help trigger bladder release and bowel peristalsis for those who have difficulty initiating urine or bowel movements.

Inversions

Inverted poses turn the body upside down, so that the head is below the heart. To avoid the fear that may come with being upside down, it is best to practice the other categories of asana first. The movements and actions required to do the inverted poses are learned in the previous categories of asanas. Practicing them first will develop mobility, flexibility, strength and stability of body and mind.

Inversions can stimulate and nourish the glands in the brain: glands that connect the nervous system with the endocrine system and regulate body function (Ropper *et al.* 2019). One of those glands is the thalamus gland. The thalamus gland is located just above the brain stem. Its main function is to relay nerve messages from the motor and sensory nerve signals to the cerebral cortex. The cerebral cortex, the largest site of neural integration in the central nervous system, plays an important role in focus, perception, awareness, thought, memory, language and consciousness. In turn, the cerebral cortex connects to the cerebellum. The cerebellum regulates

voluntary motor movements such as posture, balance, coordination and speech, resulting in smooth and balanced muscular activity (Wikipedia 2020a, 2020b).

I suspect being inverted nourishes and stimulates healthy function of the thalamus, as well as other glands in the brain such as the hypothalamus, pineal and pituitary glands, and results in overall brain health and functionality. I mention this as the annual MRI reports of my brain scans have consistently shown no abnormal MS lesion activity as well as an apparent reduction in the size and number of the MS lesions on my brain, despite the fact I do not use ongoing autoimmune-modulating medication therapies. I do, however, invert daily.

It is essential to work with a certified yoga teacher when you are first attempting the inverted poses to avoid injury.

Though inversions are not the starting point in yoga, these inverted postures were introduced to me very early on with the support of my teacher and a rope swing. Faced with fear of the unknown regarding how my MS could possibly worsen if I didn't take action, I reasoned that if I was being safely and judiciously guided into an inverted position that brought no harm but could possibly bring health to my otherwise dysfunctional body, it was no worse than the symptoms and intravenous treatments I had already experienced both pre- and post-diagnosis. I was guided into headstand in the ropes and a shoulder stand in a chair with no ill effects. In fact, my body felt refreshed and alive, which offered me measured hope for the future.

The feeling of being refreshed after the inversions could also be a result of *baroreflex*, one of the body's homeostatic mechanisms that helps to maintain blood pressure at nearly constant levels. Baroreflex-induced changes in blood pressure are mediated by both branches of the autonomic nervous system: the parasympathetic and sympathetic nerves (Wikipedia 2019). While speculative, a baroreflex response may be activated by being

in the inverted position. Regardless, the feeling of being reset and refreshed was definitely worthy of further pursuit for me.

Generally, beginners are initially introduced to the required actions for inversions in the standing poses, followed by exploration of actions in seated poses and forward bends. Familiarity is gained through positioning the body with the head below the heart, as in Uttanasana (Intense Stretch), Adho Mukha Svanasana (Downward Facing Dog) and Prasarita Padottanasana I (Extended Intense Stretch of Legs), and in other floor work, like Chatush Padasana (Modified Bridge Pose) and Setu Bandha Sarvangasana (Supported Bridge Pose). The pose Viparita Karani (Waterfall Pose) combines the lift of the chest with the inversion of the legs. I recommend moving toward some aspect of inverted postures as soon as possible.

My world was turned upside down when I was diagnosed with MS. It is my strong belief that consciously, and literally, turning my body upside down to keep the glands in the brain stimulated and nourished has had the most profound effect in keeping my MS in remission. I make it a point to be inverted a minimum of 30 minutes each day.

Abdominals

The abdominal asanas involve working the various muscles of the abdomen, torso, spine and lower back. The abdominal asanas are an integral part of building what we might call “core strength.” To avoid strain to the abdomen and lower back, it is recommended that unsupported abdominal asanas be practiced after you have learned the inversions and forward bends (Iyengar and Iyengar 2003, pp.25–26).

Back Extensions

As the name suggests, the back extensions involve extending the anterior (frontal) spine and moving the upper body backward from a neutral upright position. The resulting action is one of expanding the chest and opening the frontal body. Moving in this way can be uplifting and exhilarating,

which can help to overcome a depressed state of mind. Having a flexible spine is also important for agility of movement.

Many of the preliminary actions done in back extensions are initially learned in and attained with the support of the standing work. In order to prevent the spine from becoming rigid and to keep the spine healthy and pliable, regular practice of the backward extensions is key.

The backward movement of the torso away from the neutral body position activates and strengthens the muscles that support the spine. The muscles of the lower body further support this action. In our daily activities, we do not regularly bend backward—except perhaps when doing work overhead, like changing a light bulb or painting the ceiling, when the body may be required to be in a slight back arch with the cervical spine of the neck extended and the head back.

Compared with the rest-and-digest parasympathetic nervous system (PNS) responses that can come in forward extensions, backward extensions of the spine can be energizing and emotionally uplifting, and help with posture. In backward spinal extensions, where the anterior (frontal) lumbar, thoracic and cervical spine are involved in a state of arching back, and the head is also extended back, the resulting nerve stimulation and body position can create a sympathetic nervous system (SNS) response. In back extension, the glands of the endocrine system, such as the adrenals, thyroid, hypothalamus, pituitary and pineal glands, all receive stimulus from the body position. The resulting flood of hormones into the bloodstream involuntarily elevates breathing rate, alertness of the body and energy levels, and increases heart rate. SNS responses are associated with the body's involuntary survival response of fight or flight.

Science Supports Potential Benefit of SNS Stimulation

Interestingly, the adrenal glands release a neurotransmitter called noradrenaline, also known as norepinephrine, when these glands are stimulated. Noradrenaline is also released by the nerves in SNS responses. Recent research indicates that noradrenaline is the main neurotransmitter released by sympathetic nerve

terminals and is known to modulate autoimmune responses (Araujo *et al.* 2019). Which is great news! The researchers conclude that the release of noradrenaline during an SNS state has the potential to limit the generation of and regulate adaptive immune responses and autoimmune inflammation in the central nervous system (Araujo *et al.* 2019). What role the SNS plays in the *development* of autoimmune diseases has not yet been determined; however, the potential to regulate negative autoimmune responses is exciting news for those of us with MS. This is especially important for those in the inflammatory stages of MS in order to reduce and control MS-related central nervous system inflammation.

To offer further specifics, the report suggests that the SNS can limit the generation of the pathogenic T cells (aka the bad guys) and disease development in the experimental autoimmune encephalomyelitis (EAE) model of MS. These results reveal that the SNS plays a suppressive role in CNS autoimmunity while they identify potential targets for future therapeutic intervention (Araujo *et al.* 2019).

While back extensions can be challenging initially, like the inversions, back extensions can play a pivotal role in an ongoing wellness strategy. B.K.S. Iyengar was definitely on to something when he insightfully noted in *Light on Yoga*, “A healthy and flexible spine indicates a healthy nervous system. If the nerves are healthy a man is sound in mind and body” (Iyengar 1991, p.230).

On a more metaphysical level, when we are faced with a fight or flight situation, if we give in to fear, and we flee, the discomfort of the situation may be over but essentially we have learned nothing. If instead, provided we are not in jeopardy, we can safely face our fear with fortitude, we learn something more about ourselves when facing a challenge, and can perhaps expand the horizon of possibility to go beyond our perceived limitations with newfound confidence.

Restoratives

The restorative asanas help to relieve fatigue by offering rest, recovery and recuperation for the muscles and the internal organs of the body. This type of recovery can provide a deeper rest for the body and mind than sleep. As previously mentioned, one generally starts by learning and working with the standing poses. When we need a more remedial approach, especially if presented with significant MS-related challenges, I have found that it is more effective to begin with a few restorative asanas to first rest the body and ease the mind. This approach offers a practical pathway to recover from fatigue, cool the body, ease stress levels and conserve energy that can be used to apply to the practice in order to realize other dynamic asanas that can offer further benefit.

Pranayama

In simple terms, Pranayama is yogic breathing, or the self-directed regulation of the breath.

Prana is the vital energy that permeates the universe at all levels (Iyengar 1993a), and is associated with breath and respiration. The regular practice of pranayama helps to generate, maintain and sustain energy levels and offers a positive outlook for the future.

Pranayama, the fourth of the eight limbs of yoga, is practiced after one has prepared the body through the regular practice of asana. It can be safely practiced in a lying or seated position. Seated pranayama, however, requires more stamina, focus and experience with sitting upright, in order to maintain the lift to the spine.

Depending on the technique adopted, pranayama can help to maintain normal blood pressure levels, reduce stress, increase energy and offer a calm and peaceful outlook on otherwise desperate situations. The beautiful thing is that regardless of the degree of challenge presented with MS, the one thing that everyone I have ever met can do is breathe.

CHAPTER 3

Sequences of Asana

One has to use the body as a tool to work on the mind and strengthen both body and mind. One has to learn to break the limitations that are dictated by the mind.

B.K.S. IYENGAR (IYENGAR 2008A, PP.335-336)

Now that we have some background information, let's get to the practice. Acknowledging that it is impossible to address all possible scenarios, please exercise patience and discretion according to your ability as you approach your practice.

Often with MS, it is understandable that you might reduce your physical activity for fear that symptoms may worsen, but more and more medical professionals are recommending physical exercise for MS in order to keep moving.

Asanas can be mild, restorative or strenuous. While it is vital to keep moving, it is equally vital to recognize and address the exact condition of your body on any given day. On some days you may have more energy than on others. Take rest when needed, in order to keep moving.

In the Iyengar tradition, there is a progression from beginning, to intermediate, to advanced levels of practice. As a result, one can safely evolve and transition from a safe space to a brave space. As noted in the progression of learning, we generally start with standing poses, then move to seated poses, lateral twisting (or spinal rotation) poses and inverted

poses, followed by abdominal poses, back extensions, arm balances and restorative asanas. The practice of yoga is a process.

When faced with a debilitating condition, we may initially be confined to a bed, then eventually begin to sit. When ready, we may be able to stand. Once we find stability standing on two legs, we can attempt to stand on one leg to enhance strength, balance and stability. This sequential progression incrementally recruits various aspects of the body's musculoskeletal and nervous systems. This process further underscores the yogic concept of *tapas*, which is "continued, sustained practice" (Iyengar 1991, p.38). Although standing poses are usually approached first, when not otherwise physically challenged, if fatigue and other common MS-related mobility challenges are present, I have found it beneficial to begin with a few restorative asanas. These poses offer rest, and will allow you to work toward the standing poses and other more physically challenging, health-enhancing asanas.

With consistent practice you may find, as I did, that the process can have a profound impact on the whole body and consequently address a wide range of symptoms, offering physical, emotional and mental relief.

Various Sequences for Starting a Home Practice

The following sequences are presented as a foundation for beginning-level students interested in starting a home practice. Though you can practice every day, I would recommend practicing two to three times per week when starting. Yoga is best practiced in bare feet. Avoid eating for about an hour before practicing so as to not upset the stomach.

The sequences include basic instructions that introduce the actions in each asana. This information will allow you to begin practicing the asanas on your own. A recommended amount of time to be in each asana is also suggested. Once the asana is achieved, the practitioner can consciously hold the asana for a longer period of time to allow the potential benefits to penetrate on a deeper, more cellular and integrated level. It is important to acknowledge that there is more than one way an asana can be achieved. Luckily, the nature of exploring asanas is that of open architecture, which allows for a variety of pathways to approach, and realize, the work.

What is provided below is a starting point. If you are unable to do a

particular pose in a sequence, skip the pose and continue to do the other poses in sequential order according to your capacity. Over time, the poses that seem difficult at first may become more accessible. Whenever possible, I recommend working with a Certified Iyengar Yoga Teacher (CIYT) or Certified Yoga Therapist (C-IAYT).

The sequences provided are geared toward ambulatory students who are able to get down to, and up from, the floor without assistance. If you are unable to get to the floor, there are several alternatives included for those who are able to transfer from an assistive mobility device (walker, scooter, wheelchair, etc.) to a chair, a firm bed or a platform.

For convenience and immediate reference, instructions are repeated for asanas that appear in multiple sequences.

Start with Sequence A. If you are subject to fatigue, have difficulty with balance, walking, standing and/or coordination of the legs, or if other, more challenging symptoms are present, look to Sequences B and C. Otherwise, stay with Sequence A as a starting point to build familiarity, provided it does not cause harm. The movements practiced in Sequence A will help you develop the flexibility and strength needed to do other asanas, while also offering some rest.

Most of the standing poses begin with the pose called Tadasana. As a base reference, and for familiarity, I think it is helpful to outline this pose, and its variations for people who have difficulty standing, first.

TADASANA (MOUNTAIN POSE)

The name Tadasana, which means “mountain,” connotes a sense of unshakable stability. Tadasana can be done with or without support. For those with balance or strength challenges, modifications of Tadasana can be done with the legs apart, with the support of a wall or a countertop, while sitting in a chair, or when lying on the floor or any other flat surface.

Props: Optional: brick, trestle, counter or wall.



Instructions: Stand up straight. If possible, bring the feet together, inner edges of the feet touching. Press the thighbones back and lift the kneecaps up by contracting the quadriceps (front thigh muscles). Align the sides of the ribcage, the outer hips, the outer knees and the ankles in a straight, vertical line. Maintain a slight internal rotation of the thighs. Keep the weight of the body evenly distributed over the feet. As you stay in the pose, continue to lift the side ribs in order to lift the chest. Move the abdominal muscles inward, toward the spine. Extend the arms straight down, along the sides of the body, with hands by the outer thighs. Gaze straight ahead with relaxed, soft eyes. Avoid projecting the head forward.

Modification: If balance is a challenge, stand with the feet slightly separated and take support of a trestle, counter or wall. When standing with the legs apart, balance is more accessible; however, to maintain the lift of the abdominal organs and to keep the legs working, place a foam brick vertically between the upper thighs. Hold the brick with the legs as you apply the same instructions described above.

Timing: 30–60 seconds.

Benefits: Standing whenever possible will help keep the legs functioning.

CHAIR TADASANA (CHAIR MOUNTAIN POSE)

Props: Chair (optional: blankets, bricks, sticky mat).

Instructions: Sit on a chair, feet flat on the floor and parallel to each other, shins perpendicular to the floor, knees in line with the heels. The hips and knees should be at the same level, so the thighs are parallel to the floor. If the feet do not reach the floor when sitting on the chair, place a lift (bricks) under the feet. If the knees are higher than the hips when sitting on a chair, sit on a folded blanket so that the hips and knees are at the same level, and the upper and lower legs form a right angle. Extend upward evenly



through the side ribs so the chest remains lifted. Maintaining this upward extension makes space for, and gives a lift to, the internal organs. Keep the abdominal muscles drawn in toward the spine. Release the shoulders back and down, away from the ears, to broaden across the top of the chest. Gaze straight ahead and soften the eyes. Avoid projecting the head forward. Rest the hands on your thighs, or extend the arms straight down along the sides of the body, hands by the outer thighs. Remain attentive to the body's alignment. To create more support for the lift of the spine, place a rolled sticky mat along the spine and sit back against the mat so the spine is supported.

Timing: 30–60 seconds.

Benefits: Lifts the spine and internal organs, prepares the body for meditation.

STANDING TADASANA WITH ANTERIOR SUPPORT

Props: Wall (or similar support), chair.

Instructions: If standing on the legs without support is a significant challenge, sit on a chair, facing a wall or similar support. Use the hands and arms to lift up from a seated position and come to a standing position. Hold the wall for stability. Follow the instructions for Tadasana as noted above. If you experience fatigue or muscle weakness, sit on a chair and rest the legs. The actions involved in getting up, standing and then sitting back down can help to facilitate other daily tasks and allow the practitioner to remain reasonably independent. I have often had students in wheelchairs find these actions to be very challenging and very helpful. These actions can help build and maintain the leg strength needed to allow practitioners to transfer from their chairs.



Modification: For those who are unable to bear weight on the legs,

Tadasana can also be done on the floor, or other flat surface, with the feet hip distance apart, soles of the feet in contact with a wall.

SUPTA TADASANA (RECLINED MOUNTAIN POSE)

Props: Wall, blanket.

Instructions: Sit on the floor facing a wall. Lie down and extend the legs so that the soles of the feet are against the wall, and the heels are on the floor. Place a folded blanket under the head so the head does



not drop back. Press the thighbones down toward the floor and lift the kneecaps up by contracting the quadriceps (front thigh muscles). Align the sides of the ribcage, the outer hips, outer knees and ankles in a straight, horizontal line. Maintain a slight internal rotation of the thighs. Observe the connection of the legs to the hips, torso and upper body.

To come out, bend the knees, roll to the right side and sit up.

Timing: 1 minute or to capacity.

Benefits: Helps eliminate fatigue, provides closed-circuit feedback for the legs. It is often used as a *transition pose*. (A transition pose is a pose you are in temporarily, before you move from one pose to another.)

Sequence A for Home Practice

Begin by sitting quietly. Close the eyes and take a few slow, soft, easy, deep inhalations and slow, soft, easy, deep exhalations. Arrive to yourself. Observe how you feel. Proceed with courage and caution. Be patient.

1. SUPTA BADDHA KONASANA (RECLINED BOUND ANGLE POSE)

Props: Bolster, blankets, wall.

Instructions: Sit in front of the bolster, facing the wall. Place the soles of the feet together, toes apart and braced at the wall. Keep little toe sides of the feet in contact with each other. Lie back onto bolster. Place a folded blanket under the head so the head does not drop back. Support the outer hips with blankets/towels/pillows so the inner groins remain soft. While in the asana, observe the rhythm of the breath. Soften the abdomen. Release mental and physical tension through long, quiet exhalations.



To come out, bring the knees together. Remove any outer hip support, roll to the right and sit up.

Timing: 5 minutes or longer (to capacity).

Benefits: Reduces fatigue, aids digestion, can relieve spasticity.

Contraindications: If the low back hurts, remove the bolster and lie flat on the floor. Use blankets to support the head and outer hips.

2. SUPTA TADASANA (RECLINED MOUNTAIN POSE)

Props: Blanket(s), wall.

Instructions: Sit on the floor, facing a wall, and bend the knees. Place the feet on the floor. Lean back first onto the elbows, then lower the back onto the floor. Be close enough to the wall so that when you straighten the legs, the soles of the feet are in contact with the wall. Lie on your back, feet at the wall, toes facing the ceiling. Place blanket(s) under the head so that it doesn't drop back. Straighten the legs. Place the



feet together, or hip width apart. Create an internal rotation in the legs. Observe the connection of the legs to the hips, torso and upper body.

To come out, bend the knees, roll to the right side and sit up.

Timing: 1 minute or to capacity.

Benefits: Helps eliminate fatigue, provides closed-circuit feedback for the legs. It is often used as a transition pose.

3. CHATUSH PADASANA (MODIFIED BRIDGE POSE)

Props: Sticky mat (optional: belt and foam brick).

Instructions: Lie flat on the floor in Supta Tadasana with folded blanket placed under the shoulders, neck and head. Bend the knees and place the feet flat on the floor, parallel to each other, hip width apart. If possible, hold the lower shins at the ankles with your hands. Otherwise, hold the edges of the sticky mat. Externally rotate the upper arms to broaden the chest. On an exhalation, press the feet down and raise the buttocks as high as you can. Keep the outer shoulders on the floor, tighten the buttocks and move the back ribs toward the chest.



Chatush Padasana with brick and belt

To come out, lengthen the tailbone toward your heels as you release your hips to the floor. After the final attempt, hug the shins in toward the chest.

Modification: For those who are unable to keep the legs parallel, place a foam brick between the thighs, and put a belt around the thighs. Proceed with the instructions given above.

Timing: 20–30 seconds, 3–5 times.

Benefits: Strengthens legs and hip extensors, opens chest, introduces action required for shoulder balance, helps to relieve depression.

Contraindications: Low back pain, shoulder pain, inability to keep feet and legs in place.

**4. SUPTA PADANGUSTHASANA I
(RECLINED HAND TO BIG TOE POSE)**



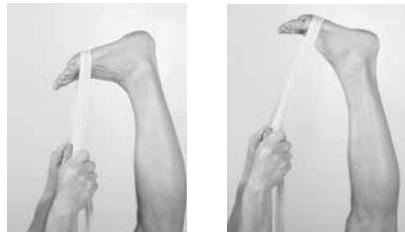
Supta Padangusthasana with bent lower leg



Supta Padangusthasana with straight lower leg

Props: Blanket, belt, wall.

Instructions: Lie flat on the floor in Supta Tadasana with a folded blanket placed under the neck and head. Bend the knees. Place feet flat on the floor, parallel to each other, hip width apart. Bend the left knee toward the chest and place a belt around the heel. If your body is less flexible, place the belt around the ball of the foot (head of the metatarsals). Hold the belt with both hands and straighten the left leg to the ceiling. Keeping the left leg perpendicular to the floor, pull downward on the belt to enhance the connection of the femur bone into the hip socket. With the left leg perpendicular to the floor, alternate between flexion and extension of the left foot.



Maintain the position and movement in the left leg and, if possible, straighten the right leg along the floor, so the right foot comes into contact with the wall. If the left leg loses the position when you straighten the right leg, keep the right leg bent.

To come out, bend the left leg toward the chest and remove the belt. Place both feet on the floor with knees bent. Repeat on right side.

Timing: 1–2 minutes per side.

Benefits: Relieves back pain, sciatica, fatigue, foot drop and spasticity. Teaches some of the actions of inversions and provides a way to work the legs in a supine position.

Contraindications: Pregnancy, menstruation.

5. SUPTA PADANGUSTHASANA II (RECLINED HAND TO BIG TOE POSE)

Props: Blankets, belt, wall.

Instructions: Lie flat on the floor in Supta Tadasana with a folded blanket placed underneath the neck and head. Bend the knees. Place feet flat on the floor, parallel to each other, hip width apart. Bend the right knee toward the chest and place a belt around the heel. If your body is less flexible, place the belt around the ball of the foot (head of the metatarsals). Rather than straighten the right leg to the ceiling, hold the belt in the right hand and extend the right leg over to the right. Support the outer right thigh with a blanket or bolster.



To come out, raise the right leg, bend the leg, remove the belt and repeat on the left side.

Timing: 1–2 minutes per side.

Benefits: Relieves back pain and foot drop, teaches some of the actions of inversions, provides a way to work the legs in a prone position, and can be practiced when menstruating.

6. SUPTA PADANGUSTHASANA III (RECLINED HAND TO BIG TOE POSE) MODIFIED

Props: Blanket, belt.

Instructions: Lie flat on the floor in Supta Tadasana with folded blanket placed under the shoulders, neck and head. Bend the knees. Place the feet flat on the floor, parallel to each other, hip width apart. Cross the left leg over the right so the outer left ankle rests on the thigh of the bent right leg. The legs will resemble the shape of the number 4. Keep the left shin horizontal as you externally rotate the upper left thigh, to create hip rotation. For a deeper rotation in the left hip, use the right hand to slide the left foot down closer to the right hip.



To come out, slide the left foot over the right knee and place the left foot back on the floor.

Timing: 1 minute per side.

Going deeper: If possible, keep the left shin parallel to the floor and use the arms to draw the left shin toward the chest, lifting the chest to meet the shin. Take additional support for the head to avoid neck strain.



Increase the external rotation of the left thigh as you straighten the right leg.

To come out, bend the left knee and put the left foot on the floor. Slide the right foot over the left knee so both feet are back on the floor, knees bent. Repeat on other side.

Benefits: Relieves back pain, enhances external rotation to hips, relieves spasticity.

Contraindications: Pregnancy, menstruation.

Alternative: Supta Sukhasana

Props: Optional: blankets, bolster.

Instructions: Sit on the floor in front of a bolster. Place a folded blanket on the bolster for the head and neck, if you require support. Cross the legs at mid shin, taking the right leg in first and then the left. Lie back on the floor or bolster. Support the head and neck with the blanket if necessary, so the head does not drop back. Support the outer hips with blankets/towels/pillows so the inner groins remain soft if subject to spasms.



Repeat on second side, crossing the shins with the opposite leg in front.

To come out, uncross the legs and bring the knees together. Remove any outer hip support, roll to the right and sit up.

Timing: 2–3 minutes per side.

Note: Raising the arms overhead, as in the following three exercises, can be heating, so avoid holding these poses for long periods if you are subject to heat intolerance (Uhthoff's phenomenon).

**7. CHAIR URDHVA BADDHANGULIYASANA
(CHAIR BOUND FINGERS POSE) WITH ARMS OVERHEAD
ACCORDING TO ABILITY AND TO CAPACITY**

Props: Chair (optional: blankets or bricks).

Instructions: Sit in Chair Tadasana, feet on the floor, hip distance apart. Keep the knees in line with the hips, and directly over the heels. If your feet do not reach the floor when you sit in the chair, place a lift (bricks) under the feet. If you are tall and your knees are higher than your hips when you sit in a chair, sit on a folded blanket so that the hips and knees are at the same level, and



the legs form a right angle. Extend both arms forward. Tightly interlock the fingers so that your right index finger is on top of the left index finger. Keeping the fingers interlocked, rotate the hands, turning the thumbs toward the floor and turning the palms away from the body. Extend the arms and lift them up so that the upper arms come in line with the ears.



To come out, maintain the interlock of the fingers, bring the arms down to chest level and switch the cross of the fingers so that the left index finger is on top of the right index finger. Repeat.

Timing: 10–30 seconds.

Benefits: Maintains flexibility of arms. Helps to lift the abdominal organs and muscles of the inner body.

Contraindications: Frozen shoulder or other shoulder restrictions.

Alternative

If it is not possible to turn the hands as in Chair Urdhva Baddhanguliyasana, or if one arm is weaker than the other, interlock the fingers with the right index finger on top of the left index finger. Note that the image shows a standing position, but this can be done in a chair. Without turning the hands, lift the arms as best you can. Let the stronger arm lift the weaker arm.



To come out, maintain the interlock of the fingers, bring the arms down to chest level and switch the cross of the fingers so that the left index finger is on top of the right index finger. Repeat.

Timing: 10–30 seconds.

Benefits: Shoulder mobility.

Contraindications: Shoulder restriction.

Alternatively, to maintain mobility in shoulders, the arm work can be approached with use of a stick.

Props: Chair if required, a stick of some kind (cane, broom handle).

If it is not possible to join the hands, or if one arm is in a chronic state of spasm and interlocking the fingers is a challenge, use a stick (cane, broom handle or something similar) to work on arm extension. Several repetitions of this movement may help with arm extension.



Timing: 10–30 seconds.

Benefits: Maintains flexibility of shoulders, helps to lift spine and internal organs, can help relieve depression.

8. CHAIR BHARADVAJASANA (CHAIR TWIST)

Props: Chair (optional: blanket and 2 bricks).

Instructions: Sit on a chair, with the right side of the body facing the back of the chair. Place the feet hip distance apart, knees in line with hips and directly over the heels. If needed, place a lift (bricks) under the feet, or sit on a blanket, so the legs form a right angle. (For those who struggle to keep the legs parallel, place a soft brick or bolster between the legs.) Extend the arms forward and lift them upward to the ceiling, to decompress the spine. Keeping the arms lifted, turn the torso to the right and hold the back of the chair with both hands. Then, move the right hand to hold the chair seat. Inhale, re-lift the spine, and exhale while turning the torso, so the collarbones are parallel to the back of the chair.



Avoid leading with the head and neck. Allow the head and neck to receive the turn of the spine, rather than generating it. Inhale, lift the spine further and, while exhaling, turn the head and neck to look over the right shoulder. If Lhermitte's sign is present, don't turn the head.

To come out, release the twisting action, take the hands from the back of the chair, and return to the starting position. Turn the entire body around so the left side faces the back of the chair, and repeat.

Timing: 20 seconds each side.

Benefits: Relieves back pain, helps with digestion, improves function of abdominal organs, maintains spinal rotation and mobility.

*Alternative: Supta Parsvapavana Muktasana—
Reclined Side Bolster Twist*

Props: Optional: bolster, blanket.

Instructions: If sitting in a chair in the manner presented in the photograph of Chair Bharadvajasana is a problem, if possible, sit on the floor. Place a bolster on the floor so that the end of the bolster is perpendicular to the outer right hip.



Have a blanket for the outer hip. Extend the right leg, bend the left knee and place the top of the left foot on the floor, on the outside of the left hip. Turn the torso toward the bolster and place the hands on the floor, on either side of the bolster. Inhale and lift the spine. Exhale and, turning the torso to face the bolster, lay the torso down on the bolster. Turn the head to the right or left—whichever feels most comfortable for the neck.

To come out, press the hands into the floor, straighten the arms, and lift the torso up off the bolster. Straighten the left leg. Repeat on the other side.

Timing: 3–5 minutes per side.

Benefits: Relieves back pain, helps with digestion and improves function

of abdominal organs, maintains spinal rotation and mobility, helps to relieve fatigue.

9. TADASANA (MOUNTAIN POSE)

Props: Optional: brick, trestle, counter or wall.

Instructions: Stand up straight. If possible, bring the feet together, inner edges of the feet touching. Press the thighbones back and lift the kneecaps up by contracting the quadriceps (front thigh muscles). Align the sides of the ribcage, the outer hips, the outer knees and the ankles in a straight, vertical line. Maintain a slight internal rotation of the thighs. Keep the weight of the body evenly distributed over the feet. As you stay in the pose, continue to lift the side ribs in order to lift the chest. Move the abdominal muscles inward, toward the spine. Extend the arms straight down, along the sides of the body, with hands by the outer thighs. Gaze straight ahead with relaxed, soft eyes. Avoid projecting the head forward.



Modification: If balance is a challenge, stand with the feet slightly separated and take support of a trestle, counter or wall. When keeping the legs apart, balance is more accessible; however, to maintain the lift of the abdominal organs and to keep the legs working, place a foam brick vertically between the upper thighs. Hold the brick with the legs as you apply the same instructions described above.

Timing: 30–60 seconds.

Benefits: Standing whenever possible will help keep the legs functioning.

Alternatives: Chair Tadasana; Supta Tadasana.



Chair Tadasana



Supta Tadasana—on floor

10. UTKATASANA (POWERFUL; CHAIR POSE)

Props: Wall, chair, brick (optional: wall ropes).

Instructions: Stand with your back against a wall. Place the feet about 12 inches (30 cm) away from the wall, parallel to each other. Have a chair in front for support. Place a foam brick between the thighs to further enhance the work in the legs. With the shoulders against the wall, exhale, bend the knees and lower the trunk as if sitting in a chair. Lift the arms toward the ceiling. If you have access to wall ropes, hold the wall ropes. If it is difficult to raise the arms, keep the hands on the back of the chair that is placed in front of you.



Utkatasana
with chair



Utkatasana
with ropes

To come out, inhale, straighten the legs and release the arms. Return to Tadasana.

Timing: Up to 30 seconds. Repeat 3–5 times, or to capacity.

Benefits: Helps to build and maintain strength in legs and hip flexors, and helps with drop foot due to the flexion in the ankles and feet.

Modification

Do from Chair Tadasana.



If balance is a challenge and it is difficult to stand with the back against a wall, sit in a chair facing the wall, or other sturdy support (e.g. kitchen counter). Hold onto the support and lift up to standing. Keep the chair behind you for safety. Bend the knees and lower the trunk as if sitting in a chair. If you tire or the legs start to give way, have a seat in the chair. Rest.

Timing: Up to 30 seconds. Repeat 3–5 times, or to capacity.

I I. ARDHA UTTANASANA

(HALF INTENSE STRETCH) WITH HANDS AT WALL

Props: Wall.

Instructions: Stand in Tadasana, facing a wall or other support. Place the hands at wall or on support and walk the feet back until the arms are straight, the torso is parallel to the floor and the body forms a right angle. Make sure the hips are positioned over the heels. Separate the legs so the feet are hip distance apart. Straighten the legs. While in the pose, extend the side ribs back



toward the outer hips. Keep the extension of the front surface of the spine and draw the abdomen up and in toward the spine.

To come out, step the right leg forward, toward the support, then step the left leg forward. Return to Tadasana.

Timing: 1 minute.

Benefits: Relieves back pain, extends spine, relieves fatigue from other standing work, coordinates actions and movement of the legs.

Alternative: Adho Mukha Svanasana with Chair

Props: 2 chairs (not pictured).

If Ardha Uttanasana cannot be done, or if there is reverse curvature of the knee, sit in a chair and have a second chair or a small table in front. Sit so that the legs are slightly apart. Reach the arms forward, and place the hands onto the seat of the second chair or table. Push the chair (or similar support) in front forward. Extend the side ribs and the front surface of the spine. Draw the abdomen in and up toward the spine.

To come out, pull the front chair back and sit up.

Timing: 1 minute.

12. UTTANASANA (INTENSE STRETCH POSE) WITH CHAIR

Props: Folding chair, wall.

Instructions: Stand with your back against a wall (or other solid support). Rest the buttocks against the wall and place the feet about 12 inches (30 cm) away from the wall. The feet should be hip width apart and parallel to each other. Place the



back of a folded folding chair near the tops of the thighs. Lift the kneecaps by contracting the quadriceps (front thigh muscles). Raise the arms to extend the spine. Keeping the buttocks at the wall, the spine extended and

the legs active, reach the arms forward and down to the chair. Walk the hands down the sides of the chair, taking the head toward the chair seat. Extend the side ribs and release the neck. Allow the head to descend below the region of the heart.

To come out, walk the hands up the sides of the chair and return to standing.

Timing: 1–5 minutes.

Benefits: Builds and maintains strength in legs, introduces actions necessary for inversions, relieves back pain, and refreshes the mind.

Contraindications: Vertigo.

If reverse knee curvature is present, use a bolster to support the back of the leg with the reverse knee curvature.

If the legs buckle, either repeat Adho Mukha Svanasana with chair as described (Pose 11 above) or proceed to Setu Bandha Sarvangasana (Pose 13).



13. SETU BANDHA SARVANGASANA (SUPPORTED BRIDGE POSE) SUPPORTED WITH BOLSTER, BLANKET OR BRICK SUPPORT



Setu Bandha Sarvangasana with wood or cork brick(s)

Props: Wall, bolster, several blankets, 2 bricks (pictured above using wood brick for sacrum).

Instructions: Sit on the floor, close to, and facing, a wall. Place the soles of the feet against the wall and straighten the legs. Place a brick, a bolster or several folded blankets next to your outer hip. The lift should be perpendicular to the body and parallel to the wall. Have a blanket for

head, neck and shoulder support within easy reach. Place the other brick(s) against the wall.

Lie back on the floor with the folded blanket under your head, neck and shoulders. At this point, the brick, bolster or blankets will still be on the floor by your outer hips. This measurement is a starting point and may need to be adjusted. Bend your knees, place your feet on the floor and lift the buttocks up (as in *Chatush Padasana*). Slide the wood brick, bolster or blanket underneath the buttocks so the sacrum is supported and there is a corresponding curvature and openness to the chest. The head, neck and shoulders remain on the blanket support on the floor. The body will resemble the shape of a bridge. If it does not bother the back, straighten the legs to the wall, keeping an internal rotation to the legs. Elevate the feet on a brick(s) at the wall, if necessary. If the feet do not reach the wall, adjust the position of the support to be closer to the wall. If you experience pain in the lower back, keep the knees bent and the feet on the floor. While in the pose, observe the stretch at the base of the abdomen, and the evenness of the breath. To exit, bend the knees and place the feet on the floor. Press the feet down, lift the buttocks up and slide the brick, bolster or blankets that were underneath your sacrum to your left side. As you release the hips to the floor, move the buttocks toward the heels to lengthen the low back. Bend the knees toward your chest to stretch the low back. Place the feet back on the floor and roll to the right side. Bend the knees deeper and bring the left side of the body toward the right. Place the hands on the floor and use the arms to push up to a seated position.

Timing: 5 minutes.

Benefits: If practiced regularly, can help with spasticity, urinary and bowel incontinence, fatigue and depression. In addition to further introducing the actions involved in inverted postures, this pose gives a nice extension to the spine to help keep it flexible. In B.K.S. Iyengar's commentary on this pose in *Light on Yoga*, he notes, "A healthy and flexible spine indicates a healthy nervous system" (Iyengar 1991, p.230).

Contraindications: If *Lhermitte's* sign is present, build up the support under the shoulders so the neck is not in flexion, or avoid this pose and go

to Urdhva Prasarita Padasana (Pose 14). If low back pain is an issue, keep the legs bent and feet slightly apart and on the floor.

Variation

This pose can also be done at the wall using two crossed bolsters, or a bolster and several folded blankets. If you have access to these additional props, place the second bolster (or similarly folded blankets) vertically on top of the horizontal bolster to make a + shape.



Setu Bandha Sarvangasana with cross bolsters

Props: Wall, 2 bolsters or 1 bolster and several blankets, bricks.

Instructions: Put two bricks at the wall in front of you. Sit on the end of the bolster closest to the wall and, keeping the knees bent and the feet on the floor, lie back until the back of the head, the neck and the shoulders come to the blanket on the floor. The sacrum should be at the apex of the crossed bolsters. Place the feet on bricks at the wall.

14. URDHVA PRASARITA PADASANA (UPWARD EXTENDED LEG POSE) WITH WALL SUPPORT, OR WITH LEGS BENT OR LOWER LEGS ON CHAIR SEAT

Props: Wall, blanket.

Instructions: Sit on the floor with your back close to a wall. Have a blanket within reach for head and neck support. Lay the right side of your body on the floor. Place the buttocks close to, or in contact with, the wall, knees bent. Roll onto the back and lift the legs up to rest the backs of the legs on the wall. Keep the legs straight,



perpendicular to the floor, and resting against the wall. Support the back of the head and neck with a folded blanket so that the head does not drop back.

To come out, bend the knees and place the soles of the feet on the wall. Push back and roll to the right. Turn the chest toward the floor and use the arms to lift the torso up, and return to a seated position.

Timing: 5–10 minutes, with straight legs if possible.

Benefits: Relieves low back pain, heaviness in legs and fatigue. Helps with urine and bowel incontinence. Introduces inversions.

Contraindications: Menstruation, pregnancy, vertigo.

Alternatives:

Bent leg version (not pictured): If the legs are stiff and can't straighten up the wall, lie on the floor with a folded blanket under the head and support the lower legs on the seat of a chair.

Simple cross legs: Alternatively, if vertigo is present and lying on the back exacerbates it, sit on the floor in front of a chair and cross the legs. Lean forward and rest the head on the chair seat. Release and repeat, crossing the other leg in front.



15. SAVASANA (RELAXATION/CORPSE POSE)

Props: Bolster, blanket(s), eye wrap or face cloth.

Instructions: Sit on the floor with a bolster placed a couple of inches (6–8 cm) behind you. Fold a blanket and place it onto the bolster for the head and neck. Bend the knees, and lie back on the bolster. Adjust the blanket so that when the head and neck are on the blanket, the skin of



the forehead releases toward the bridge of the nose (the head should not drop back). Close the eyes. Place a clean washcloth over the eyes to invite a deeper sense of relaxation. Breathe deeply, concentrating on slow, soft, easy inhalations and slightly elongated exhalations. With each exhalation, release any tension or gripping you feel. Relax deeply and completely.

To come out, bend the knees and place the feet on the floor. Gently roll over to the right. Keeping the knees drawn in toward the chest, turn the left shoulder and chest toward the floor, push the hands into the floor and straighten the arms to raise the torso. Return to a seated position.

Timing: 5–15 minutes.

Benefits: Conscious relaxation has the potential to refresh both the body and mind. Relieves fatigue.

Contraindications: If the bolster lift causes discomfort in the back, lie flat on the floor with a blanket folded to support the back of the head and neck as described above. Place the bolster horizontally under the knees.

If the asanas in Sequence A prove to be too challenging, focus on what you can do instead of what you may not yet be able to do. If standing is too difficult, stick with the work on the floor. Sequence B offers variations of poses that can be practiced primarily when seated in, or with the support of, a chair.

Sequence B for Home Practice

Sequence B is for those who may not have the energy to do a more dynamic practice, or who may be experiencing symptoms that do not allow for extended work in the legs. If the legs are compromised, the arms are relied upon more significantly, so it is important to include arm-strengthening work in the practice. Because most of the following poses and related movements are practiced sitting in, or with the support of, a chair, you may find this to be a more accessible way to approach your practice. The actions

you will practice in the asanas in this sequence are similar to the actions practiced in more demanding asanas.

A reminder that raising the arms can be heating, so avoid holding these poses for long periods if you are subject to heat intolerance (Uthoff's phenomenon).

Chair Tadasana serves as the starting point for the asanas that follow in this sequence.

I. CHAIR TADASANA (CHAIR MOUNTAIN POSE)

Props: Chair (optional: blankets, bricks, sticky mat).

Instructions: Sit in a chair, feet flat on the floor and parallel to each other, shins perpendicular to the floor, knees in line with the heels. The hips and knees should be at the same level, so the thighs are parallel to the floor. If your feet do not reach the floor when you sit in the chair, place a lift (bricks) under the feet. If you are tall and your knees are higher than your hips when you sit in a chair, sit on a folded blanket so that the hips and knees are at the same level, and the legs form a right angle. Extend upward evenly through the side ribs so the chest remains lifted. Maintaining this upward extension makes space for, and gives a lift to, the internal organs. Keep the abdominal muscles drawn in toward the spine. Release the shoulders back and down, away from the ears, to broaden across the top of the chest. Gaze straight ahead and soften the eyes. Avoid projecting the head forward. Rest the hands on your thighs, or extend the arms straight down along the sides of the body, hands by the outer thighs. Remain attentive to the body's alignment. To create more support for the lift of the spine, place a rolled sticky mat vertically behind you so that it runs the length of the spine. Sit back against the mat so that the spine is supported.



Timing: 30–60 seconds.

Benefits: Lifts the spine and internal organs, prepares the body for meditation.

**2. URDHVA NAMASKARASANA/URDHVA HASTASANA
(UPWARD GREETING POSE/UPWARD ARM POSE)**

Props: Chair (optional: stick of some kind, e.g. cane, broom handle).

Instructions: Sit in Chair Tadasana (pose is pictured in standing position, but can be done seated in a chair). Extend the arms forward. Tightly interlock the fingers so that your right index finger is on top of the left index finger. Extend the arms overhead so that the upper arms are in line with the ears. If one arm is weaker, use the stronger arm to lift the weaker arm. With the palms still overhead, release the interlock of the fingers and press the palms and fingers together. If that is not possible, separate the arms so that the hands are shoulder width apart and straighten the arms.



To come out, bring the arms down to chest level and switch the cross of the fingers, so that the left index finger is on top. Repeat.

Timing: 20 seconds.

Modification

If it is not possible to interlock the fingers and join the palms, due to a chronic state of spasm or other challenge, hold a stick (cane, or similar) and work toward full overhead arm extension. (Pose is pictured in standing position, but it can be done seated in a chair.)



Having a prop to hold onto provides feedback for the nerves and arm muscles. Hold the stick with an overhand grip, hands shoulder width apart. Extend the stick forward and lift both sides of the stick up evenly, to your capacity. Repeat with an underhand grip of the stick.

Timing: 20 seconds.

Benefits: Several repetitions of this movement may help to relieve spasticity and increase arm extension.

If there is shoulder stiffness, place one end of the stick in the center of the left palm. (Pose is pictured standing, but can be done in seated position.) Hold the other end of the stick with the right hand. If the stick is short enough, place one end of the stick in the center of the left palm and the other end of the stick in the center of the right palm. Bend the left arm and move the left palm and the stick toward the midline of the body. Push the stick up with the left hand and arm to extend the right arm upward.



To come out, release the upward stretch of the arms and repeat, using the right arm to lift the left arm up. This action can also be done horizontally, left to right and right to left, to increase range of motion and maintain mobility in the shoulders.

Timing: 20 seconds per side.

Benefits: Relieves shoulder pain, increases and maintains range of motion in the shoulders and arms, relieves chronic spasticity in arms. The upward motion of the arms also creates spinal extension.

3. URDHVA BADDHANGULIYASANA (UPWARD FACING BOUND FINGER POSE)

Props: Chair (optional: blankets or bricks).

Instructions: Sit in Chair Tadasana (see Sequence A, Pose 7, for a visual reference). Extend both arms forward. Tightly interlock the fingers so that your right index finger is on top of the left index finger. Keeping the fingers interlocked, rotate the hands, turning the thumbs toward the floor and turning the palms away from the body. Extend the arms and lift them up so that the upper arms come in line with the ears.



To come out, maintain the interlock of the fingers, bring the arms down to chest level, and switch the cross of the fingers so that the left index finger is on top of the right index finger. Repeat. If turning the palms is a challenge, separate the arms so that the hands are shoulder width apart, keep the arms straight, and lift them up.

Timing: 10–30 seconds.

Benefits: Maintains strength in the arms, relieves shoulder stiffness, maintains organ health, can help relieve depression.

4. CHAIR BHARADVAJASANA (CHAIR TWIST)

Props: Chair (optional: blanket and 2 bricks).

Instructions: Sit on a chair, with the right side of the body facing the back of the chair. Place the feet hip distance apart, knees in line with hips and directly over the heels. If needed, place a lift (bricks) under the feet, or sit on a blanket, so the legs form a right angle. (For those who struggle to keep the legs parallel, place a soft brick or bolster between the legs.) Extend the



arms forward and lift them upward to the ceiling, to decompress the spine. Keeping the arms lifted, turn the torso to the right and hold the back of the chair with both hands. Then, move the right hand to hold the chair seat. Inhale, re-lift the spine, and exhale while turning the torso, so the collarbones are parallel to the back of the chair. Avoid leading with the head and neck. Allow the head and neck to receive the turn of the spine, rather than generating it. Inhale, lift the spine further and, while exhaling, turn the head and neck to look over the right shoulder. If Lhermitte's sign is present, don't turn the head.

To come out, release the twisting action, take the hands from the back of the chair, and return to the starting position. Turn the entire body around so the left side faces the back of the chair, and repeat.

Timing: 20 seconds each side.

Benefits: Relieves back pain, helps with digestion, improves function of abdominal organs, maintains spinal rotation and mobility.

5. CHAIR MALASANA (GARLAND POSE IN CHAIR)



Props: Chair (optional: blankets, bricks).

Instructions: Sit in Chair Tadasana. Separate the knees and place the inner ankles to the outside of the front legs of the chair. Slide the buttocks back. Lift the spine and lean forward, resting the forearms on top of the thighs, near the knees. Release the buttocks down, to lengthen the lower back. Take the gaze of the eyes to the floor.

To the extent possible, extend the torso further and place the hands on the floor, in between the two knees. Straighten the arms. Gently squeeze the thighs toward each other and straighten the arms further. Release the head toward the floor, to avoid straining the neck. Observe the way the low back broadens as you breathe into the back body.

To come out, lift the torso and place the forearms on top of the thighs. Inhale and come back to Chair Tadasana.

Timing: 30–60 seconds.

Benefits: Relieves low back pain, fatigue and constipation. Introduces the action of forward extensions.

6. RIGHT ANGLE HIP OPENER IN CHAIR

Props: Chair (optional: blankets, bricks).

Instructions: Sit in Chair Tadasana. Slide the buttocks over to the right, and sit back in the chair seat. Keep the right leg at a right angle to the floor, knee above the heel, foot facing forward. Use the hands to move the left leg away from the right leg and back toward the back of the chair, so that the left leg and the right leg are at a 90-degree angle to each other. Keep the torso facing forward, like the right leg.

To come out, move the left leg back to center. Slide the buttocks back to the center of the chair seat and return to Chair Tadasana. Repeat on the other side.

Timing: 30 seconds each side.

Benefits: Moving the legs away from the midline of the body (abduction) can be especially difficult for many, especially those with secondary and primary progressive MS. Here one can use the hands to help with that action while remaining stable, thereby reducing the fear, and risk, of falling.



7. VIRABHADRASANA I (WARRIOR I) MODIFIED IN CHAIR

Props: Wall, chair.

Instructions: Sit in Chair Tadasana facing a wall. Move the buttocks toward the front of the chair seat. Place the hands on the wall for support when needed. Slide the buttocks to the left so that only the right buttock is on the chair seat. The left buttock will be unsupported at this point. Bend the left leg and move the left knee toward the floor so that the front of the left thigh is perpendicular to the floor and in line with the left side of the chest. Once stable, extend the arms out to the side in line with the shoulders. Externally rotate the upper arms and extend the arms overhead, in line with the ears.



To come out, release the arms and place the right hand on the chair seat. Bring the left leg forward and place the left foot on the floor. Slide the buttocks back to the center and come back to Chair Tadasana. Repeat on the other side.

Timing: 20 to 30 seconds.

Benefits: Extends spine, lifts organic body and relieves depression. When I have had difficulty lifting my leg, I found that the extension of the hip flexor (when the knee is facing the floor in this pose), followed by flexion of the hip flexor, was extremely helpful in regaining my functionality.

8. MODIFIED UTTHITA HASTA PADANGUSTHASANA I (HAND TO BIG TOE POSE), SEATED AND STEPPING ONTO A BOX OR SIMILAR

Props: Chair, wall or other support, sturdy box or small stool.

Instructions: Sit in Chair Tadasana, facing a support (trestle, wall, chair). Place a small box or stool which will not move on the floor in front of the

chair. Hold onto the chair seat. Keep the left foot on the floor and lift the right knee toward your chest. Place the right foot on top of the box or stool.

To come out, inhale, lift the right foot up off the support and return to Chair Tadasana. Repeat on the other side.

Timing: Continue to alternate to your capacity (or about 10 repetitions). If possible, try to lift the leg without using your hands to assist.



**9. MODIFIED UTTHITA HASTA PADANGUSTHASANA I
(HAND TO BIG TOE POSE), STANDING AND
STEPPING ONTO A BOX OR SIMILAR**

Props: Chair, wall or countertop, sturdy box or small stool.

Instructions: Sit in Chair Tadasana, facing a support (trestle, wall, chair). Place a box or stool which will not move on the floor in front of the chair. If you have access to support for the hands (ropes, trestle,



countertop, kitchen sink), hold onto the support and lift yourself up to a standing position. Once standing, lift your right leg up onto the box. Over time, increase the height of the box.

Timing: Be in pose 20 to 30 seconds per side.

Benefits: Helps with walking, drop foot and balance. Builds strength in the legs and hip flexors. Once up, work so that the standing leg and foot does not turn out.

**10. UTKATASANA (POWERFUL; CHAIR POSE)
FACING WALL, WITH CHAIR BEHIND**



Props: Chair, wall or other support.

Instructions: Sit in Chair Tadasana, facing the support. If possible, use the support to lift up to a standing position (Tadasana). Keep the chair behind you for safety. Hold onto the support, exhale and bend the legs as if you were going to sit down in the chair, but resist actually sitting down. Keep the thighs parallel to each other.

To come out, inhale and straighten the legs.

Repeat 3–5 times, if possible.

Sit down on the chair behind you and return to Chair Tadasana.

Timing: 10–20 seconds, 3–5 times (or to capacity).

Benefits: Helps to build and maintain strength in legs and hip flexors, helps with drop foot due to flexion in the feet. Can help with spasticity.

11. UTTANASANA (INTENSE STRETCH) WITH CHAIR/BOLSTER

Props: Folding chair, wall (optional: bolster).

Instructions: Stand with your back against a wall (or other solid support). Rest the buttocks against the wall and place the feet about 12 inches (30 cm) away from the wall. The feet should be hip width apart and parallel to each other. Place the back of a folded folding chair near the tops



of the thighs. Lift the kneecaps by contracting the quadriceps (front thigh muscles). Raise the arms to extend the spine. Keeping the buttocks at the wall, the spine extended and the legs active, reach the arms forward and down to the chair. Walk the hands down the sides of the chair, taking the head toward the chair seat. Extend the side ribs and release the neck. Allow the head to descend below the region of the heart.

To come out, walk the hands up the sides of the chair and return to standing.

Modification: If reverse knee curvature is present, use a bolster to support the back of the leg with the reverse knee curvature.

Timing: 1–5 minutes.

Benefits: Builds and maintains strength in legs, introduces actions necessary for inversions, relieves back pain, and refreshes the mind.

Contraindications: Vertigo.



12. UTTHITA EKA PADA BHEKASANA (STANDING ONE LEG FROG POSE) WITH SUPPORT



If it is not possible to stand on one leg, skip this pose and go to Savasana with Chair (Pose 13).

Props: Wall (or other support).

Instructions: Position yourself approximately 1 foot (30 cm) away from a wall (or other support). Face the wall and stand in Tadasana with the feet hip width apart.

Hold the wall for stability. Shift the body's weight over to the right leg, extend the left leg back and lift the left foot from the floor. You will now be standing fully on the right leg. Raise the left heel up higher and, if possible, hold the left ankle with the left hand. If this is not possible, work to maintain the lift of the left lower leg off the floor. Or, keep the left toe tips on the floor, with the majority of the body weight on the right leg. Keep your outer right hip in as you move the left heel toward the left buttock. To go deeper into the pose, move the left heel toward the outer left hip. Keep the left thigh in line with the right thigh, and perpendicular to the floor. The left knee should face the floor. Maintain the lift to the chest, and move the floating ribs back, to avoid shortening the lower back. (The floating ribs are the two lowermost pairs of ribs, which are attached to the spine but not attached to the sternum (breast plate) at the front of the body.)

To come out, release the left foot back down to the floor. Step the left foot back to the standing position (Tadasana). Repeat on the second side.

Timing: 30–60 seconds.

Benefits: Builds strength and awareness needed for balance. Enhances range of motion in the hips.

13. SAVASANA (RELAXATION/CORPSE POSE) WITH CHAIR/ SEATED PAVANAMUKTASANA (SEATED WIND RELIEVING POSE)

Props: 2 chairs or chair and small stool, bolster, blankets.

Instructions: Sit in one chair with the back of a second chair facing toward you. Angle a bolster or pillows so that they rest on the back of the chair in front of you. Come forward. Rest the forehead on the



bolster or pillows. Keep the back neck elongated but not stiff. Close the eyes and concentrate on slow, soft, easy breathing. Relax deeply and completely.

Stay in the pose 3–5 minutes or to capacity.

Alternative: If you can get down to and up from the floor, lie down on the floor in front of a chair. Place a folded blanket underneath the head and neck. Fold and adjust the blanket so that when the head and neck are on the blanket, the skin of the forehead releases toward the bridge of the nose (the head should not drop back). Bend the knees and support the lower legs on the chair seat. Close the eyes. Breathe deeply, concentrating on slow, soft, easy inhalations and slightly elongated exhalations. With each exhalation, release any tension or gripping you feel. Relax deeply and completely.

To come out, bend the knees toward the chest and gently roll over to the right. Keeping the knees drawn in toward the chest, turn the left shoulder and chest toward the floor, push the hands into the floor and straighten the arms to raise the torso. Return to a seated position.

Timing: 5–15 minutes.

Benefits: Conscious relaxation has the potential to refresh both the body and mind.

Sequence C for Home Practice

If you are exhausted, experiencing significant restrictions or feel that the previous sequences are too challenging, try the following sequence.

I. SUPTA BADDHA KONASANA

Props: Bolster, blankets, wall.

Instructions: Sit in front of the bolster, facing the wall. Place the soles of the feet together, toes apart and braced at the wall. Keep little toe sides of the feet in contact with each other. Lie back onto the bolster. Place a folded blanket under the head so the head does not drop back. Support the



outer hips with blankets/towels/pillows so the inner groins remain soft. While in the asana, observe the rhythm of the breath. Soften the abdomen. Release mental and physical tension through long, quiet exhalations.

To come out, bring the knees together. Remove any outer hip support, roll to the right and sit up.

Alternative: If Supta Baddha Konasana is not accessible to you, lie in Savasana with a bolster placed underneath the knees and blanket support for the head and neck. What is pictured is Savasana. In this instance place the bolster, or a second bolster or pillow, underneath the knees.



Timing: 5 minutes or longer (to capacity).

Benefits: Reduces fatigue, aids digestion, can relieve spasticity.

Contraindications: If there is pain in the low back, remove the bolster and lie flat on the floor. Use blankets to support the head and outer hips.

2. SUPTA PARVA PAVANA MUKTASANA (RECLINED SIDE BOLSTER TWIST)

Props: Bolster.

Instructions: Sit on the floor. Place a bolster so that the end of the bolster is perpendicular to the outer right hip. Extend the right leg, bend the left knee and place the top of the left foot on the floor, on the outside of the left hip. Turn the torso toward the bolster and place the hands on the floor, on either side of the bolster. Inhale and lift the spine. Exhale and, turning the torso to face the bolster, lay



the torso down on the bolster. Turn the head to the right or left—whichever feels most comfortable for the neck.

To come out, press the hands into the floor, straighten the arms, and lift the torso up off the bolster. Straighten the left leg. Repeat on the other side.

Timing: 3–5 minutes per side.

Benefits: Relieves back pain, helps with digestion and function of abdominal organs. Maintains rotation of the spine. Helps relieve fatigue.

3. SALAMBA PURVOTTANASANA (SUPPORTED STRETCH OF THE EAST)



Props: 2 folding chairs/wooden table, 2 bolsters, blanket, brick.

Instructions: If you have access to two chairs, set them up so that the chair seats face each other, and so that the back of one of the chairs faces a wall. (Alternatively, a sturdy wooden coffee table or similar platform works well in place of chairs.) If the set-up is too challenging, move on to the next pose.

Once you have your chairs set up, place a sticky mat and a bolster lengthwise on the seat of the chair with its back to the wall. Place the second chair close so the sticky mat reaches the seat of the second chair. Place a second bolster lengthwise, along with a blanket, on the seat of the second chair. Use a brick, if necessary, to support the far edge of the second bolster. You may require the assistance of a helper to accomplish this.

Sit on the front edge of the bolster that is closest to the wall (on the chair with its back facing the wall). Take your legs through the opening in the back of the chair. Move the second chair, now behind you, closer to you so that the opposite end of the bolster you are seated on is also supported on the seat of

the second chair. The distance of the second chair will need to be adjusted according to the length of your torso. Stagger the second bolster so that it will be close to but not touching your lower back. Ensure that both bolsters are now supported on the seats of the two chairs with a sticky mat to hold them in place. Hold the back of the chair in which you are seated. Lie back over the second bolster. Place a folded blanket behind the head and neck.

You may require the assistance of a helper to accomplish this.

Straighten the legs, stretch the heels toward the wall and move the toes up the wall (feet in flexion). Allow the front body to open and expand.

To come out, hold the back of the chair you are facing, bend the knees and put the feet on the floor. Slowly pull yourself up to a seated position. Lean forward slightly to stretch the back.

Modification: Alternatively, as a base, set up the staggered bolsters on a sturdy table or platform such as a wooden coffee table, treatment table or firm bed, so that the base supports the bolsters and body in a similar shape.

Pictured below is a platform built by tying four chairs together. You may need someone to help with setting this up. Once it is done, it can be easily accessed. Instructions on how to put this together appear in the section “Building a Platform” in Chapter 6.



Timing: 5–10 minutes, or to capacity.

Benefits: Helps to relieve fatigue, spasticity and depression. Helps to overcome fear.

The slight back arch may help to energize the body and offer a new perspective. Helps cultivate courage.

4. SALAMBA VIPARITA KARANI (SUPPORTED WATERFALL POSE) WITH BENT LEGS, CALVES ON CHAIR OR SOFA

Props: Chair, blanket, bolster.

Instructions: Place a bolster on the floor in front of a chair. Put a folded blanket on the floor in front of the bolster. Sit sideways on the bolster close to the chair. Take the hands onto the floor and lie back over the bolster until the shoulders and back of the head come to the folded blanket. Rest the calves on the chair seat.



Once in the pose, observe if the tongue is gripped. Release the tongue to allow the tip of the tongue to touch the back of the bottom teeth so the tongue can relax. Breathe normally and relax the body, releasing with support of the props.

Once you come down, if the blanket behind the head has moved, readjust the blanket so that it supports the head and neck. Rest for 30–60 seconds.

Timing: 5–10 minutes.

Benefits: Relieves fatigue, spasticity.

Contraindications: Menstruation.

Alternative

If getting into the pose in that way is not possible, lie down on the floor in front of a chair so the head and shoulders are on a folded blanket. Keep the knees bent. Press the feet into the floor, lift the buttocks and slide the bolster under the hips and sacrum. Place the calves on the chair seat. This pose can also be done in front of a sofa or bed. Place a pillow under the buttocks and a blanket under the head and neck. Rest the calves on the bed or sofa.

If it is not possible to have the hips on a bolster, but it is possible to lie on the floor, do Savasana (Corpse) with Chair.

Props: Chair, blankets.

Instructions: Lie down on the floor in front of a chair. Place a folded blanket under the head and neck. Fold and adjust the blanket so that when the head and neck are on the blanket, the skin of the forehead releases toward the bridge of the nose (the head should not drop back). Bend the knees and support the lower legs on the chair seat. Support the outer hips with rolled blankets, if necessary. Relax the body, and take a moment to observe your existence with compassionate friendliness and acceptance.

To come out, bend the knees toward the chest. Roll on to your right side. Pause. Roll the left chest further toward the right and use the hands to lift up to a seated position.

Timing: 5–15 minutes.

5. SAVASANA (RELAXATION/CORPSE POSE)

Props: Bolster, blankets.

Instructions: Sit on the floor with a bolster placed a couple of inches (6–8 cm) behind you. Fold a blanket and place it onto the bolster for the head and neck. Bend the knees, and lie back on the bolster.



Adjust the blanket so that when the head and neck are on the blanket, the skin of the forehead releases toward the bridge of the nose (the head should not drop back). Close the eyes. Breathe deeply, concentrating on slow, soft, easy inhalations and slightly elongated exhalations. With each exhalation, release any tension or gripping you feel. Relax deeply and completely.

To come out, bend the knees and place the feet on the floor. Gently roll over to the right. Keeping the knees drawn in toward the chest, turn the left shoulder and chest toward the floor, push the hands into the floor and straighten the arms to raise the torso. Return to a seated position.

Timing: 5–15 minutes.

Benefits: Conscious relaxation has the potential to refresh both the body and mind.

Contraindications: If the bolster lift causes discomfort in the back, lie flat on the floor with a blanket folded to support the back of the head and neck as described above. Place the bolster, horizontally, under the knees.

6. RECLINED UJJAYI PRANAYAMA (RECLINED UPWARD CONQUERING BREATH)

Props: Bolster(s), blankets.

Instructions: Sit on the floor with a bolster placed a couple of inches (6–8 cm) behind you. Fold a blanket and place it onto the bolster for the head and neck. Bend the knees, and lie back on



the bolster. Adjust the blanket so that when the head and neck are on the blanket, the skin of the forehead releases toward the bridge of the nose (the head should not drop back). Lie in Savasana over the bolster, aligning the bottom rib of the back horizontally along the narrow edge of the bolster. (If a bolster is not available, fold two blankets and stack one on top of the other. Fold the blankets so the narrow edge is 8–12 inches (20–30 cm) wide, placing the back bottom rib on the blanket edge. Have a blanket to support the head and neck as described above.) Straighten the legs. If the legs are subject to spasm, or it is difficult to stretch them out, extend them as much as possible and place a pillow or second bolster under the knees.

Close the eyes and lie quietly for a couple of minutes. Draw your attention inward and observe the natural rhythm of the breath. Breathing normally through the nose, keep the abdomen passive and quiet. Observe where and how the breath naturally moves in the region of the chest.

Once the body is relaxed, begin the Ujjayi breathing. Start with a slow, soft, deep exhalation. Without inflating the abdomen, take a slow,

soft, smooth inhalation through the nose, filling the lungs evenly from the bottom to the top. Allow the chest to expand vertically and horizontally with the inhalation breath. At the end of the inhalation, take a slight pause, and then allow for a slow, steady, smooth exhalation. Take a normal inhalation and exhalation to recover. Place the hands to the abdomen and relax.

When you are ready to finish the Ujjayi practice, take one more slow, soft, smooth inhalation and then let the breath return to normal. Open the eyes. Bend the left leg and gently roll off the lift to the right. Keeping the knees drawn in toward the chest, turn the left shoulder and chest toward the floor, push the hands into the floor and straighten the arms to raise the torso. Return to a seated position.

Note: Pranayama begins with an exhalation and ends with an inhalation. So remember, to finish the Ujjayi breathing, take a slow, soft, smooth inhalation through the nose and then have a normal (not extended) exhalation.

Timing: Repeat this process of breathing for 5–10 minutes.

Benefits: This preparatory stage of Ujjayi Pranayama is energizing to the body and helps relieve depression.

Contraindications: If at any time you feel shaky or anxious, return to normal breathing.

Alternative: If you feel overstimulated when you practice the conscious elongation of the inhalation breath, focus instead on extended exhalations. Lie back in Savasana as described above. Once you are in a relaxed state, begin your practice with a slow, soft, deep exhalation. Inhale normally, without inflating the abdomen. Take a slow, smooth and slightly deeper exhalation through the nose, until the lungs feel empty. Envision letting go of any tension. Take a normal cycle of inhalation and exhalation if you need to recover. At the end of your last cycle of Ujjayi breathing, finish with an inhalation and return to normal breathing. End your last cycle of this pranayama with an exhalation. Come out of the pose as noted above.

It's worth noting that on many days when I have been symptomatic, I did not have the ability, will, energy or brain power to attempt more than a couple of poses, even after I had been practicing for some time. When challenged, there is an inherent desire to get better as quickly as possible; however, if you don't have the strength or the ability to do anything, and are feeling lousy, do whatever you can in order to find relief. That is OK. It may be a day to simply rest, or do some pranayama, or practice some self-compassionate meditation. More on meditation later.

Before progressing further, instruction from a yoga teacher or yoga therapist is highly recommended to safely guide your progression.

As noted above, if you are unable to do a pose in a sequence, I suggest skipping that pose and continuing to do the other poses, in sequential order, according to your ability.

Restorative Sequence

As previously mentioned, restorative poses can have a profound effect on relieving fatigue and calming the mind. When you are feeling depleted, the deep rest the body gets in these poses may increase your energy levels. Restorative asanas can provide rest when you need to recover, or provide a respite, either from your practice of more challenging asanas or from the demands of modern life. As a reminder, due to the nature of the process, many of these asanas will also help with a range of other symptom management.

1. VIRASANA (SEATED HERO POSE)

Props: Optional: blanket, brick.

Instructions: Kneel on the floor with the knees together and feet apart. Sit down between the two feet. Adjust the feet so that the toes point straight back. Do not sit on the feet. If the buttocks do not reach the floor, sit on a brick or blanket. Sit straight, with the back of the head in line with the sacrum. Observe the lift of the chest and breathe normally.



To come out, inhale and lift the buttocks up off the floor or support. Place the hands on the floor in front of the knees, remove the lift (if using one), sit down and move the legs forward. Slowly straighten the legs.

Timing: 1–2 minutes, or to capacity.

Benefits: Energizes tired legs.

Alternative: If doing Virasana bothers your knee(s), sit in Sukhasana (simple cross legs) with the legs crossed at the mid shin.

2. SUPTA VIRASANA (RECLINED HERO POSE)

Props: Bolster (optional: chair, brick, blankets).

Instructions: Sit in Virasana. Place a bolster behind you. (If no bolster is available, fold two blankets and stack one on top of the other.) Lean back and place your hands on the floor, on either side of the bolster. Exhale, and lie back onto



the bolster. Keep the knees together. At first you may need to build up the height of the bolster or blankets. Remember, everyone is different with

regard to ability and flexibility. For some, the extra height a chair provides may work best. Place a blanket under the head and neck.

To come out, press the hands on the floor and straighten the arms as the trunk lifts. Sit up to Virasana. Then, inhale; lift the buttocks up off the floor or support. Place the hands on the floor and sit down as you bring the legs forward. Allow the legs to straighten.

Timing: 3–5 minutes.

Benefits: Relieves fatigue and aches in the legs, stretches the abdominal organs, improves digestive function.

Contraindications: If the knees ache or lift from the floor, or if the low back aches, build up the height of the support behind you. You can sit on a brick and have a chair seat behind you, with the chair braced at the wall.



If the extra lift doesn't help, sit in Sukhasana (simple cross legs) and lie back in Supta Sukhasana. Take support of a bolster or blankets under the spine as necessary.

3. SUPTA BADDHA KONASANA (RECLINED BOUND ANGLE POSE)

Props: Bolster, blankets, wall.

Instructions: Sit in front of the bolster, facing the wall. Place the soles of the feet together, toes apart and braced at the wall. Keep little toe sides of the feet in contact with each other. Lie back onto the bolster. Place a folded

blanket under the head so the head does not drop back. Support the outer hips with blankets/towels/pillows so the inner groins remain soft. While in the asana, observe the rhythm of the breath. Soften the abdomen. Release mental and physical tension through long, quiet exhalations.

To come out, bring the knees together. Remove any outer hip support, roll to the right and sit up.



Timing: 5 minutes or longer (to capacity).

Benefits: Reduces fatigue, aids digestion, can relieve spasticity.

Contraindications: If the low back hurts, remove the bolster and lie flat on the floor. Use blankets to support the head and outer hips.

4. SUPTA PARSVA PAVANA MUKTASANA (RECLINED SIDE BOLSTER TWIST)

Props: Bolster.

Instructions: Sit on the floor. Place a bolster so that the end of the bolster is perpendicular to the outer right hip. Extend the right leg, bend the left knee and place the top of the left foot on the floor, on the outside of the left hip. Turn the torso toward the bolster and place the hands on the floor, on either side of the bolster. Inhale and lift the spine. Exhale and, turning the torso to face the bolster, lay the torso down on the bolster. Turn the head to the right or left—whichever feels most comfortable for the neck.



Turn the torso toward the bolster and place the hands on the floor, on either side of the bolster. Inhale and lift the spine. Exhale and, turning the torso to face the bolster, lay the torso down on the bolster. Turn the head to the right or left—whichever feels most comfortable for the neck.

To come out, press the hands into the floor, straighten the arms and lift the torso up off the bolster. Straighten the left leg. Repeat on the other side.

Timing: 3–5 minutes per side.

Benefits: Relieves back pain, helps with digestion and function of abdominal organs. Maintains rotation of the spine. Helps relieve fatigue.

Alternative: Janu Sirsasana with Support

Props: Chair, blankets.

Instructions: Sit on a blanket, in front of a chair, with the legs extended forward. This pose is called Dandasana (Staff Pose).

Put a blanket on the chair seat. Bend the left knee and move the left leg out to the left. Place the left foot against the inner right thigh. If the left knee lifts, sit on more blankets to support under the buttocks and allow the knee to rest on the floor. Extend the arms to the ceiling and lift the spine. Reach for the chair, extend the torso forward and rest the forehead on the chair seat. In the finished pose the head rests on the straight leg knee or shin.

To come out, lift the head and torso. With the left hand, draw the left knee and thigh up from the floor and bring the left leg back to Dandasana. Repeat on the right side.

Timing: 3 minutes each side.



5. ADHO MUKHA SVANASANA (DOWNWARD FACING DOG) WITH SUPPORT



Props: Wall (optional: bolster, wall ropes, chair).

Instructions: Start on the floor, near a wall, on the hands and knees. Turn the hands out and place them on the floor, near the wall, so that the index fingers and thumbs touch the wall. Place the hands slightly wider than the shoulders. Have the knees directly under the hips. Exhale and lift the knees off the floor. Straighten the arms and legs. Press the hands into the floor and wall, stretch the arms fully, and press the hips back away from the wall. Straighten the legs to extend the back. Keep the breath even.

To come out, bend the knees and rest in the starting position.

Timing: 1 minute, to start. Repeat according to capacity. A longer stay with the head supported on a bolster helps to relieve fatigue.

Benefits: Helps to relieve fatigue, strengthens the arms and legs, and relieves stiffness in the limbs. Offers the benefits of inversions for those unable to do Sirsasana (headstand).

Alternative: For those with wrist, shoulder or leg challenges, if you have access to ropes, the pose can be done with wall ropes (pictured below).



6. UTTANASANA (INTENSE STRETCH) WITH SUPPORT

Props: Sticky mat, brick(s).

Instructions: Stand with the feet apart so that the little toes are in line with the outer edges of a sticky mat. Place a brick, or two, in the center of the mat, approximately 2–3 inches (5–8 cm) forward of the toes. (The bricks are there to support the head in the pose, so stack enough bricks so that the head will be fully supported when in the pose.) Keep the legs straight, kneecaps lifted, and bend forward, extending the torso toward the floor. Rest the top of the head on the brick(s). Release the lower back and hold the backs of the ankles.



To come out, place your hands on top of the thighs and lift back up to standing.

Timing: 1–3 minutes.

Benefits: Offers similar benefits to headstand. Relieves fatigue and depression.

Contraindications: Vertigo.

Alternative: Uttanasana with Chair

Props: Folding chair, wall.

Instructions: Stand with your back against a wall (or other solid support). Rest the buttocks against the wall and place the feet about 12 inches (30 cm) away from the wall. The feet should be hip width apart and parallel to each other. Place the



back of a folded folding chair near the tops of the thighs. Lift the kneecaps by contracting the quadriceps (front thigh muscles). Raise the arms to extend the spine. Keeping the buttocks at the wall, the spine extended and the legs active, reach the arms forward and down to the chair. Walk the hands down the sides of the chair, taking the head toward the chair seat. Extend the side ribs and release the neck. Allow the head to descend below the region of the heart.

To come out, walk the hands up the sides of the chair and return to standing.

Timing: 1–5 minutes.

Benefits: Builds and maintains strength in legs, introduces actions necessary for inversions, relieves back pain, and refreshes the mind.

7. SIRSASANA (HEADSTAND), ROPE SIRSASANA (ROPE HEADSTAND)

This inverted pose is important for maintaining the health of various systems of the body and addressing a variety of MS symptoms. However, for the beginning student it is best to be guided by a Certified Iyengar Yoga Teacher or Certified Yoga Therapist to safely enter the pose once the body is prepared. Before attempting Sirsasana, it is best to prepare the body and mind through a regular practice of Prasarita Padottanasana I (Extended Intense Stretch of the Legs) and Salamba Sarvangasana (Supported Shoulderstand).

If you do not have access to a teacher, rope wall or ceiling ropes, proceed to Dwi Pada Viparita Dandasana with chair(s) (Pose 8 in this sequence) or, if newer to yoga, practice Viparita Karani (pictured below).



Viparita Karani



Rope Sirsasana

Rope Sirsasana can be more accessible for many students because the body is supported, either by wall ropes or a ceiling swing. Rope Sirsasana requires in-person guidance from a teacher.

It is worth noting that I was put into Rope Sirsasana in my first yoga class. Based on my experience, not only did nothing bad happen, it piqued my interest in the subject.

Basic preparatory instructions for Sirsasana for those who are ready to practice the classic pose are given below.

Props: Wall, sticky mat, blanket.

Instructions: Fold a sticky mat, or a blanket, and place it on the floor, against a wall. Kneel on the floor in front of the mat. Fully interlock the fingers, so the bases of the fingers on one hand are in contact with the bases of the corresponding fingers of the other hand, the pad of one thumb resting on the nail of the other thumb. Place the forearms on the floor. Place the interlocked fingers at the wall, keeping the wrists perpendicular to the floor. See that the



elbows are shoulder width apart and that the hands form a cup shape. The forearms and hands will form a “U” shape. Place the very top, the crown, of the head onto the floor and in the center of the cup-shaped hands. The back of the skull will be in contact with the thumb mounds. Press the lower arms and wrists firmly into the floor and lift the shoulders, the trapezius and both sides of the neck up. Maintain this lift and raise the knees off the floor. Lift the hips further up toward the ceiling and straighten the legs. Move the back ribs away from the wall. Keep the toes on the floor and the legs straight. This is known as Ardha Sirsasana (Half Headstand). Maintain the lift of the shoulders.

To come out, bend the legs and bring the knees back to the floor. Bring the feet together, knees apart, and sit back on the heels. Extend forward and rest the chest on the thighs, forehead on the floor. Extend the arms, keeping the hands on the floor.

Timing: 30 seconds, or to capacity.

Once confident in Ardha Sirsasana, proceed to Salamba Sirsasana (Supported Headstand). From Ardha Sirsasana (Half Headstand), maintain the lift of the shoulders and walk the legs in. Lift the shoulders again. Raise one leg, then the other, up to the ceiling. Place the heels at the wall. Continue to press the forearms into the floor and lift the shoulders, trapezius and sides of the neck. This lift is essential so that the neck is not compressed. Look straight ahead. Over time, and with the continued guidance of a teacher, learn to balance (feet away from the wall).

To come out, keep the lift of the shoulders as you bend the knees, slowly taking the feet to the floor. Bring the feet together, knees apart, and sit back on the heels. Extend the torso and arms forward so that the chest rests on the thighs, forehead on the floor. Extend the arms, keeping the hands on the floor.

Timing: Beginners: 2–5 minutes, to capacity. Experienced students: 5–8 minutes.

Variations: Once you are able to be in Sirsasana for five minutes without strain, there are leg variations that can be practiced. Refer to *Light on Yoga* (Iyengar 1991) and your yoga teacher.

Benefits: As noted earlier, in my experience, the inversions helped me maintain brain health and regulated the function of my digestive system and organs of elimination.

Contraindications: Menstruation, pregnancy, vertigo, optic neuritis, neck problems. (Note: Pregnant students who are not new to the pose can practice according to the stage of the pregnancy. Refer to the book *Yoga: A Gem for Women* (Iyengar 1990) for the best ways to practice during each trimester. Avoid practicing Rope Sirsasana from the second trimester on, due to the possibility of tightening on the lower abdomen.)

Alternatives: Dwi Pada Viparita Dandasana or Viparita Karani.



Dwi Pada Viparita Dandasana



Viparita Karani

If straightening the legs up the wall is not possible in Viparita Karani, practice Salamba Viparita Karani with buttocks on the bolster, legs bent, calves resting on the chair seat, bed or sofa, and blanket for the head and neck.

For optic neuritis, practice Setu Bandha Sarvangasana.



Refer to *Light on Yoga* (Iyengar 1991) or *Yoga in Action: Preliminary Course* (Iyengar 2000) for additional instructions.

8. DWI PADA VIPARITA DANDASANA (TWO LEG INVERTED STAFF POSE)

Props: Folding chair, sticky mat, blanket (optional: bolster, extra blankets, bricks).

This pose can also be done off the side of a bed, with pillow support for the top of the head.

Instructions: Place a chair close to a wall so that the back of the chair faces the wall. Place a folded sticky mat and a blanket on the seat of the chair. Step through the back of the chair. Be close enough to the wall



so that when the legs are extended, the feet make contact with the wall. Once you've measured your correct distance from the wall, bend the knees and place the feet on the floor. Keep the legs bent and hold the back of the chair. Lift the chest and lie back until the shoulders come on to the chair seat. Position the body so that the bottom of the shoulder blades are on the front edge of the chair seat. Hold the back legs of the chair. Keep the heels in contact with the floor and extend the legs until they are straight. (If straightening the legs causes low back pain, elevate the feet on bricks, a bolster, folded blankets or second chair.) Release the head back so the crown of the head points toward the floor. If the neck hurts or is gripped, support the crown of the head with a bolster (and/or blankets, as necessary).

To come out, bend the knees, release the arms and reach up to hold the back of the chair. Press your elbows onto the chair seat and lift the chest. Inhale, and lift back up to sitting.

Timing: 5 minutes.

Benefits: Improves spinal flexibility, helps with eliminatory function, relieves depression, refreshes the body, prepares the body for more challenging back extensions. If menstruating or pregnant, support legs on a second chair seat at the same height as the pelvis. Keep legs hip width

apart. It is recommended to elevate the legs on the seat of the second chair so they are parallel to the floor during menstruation.

This pose is a dynamic alternative to headstand.

Contraindications: Vertigo.

*Alternative: Salamba Purvottanasana—
Supported Stretch of the East*



Props: 2 folding chairs/wooden table, 2 bolsters, blanket, brick.

Instructions: If you have access to two chairs, set them up so that the chair seats face each other, and so that the back of one of the chairs faces a wall. (Alternatively, a sturdy wooden coffee table or similar platform works well in place of chairs.) If the set-up is too challenging, move on to the next pose.

Once you have your chairs set up, place a sticky mat and a bolster lengthwise on the seat of the chair with its back to the wall. Place the second chair close so the sticky mat reaches the seat of the second chair. Place a second bolster lengthwise, along with a blanket, on the seat of the second chair. Use a brick, if necessary, to support the far edge of the second bolster. You may require the assistance of a helper to accomplish this.

Sit on the front edge of the bolster that is closest to the wall (on the chair with its back facing the wall). Take your legs through the opening in the back of the chair. Move the second chair, now behind you, closer to you so that the opposite end of the bolster you are seated on is also supported on the seat of the second chair. The distance of the second chair will need to be adjusted according to the length of your torso. Stagger the second bolster so that it will be close to but not touching your lower back. Ensure that both bolsters are now supported on the seats of the two chairs with a sticky mat to hold

them in place. Hold the back of the chair in which you are seated. Lie back over the second bolster. Place a folded blanket behind the head and neck.

You may require the assistance of a helper to accomplish this.

Alternatively, as a base, set up the staggered bolsters on a sturdy table or platform such as a wooden coffee table, treatment table or firm bed, so that the base supports the bolsters and body in a similar shape. Sit on the front edge of the bottom bolster. Lie back over the second bolster. Place a folded blanket behind the head and neck.

Straighten the legs, stretch the heels toward the wall and move the toes up the wall (feet in flexion). Allow the front body to open and expand.

To come out, hold the back of the chair you are facing, bend the knees and put the feet on the floor. Slowly pull yourself up to a seated position. Lean forward slightly to stretch the back.

Timing: 5–10 minutes, or as long as possible.

Benefits: Helps to relieve fatigue, spasticity and depression. Helps to overcome fear. The slight back arch may help to energize the body and offer a new perspective. Helps cultivate courage.

9. CHAIR BHARADVAJASANA (CHAIR TWIST)

Props: Chair (optional: blanket and 2 bricks).

Instructions: Sit on a chair, with the right side of the body facing the back of the chair. Place the feet hip distance apart, knees in line with hips, knees directly over the heels. If needed, place a lift (bricks) under the feet, or sit on a blanket, so the legs form a right angle. (For those who struggle to keep the legs parallel, place a soft brick or bolster between the legs.) Extend the arms forward and lift them upward to the ceiling, to decompress the spine. Keeping the arms lifted, turn the torso to the right and hold the back of the chair with both hands. Then, move the right hand to hold the chair seat. Inhale, re-lift the spine, and exhale while turning the torso, so the collarbones are parallel to the back of the



chair. Avoid leading with the head and neck. Allow the head and neck to receive the turn of the spine, rather than generate it. Inhale, lift the spine further and, while exhaling, turn the head and neck to look over the right shoulder. If Lhermitte's sign is present, don't turn the head.

To come out, release the twisting action, take the hands from the back of the chair, and return to the starting position. Turn the entire body around so the left side faces the back of the chair, and repeat.

Timing: 20 seconds each side.

Benefits: Relieves back pain, helps with digestion, improves function of abdominal organs, maintains spinal rotation and mobility.

10. CHAIR VIPARITA KARANI (CHAIR WATERFALL POSE)/ CHAIR SARVANGASANA (CHAIR SHOULDERSTAND)

Props: Chair, sticky mat, bolster, blankets (optional: wall).

Instructions: Place a folded sticky mat and a blanket on the seat of the chair. Put a bolster on the floor in front of the front legs of the chair so that it is parallel to the seat of the chair. Put a blanket on top of the bolster and allow it to drape over the bolster.

Sit on the chair backwards. Bend the legs over the back of the chair and move the buttocks toward the back of the chair. Hold the sides of the back of the chair. Lean back and walk the hands down the sides of the chair. Move the torso toward the floor until the shoulders come onto the bolster. The back of the head should rest on a blanket draped over the bolster. Once the shoulders are on the bolster support, take the hands, one at a time, underneath the seat of the chair and hold the back legs of the chair. Externally rotate the upper arms to broaden the top of the chest. Straighten the legs toward the ceiling, or rest the straight legs on the back of the chair, heels to the wall.



To come out, bend your knees and place the feet on the back of the

chair. Release the hands from the back legs of the chair and move them to the front legs of the chair. Inhale, lift the buttocks slightly and slide down off the chair so the buttocks rest onto the bolster support, and the head and shoulders are on the floor. Place your lower legs on the chair seat. Relax and absorb the effects of the pose. Then, slide back more, so the buttocks come off the bolster and onto the floor. Bend your knees into your chest and roll over to the right.

Modification: If the legs are challenged, for additional stability and rest, the pose can also be done at or near a wall (not pictured). Set up with the back of the chair close to and parallel to a wall (approx. 8–10 inches (20–25 cm) away). Follow the above instructions to enter the pose. Once in the pose, rest the heels on the wall to offer support and feedback for the legs.

Timing: 5–10 minutes, or to capacity.

Benefits: If practiced regularly, can reduce spasticity and urinary and bowel incontinence, and relieve fatigue and depression. Helps regulate blood pressure. Reduces fluid retention and swelling in the feet and legs. The venous blood flow to the heart works with gravity in this pose, which offers a sense of refreshment for the whole body, organs and glands. Offers a different perspective on the world.

Contraindications: Menstruation, high blood pressure, vertigo (practice Setu Bandha Sarvangasana with support instead).



11. SETU BANDHA SARVANGASANA (SUPPORTED BRIDGE POSE) SUPPORTED WITH BOLSTER, BLANKET OR BRICK



Props: Wall, bolster, several blankets, 2 bricks (pictured above using wood brick for sacrum).

Instructions: Sit on the floor, close to, and facing, a wall. Place the soles of the feet against the wall and straighten the legs. Place a brick, a bolster or several folded blankets next to your outer hip. The lift should be perpendicular to the body and parallel to the wall. Have a blanket for head, neck and shoulder support within easy reach. Place the other brick(s) against the wall.

Lie back on the floor with the folded blanket under your head, neck and shoulders. At this point, the brick, bolster or blankets will still be on the floor by your outer hips. This measurement is a starting point and may need to be adjusted. Bend your knees, place your feet on the floor and lift the buttocks up. Slide the wood brick, bolster or blanket underneath your buttocks so the sacrum is supported and there is a corresponding curvature and openness to the chest. The head, neck and shoulders remain on the blanket support on the floor. The body will resemble the shape of a bridge. If it does not bother the back, straighten the legs to the wall, keeping an internal rotation to the legs. Elevate the feet on a brick(s) at the wall, if necessary. If the feet do not reach the wall, adjust the position of the support to be closer to the wall. If you experience pain in the lower back, keep the knees bent and the feet on the floor. While in the pose, observe the stretch at the base of the abdomen, and the evenness of the breath. To exit, bend the knees and place the feet on the floor. Press the feet down, lift the buttocks up and slide the brick, bolster or blankets that were underneath your sacrum to your left side. As you release the hips to the floor, move the buttocks toward your heels to lengthen the low back. Bend the knees toward your chest to stretch the low back. Place the feet back on the floor and roll to the right side. Bend the knees deeper and bring the left side of the body toward the right. Place the hands on the floor and use the arms to push up to a seated position.

Timing: 5 minutes.

Benefits: If practiced regularly, can help with spasticity, urinary and bowel incontinence, fatigue and depression. In addition to further introducing the actions involved in inverted postures, this pose gives a nice extension to the spine to help keep it flexible. In B.K.S. Iyengar's commentary on this pose in *Light on Yoga*, he notes, "A healthy and flexible spine indicates a healthy nervous system" (Iyengar 1991, p.230).

Contraindications: If Lhermitte's sign is present, build up the support under the shoulders so the neck is not in flexion, or avoid this pose and go to Urdhva Prasarita Padasana (Upward Extended Leg Pose) with wall support. If low back pain is an issue, keep the legs bent and feet slightly apart and on the floor.

Variation

This pose can also be done at the wall using two crossed bolsters, or a bolster and several folded blankets. If you have access to these additional props, place the second bolster (or similarly folded blankets) vertically on top of the horizontal bolster to make a + shape.



Props: Wall, 2 bolsters or 1 bolster and several blankets, bricks.

Instructions: Put two bricks at the wall in front of you. Sit on the end of the bolster closest to the wall and, keeping the knees bent and the feet on the floor, lie back until the back of the head, the neck and the shoulders come to the blanket on the floor. The sacrum should be at the apex of the crossed bolsters. Place the feet on bricks at the wall.

Alternative

If the lift of the chest is not available to you in Setu Bandha Sarvangasana (Bridge Pose), try this supported version of Salamba Viparita Karani (Supported Waterfall Pose). This can be done with a chair, a bed or a couch.

Props: Blankets or bolsters, support (chair, couch, bed).

Instructions: Stack the blankets/bolsters a few inches away from the front of the support. Place a blanket on the floor for the head and shoulders. Sit sideways on the bolsters/blankets. Lean back and take the hands down onto the floor behind you. As you do this, swing the legs up and rest the lower legs

on the support. Lie all the way back until the shoulders and back of the head rest on the blanket on the floor. Position the hips on the support so that the lower legs are perpendicular to the floor. Keep the legs hip width apart. (The support under the hips and lower legs should be high enough that the upper and lower legs form a right angle.)



To come out, bend the knees, press the feet into the support and slide the buttocks back down to the floor. Gently roll to the right and sit up.

Note: If Lhermitte's is present, place additional support underneath the shoulders so the neck is not in flexion.

Timing: 5–10 minutes, or longer.

Benefits: This is an alternative to Setu Bandha Sarvangasana. Relieves fatigue and exhaustion, cools the body. Pictured above with sandbag support on arms.

Contraindications: Menstruation.

12. JANU SIRSASANA (HEAD ON THE KNEE POSE) WITH SUPPORT

Props: Chair, blankets.

Instructions: Sit on a blanket, in front of a chair, with the legs extended forward. Put a blanket on the chair seat. Bend the left knee and move the left leg out to the left. Place the left foot against the inner right thigh. If the left knee lifts, sit



on more blankets to support under the buttocks and allow the knee to rest on the floor. Extend the arms to the ceiling and lift the spine. Reach for the

chair, extend the torso forward and rest the forehead on the chair seat. In the finished pose the head rests on the straight leg knee or shin.

To come out, lift the head and torso. With the left hand, draw the left knee and thigh up from the floor and bring the left leg back to Dandasana. Repeat on the right side.

Timing: 3 minutes each side.

Alternative: Sukhasana (Simple Cross Legs) Forward with Support

Props: Blankets, chair.

Instructions: Sit on a blanket in front of a chair, crossing the legs at mid shin, taking the right leg in first. If the knees are significantly raised when doing this, increase the height under the buttocks. Place a blanket on the chair seat. Extend the arms to the ceiling and lift the spine. Reach for the chair, extend the torso forward and rest the forehead and the arms on the chair seat. After 2–3 minutes (or to your capacity), lift the head, straighten the legs and change the cross of the legs, taking the left leg in first and then the right. Repeat for the same amount of time.



To come out, raise the head and straighten the legs forward to your capacity.

Timing: 2–3 minutes per side.

**13. EKA PADA PRASARITA SAVASANA
(ONE LEG EXTENDED CORPSE POSE)**

Props: Chair, 3 blankets.

Instructions: Place a folded blanket on length of legs, so that the lower leg can blankets and fold the other one. Lie do folded blanket under the neck and head



Bend your right knee and rest the lower leg on the chair seat. Angle the chair away from the body (as pictured above). Move the left leg slightly to the left, so that there is space between the legs and the pelvis is broad. Put the rolled blanket against your outer left hip for support. Close the eyes and relax. Breathe normally. Observe how the asymmetry in the pose may help to balance and soothe the nerves of the lower back and pelvic region.

To come out, use your right hand to help support the leg, and take the right leg to the floor. With minimal disturbance, roll to the right, sit up and move the chair to the left side and the rolled blanket to the right side.

Repeat the pose with the left leg resting on the chair. Move the right leg slightly to the right, so that there is space between the legs and the pelvis is broad. Put the rolled blanket against your outer right hip for support.

To come out, use the left hand to release the left leg to the floor. Remove the blanket roll from the outer right hip and lie back in Savasana.

To come out of Savasana, bend the knees toward the chest. Roll on to your right side. Pause. Roll the left chest further toward the right and use the hands to lift up to a seated position.

Timing: 3–5 minutes each side, and for Savasana.

14. SAVASANA (RELAXATION/CORPSE POSE)

Props: Bolster, blanket(s).

Instructions: Sit on the floor with a bolster placed a couple of inches (6–8 cm) behind you. Fold a blanket and place it onto the bolster for the head and neck. Bend the knees, and lie back on the bolster.



Adjust the blanket so that when the head and neck are on the blanket, the skin of the forehead releases toward the bridge of the nose (the head should not drop back). Close the eyes. Breathe deeply, concentrating on slow, soft, easy inhalations and slightly elongated exhalations. With each exhalation, release any tension or gripping you feel. Relax deeply and completely.

To come out, bend the knees and place the feet on the floor. Gently roll over to the right.

Keeping the knees drawn in toward the chest, turn the left shoulder and chest toward the floor, push the hands into the floor and straighten the arms to raise the torso. Return to a seated position.

Timing: 5–15 minutes.

Benefits: Conscious relaxation has the potential to refresh both the body and mind.

Contraindications: If the bolster lift causes discomfort in the back, lie flat on the floor with a blanket folded to support the back of the head and neck as described above. Place the bolster, horizontally, under the knees.

Alternative

When my legs are tired, I have found that lying flat for Savasana with the bolster placed on top of my thighs is quite soothing. When you come out of this version of Savasana, the bolster on your thighs will naturally roll off to the side when you bend the knees to come out.

Props: Bolster, blanket.

15. RECLINED UJJAYI PRANAYAMA (RECLINED UPWARD CONQUERING BREATH)

Props: Bolster(s), blankets.

Instructions: Sit on the floor with a bolster placed a couple of inches (6–8 cm) behind you. Fold a blanket and place it onto the bolster for the head and neck. Bend the knees, and lie back on the bolster.



Adjust the blanket so that when the head and neck are on the blanket, the skin of the forehead releases toward the bridge of the nose (the head should not drop back). Lie in Savasana over the bolster, aligning the bottom rib of

the back horizontally along the narrow edge of the bolster. (If a bolster is not available, fold two blankets and stack one on top of the other. Fold the blankets so the narrow edge is 8–12 inches (20–30 cm) wide, placing the back rib on the blanket edge. Have a blanket to support the head and neck as described above.) Straighten the legs. If the legs are subject to spasm, or it is difficult to stretch them out, extend them as much as possible and place a pillow or second bolster under the knees.

Close the eyes and lie quietly for a couple of minutes. Draw your attention inward and observe the natural rhythm of the breath. Breathing normally through the nose, keep the abdomen passive and quiet. Observe where and how the breath naturally moves in the region of the chest.

Once the body is relaxed, begin the Ujjayi breathing. Start with a slow, soft, deep exhalation. Without inflating the abdomen, take a slow, soft, smooth inhalation through the nose, filling the lungs evenly from the bottom to the top. Allow the chest to expand vertically and horizontally with the inhalation breath. At the end of the inhalation, take a slight pause, and then allow for a slow, steady, smooth exhalation. Take a normal inhalation and exhalation to recover. Place the hands to the abdomen and relax.

When you are ready to finish the Ujjayi practice, take one more slow, soft, smooth inhalation and then let the breath return to normal. Open the eyes. Bend the left leg and gently roll off the lift to the right. Keeping the knees drawn in toward the chest, turn the left shoulder and chest toward the floor, push the hands into the floor and straighten the arms to raise the torso. Return to a seated position.

Timing: Repeat this process of breathing for 5–10 minutes.

Benefits: This preparatory stage of Ujjayi Pranayama is energizing to the body and helps relieve depression.

Contraindications: If at any time you feel shaky or anxious, return to normal breathing.

Note: Pranayama begins with an exhalation and ends with an inhalation. So remember, to finish the Ujjayi breathing, take a slow, soft, smooth inhalation through the nose and then have a normal (not extended) exhalation.

Alternative

If you feel overstimulated when you practice the conscious elongation of the inhalation breath, focus instead on extended exhalations. Lie back in Savasana as described above. Once you are in a relaxed state, begin your practice with a slow, soft, deep exhalation. Inhale normally, without inflating the abdomen. Take a slow, smooth and slightly deeper exhalation, through the nose, until the lungs feel empty. Envision letting go of any tension. Take a normal cycle of inhalation and exhalation if you need to recover. At the end of your last cycle of Ujjayi breathing, finish with an inhalation and return to normal breathing. End your last cycle of this pranayama with an exhalation. Come out of the pose as noted above.

Timing: 5–10 minutes.

Contraindications: If at any time you feel shaky or anxious, return to normal breathing.

When my MS is in remission and I am symptom-free, I engage in a regular practice. Of course, I take the support of props, whenever necessary.

If you want to embark on a shorter, dynamic practice, below are three “mini” sequences for when you are short on time or are unable to get to a class, but want to do something.

Afterward, I include a more involved sequence for further strengthening the body and for when you have more time to explore.

Mini Practice Sequences

Mini Practice Sequence 1

1. SUPTA BADDHA KONASANA (RECLINED BOUND ANGLE POSE)

Props: Bolster, blankets, wall.

Instructions: Sit in front of the bolster, facing the wall. Place the soles of the feet together, toes apart and braced at the wall. Keep little toe sides of the feet in contact with each other. Lie back onto the bolster. Place a folded blanket under the head so the head does not drop back. Support the outer hips with blankets/towels/pillows so the inner groins remain soft. While in the asana, observe the rhythm of the breath. Soften the abdomen. Release mental and physical tension through long, quiet exhalations.



To come out, bring the knees together. Remove any outer hip support, roll to the right and sit up.

Timing: 5 minutes or longer (to capacity).

Benefits: Reduces fatigue, aids digestion, can relieve spasticity.

Contraindications: If the low back hurts, remove the bolster and lie flat on the floor. Use blankets to support the head and outer hips.

2. SUPTA PADANGUSTHASANA I (RECLINED HAND TO BIG TOE POSE)



Props: Blanket, belt, wall.

Instructions: Lie flat on the floor in Supta Tadasana with a folded blanket placed under the neck and head. Bend the knees. Place the feet flat on the floor, parallel to each other, hip width apart. Bend the left knee toward the chest and place a belt around the heel. If your body is less flexible, place the belt around the ball of the foot (head of the metatarsals). Hold the belt with both hands and straighten the left leg to the ceiling. Keeping the left leg perpendicular to the floor, pull downward on the belt to enhance the connection of the femur bone into the hip socket. With the left leg perpendicular to the floor, alternate between flexion and extension of the left foot. Maintain the position and movement in the left leg, and straighten the right leg along the floor, so the right foot comes into contact with the wall. If the left leg loses its position when you straighten the right leg, keep the right leg bent.

To come out, bend the left leg toward the chest and remove the belt. Place both feet on the floor with knees bent. Repeat on the right side.

Timing: 1–2 minutes per side.

Benefits: Relieves back pain, sciatica, fatigue, foot drop and spasticity. Teaches some of the actions of inversions and provides a way to work the legs in a prone position.

Contraindications: Pregnancy, menstruation.

3. CHATUSH PADASANA (MODIFIED BRIDGE POSE)

Props: Sticky mat (optional: belt and foam brick).

Instructions: Lie flat on the floor in Supta Tadasana with folded blanket placed under the shoulders, neck and head. Bend the knees and place the feet flat on the floor, parallel to each other, hip width apart. If possible, hold the lower shins at the ankles with your hands.



Otherwise, hold the edges of the sticky mat. Externally rotate the upper arms to broaden the chest. On an exhalation, press the feet down and raise the buttocks as high as you can. Keep the outer shoulders on the floor, tighten the buttocks and move the back ribs toward the chest.

To come out, lengthen the tailbone toward your heels as you release your hips to the floor. After the final attempt, hug the shins in toward the chest.

Modification: For those who are unable to keep the legs parallel, place a foam brick between the thighs, and put a belt around the thighs. Proceed with the instructions given above.

Timing: 20–30 seconds, 3–5 times.

Benefits: Strengthens legs and hip extensors, opens chest, introduces action required for shoulderstand, helps to relieve depression.

Contraindications: Low back pain, shoulder pain, inability to keep feet and legs in place.

4. SETU BANDHA SARVANGASANA (SUPPORTED BRIDGE POSE) WITH BOLSTER, BLANKET OR BRICK

Props: Wall, bolster, several blankets, 2 bricks.

Instructions: Sit on the floor, close to, and facing, a wall. Place the soles of the feet against the wall and straighten the legs. Place a bolster, brick or several folded blankets next to your outer hip. The bolster lift should be perpendicular to the body and parallel to the wall. Have a blanket for head, neck and shoulder support within easy reach. Place the brick(s) against the wall.

Lie back on the floor and place the folded blanket under your head, neck and shoulders. At this point, the brick, bolster or blankets will still be on the floor by your outer hips. Bend your knees, place your feet on the floor and lift the buttocks



up (as in Chatush Padasana above). Slide the wood brick, bolster or blanket underneath your buttocks so the sacrum is supported and there is a corresponding curvature and openness to the chest. The head, neck and shoulders remain on the blanket support on the floor. The body will resemble the shape of a bridge. If it does not bother the back, straighten the legs to the wall, keeping an internal rotation to the legs. Elevate the feet on the brick at the wall, if necessary. If you experience pain in the lower back, keep the knees bent and the feet on the floor. While in the pose, observe the stretch at the base of the abdomen, and the evenness of the breath. To exit, bend the knees and place the feet on the floor. Press the feet down, lift the buttocks up and slide the bolster, blankets or brick to your left side. As you release the hips to the floor, move the buttocks toward your heels to lengthen the low back. Bend the knees toward your chest to stretch the low back. Place the feet back on the floor and roll to the right side. Bend the knees deeper and bring the left side of the body toward the right. Place the hands on the floor and use the arms to push up to a seated position.

Timing: 5 minutes.

Benefits: If practiced regularly, can help with spasticity, urinary and bowel incontinence, fatigue and depression. In addition to further introducing the actions involved in inverted postures, this pose gives a nice extension to the spine to help keep it flexible.

Contraindications: If Lhermitte's sign is present, build up the support under the shoulders so the neck is not in flexion, or avoid this pose and go to Urdhva Prasarita Padasana (the following pose). If low back pain is an issue, keep the legs bent and feet on the floor, slightly apart.

Variation

This pose can also be done at the wall using two crossed bolsters, or a bolster and several folded blankets. If you have access to these additional props, place the second bolster (or similarly folded blankets) vertically on top of the horizontal bolster to make a + shape.

Props: Wall, 2 bolsters or 1 bolster and several blankets, bricks.

Instructions: Put two bricks at the wall in front of you. Sit on the end of the bolster closest to the wall and, keeping the knees bent and the feet on the floor, lie back until the back of the head, the neck and the shoulders come to the blanket on the floor. The sacrum should be at the apex of the crossed bolsters. Place the feet on bricks at the wall.



5. URDHVA PRASARITA PADASANA (UPWARD EXTENDED LEG POSE) WITH WALL SUPPORT, OR WITH LEGS BENT, LOWER LEGS ON CHAIR SEAT

Props: Wall, blanket.

Instructions: Sit on the floor with your back close to a wall. Have a blanket within reach for head and neck support. Lay the right side of your body on the floor. Place the buttocks close to, or in contact with, the wall, knees bent. Roll onto the back and lift the legs up to rest the backs of the legs on the wall. Keep the legs straight, perpendicular to the floor, and resting against the wall. Support the back of the head and neck with a folded blanket so that the head does not drop back.



To come out, bend the knees and place the soles of the feet on the wall. Push back and roll to the right. Turn the chest toward the floor and use the arms to lift the torso up, and return to a seated position.

Timing: 5–10 minutes, with straight legs, if possible.

Benefits: Relieves low back pain, heaviness in legs and fatigue. Helps with urine and bowel incontinence. Introduces inversions.

Contraindications: Menstruation, pregnancy, vertigo.

Alternatives:

Bent leg version: If the legs are stiff and can't straighten up the wall, lie on the floor with a folded blanket under the head and support the lower legs on the seat of a chair.

Simple cross legs: Sit on the floor in front of a chair and cross the legs. Lean forward and rest the head on the chair seat. Release and repeat, crossing the other leg in front.

6. SAVASANA (RELAXATION/CORPSE POSE)

Props: Bolster, blanket(s).

Instructions: Sit on the floor with a bolster placed a couple of inches (6–8 cm) behind you. Fold a blanket and place it onto the bolster for the head and neck. Bend the knees, and lie back on the bolster.



Adjust the blanket so that when the head and neck are on the blanket, the skin of the forehead releases toward the bridge of the nose (the head should not drop back). Close the eyes. Breathe deeply, concentrating on slow, soft, easy inhalations and slightly elongated exhalations. With each exhalation, release any tension or gripping you feel. Relax deeply and completely.

To come out, bend the knees and place the feet on the floor. Gently roll over to the right. Keeping the knees drawn in toward the chest, turn the left shoulder and chest toward the floor, push the hands into the floor and straighten the arms to raise the torso. Return to a seated position.

Timing: 5–15 minutes.

Benefits: Conscious relaxation has the potential to refresh both the body and mind.

Contraindications: If the bolster lift causes discomfort in the back, lie flat on the floor with a blanket folded to support the back of the head and neck as described above. Place the bolster, horizontally, under the knees.

Mini Practice Sequence 2

1. CHAIR BHARADVAJASANA (CHAIR TWIST)

Props: Chair (optional: blanket and 2 bricks).

Instructions: Sit on a chair, with the right side of the body facing the back of the chair. Place the feet hip distance apart, knees in line with hips, knees directly over the heels. If needed, place a lift (bricks) under the feet, or sit on a blanket, so the legs form a right angle. (For those who struggle to keep the legs parallel, place a soft brick or bolster between the legs.) Extend the arms forward and lift them upward to the ceiling, to decompress the spine. Keeping the arms lifted, turn the torso to the right and hold the back of the chair with both hands. Then, move the right hand to hold the chair seat. Inhale, re-lift the spine, and exhale while turning the torso, so the collarbones are parallel to the back of the chair. Avoid leading with the head and neck. Allow the head and neck to receive the turn of the spine, rather than generate it. Inhale, lift the spine further and, while exhaling, turn the head and neck to look over the right shoulder. If Lhermitte's sign is present, don't turn the head.



To come out, release the twisting action, take the hands from the back of the chair, and return to the starting position. Turn the entire body around so the left side faces the back of the chair, and repeat.

Timing: 20 seconds each side.

Benefits: Relieves back pain, helps with digestion, improves function of abdominal organs, maintains spinal rotation and mobility.

2. TADASANA (MOUNTAIN POSE)

Props: Optional: brick, trestle, counter or wall.

Instructions: Stand up straight. If possible, bring the feet together, inner edges of the feet touching. Press the thighbones back and lift the kneecaps

up by contracting the quadriceps (front thigh muscles). Align the sides of the ribcage, the outer hips, the outer knees and the ankles in a straight, vertical line. Maintain a slight internal rotation of the thighs. Keep the weight of the body evenly distributed over the feet. As you stay in the pose, continue to lift the side ribs in order to lift the chest. Move the abdominal muscles inward, toward the spine. Extend the arms straight down, along the sides of the body, with hands by the outer thighs. Gaze straight ahead with relaxed, soft eyes. Avoid projecting the head forward.



Modification: If balance is a challenge, stand with the feet slightly separated and take support of a trestle, counter or wall. When keeping the legs apart, balance is more accessible; however, to maintain the lift of the abdominal organs and to keep the legs working, place a foam brick vertically between the upper thighs. Hold the brick with the legs as you apply the same instructions described above.

Timing: 30–60 seconds.

Benefits: Standing, whenever possible, will help keep the legs functioning.

3. UTKATASANA (POWERFUL; CHAIR POSE) WITH BACK TO WALL

Props: Chair, wall or other support.

Instructions: Stand with your back against a wall. Place the feet about 12 inches (30 cm) away from the wall, parallel to each other. If necessary, have a chair in front for support. Place a foam brick between the thighs to further enhance the work in the legs. With the shoulders against the wall, exhale, bend the knees and lower the trunk as if sitting in a chair. Lift the arms toward the ceiling. If you have access to wall ropes, hold the



wall ropes. If it is difficult to raise the arms, keep the hands on the back of the chair that is placed in front of you.

To come out, inhale, straighten the legs and release the arms. Return to Tadasana.

Timing: Up to 30 seconds. Repeat 3–5 times, or to capacity.

Benefits: Helps to build and maintain strength in legs and hip flexors, and helps with drop foot due to the flexion in the ankles and feet.

Alternative

Sit in Chair Tadasana, facing a support. Use the support to lift up to a standing position (Tadasana). Keep the chair behind you for safety. Hold onto the support, exhale and bend the legs as if you were going to sit down in the chair, but resist actually sitting down. Keep the thighs parallel to each other.

To come out, inhale and straighten the legs. Sit down on the chair behind you and return to Chair Tadasana.

Timing: 10–20 seconds, 3–5 times (or to capacity).

Benefits: Helps to build and maintain strength in legs and hip flexors, helps with drop foot due to flexion in the feet. Can help with spasticity.



4. UTTANASANA (INTENSE STRETCH) WITH CHAIR/BOLSTER, BUTTOCKS TO WALL

Props: Folding chair, wall (optional: bolster).

Instructions: Stand with your back against a wall (or other solid support). Rest the buttocks against the wall and place the feet about 12 inches (30 cm) away from the wall. The feet should be hip width apart and parallel to each



other. Place the back of a folded folding chair near the tops of the thighs. Lift the kneecaps by contracting the quadriceps (front thigh muscles). Raise the arms to extend the spine. Keeping the buttocks at the wall, the spine extended and the legs active, reach the arms forward and down to the chair. Walk the hands down the sides of the chair, taking the head toward the chair seat. Extend the side ribs and release the neck. Allow the head to descend below the region of the heart.

To come out, walk the hands up the sides of the chair and return to standing.

Timing: 1–5 minutes.

Benefits: Builds and maintains strength in legs, introduces actions necessary for inversions, relieves back pain, and refreshes the mind.

Contraindications: Vertigo.

If reverse knee curvature is present, use a bolster to support the back of the leg with the reverse knee curvature.



5. SETU BANDHA SARVANGASANA (SUPPORTED BRIDGE POSE) WITH BOLSTER, BLANKET OR BRICK

Props: Wall, bolster, several blankets, 2 bricks.

Instructions: Sit on the floor, close to, and facing, a wall. Place the soles of the feet against the wall and straighten the legs. Place a bolster, brick or several folded blankets



next to your outer hip. The bolster lift should be perpendicular to the body and parallel to the wall. Have a blanket for head, neck and shoulder support within easy reach. Place the brick(s) against the wall.

Lie back on the floor and place the folded blanket under your head, neck and shoulders. At this point, the brick, bolster or blankets will still

be on the floor by your outer hips. Bend your knees, place your feet on the floor and lift the buttocks up (as in Chatush Padasana). Slide the wood brick, bolster or blanket underneath your buttocks so the sacrum is supported and there is a corresponding curvature and openness to the chest. The head, neck and shoulders remain on the blanket support on the floor. The body will resemble the shape of a bridge. If it does not bother the back, straighten the legs to the wall, keeping an internal rotation to the legs. Elevate the feet on the brick at the wall, if necessary. If you experience pain in the lower back, keep the knees bent and the feet on the floor. While in the pose, observe the stretch at the base of the abdomen, and the evenness of the breath. To exit, bend the knees and place the feet on the floor. Press the feet down, lift the buttocks up and slide the bolster, blankets or brick to your left side. As you release the hips to the floor, move the buttocks toward your heels to lengthen the low back. Bend the knees toward your chest to stretch the low back. Place the feet back on the floor and roll to the right side. Bend the knees deeper and bring the left side of the body toward the right. Place the hands on the floor and use the arms to push up to a seated position.

Timing: 5 minutes.

Benefits: If practiced regularly, can help with spasticity, urinary and bowel incontinence, fatigue and depression. In addition to further introducing the actions involved in inverted postures, this pose gives a nice extension to the spine to help keep it flexible.

Contraindications: If Lhermitte's sign is present, build up the support under the shoulders so the neck is not in flexion. If low back pain is an issue, keep the legs bent and feet on the floor, slightly apart.

Variation

This pose can also be done at the wall using two crossed bolsters, or a bolster and several folded blankets. If you have access to these additional props, place the second bolster (or similarly folded blankets) vertically on top of the horizontal bolster to make a + shape.

Props: Wall, 2 bolsters or 1 bolster and several blankets, bricks.

Instructions: Put two bricks at the wall in front of you. Sit on the end of the bolster closest to the wall and, keeping the knees bent and the feet on the floor, lie back until the back of the head, the neck and the shoulders come to the blanket on the floor. The sacrum should be at the apex of the crossed bolsters. Place the feet on bricks at the wall.



6. SAVASANA (RELAXATION/CORPSE POSE)

Props: Bolster, blanket(s).

Instructions: Sit on the floor with a bolster placed a couple of inches (6–8 cm) behind you. Fold a blanket and place it onto the bolster for the head and neck. Bend the knees, and lie back on the bolster.



Adjust the blanket so that when the head and neck are on the blanket, the skin of the forehead releases toward the bridge of the nose (the head should not drop back). Close the eyes. Breathe deeply, concentrating on slow, soft, easy inhalations and slightly elongated exhalations. With each exhalation, release any tension or gripping you feel. Relax deeply and completely.

To come out, bend the knees and place the feet on the floor. Gently roll over to the right. Keeping the knees drawn in toward the chest, turn the left shoulder and chest toward the floor, push the hands into the floor and straighten the arms to raise the torso. Return to a seated position.

Timing: 5–15 minutes.

Benefits: Conscious relaxation has the potential to refresh both the body and mind.

Contraindications: If the bolster lift causes discomfort in the back, lie flat on the floor with a blanket folded to support the back of the head and neck as described above. Place the bolster, horizontally, under the knees.

Mini Practice Sequence 3

1. ADHO MUKHA SVANASANA (DOWNWARD FACING DOG)

Props: Wall (optional: bolster).

Instructions: Start on the floor, near a wall, on the hands and knees. Turn the hands out and place them on the floor, near the wall, so that the index fingers and thumbs touch the wall. Place the hands slightly



wider than the shoulders. Have the knees directly under the hips. Exhale and lift the knees off the floor. Straighten the arms and legs. Press the hands into the floor and wall, stretch the arms fully, and press the hips back away from the wall. Straighten the legs to extend the back. Keep the breath even.

To come out, bend the knees and rest in the starting position.

Timing: 1 minute, to start. Repeat according to capacity. A longer stay with the head supported on a bolster helps to relieve fatigue.

Benefits: Helps to relieve fatigue, strengthens the arms and legs, and relieves stiffness in the limbs. Offers the benefits of inversions, for those unable to do Sirsasana (headstand).

2. URDHVA MUKHA SVANASANA (UPWARD FACING DOG)

Props: None.

Instructions: Lie on the floor in the prone (face down) position. Bend the elbows and place the hands on the floor by the sides of the chest, fingers pointing forward. Keep the feet slightly apart. To help activate the legs and encourage flexion in the feet, turn the toes under. If this is not possible, extend the toes back with the tops of the feet against the floor. (The pose is generally done with toes extended back. However, anchoring the toes under can help with flexion of the feet and drop foot.) Inhale, straighten the arms and lift the chest. Lift the pelvis and legs from the floor, so the extended legs run parallel to the floor. With the arms straight and hands firm, turn the shoulders away from the midline of the body and move the chest forward and up. Turn the head up to the ceiling to extend the cervical spine. Breathe normally.



To come out, exhale, bend the elbows and return to the prone position.

Modification: At first the thighs may not lift from the floor. If it is difficult to lift the legs, keep the knees slightly bent and resting on the floor. Lift the pelvis. Maintain the work in the arms to avoid lower back pain.

Timing: 20–30 seconds; repeat 3–5 times or to capacity.

Benefits: Helps to build strength in the arms and flexibility of the spine. Helps relieve depression. Maintaining arm strength and having flexibility in the spine can be beneficial in the process of getting down to, and up from, the floor.

Contraindications: Low back pain, wrist pain, menstruation, pregnancy, optic neuritis, double vision, vertigo (if there is vertigo, look forward rather than up while in the pose).

Alternative

For those with wrist challenges, to get a similar extension of the spine, practice this pose at a wall.

Props: Wall.

Instructions: Stand in Tadasana approximately one foot (30 cm) away from, and facing, a wall. Separate the feet no wider than hip distance. If possible, lift the heels off the floor and stand on the metatarsals (balls of the feet).



Walk the hands up the wall toward the ceiling, palms on the wall. Keep the heels raised, arch the spine and look up. Take the navel and pelvis to the wall. Slide the hands down the wall so that the palms are on the wall in line with the waist. Press the heels into the floor.



To come out, look forward, press the hands into the wall, straighten the arms and return to the standing position.

Timing: 10–30 seconds or to capacity; repeat 3–5 times or to capacity.

3. PRASARITA PADOTTANASANA I (EXTENDED INTENSE STRETCH OF THE LEGS)

Props: 2 bricks.

Instructions: This pose is taken in two stages.

Stage 1: Stand in Tadasana. Place the hands on the hips. Separate the legs sideways, so they are three to four feet (1 m) apart. Keep the legs straight and the feet parallel to each other. Lift the chest up to extend



the frontal spine into a slight arch. Maintain the position of the legs, look forward, exhale and extend the torso forward from the hips. Place the hands on the floor, shoulder width apart, in line with the feet, if possible. If the hands do not reach the floor or if the back rounds, place the hands onto bricks so that the spine extends further forward to make the spine concave. Extend the neck and lift the head to look forward. Let the breath be even.

If at this point there is a tightness in the back of the legs (hamstrings), and you are unable to move the torso toward the floor, remain in this stage of the pose with even breathing for another minute to allow time for the backs of the legs to open. If staying in this position, turn the head so the gaze of the eyes is toward the floor.

To come out, look forward. Walk the hands (or move the bricks) forward so the hands are underneath the shoulders. Place the hands on the hips, extend the torso forward, inhale and lift the chest to return to the standing position. Bring the feet together by taking the heels in, then toes, and repeating that action, and return to Tadasana.

Stage 2: Be in the Stage 1 position.

Once you are stable with the legs extended and hands down, exhale, bend the elbows straight back and rest the very top of the head onto the floor. If the hands are on bricks,



take the hands to the floor and in line with the feet, if possible. Work to lift the shoulders so you do not compress the neck. If the head does not reach the floor, come up. Place the bricks, one on top of the other, so that the crown of the head can rest on something.

Timing: 30–60 seconds for Stage 1; 3 minutes or to capacity for Stage 2.

Benefits: The pose offers actions necessary for forward-bending asanas. With the head below the heart, it further prepares the body for inversions. With regular practice, and abduction of the legs, it may help to relieve the propensity for spasticity in the legs.

Modification

If balance is a challenge, but standing is possible, try facing a support (a counter or trestle) to hold onto for stability. Stand in Tadasana with the feet and legs slightly apart. Hold onto the support and begin to separate the legs further apart, to your capacity. Work to keep the legs parallel to each other. If using a countertop, provided it is clean and there is space to go forward, maintain the work in the legs, lift the chest, exhale and begin to extend the torso and spine forward.

To come out, press the hands onto the support, and use the arms to help lift the chest. Hold onto the support and come up. Bend the knees and bring the legs back together. Rest.

Timing: 1–3 minutes.

Alternative

Many people with spasticity in the legs find it difficult to separate the legs out to the left and right. If standing on the legs is difficult, practice Chair Malasana.

4. CHAIR MALASANA (GARLAND POSE IN CHAIR)

Props: Chair (optional: blankets, bricks).

Instructions: Sit in Chair Tadasana. Separate the knees and place the inner ankles to the outside of the front legs of the chair. Slide the buttocks back. Lift the spine and lean forward, resting the forearms on top of the thighs, near the knees. Release the buttocks down, to lengthen the lower back. Take the gaze of the eyes to the floor.



To the extent possible, extend the torso further and place the hands on the floor, in between the two knees. Straighten the arms. Gently squeeze the thighs toward each other and straighten the arms further. Release the head toward the floor, to avoid straining the neck. Observe the way the low back broadens as you breathe into the back body.

To come out, lift the torso and place the forearms on top of the thighs. Inhale and come back to Chair Tadasana.

Timing: 30–60 seconds.

Benefits: May relieve low back pain, fatigue and constipation. Introduces the action of forward extensions.

5. SETU BANDHA SARVANGASANA (SUPPORTED BRIDGE POSE) WITH BOLSTER, BLANKET OR BRICK



Props: Wall, bolster, several blankets, 2 bricks (pictured above using wood brick for sacrum).

Instructions: Sit on the floor, close to, and facing, a wall. Place the soles of the feet against the wall and straighten the legs. Place a brick, bolster or several folded blankets next to your outer hip. The lift should be perpendicular to the body and parallel to the wall. Have a blanket for head, neck and shoulder support within easy reach. Place the other brick(s) against the wall.

Lie back on the floor with the folded blanket under your head, neck and shoulders. At this point, the brick, bolster or blankets will still be on the floor by your outer hips. This measurement is a starting point and may need to be adjusted. Bend your knees, place your feet on the floor and lift the buttocks up (as in Chatus Padasana). Slide the wood brick, bolster or blanket underneath your buttocks so the sacrum is supported and there is a corresponding curvature and openness to the chest. The head, neck and shoulders remain on the blanket support on the floor. The body will resemble the shape of a bridge. If it does not bother the back, straighten the legs to the wall, keeping an internal rotation to the legs. Elevate the feet on a brick(s) at the wall, if necessary. If the feet do not reach the wall,

adjust the position of the support closer to the wall. If you experience pain in the lower back, keep the knees bent and the feet on the floor. While in the pose, observe the stretch at the base of the abdomen, and the evenness of the breath. To exit, bend the knees and place the feet on the floor. Press the feet down, lift the buttocks up and slide the brick, bolster or blankets that were underneath your sacrum to your left side. As you release the hips to the floor, move the buttocks toward your heels to lengthen the low back. Bend the knees toward your chest to stretch the low back. Place the feet back on floor and roll to the right side. Bend the knees deeper and bring the left side of the body toward the right. Place the hands on the floor and use the arms to push up to a seated position.

Timing: 5 minutes.

Benefits: If practiced regularly, it can help with spasticity, urinary and bowel incontinence, fatigue and depression. In addition to further introducing the actions involved in inverted postures, this pose gives a nice extension to the spine to help keep it flexible.

Contraindications: If Lhermitte's sign is present, build up the support under the shoulders so the neck is not in flexion, or avoid this pose and go to Urdhva Prasarita Padasana (Upward Extended Leg Pose) with wall support above. If low back pain is an issue, keep the legs bent and feet slightly apart and on the floor.

Variation

This pose can also be done at the wall using two crossed bolsters, or a bolster and several folded blankets. If you have access to these additional props, place the second bolster (or similarly folded blankets) vertically on top of the horizontal bolster to make a + shape.



Props: Wall, 2 bolsters or 1 bolster and several blankets, bricks.

Instructions: Put two bricks at the wall in front of you. Sit on the end of the bolster closest to the wall and, keeping the knees bent and the feet on the floor, lie back until the back of the head, the neck and the shoulders come to the blanket on the floor. The sacrum should be at the apex of the crossed bolsters. Place the feet on bricks at the wall.

6. JANU SIRASANA (HEAD ON THE KNEE POSE) WITH SUPPORT

Props: Chair, blankets.

Instructions: Sit on a blanket, in front of a chair, with the legs extended forward.

Put a blanket on the chair seat. Bend the right knee and move the right leg out to the right. Place the right foot against the inner left thigh. If the right knee lifts, sit on more blankets to support under the buttocks and allow the knee to rest on the floor. Extend the arms to the ceiling and lift the spine. Reach for the chair, extend the torso forward and rest the forehead on the chair seat. In the finished pose the head rests on the straight leg knee or shin.

To come out, lift the head and torso. With the right hand, draw the right knee and thigh up from the floor and bring the right leg back to Dandasana. Repeat on the left side.

Timing: 3 minutes each side.



Alternative: Sukhasana (Simple Cross Legs) Forward with Support

Props: Blankets, chair.

Instructions: Sit on a blanket in front of a chair, crossing the legs at mid shin, taking the right leg in first. If the knees are significantly raised when doing this, increase the height under the buttocks. Place a blanket on the chair seat. Extend the arms to the ceiling and lift the spine. Reach for the chair, extend the torso forward and rest the forehead and the arms on the chair seat. After 2–3 minutes (or to your capacity), lift the head, straighten the legs and change the cross of the legs, taking the left leg in first and then the right. Repeat for the same amount of time.



To come out, raise the head and straighten the legs forward to your capacity.

Timing: 2–3 minutes per side.

7. SAVASANA (RELAXATION/CORPSE POSE)

Props: Bolster, blanket(s).

Instructions: Sit on the floor with a bolster placed a couple of inches (6–8 cm) behind you. Fold a blanket and place it onto the bolster for the head and neck. Bend the knees, and lie back on the bolster.



Adjust the blanket so that when the head and neck are on the blanket, the skin of the forehead releases toward the bridge of the nose (the head should not drop back). Close the eyes. Breathe deeply, concentrating on slow, soft, easy inhalations and slightly elongated exhalations. With each exhalation, release any tension or gripping you feel. Relax deeply and completely.

To come out, bend the knees and place the feet on the floor. Gently roll

over to the right. Keeping the knees drawn in toward the chest, turn the left shoulder and chest toward the floor, push the hands into the floor and straighten the arms to raise the torso. Return to a seated position.

Timing: 5–15 minutes.

Benefits: Conscious relaxation has the potential to refresh both the body and mind.

Contraindications: If the bolster lift causes discomfort in the back, lie flat on the floor with a blanket folded to support the back of the head and neck as described above. Place the bolster, horizontally, under the knees.

Dependent upon your energy and ability, once you are familiar with the asanas and their effects, you may find it beneficial to alternate practicing the above sequences (Sequences A, B, C, Restorative, Mini Sequences) according to how you feel on any given day.

General Sequence

Bearing in mind that there is no “one size fits all” approach, or asana sequence, for MS, and as I address a wide variety of symptoms as well as offer preventative measures for symptoms, please use discretion as you move from a safe space into a brave space. As is sometimes the case with MS, one may want to decrease physical activity for fear that engaging in physical activity may worsen symptoms. It is natural to feel this way, especially when taking on an exercise regimen. However, once I started to learn, and once my MS was in remission, I wanted to learn more. I wanted to practice everything!

Based on my experience, I offer the following practice sequence which, once I was reasonably back on my feet, helped me build strength and stamina, while respecting the given condition of my MS on any day. You may also want to explore this and more, to realize your full potential beyond a remedial approach. I wholeheartedly encourage you to do so.

The next sequence incorporates standing asanas that are more

challenging than the ones given in the previous sequences. Some poses can be heating, because the arms are raised, so be mindful to not hold these poses too long. (Note Uththoff's phenomenon in the section "Symptoms of MS" earlier in the book.) Whenever possible, stand on the legs, so that they are weight bearing. Weight bearing can increase bone density and prevent osteoporosis from developing or worsening. Standing work can also help with walking, lessen various manifestations and degrees of spasticity, and the involuntary lack of muscle coordination of ataxia.

This following expanded pictorial sequence is meant for those who have the ability to get up and down from the floor by themselves, have good energy levels, have an established practice, or are studying with the guidance of a certified yoga teacher. Some poses may already be familiar to you from the previous sequences presented. Some may appear in sequences that follow.

As there are many stages to learning asanas and there is an evolution to the asana practice, you are best served, and advised, to seek the guidance of a certified teacher to embark on the following sequence.

Seek the guidance of a certified teacher for instructions on the poses in the General Sequence. If no teacher is available to you, the following books offer thorough general instructions on the asanas presented. These books are also listed in the Resources section.

Light on Yoga, B.K.S. Iyengar

Yoga in Action: Preliminary Course, Geeta S. Iyengar

Yoga in Action: Intermediate Course—I, Geeta S. Iyengar

Yoga: The Path to Holistic Health, B.K.S. Iyengar

Yoga: A Gem for Women, Geeta S. Iyengar

If you are fatigued or unable to do a particular action, an alternative pose is suggested. Additionally, suggestions for more restorative asanas are provided if you need rest before moving on. Remember, yoga is a process. With practice, you may find that what once seemed impossible may turn out to be quite manageable.

Listen to your body. Proceed with courage and caution.

**1. SUPTA BADDHA KONASANA
(RECLINED BOUND
ANGLE POSE)**



**2. SUPTA PADANGUSTHASANA I
(RECLINED HAND TO BIG
TOE POSE) WITH BELT**



**3. ADHO MUKHA SVANASANA
(DOWNWARD FACING DOG)**



**4. UTTANASANA
(INTENSE STRETCH)**



**5. TADASANA
(MOUNTAIN POSE)**



**6. UTKATASANA
(POWERFUL; CHAIR POSE)**



**7. UTTHITA TRIKONASANA
(EXTENDED TRIANGLE POSE)**



**8. VIRABHADRASANA II (WARRIOR II)
(Alternative: Virabhadrasana II in chair)**



**9. UTTHITA PARSVAKONASANA (EXTENDED SIDE ANGLE POSE)
(Alternative: Utthita Parsvakonasana in chair)**



**10. VIRABHADRASANA
I (WARRIOR I)**



**11. ARDHA CHANDRASANA
(HALF MOON POSE)**



**12. PARSVOTTANASANA (INTENSE STRETCH OF SIDE
BODY), FACING WALL OR BEING AT WALL, IF REQUIRED**



**13. PRASARITA
PADOTTANASANA I
(EXTENDED INTENSE
STRETCH OF LEGS)**



**14. VIRASANA
(SEATED HERO POSE)**



**15. SALAMBA SIRASANA
(SUPPORTED HEADSTAND),
WITH OR WITHOUT ROPES**



**16. CHAIR BHARADVAJASANA
(CHAIR TWIST)**



**17. SALAMBA SARVANGASANA
(SUPPORTED SHOULDERSTAND)**



**18. SETU BANDHA
SARVANGASANA (SUPPORTED
BRIDGE POSE) WITH BRICK**



**19. JANU SIRASANA
(HEAD ON THE KNEE POSE)**



**20. SAVASANA
(RELAXATION/CORPSE POSE),
ADDING BOLSTER OR PLACING
A WEIGHT ON THE THIGHS**



Other Important Asanas for Ongoing Practice

Once you have built up stamina and have more familiarity with a range of asanas, Mr. Iyengar recommended the regular practice of several asanas that enhance immune system function that may have a quieting, soothing effect on the brain and the nervous system (Iyengar 2005, pp.172–173; Iyengar 2008a, pp.190–191; Iyengar 2008b, p.150).

Considering the immune and nervous systems are the two systems most affected by MS, and seeing as I have MS, I took his recommendations and began to experiment. Now, with over 20 years of practice, I can attest that through regular, consistent practice of these asanas, along with a daily pranayama practice, I have been able to keep my MS in remission while remaining mobile and functional. The practice also appears to have had a very positive impact on the lesions on my brain, as substantiated by my annual MRI reports, as previously noted.

There are stages in learning and a learning curve to these more involved but important poses. They likely will need to first be adapted through the use of support to suit the body. Approach them in a tempered, sequential manner. These asanas are best learned under the instruction and supervision of a skilled teacher as you move from your safe space to your brave space. I offer the following as a pictorial reference of these poses. Please refer to your teacher for guidance and explanation of the required techniques.

These poses include:

**UTTANASANA
(INTENSE STRETCH)**



**SIRSASANA
(HEADSTAND)**



**DWI PADA VIPARITA
DANDASANA (TWO LEG
INVERTED STAFF POSE)**



**VIPARITA KARANI IN
SIRSASANA (WATERFALL POSE
IN HEADSTAND), BUTTOCKS
ON STOOL OR BOX**



**SALAMBA SARVANGASANA
(SUPPORTED SHOULDERSTAND)**



**NIRALAMBA SARVANGASANA
(A VARIATION ON
SARVANGASANA)**



HALASANA
(PLOUGH POSE)



SETU BANDHA SARVANGASANA
(SUPPORTED BRIDGE POSE)



VIPARITA KARANI
(WATERFALL POSE)



PASCHIMOTTANASANA
(INTENSE STRETCH OF THE WEST SIDE OF THE BODY)



SAVASANA
(RELAXATION/CORPSE POSE)



As you can see, most of these poses are inversions. Although inversions are important in managing MS, if you are unable to practice them due to body weakness or immobility, practice these asanas under the direct supervision of a certified teacher and with appropriate physical support.

Once I learned how to get into these poses, with the guidance of my teachers, I began to practice these asanas on my own. I look to these asanas as a baseline practice, adapted when necessary, for the effective long-term management of the disease. As a seasoned practitioner, I now add, edit and explore various other asanas to broaden my scope of practice, or to address particular symptoms.

For the home practitioner, **Sequences A, B, C** and the **Restorative Sequence** incorporate preliminary actions for realizing some of these more complex asanas. Naturally, all of these poses can be done with the use of props. The approach depends upon your condition on any given day.

CHAPTER 4

Pranayama and Meditation

One has to learn to break the limitations that are dictated by the mind.

B.K.S. IYENGAR (IYENGAR 2008A, PP.335–336)

Beginning a Pranayama Practice

Important: It is best to begin a pranayama practice with the guidance of a teacher.

We have already looked at the beginning levels of Ujjayi Pranayama—Conquering Breath—in the Restorative Sequence in Chapter 3. Before embarking on an expanded pranayama practice, it is best to further tone and prepare the body through asana, so that the body and nerves are strong and well prepared. All stages of pranayama start with an exhalation and end with an inhalation. In addition to our initial introduction to reclined Ujjayi Pranayama, in this next chapter we will look at Viloma Pranayama (conscious interruption and pausing of the breath) as well as other pranayama which may be of benefit. These will be explained in more detail below. The reclined versions of Ujjayi and Viloma are recommended for beginning-level practitioners (Iyengar 1993a). The use of props in the

reclined position helps maintain the lift of the chest and lungs, which is a vital component of pranayama.

UJJAYI PRANAYAMA (UPWARD CONQUERING BREATH), RECLINED

Note: All of the pranayama listed in the reclined state are practiced while in Savasana (Relaxation/Corpse Pose).



Ujjayi means “upward,” “conquering.” The reclined position is preparatory to the seated position.

Focus on Exhalation

Props: Bolster, blanket(s) (optional: eye wrap or other eye cover).

Instructions: Sit on the floor with a bolster placed a couple of inches (6–8 cm) behind you. Fold a blanket and place it onto the bolster for the head and neck. Bend the knees, and lie back on the bolster. (The bottom edge of the bolster should be in line with the bottom rib.) Adjust the blanket so that when the head and neck are on the blanket, the skin of the forehead releases toward the bridge of the nose (the head should not drop back). Extend the legs until they are straight and relax them. (If the legs are subject to spasm, or it is difficult to straighten them, extend them as much as possible and place a pillow or second bolster under the knees.) Close the eyes and lie quietly for a couple of minutes. Draw your attention inward

and observe the natural rhythm of the breath. (You may wish to have an eye wrap, or light cloth, to cover the eyes to further quiet the senses of perception.) Breathe normally through the nose and keep the abdomen passive and quiet. Observe where and how the breath naturally moves in the region of the chest.

Once you are in a relaxed state, keep the throat and abdomen quiet, and start with a slow, soft, deep exhalation. Release any residual air in the lungs. Inhale normally, without inflating the abdomen. Take a slow, soft and deeper exhalation through the nose until the lungs feel empty. Envision letting go of any tension. Take a normal inhalation and exhalation if you need to recover. If at any time you feel shaky or anxious, return to normal breathing. At the end of your last cycle of breathing, finish with an inhalation and return to normal breathing.

To come out, allow the breath to return to normal. Place the hands on the abdomen and continue to relax. Open the eyes. Bend the knees and place the feet on the floor. Gently roll off the lift, to the right. Keeping the knees drawn in toward the chest, turn the left shoulder and chest toward the floor, push the hands into the floor and straighten the arms to raise the torso. Return to a seated position.

Timing: Repeat this process of breathing for 5–10 minutes.

Benefits: This preparatory stage of Ujjayi is soothing and calming for the nerves and brain.

Focus on Inhalation

Props: Bolster, blanket(s) (optional: eye wrap or other eye cover).

Instructions: Once the body is in a relaxed state, as noted above, begin the Ujjayi breathing in the reclined position. Start with a slow, soft, deep exhalation. Without inflating the abdomen, take a slow, soft and longer inhalation through the nose, filling the lungs evenly from the bottom to the top. Allow the chest to expand vertically and horizontally with the inhalation. At the end of the inhalation, consciously take a slight pause, followed by a slow, steady, smooth exhalation. Take a normal inhalation

and exhalation to recover. If at any time you feel shaky or anxious, return to normal breathing.

When you are ready to finish this conscious breathing practice, take a soft, slow, smooth inhalation and a normal exhalation. Open the eyes.

To come out, bend the knees and place the feet on the floor. Gently roll off the lift, to the right. Keeping the knees drawn in toward the chest, turn the left shoulder and chest toward the floor, push the hands into the floor and straighten the arms to raise the torso. Return to a seated position.

Timing: Repeat this process of breathing for 5–10 minutes.

Benefits: This preparatory stage of Ujjayi is energizing to the body and helps relieve depression.

UJJAYI PRANAYAMA (UPWARD CONQUERING BREATH), SEATED

Props: Bolster, blankets (optional: wall).

Instructions: Before commencing pranayama, lie in Savasana for a few minutes to help prepare the body and mind. Lie on a bolster, as noted for reclined Ujjayi above, for a few minutes. Once you are in a relaxed state, come out of Savasana and sit with the legs crossed (at mid shin). (I recommend sitting with the back against the wall so that the spine is firm and lifted, and the lungs are not compressed.) Sit quietly with the chest lifted, breathing normally.

To begin, at the end of an exhalation, release the head downward from the back of the neck. Lift the chest to meet the descending chin. This chin lock is known as *jalandhara bandha*. Maintain the posture, with the chin lock in place, and exhale to release any residual breath in the lungs.



Keeping the abdomen deflated and drawn toward the spine, take a slow, smooth, deep inhalation, slowly filling the lungs from the bottom to the top. Imagine the breath is ascending toward the collarbones. At the end of the inhalation, maintain the chin lock and the lift of the spine and chest as you proceed to take a slow, steady, smooth exhalation. At the end of the exhalation, take a normal inhalation and exhalation. Adjust the body to retain the correct seated posture if needed. At the end of your last cycle of

Ujjayi breath, keep the eyes closed, inhale and raise the head. Sit quietly for a minute.

Open the eyes, and lie down in Savasana for a minimum of five minutes.

Timing: Repeat the cycle of this breathing for 5–10 minutes.

Benefits: I have found that a regular practice of Ujjayi Pranayama (reclined or seated) helps to increase my energy levels while keeping my nerves quiet and calm.

**VILOMA PRANAYAMA (INTERRUPTED
BREATH WITH PAUSES), RECLINED**



In Viloma Pranayama, the breath is interrupted by several pauses. For most students, practicing Viloma Pranayama in the reclined position is more accessible than practicing in a seated position. Because the breath is interrupted with pauses, the reclined position offers more stability to the body, which helps soothe the nervous system. I have found it helpful to think of the pauses in the breath like stopping at a traffic light when you are in a vehicle. Stopping at the light doesn't mean the journey is over, it just means the journey is temporarily paused along the way until the destination is reached.

Focus on Inhalation

Props: Bolster, blanket(s) (optional: eye wrap or other eye cover).

Instructions: Sit on the floor with a bolster placed a couple of inches (6–8 cm) behind you. Fold a blanket and place it onto the bolster for the head and neck. Bend the knees, and lie back on the bolster. (The bottom edge of the bolster should be in line with the bottom rib.) Adjust the blanket so that when the head and neck are on the blanket, the skin of the forehead releases toward the bridge of the nose (the head should not drop back). Extend the legs until they are straight and relax them. (If the legs are subject to spasm, or it is difficult to straighten them, extend them as much as possible and place a pillow or second bolster under the knees.) Close the eyes and lie quietly for a couple of minutes. Draw your attention inward and observe the natural rhythm of the breath. (You may wish to have an eye wrap, or light cloth, to cover the eyes to further quiet the senses of perception.) Once you are in a relaxed state, begin the Viloma breathing. Start with a slow, soft, deep exhalation. Inhale for two or three seconds. Pause. Hold the breath for two or three seconds. Inhale for two or three seconds. Pause. Continue the inhalation process in this manner, without strain, inhaling and pausing until the lungs are full. (Approximately three to five pauses for a complete inhalation.) Allow the chest to expand vertically and horizontally with each pause of the inhalation breath. At the end of the inhalation, after a slight pause, take a slow, steady, smooth, uninterrupted exhalation. Take a normal inhalation and exhalation to recover. If at any time you feel shaky, anxious or tense, simply return to normal breathing.

When you are ready to finish this pranayama practice, allow the breath to return to normal. Open the eyes.

To come out, bend the knees and place the feet on the floor. Gently roll off the lift, to the right. Keeping the knees drawn in toward the chest, turn the left shoulder and chest toward the floor, push the hands into the floor and straighten the arms to raise the torso. Return to a seated position.

Timing: Repeat this process of breathing for 5–10 minutes.

Focus on Exhalation

Props: Bolster, blanket(s) (optional: eye wrap or other eye cover).

Instructions: Sit on the floor with a bolster placed a couple of inches (6–8 cm) behind you. Fold a blanket and place it onto the bolster for the head and neck. Bend the knees, and lie back on the bolster. (The bottom edge of the bolster should be in line with the bottom rib.) Adjust the blanket so that when the head and neck are on the blanket, the skin of the forehead releases toward the bridge of the nose (the head should not drop back). Extend the legs until they are straight and relax them. (If the legs are subject to spasm, or it is difficult to straighten them, extend them as much as possible and place a pillow or second bolster under the knees.) Once you are in a relaxed state, begin the Viloma exhalations in the reclined position. (You may wish to have an eye wrap, or light cloth, to cover the eyes to further quiet the senses of perception.) Start with a slow, soft, deep exhalation followed by a slow, soft, deep inhalation without any pauses. Do not strain. At the end of your inhalation, begin the interrupted out breath. Exhale for two or three seconds. Pause and hold the breath for two or three seconds. (This requires a slight grip of the abdomen.) Exhale for two or three seconds. Pause and hold the breath for two or three seconds. Continue the exhalation process in this manner, without strain, exhaling and pausing until the lungs are empty. (Approximately three to five pauses complete an exhalation.) Release any residual grip to the abdomen once the exhalation is complete. Take a normal inhalation and exhalation to recover. If at any time you feel shaky, anxious or tense, simply return to normal breathing.

When you are ready to finish this pranayama practice, allow the breath to return to normal. Place the hands on the abdomen to relax. Open the eyes.

To come out, bend the knees and place the feet on the floor. Gently roll off the lift, to the right. Keeping the knees drawn in toward the chest, turn the left shoulder and chest toward the floor, push the hands into the floor and straighten the arms to raise the torso. Return to a seated position.

Timing: Repeat this process of breathing for 5–10 minutes.

Focus on Inhalation and Exhalation

This is a combination of the approach noted for reclined Viloma with both interrupted inhalations and exhalations.

Props: Bolster, blanket(s) (optional: eye wrap or other eye cover).

Instructions: Sit on the floor with a bolster placed a couple of inches (6–8 cm) behind you. Fold a blanket and place it onto the bolster for the head and neck. Bend the knees, and lie back on the bolster. (The bottom edge of the bolster should be in line with the bottom rib.) Adjust the blanket so that when the head and neck are on the blanket, the skin of the forehead releases toward the bridge of the nose (the head should not drop back). Extend the legs until they are straight and relax them. (If the legs are subject to spasm, or it is difficult to straighten them, extend them as much as possible and place a pillow or second bolster under the knees.) Close the eyes and lie quietly for a couple of minutes. Draw your attention inward and observe the natural rhythm of the breath. (You may wish to have an eye wrap, or light cloth, to cover the eyes to further quiet the senses of perception.)

Once you are in a relaxed state, begin the Viloma inhalations in the reclined position. Start with a slow, soft, deep exhalation. Inhale for two or three seconds. Pause. Hold the breath for two or three seconds. Continue the inhalation process in this manner, without strain, inhaling and pausing until the lungs are full. (Approximately three to five pauses for a complete inhalation.) Allow the chest to expand vertically and horizontally with each pause of the inhalation breath. At the end of the inhalation, after a slight pause, begin the interrupted exhalations. Exhale two or three seconds. Pause. Hold the breath for two or three seconds. (This requires a slight grip of the abdomen.) Continue the exhalation process in this manner, without strain, exhaling and pausing until the lungs are empty. (Approximately three to five pauses complete an exhalation.) Release any residual grip to the abdomen once the exhalation is complete. Take a normal inhalation and exhalation to recover. Again, if at any time you feel shaky, anxious or tense, remember to simply return to normal breathing.

To come out, bend the knees and place the feet on the floor. Gently

roll off the lift, to the right. Keeping the knees drawn in toward the chest, turn the left shoulder and chest toward the floor, push the hands into the floor and straighten the arms to raise the torso. Return to a seated position.

Timing: Repeat this process of breathing for 5–10 minutes.

Benefits: These preparatory stages of Viloma are energizing to the body, help to relieve fatigue, and can bring an overall sense of well-being.

As we progress, some of the other pranayama practices I have found to be of particular benefit include the following.

BHRAMARI (BUMBLE BEE), RECLINED



In Bhramari, the exhalations are similar to Ujjayi Pranayama exhalations, except they are done with a humming sound, similar to the sound of a bumble bee. Bhramari can be done in either a seated or reclined position. I have included instructions for Bhramari breathing (in the reclined position) because the effect of the humming sound made during the exhalations in Bhramari can be quite soothing and relaxing on the brain and nerves.

Props: Bolster, blanket(s) (optional: eye wrap or other eye cover).

Instructions: Sit on the floor with a bolster placed a couple of inches (6–8 cm) behind you. Fold a blanket and place it onto the bolster for the head and neck. Bend the knees, and lie back on the bolster. (The bottom edge of the bolster should be in line with the bottom rib.) Adjust the blanket so that when the head and neck are on the blanket, the skin of the forehead releases toward the bridge of the nose (the head should not drop back). Extend the legs until they are straight and relax them. (If the legs are subject to spasm, or it is difficult to straighten them, extend them as much as possible and place a pillow or second bolster under the knees.)

Close the eyes and lie quietly for a couple of minutes. (You may wish to have an eye wrap, or light cloth, to cover the eyes to further quiet the senses of perception.) Draw your attention inward and observe the natural rhythm of the breath. Breathe normally, through the nose. Keep the abdomen passive and quiet. Observe where and how the breath naturally moves in the region of the chest. Once you are in a relaxed state, keep the throat and abdomen quiet, and start Bhramari with a slow, soft, deep exhalation. Release any residual air in the lungs.

Without inflating the abdomen, take a slow, soft, even deeper inhalation through the nose, filling the lungs evenly from the bottom to the top. Allow the chest to expand vertically and horizontally with the inhalation. At the end of the inhalation, consciously take a slight pause. As you exhale, make an audible, soothing humming sound. The effect is similar to that of an audible sigh. With Bhramari, the humming sound is sustained for the entire length of the exhalation. At the end of the exhalation, take a normal inhalation and exhalation to recover. If at any time you feel shaky or anxious, return to normal breathing.

To come out, bend the knees and place the feet on the floor. Gently roll off the left, to the right. Keeping the knees drawn in toward the chest, turn the left shoulder and chest toward the floor, push the hands into the floor and straighten the arms to raise the torso. Return to a seated position.

Timing: Repeat this process of breathing for 5–10 minutes.

Benefits: This pranayama is soothing and calming for the nerves and brain. It is best practiced in the evening before bed.

SITALI (COOLING BREATH), SEATED



Sitali means “cooling.” Unlike other pranayama, Sitali inhalations are done by breathing through the mouth rather than the nose. The chin lock is not required for the inhalation. The inhalations are drawn in through a curled tongue. On hot days or if you are heat intolerant, this is a great pranayama to practice.

Props: Something to sit on (a chair, the floor, a couch).

Instructions: Sit quietly, legs crossed, chest lifted, breathing normally.

Close the eyes. Keep the head level (chin neither lifting nor dropping), open the mouth, extend the tongue and curl the outer corners of the tongue into the shape of a circle. Start with a slow, soft, deep exhalation. Take a full inhalation through the curved tongue. Observe the coolness that comes by inhaling in this way. At the end of the inhalation, draw the tongue into the mouth, and lower the head into the chin lock (*jalandhara bandha*). Hold the breath for a few seconds and then take a slow, steady, deep exhalation. This completes one full cycle of Sitali. At the end of your exhalation, take a normal inhalation and raise the head to be level again. Readjust the posture, as needed. At the end of your last cycle, sit quietly for a minute or two.

When you are ready, open the eyes and lie down in Savasana (Relaxation/Corpse Pose). Close the eyes and rest in Savasana.

Alternative: Those unable to curl the tongue can use Sitakari (that which causes cold) Pranayama, a variation of Sitali Pranayama. Rather than curling the tongue, keep it flat. With the lips slightly apart, extend the tip of the flat tongue so it slightly protrudes beyond the lips (not pictured). Follow the instructions for Sitali Pranayama.

Timing: Repeat the cycle of this breathing for 5–10 minutes. Be in Savasana for a minimum of 5 minutes.

Additional Pranayama for the Continuing Practitioner

Nadi Sodhana (Digital Pranayama)

In yogic terms, a *nadi* is a tubular channel for the passage of *prana* (vital energy). *Nadi Sodhana* translates as “purification for the nerves.” This is one of the more refined practices of pranayama as it involves delicately placing the fingers on the nose and narrowing the passageway for the breath, as it moves in and out of the nostrils. This narrowing of the nostrils regulates the velocity of the breath. This alternate nostril breathing is done with the finger seal (*mudra*) action while maintaining a firm seat and an uplifted spine. It is recommended that Nadi Sodhana be practiced after developing proficient skill in various other digital pranayama. I mention

Nadi Sodhana here because it has had one of the most profound beneficial effects on maintaining my health as I have navigated my journey of MS. It is suggested that the alternate nostril breathing balances the hemispheres of the brain (Iyengar 1993a). I strongly recommend you seek in-person guidance from an experienced teacher before incorporating Nadi Sodhana into your pranayama practice.

That said, it is worthwhile to practice the positioning of the fingers (mudra) and their placement onto the nose even with normal breathing.

PRANAYAMA MUDRA (PRANAYAMA SEAL)

Mudra means a seal. In this positioning of the fingers and thumb, a seal is created between the tips of the ring finger and little finger, and the tip of the thumb. Once the fingers and thumb are placed on the nose, there is also a sealing of the fingers to the outer sides of the nasal passages to further refine the flow and velocity of the breath.

Props: Blanket(s), wall.

Instructions: Sit on a folded blanket lift with the back against the wall. Cross the legs at mid shin. (Make sure that the lift underneath you is high enough that when you cross your legs, the knees are not higher than the hips.) Tightly curl and fold the fore and middle fingers of the right hand into the center palm. Once these folded



folded fingers are in place, bend and wrap the ring and little finger of the right hand around the folded fingers so that the tip of the ring and little fingers come in contact with the tip of the right thumb. The tip of the fingers, not the fingerprints, must be in contact with each other to develop the required sensitivity. If this is difficult, place a pencil or other small round object between the tip of the thumb and the fingertips, in order to gain familiarity with this hand position.

Maintaining the lift to the spine, raise the right arm and bring the tip of the right thumb to the right nostril, the ring and little fingertips on the

left nostril. Adjust the hand so that the fingertips, not the prints, are in the inverted, v-shaped notch just below the nasal bone.

This is the starting point of the Pranayama Mudra required for all digital pranayama.

Introduction to Nadi Sodhana

What follows is a basic explanation of, and introductory approach to, the alternate nostril breathing of Nadi Sodhana. Again, I caution you to develop an ongoing pranayama practice—under the guidance of an experienced teacher—so that you gain proficiency with other pranayama before attempting the more advanced Nadi Sodhana.



PART I: BILATERAL NOSTRIL BREATHING

In Part 1 of this breathing technique, the fingers will partially close the nostrils during both the inhalation and exhalation.

Props: Something to sit on (a chair, the floor, a couch).

Instructions: Sit quietly, legs crossed, breathing normally. Close the eyes. Keep the head level (chin neither lifting nor dropping). Create the Pranayama Mudra (as explained above) with the right hand. To begin this pranayama, exhale completely, and release the head downward from the back of the neck. Lift the chest to meet the descending chin. Maintain the chin lock and take a normal inhalation. Raise the right arm and bring the tip of the right thumb to the right nostril, the ring and little fingertips on the left nostril. Adjust the hand so that the fingertips, not the prints, are in the inverted, v-shaped notch just below the nasal bone. With the fingers placed on the nose, narrow the nasal passages of both nostrils evenly, gently pressing the ring and little fingertips on the left nostril and tip of the thumb on the right nostril. Exhale through both nostrils until the lungs feel empty. As you exhale, slightly lift the skin of the outer nostrils

with the fingertips, keeping the breath smooth and soft. Take a slight pause at the end of the exhalation. Maintain the placement and press of the fingers and thumb on the nose and inhale. Breathe softly, slowly and evenly, controlling the airflow through the nasal passages. As you inhale, use the fingers to move the outer nostril skin slightly downward. At the end of the inhalation, pause, and adjust the fingers. Exhale once again, controlling the aperture of the nasal passages.

Observe the rhythm of the breath and the coordination of the movements of the fingers on the nostrils. One cycle of Nadi Sodhana Pranayama consists of one full inhalation and one full exhalation. (If you need to take a break, release the right hand and rest it on the right thigh. Take normal inhalations and exhalations to recover, until you are ready to begin the Nadi Sodhana again.) At the end of the inhalation of your last cycle, release the right hand to the right thigh and sit quietly for a minute or two.

When you are ready, open the eyes and lie down in Savasana (Relaxation/Corpse Pose). Close the eyes and rest in Savasana.

Timing: Breathe in this manner for 5–10 minutes, or to capacity. Rest in Savasana for a minimum of 5 minutes.

PART 2: ALTERNATE NOSTRIL BREATHING

In Part 2 of this breathing technique the fingers close the nostrils so that the inhalations and exhalations move through the nostrils in an alternating pattern.

Props: Something to sit on (a chair, the floor, a couch).

Instructions: Sit quietly, legs crossed, breathing normally. Close the eyes. Keep the head level (chin neither lifting nor dropping). Create the Pranayama Mudra (as explained above) with the right hand. To begin this pranayama, exhale completely, and release the head downward from the back of the neck. Lift the chest to meet the descending chin. Maintain the chin lock and take a normal inhalation. Raise the right arm and bring the tip of the right thumb to the right nostril, the ring and little

fingertips on the left nostril. Adjust the hand so that the fingertips, not the prints, are in the inverted, v-shaped notch just below the nasal bone.

Close the left nostril with the ring and little fingertips. Use the tip of the thumb to partially close the right nostril and exhale. As you exhale, gently lift the skin of the outer nostril with the thumb tip. Inhale fully through the partially opened right nostril. At the end of the inhalation, block the right nostril completely. Pause. Exhale through the partially opened left nostril. Use the tips of the ring and little fingertips to gently lift the skin of the outer left nostril as you exhale. At the end of the exhalation pause and adjust the fingers, if necessary. Keep the right nostril closed and inhale fully through the partially opened left nostril. As you inhale, use the fingertips to move the outer nostril skin slightly downward. At the end of the inhalation, close the left nostril, and exhale through the partially opened right nostril. As you exhale, gently lift the skin of the outer nostril with the thumb tip. Pause. Adjust the fingers. Keep the left nostril closed and inhale through the partially opened right nostril. This completes one cycle.

Observe the rhythm of the breath and the coordination of the movements of the fingers on the nostrils. (If you need to take a break, release the right hand and rest it on the right thigh. Take normal inhalations and exhalations to recover, until you are ready to begin the Nadi Sodhana again.) At the end of the inhalation of your last cycle, release the right hand to the right thigh and sit quietly for a minute or two.

When you are ready, open the eyes and lie down in Savasana (Relaxation/Corpse Pose). Close the eyes and rest in Savasana.

Timing: Breathe in this manner for 5–10 minutes, or to capacity. Rest in Savasana for a minimum of 5 minutes.

Over time, and with practice, the placement of the fingers, the rhythm and the velocity of the breath become more and more refined.

As mentioned previously, Nadi Sodhana is one of the more refined pranayama. It requires a great deal of practice and proficiency, but it is well worth the exploration. For a comprehensive explanation of, further

guidance for or details about the aforementioned and other pranayama techniques, refer to *Light on Pranayama*, section III, “The Techniques of Pranayama” (Iyengar 1993a).

Meditation

In the evolution of yoga, the student of yoga generally begins with the practice of asana. This assumes that the moral and social disciplines of yoga are in place. Asana is followed by pranayama and then meditation. Between the practice of pranayama and meditation is a stage, or limb, of yoga called *pratyahara*, which is a conscious withdrawal of the senses from the outer world. The senses can pull and push our consciousness in many directions. We may have thoughts that can consume our consciousness with our trials and tribulations of our situation, or whatever may be going on in our life. But if we can consciously slow down, take a moment and witness that aspect of the mind, to connect with that part of ourselves beyond the pulls and pushes of nature, and begin to focus or concentrate (*dharna*) our thoughts, or the mind, in a positive and favorable direction, meditation (*dhyana*) may follow and bring great relief to our emotional, mental and physical states of being. Meditation is not something one can necessarily create, but rather meditation is something that happens as a result of consciously taking the time to thoughtfully and mindfully concentrate on a particular object. Focused concentration on any object has the potential to lead to a meditative state. That focus could be anything from simple tasks, like folding the laundry, to winning a game of chess, or perhaps engaging in a practice of asanas. Concentrating on and contemplating one’s existence beyond the mortal body is a wonderful gateway to begin to experience the beauty and potential of meditation.

Meditation has the potential to bring about a peaceful, calming, joyous and alert state of mind that can be energizing, which goes beyond the elusive task of trying to empty the mind of thought. This can bring about a rewarding state of vibrant calm for the practitioner. Interestingly enough, if one becomes attached to achieving that result, the greater it becomes more and more evanescent.

When I have found myself in a state of struggle, taking the time to just

stop, put care and worry aside, sit quietly, look inward and connect with myself has consistently proven to be a profound place to begin to find that state of physical and mental harmony. And to ponder what I may want to manifest in future.

In meditation, it is helpful to find a quiet place to be. To sit. Sitting in an upright position is particularly helpful to keep the spine and mind alert. Recommended sitting positions include Padmasana (Lotus Pose) and Sukhasana (Simple Crossed Legs) (Iyengar 1993a).



Padmasana



Sukhasana

However, if fatigued, and the chest collapses, sit in simple cross legs with your back to a wall for support and to maintain the lift to the spine. If you are unable to sit upright, no problem. You can explore meditation in Savasana (Relaxation/Corpse Pose) with the chest elevated on a bolster.

Meditation in the morning is a wonderful way to start the day, when one is fresh and before the day is filled with other activity. It is helpful to set your intention of what you may want to realize in your life; to visualize whatever it is that may be of importance to you on any given day. It is also helpful to explore meditation at the end of the day, to reflect in a peaceful quiet state before retiring for the evening.

When we sit to “meditate,” the mind may race with different thoughts. There may be judgments about what we think meditation is, or should

be. We may be self-conscious. We may be comfortable with our thoughts. We may be uncomfortable with our thoughts. See if you can simply bear witness to yourself, your thoughts, whatever they are, without judgment. Of where you are right now—with love and acceptance.

Sample Guided Meditation

Find a quiet place where you will not be disturbed. Sit or lie down. Be quiet. Close your eyes. Take a moment to observe yourself from inside. Begin by taking a long exhalation to release any tension. Release any judgment you may have. Any judgment you may have about yourself. About the process. Take a moment to arrive to your body. Arrive to yourself. To accept where you are right now.

Observe your spine. Observe your navel. Acknowledge the navel. That place that first nurtured you. That place that first brought you life. Have a look at, and accept, void of any judgment, where you are today. Right now. Take another longer exhalation and release any attachment to where you were yesterday. Be present to your breath. Be present to yourself. Right now. Right here. Observe what is there. It deserves a thought.

Whatever it is, it is where you are. Today. And whatever it is, it is OK to be there. This may be a comfortable place. This may be an uncomfortable place. Be willing to look at that. To ponder the situation as it is, right now. To accept this moment in time. It is OK to feel strong. It is OK to feel weak. It is OK to feel confident. It is OK to feel vulnerable. Having the courage to feel vulnerable is strength, after all. It is OK to feel whatever comes up today.

If the mind drifts, that is also OK. Take another moment to witness you, yourself. After all, no one knows you better than you.

And what is that self? Is it the body alone? Is it? Is it only

who you are? Is there something more than that? How do you see yourself today? Imagine for a moment that you are standing in front of yourself. Take another moment to acknowledge that person in front of you. Connect with that person that you know so well. You. Your being. Your existence.

Acknowledge the unconditional gift of life with every inhalation you take. And your own personal connection with all other living things with every exhalation. Living in a state of calm. Living in a state of peace. Living in a state of acceptance. Acceptance of your place in the world. Sit with that beautiful person for a few minutes.

Now take a moment to ponder how you might want to see yourself tomorrow. Or another day in the future. Envision whatever transformation may be possible. Whatever that may mean to you. Consider what action you can take to realize that vision. Whether that transformation is remaining committed to good health, or personal transformation beyond any struggle. Beyond pleasure, beyond pain. Beyond success and failure. And just be. Just be there with you.

Whatever transformation you might envision, have faith in yourself and whatever actions you can take, however large or small, that will contribute to enhancing your journey in a beautiful, positive way. Believe in your ability to change your life and the lives around you for the better.

Embrace courage. Embrace change. Embrace confidence. To move forward. To take action. To be happy. And it is OK to be happy without any reason.

Slowly open the eyes. Take another moment with the eyes open, to be in a quiet, reflective state of acceptance and love, to put your vision into action, regardless of what the world may present. Supported by the past. Open to the future. Take another moment just to be right here in the present.

Embrace the day.

CHAPTER 5

Asana and Pranayama for Symptom Relief and Management

Yoga makes one stand if he cannot stand; it makes one sit if he cannot sit and move if he cannot move.

B.K.S. IYENGAR (IYENGAR 2008A, P.335)

What follows are various sequences that I have found beneficial for relieving specific symptoms and maintaining functionality.

In each of the sequences, I have underlined the names of poses that I have personally found helpful for addressing, or overcoming, the challenge of that particular symptom. As asanas are not like taking a pill to alleviate a condition, the sequence and overall practice play an integral role in mitigating symptom challenges. Practice the entire sequence, whenever possible.

Again, as a gentle reminder, arrive to where you are on any given day, and proceed accordingly.

If you find it difficult to do the entire sequence, work with the highlighted poses in the order shown, according to your capacity. You may be able to work on all or one or two poses. If you get tired, take a rest. Move on to something more restorative if you need. Refer to the Restorative Sequence. Practice with regularity, to help address a symptom you may be looking to mitigate.

In the words of B.K.S. Iyengar, “Do the practice. See who wins.”

Of course, there are no guarantees, but you may find relief.

The highlighted asanas in each sequence are accompanied with a picture and an explanation of how to enter and exit them. The techniques described are based on the work of B.K.S. Iyengar. Instructions for many of the other non-highlighted poses in the sequences have already been given in previous sequences. For those, please refer to the index.

For further instruction, please refer to:

Light on Yoga, B.K.S. Iyengar (1991)

Yoga in Action: Preliminary Course, Geeta S. Iyengar (2000)

or your yoga teacher.

Balance

The highlighted poses in this sequence involve standing, or attempting to stand, on one leg. As this can be challenging, be near a support to prevent falling. I have found balancing on one leg to be frustrating, especially when I have been in the process of regaining feeling in my legs. However, attempting these poses safely, supported with a prop (wall, trestle, etc.), helped me regain my balance. Some students who have difficulty standing find the practice of standing on both legs, then one leg, helpful with walking. This practice can relieve other symptoms of spasticity and dysmetria, as well.

TADASANA (MOUNTAIN POSE) WITH AND WITHOUT BRICK

**URDHVA BADDHANGULIYASANA (UPWARD FACING
BOUND FINGER POSE) (ALSO HELPS WITH DYSMETRIA)/
URDHVA NAMASKARASANA (UPWARD GREETING POSE)**

VRKSASANA (TREE POSE) WITH CHAIR



Props: Wall (or similar support), chair.

Instructions: Place the back of a chair against a wall. Stand in Tadasana with the back against the wall (or other support), chair on the right. Bring the feet together, if possible. Otherwise, place the feet hip width apart. Keep the legs straight. Shift the weight onto the left leg and bend the right knee. Lift the right leg up and out to the side. Place the foot onto the seat of the chair, toes pointing to the right. Position the leg so that it forms a right angle—shin perpendicular to the floor, thigh parallel to the floor. Press the right hand against the inner right knee, to help keep the knee directly over the ankle. Maintain that as you extend the left arm overhead. If possible, extend both arms overhead, hands shoulder width apart. Keep the eyes open and look straight ahead.

While in Tadasana, take the arms to Urdhva Baddhanguliyasana and/or Urdhva Namaskarasana.

To come out, release the arms, put the right foot back on the floor, and stand in Tadasana. Rest for a moment. Move the chair to the left and repeat on the other side.

Modification: This pose can also be done on the floor, from Supta Tadasana. To increase one's potential to balance, an attempt to move from the floor to one's feet—a safe space to a brave space—should be attempted if possible.

Going deeper: If you are able to stand on one leg, and do not need a chair support for the bent leg, lift the right foot and place the sole as high as possible along the inner left thigh. Balance on your left leg. Place the

palms together at chest level and extend the arms overhead. Repeat on the other side.

Timing: 30 seconds.

Benefits: Shifting the weight from two legs to one requires an adjustment of function in the brain, nerves and muscles.



**MODIFIED UTTHITA HASTA PADANGUSTHASANA I (STANDING
HAND TO BIG TOE POSE) (INSOFAR AS POSSIBLE)**



UTTHITA EKA PADA BHEKASANA
(STANDING ONE LEG FROG POSE)



Props: Wall (or other support).

Instructions: Stand about one foot (30 cm) away from a wall (or other support). Face the wall and stand in Tadasana with the feet hip width apart.

Hold the wall for stability. Shift the body's weight over to the right leg, extend the left leg back and lift the left foot off the floor. All of the body's weight will be on the right leg. Raise the left heel up higher and, if possible, hold the left ankle with the left hand.

Move the left heel toward the left buttock. To go deeper into the pose, move the left heel toward the outer left hip. Keep the left thigh in line with the right thigh, and perpendicular to the floor. The left knee should face the floor. Maintain the lift of the chest, and move the floating ribs back, to avoid shortening the lower back.

To come out, release the left foot back down to the floor. Step the left foot back to Tadasana. Repeat on the second side.

Timing: 30–60 seconds.

If this is not possible, step the left leg back and work to lift the left foot from the floor; maintain the lift of the left lower leg while looking to balance on the right leg.



Benefits: Builds strength and awareness needed for balance. Enhances range of motion in the hips.

ARDHA CHANDRASANA (HALF MOON POSE) WITH SUPPORT



Props: Wall or other support, brick or chair.

Instructions: Stand in Tadasana with the right side of the body next to or close to a wall or support. Use the wall as required. Place a brick or chair in front of the toes of the right foot. If using a brick, place the brick forward of and in line with the little toe. If using a chair, place the chair with the seat facing the wall. Bend the right knee and place the right hand onto the brick, or place the right forearm onto the seat of the chair. Shift the weight into the right leg, straighten the right leg, and lift the left leg up. The left leg should be parallel to the floor. Externally rotate the left thigh. At this point, the legs should form a right angle. Rest the back, head and left heel against the wall, if necessary. Balance on the right leg. Lift the left arm to the ceiling.

To come out, move the left hand to the left hip, or the backrest of the chair. Bend the right leg, release the left leg to the floor and step the feet back together. Stand in Tadasana. Turn around, move the brick or chair, and repeat on the second side.

Going deeper: If you do not require support of a wall or chair, the pose can be done independently, which can further enhance balance. Turn the head to look down to keep cool and enhance stability.



Timing: 30 seconds or to capacity.

Benefits: Can help relieve back pain.

ARDHA UTTANASANA (HALF INTENSE STRETCH) FACING WALL

PARSVOTTANASANA (INTENSE STRETCH OF SIDE BODY)

VIRABHADRASANA III (WARRIOR III)



Props: Wall or other support.

Instructions: Stand in Tadasana with the left side of the body next to a wall or support. Extend the arms overhead. Bend the knees, extend the torso and arms forward over the left leg and extend the right leg back. Lift the right leg up until it is parallel to the floor, and perpendicular to the left leg. The right thigh now faces the floor. Rest the left hip against the wall or support, to assist with balance.

To come out, move the hands to the hips, bend the left leg and take the right foot back onto the floor. Lift the torso back up, step the back leg forward, straighten both legs and return to Tadasana. Repeat on the second side.

The pose can also be done from the kneeling position. Kneel on the floor with the hands placed palms down on the floor and under the shoulders. Lift the left leg and extend the leg straight back, keeping the frontal left thigh facing the floor. Extend the right arm forward in line with the right shoulder. To come out, return the right hand to the floor and then the left knee to the floor. Repeat on the second side.

Modification: If more support is required, stand in Tadasana facing a wall. Place the hands on the wall, and walk back until the torso is parallel to the floor. The hips should be in line with the heels. Bring the legs and feet together. Shift the weight onto the left leg and lift the right leg up until it is parallel to the floor. The front of the thigh faces the floor. Lift the inner right leg to maintain the correct position of the leg. The right thigh should not externally rotate.

To come out, take the right foot back to the floor, bend the left leg and step the right foot forward and return to Tadasana. Repeat on the second side.

Timing: 30 seconds per side.

ADHO MUKHA SVANASANA (DOWNWARD FACING DOG)

SALAMBA SIRASASANA (SUPPORTED HEADSTAND)

Note: The following two poses, Salamba Sarvangasana and Chair Savangasana, are inversions. If you are new to inversions, it is best to learn and practice them with the guidance of a Certified Iyengar Yoga Teacher or Certified Yoga Therapist.

**SALAMBA SARVANGASANA (SUPPORTED
SHOULDERSTAND) AT THE WALL**



Props: Wall, sticky mat, 3–4 blankets, brick or bolster.

Instructions: Place a sticky mat on the floor. Fold three or four blankets into a rectangular shape. Stack the blankets at one end of the sticky mat. The way the blankets are placed on the mat is very important. When you stack the blankets, be certain that the smooth, folded edges all face the same direction. Place the blanket stack on the mat so that the smooth, folded side of the stack is at the front edge of the end of the sticky mat. Once the blanket stack is in place, bring the other end of the sticky mat over the top of the blanket stack. Place a brick or bolster on the floor, up against the back edge of the blanket stack (on top of the folded mat). Move this entire set-up to a wall. The bolster or brick should be in contact with the wall. Lie down on the blanket lift with the shoulders on the blanket stack, neck off the blankets, head on the floor. Bend the knees, place the feet onto the bolster or brick and raise the pelvis. Move the arms back toward the wall and interlock the fingers. Straighten the arms and press the little fingers down onto the blanket stack (or bolster/brick). Externally rotate the arms by turning the shoulders



out, one at a time, and bring the shoulder blades together and toward the spine. This action will bring width across the collarbones. Lift the back ribs. Release the fingers and place the hands, palms down, onto the bolster or brick. Inhale and, on an exhalation, walk the legs up the wall. Keep the knees bent, feet on the wall, and lift the buttocks and the torso up. Bend the elbows and place the hands onto the back ribs. Keep the elbows in line with the shoulders. Press the elbows down into the blanket stack. Move the buttocks away from the wall and lift the thighs up. The chest will move toward the chin, creating a chin lock (*jalandhara bandha*). Keep the upper arms turned out and lift the legs one at a time so that the body is perpendicular to the floor. Keep the gaze of the eyes in toward the chest. Do not turn the head. Breathe normally.

To come out, bend the knees and place the feet back on the wall. Release the hands and slowly ease the buttocks back down onto the blankets. Place the feet on the bolster/brick and push back off the front edge of the blanket stack so that the shoulders are on the floor. Stay there for a minute or two. When ready, gently roll to the right and sit up.

Timing: 1 minute.

With continued practice 5–10 minutes, in the center of the room.

Going deeper

Once you have developed skill in getting into and staying in the pose with the support of the wall, move your set-up to the center of the room.

Set your blankets up as you would above, but move them away from the wall, ensuring you have room overhead.

Rather than walking the feet up the wall, maintain the shoulders onto the blanket lift, bend the elbows and place the hands onto the back ribs as



you did when learning at the wall. Swing the legs overhead until the toes come overhead and onto the floor.

If the toes do not come to the floor, place them onto a chair seat or a box placed a few feet away from your head (not pictured).

This pose is called Halasana (Plough Pose).



Keeping the elbows pressed onto the blanket stack, lift the legs one at a time. Keep the legs together with the big toes in contact with each other and the body perpendicular to the floor. Keep the gaze of the eyes toward the chest.

To come out, take the toes overhead. Release the hands from the upper back ribs and extend the arms so that the palms are facing down onto the bolster or blanket stack. Bend the knees toward your chest, and slowly ease the buttocks back and down onto the blanket stack. Place the feet on the bolster and push the shoulders off the front edge of the blanket stack so that they are on the floor. Stay there for a minute or two.

Slide the buttocks off the front edge of the blanket stack toward the shoulders. When ready, gently roll to the right and sit up.

Timing: 5–10 minutes.

Benefits: Regulates blood pressure, relieves fatigue, enhances overall physical and mental health, relieves depression. This pose also helps with balance; however, the effect is greater when done in the center of the room.

When doing at the wall, if you are unable to take the legs to the perpendicular position, keep the knees bent with the feet at the wall.

Seek the guidance of a certified teacher to further guide you to evolve and refine the practice of this pose.

Alternative

Those with Lhermitte's sign, vision, vertigo, neck or shoulder problems should practice Chair Viparita Karani (Chair Waterfall Pose). Use of a chair in this pose allows the practitioner to stay in the pose longer.



Props: Chair, sticky mat, bolster, blankets.

Instructions: Place a folded sticky mat and a blanket on the seat of the chair. Put a bolster on the floor in front of the front legs of the chair so that it is parallel to the seat of the chair. Put another blanket in front of the bolster on the floor. Sit on the chair backwards. Bend the legs over the back of the chair and move the buttocks toward the back of the chair. Hold the sides of the back of the chair. Lean back and walk the hands down the sides of the chair. If this bothers the low back, move the buttocks closer toward the front of the chair, and place the feet on the back of the upright of the chair. Move the torso toward the floor until the shoulders come onto the bolster. The back of the head should rest on the blanket placed in front of the bolster. Once the shoulders are on the bolster support, take the hands, one at a time, underneath the seat of the chair and hold the back legs of the chair. Externally rotate the upper arms to broaden the top of the chest. Straighten the legs toward the ceiling, or rest the straight legs on the back of the chair, heels to the wall (Chair Sarvangasana (Chair Shoulderstand)).

To come out, bend the knees and place the feet on the back of the chair. Release the hands from the back legs of the chair and move them to the front legs of the chair. Inhale, lift the buttocks slightly and slide down off the chair so the buttocks rest onto the bolster support, and the head and shoulders are on the floor. Place the lower legs on the chair seat. Relax and absorb the effects of the pose. Then, slide back more, so the buttocks come off the bolster and onto the floor. Gently roll over to the right. Keeping the knees drawn in toward the chest, turn the left shoulder and chest toward the floor, push the hands into the floor and straighten the arms to raise the torso. Return to a seated position.

Modification: This may be more accessible when using a couch instead of a chair. Place a bolster (or 2–3 folded, stacked blankets) on the floor in front of a couch.

Sit on the couch and turn the body so that the legs come to the back of the couch. Keeping the buttocks on the couch cushion, take the arms to the front edge of the couch, bend the arms and begin to ease the shoulders off the front of the couch until the shoulders rest on the bolster. Straighten the

legs and rest them on the back of the couch. Let the breath be normal and smooth.

To come out, bend the knees, place the feet on the back of the sofa, and ease the buttocks to the floor. Rest a moment. Bend the knees to the chest, gently roll to the right side, and sit up.

Timing: 5–10 minutes, or to capacity.

Benefits: If practiced regularly, can reduce spasticity and urinary and bowel incontinence, and relieve fatigue and depression. Helps regulate blood pressure. Reduces fluid retention and swelling in the feet and legs. The venous blood flow to the heart works with gravity in this pose, which offers a sense of refreshment for the whole body, organs and glands. Offers a different perspective on the world.

Contraindications: Menstruation, high blood pressure, vertigo.

Alternative

Setu Bandha Sarvangasana with support (see Chapter 3, Restorative Sequence, Pose 11).

SAVASANA (RELAXATION/CORPSE POSE)

Bladder Challenges

Difficulty Initiating

PARSVOTTANASANA (INTENSE STRETCH OF SIDE BODY)

PARIVRTTA TRIKONASANA (REVOLVED TRIANGLE POSE) WITH CHAIR OR SUPPORT

MARICHYASANA III (RAY OF LIGHT III) WITH CHAIR



Props: Wall, chair, brick (optional: bolster or blanket stack).

Instructions: Place a chair near a wall, so that the right side of the chair is

closest to the wall. Sit on the chair (your right side will be near the wall). Place a brick under the right foot. The right knee will be higher than the right hip. Inhale and lift the left arm. Exhale, turn the torso to the right and place the left elbow between the outer right thigh and the wall. Reach the right arm back to hold the back of the chair. Inhale, extend the spine, exhale and turn further.

For those who struggle to keep the legs in place when taking the arm over the opposite outer thigh, place a bolster between the two legs to help stabilize the legs.

To come out, release the left arm and sit up. Pick up the brick and turn the chair around so the left side is near the wall. Repeat on the second side.

Modification: This pose can also be done sitting on a support (bolster, blanket stack) on the floor, with the right leg bent (foot on the floor) and left leg stretched out in front (not pictured). Practicing it on the chair, however, may be more accessible and offer a deeper twist to the internal organs.

Timing: 30 seconds or to capacity (this can be repeated several times, alternating sides each time).

Contraindications: Pregnancy, menstruation.

Alternative: If menstruating, instead of taking the left elbow to the *outer* right thigh, take the right elbow to the *inside edge* of the bent right leg thigh (Marichyasana I).



ARDHA MATSYENDRASANA (HALF LORD OF THE FISHES)



Props: Wall, bolster or blanket stack (optional: brick).

Instructions: Place a bolster (or two folded blankets) on the floor, approximately two feet (60 cm) away from a wall. If you are able to sit on the foot, as pictured, do so. Bend the left leg and sit on the inner edge of your left foot. You may wish to add another blanket between the foot and the buttocks. Otherwise, sit on the narrow edge of a bolster, legs stretched out in front (Dandasana). Bend the left leg and place the left foot on the outside of the right hip.

Bend the right leg, cross it over the left and place the right foot on the outside of the outer left thigh. If the right foot does not reach the floor, increase the height of the lift under the buttocks. With the legs in place, lift the left arm, turn the torso to the right and firmly fix the left upper arm on the outside of the right thigh. Take the right hand back to the wall. If it is difficult to reach the wall, place a brick on the floor near the wall and place the right hand on the brick. Inhale; lift the spine. Exhale; use the press of the upper left arm against the outer right thigh to deepen the twist. Turn the head to the right. If this action bothers the neck, don't turn the head.

To come out, release the left upper arm, uncross the legs and straighten them to the front. Repeat on the other side.

The classic version of this pose is done by placing the outer edge of the bottom foot on the floor and sitting on the inner edge of the foot.

Timing: 30–60 seconds, or to capacity.

Benefits: Relieves low back pain, exercises internal organs.

Contraindications: Knee pain, menstruation, pregnancy.

Alternatives: If menstruating, try Marichyasana I or Bharadvajasana I.

If pregnant, practice Bharadvajasana in the chair.



BADDHA KONASANA (BOUND ANGLE POSE)

UPAVISTHA KONASANA (SEATED ANGLE)



Props: Sticky mat (optional: blankets, wall).

Instructions: Sit on a sticky mat. Straighten the legs and bring them together. This is called Dandasana, “Staff Pose.” (Note: If unable to keep the spine uplifted in Dandasana, sit on a folded blanket or two. If the torso falls back in this position, sit against a wall or other support.)

Separate the legs so that they are wide apart. Place the hands on the floor, either just outside the hips or behind the buttocks. Press the backs of the legs into the floor and don't allow the legs to turn out. Adjust the seat, as necessary, so that the sitting bones rest evenly on the floor (or the lift). Lift the chest to keep the front surface of the spine elongated.

To come out, bend the knees slightly, bring the legs together and return to Dandasana.

Modification: If you are subject to reverse curvature of the knee(s), place a blanket under the affected knee(s).

Timing: 1–5 minutes, or to capacity.

Contraindications: Hamstring tears.

Alternative: This pose can also be done by holding the big toes with the fore and middle fingers and the thumbs (not pictured). If attempting this, keep the shoulder blades down and extend the torso until it is parallel to the floor. To come up from this position, inhale, release the fingers, lift the chest and return to the upright, seated position. Bend the knees slightly, bring the legs together and return to Dandasana.

JANU SIRSASANA (HEAD TO KNEE POSE)

**TRIANGA MUKHAIKAPADA PASCHIMOTTANASANA
(ONE LEG FOLDED FORWARD BEND)**

**PASCHIMOTTANASANA (INTENSE STRETCH
OF THE WEST SIDE OF THE BODY)**

SAVASANA (RELAXATION/CORPSE POSE)

Difficulty Retaining

**SUPTA BADDHA KONASANA (RECLINED
BOUND ANGLE POSE, INVERTED)**

SUPTA VIRASANA (RECLINED HERO POSE)

SUPTA SUKHASANA (RECLINED SIMPLE CROSSED LEG POSE)





Props: Sticky mat (optional: blankets, bolster).

Instructions: Sit on the floor. Cross the legs at mid shin, taking the right leg in first and then the left. If the knees are significantly raised when crossing the legs, release the legs, sit on a folded blanket and place a bolster lengthwise behind you. Have several blankets within reach. Place another folded blanket on the bolster for the head and neck. Keep the other blankets handy.

Lie back either on the floor or on the bolster behind you. Support the head and neck with a folded blanket so that the head does not drop back. Support the outer hips with blankets/towels/pillows so the inner groins remain soft. Place the hands at the top of your buttocks and move the buttock flesh toward the crossed shins to release any arch in the lumbar spine. Move the coccyx (tailbone) toward the crossed shins to further extend the low back. Extend the arms over the head. Observe the lift that comes at the floor of the pelvis when the arms are stretched in that way.

Repeat, crossing the left leg in first and then the right.

To come out, uncross the legs and bring the knees together. Remove any outer hip support, roll to the right and sit up.

Repeat on the second side, crossing the shins with the opposite leg in front.

To come out, uncross the legs and bring the knees together. Remove any outer hip support, roll to the right and sit up.

Note: This pose can also be practiced while in Chair Sarvangasana.

Timing: 2–5 minutes per side.

Benefits: Relieves fatigue; binding action creates closed circuitry for nerves of legs.

Contraindications: Hip and knee challenges.

**BADDHA KONASANA (BOUND ANGLE
POSE) ON BOLSTER AND BRICK**



When I lost feeling from the navel down and had bladder and bowel incontinence, I found this pose to be quite helpful. Practicing this for five minutes each day helped me regain control of voluntary eliminatory function. Additionally, practicing in this manner helps prepare the hips for more advanced poses, such as Padmasana (Lotus Pose), which is necessary for the following exercise, Matsyasana (Fish Pose).

Props: Sticky mat, bolster (or blankets), hard brick (not a foam brick).

Instructions: Place the long end of a bolster (or several folded blankets) on a sticky mat near a wall. Have a brick within reach. Sit on the bolster with the soles of the feet together. Keep little toe sides of the feet in contact with each other. Externally rotate the upper thighs and allow the inner knees to descend toward the floor. Place the hands by the sides of the hips.

Next, keeping the feet together, move the feet forward slightly and place a brick, at the lowest height, on the floor so it runs perpendicular to the pelvis. The brick should be in contact with the heels. Press the hands down into the bolster lift, slide the buttocks forward and sit on the brick. The harder the brick, the more feedback it provides to the musculature of

the lower pelvis and the greater the lift to the inner body will be. Remain conscious of this lift and move the knees toward the floor.

To come out, with the hands still on the bolster, slide the buttocks back onto the bolster. Notice if there is a sinking action in the inner body as the buttocks come back to the bolster.

Timing: 1–3 minutes at each level.

Next, turn the brick up one level so it is on the narrow side, and so it runs perpendicular to the pelvis. The brick should be in contact with the heels. Press the hands down into the lift, slide the buttocks forward and sit on the brick. If possible, have the buttock bones on the brick. Observe the feedback given from the brick. Use the arms for support. See if it is possible to activate the musculature of the lower pelvic area and maintain an upward internal lift. Remain conscious of this lift and move the knees toward the floor.



To come out, with the hands still on the bolster, slide the buttocks back onto the bolster. Place the brick to the side, bring the knees together and straighten the legs to return to Dandasana.

Timing: 1–2 minutes.

Benefits: Hip opener.

Contraindications: Menstruation, pregnancy.

Modification

If menstruating or pregnant, sit on the bolster (or blankets) with the back against the wall, feet together and allow the hips to open. Do not move the buttocks to the brick.

Timing: 5 minutes or to capacity.

MATSYASANA (FISH POSE), RECLINED

Caution: Do not force the knees in this pose.

This is a continuation, and a more intensified version, of Supta Sukhasana. In this pose the legs are in Padmasana (Lotus Pose). Though more difficult, this pose offers a stronger internal binding at the base of the pelvis.

If the pose does not come easily to you, practice Supta Sukhasana and seek the guidance of a Certified Iyengar Yoga Teacher or Certified Yoga Therapist.



Props: Sticky mat, blanket(s), belt (optional: bolster).

Instructions: Sit in Dandasana on a sticky mat. Place a blanket on the mat to support the head and neck. Bend the right knee and move the leg out to the side. Allow the leg to externally rotate, hold the right ankle, draw the foot toward the body and place the right foot on top of the left thigh. Bend the left leg and, with an external rotation to the leg, hold the left ankle, draw the foot toward the body and place the left foot to the top of the right thigh.

Modification: If the second leg does not come to the top of the opposite thigh easily, try bending the second leg and placing it under the thigh of the first leg. This position is Ardha Padmasana (Half Lotus Pose). Support the outer thighs with rolled blankets so the inner thighs can soften. Once in the Padmasana (or Ardha Padmasana), belt the outer thighs to maintain the bind of the legs as you lie back on the floor. Place the hands at the top of the buttocks and move the buttock flesh toward the crossed shins to release any arch in the lumbar spine. Move the coccyx (tailbone) toward the crossed shins to further extend the low back. Place a folded blanket under the head and neck so that they are passive and the head does not drop back. Take support under the spine if the knees lift when lying back.

If it is possible to hold the feet with an underhand grip and to rotate the soles of the feet to the ceiling, this can offer a deeper binding action in the lower abdominal area. Release the hands and extend the arms over the head. Observe the lift that comes to the floor of the pelvis (up toward the navel) when the arms are extended in this way.

To come out, inhale, lift the chest, come to the elbows and then sit up. Release the belt. Uncross the legs and straighten them. Repeat, taking the opposite leg in first.

For pregnancy or menstrual cramps, lie back over a blanket or bolster support, so that the knees remain close to the floor.

Timing: 5 minutes or to capacity.

Benefits: When practiced while in Sirsasana and Salamba Sarvangasana, Padmasana can help with bladder and bowel incontinence.

Contraindications: Knee and hip restrictions.

Alternative: If you are unable to take the legs into Matsyasana or Sukhasana when reclining, lie flat on the floor in Supta Baddha Konasana with the feet braced at the wall (see Chapter 3, Sequence A, Pose 1).

**SALAMBA SIRSASANA (SUPPORTED HEADSTAND) WITH
LEGS IN URDHVA PADMASANA (UPWARD LOTUS)**

**SALAMBA SARVANGASANA (SUPPORTED SHOULDERSTAND)
WITH LEGS IN URDHVA PADMASANA (UPWARD LOTUS)**

SETU BANDHA SARVANGASANA (SUPPORTED BRIDGE POSE)

Props: Wall, bolster, several blankets, 2 bricks.

Instructions: Sit on the floor, close to, and facing, a wall. Place the soles of the feet against the wall and straighten the legs. Place a wood brick, bolster or several folded



blankets next to the outer hip. The bolster should be perpendicular to the body and parallel to the wall. Have a blanket for head, neck and shoulder support within easy reach. Place the brick(s) against the wall. Lie back on the floor and place the folded blanket under the head, neck and shoulders. At this point, the brick, the bolster or blankets will still be on the floor by the outer hip. Bend the knees, place the feet on the floor and lift the buttocks up (as in Chatush Padasana; see Chapter 3, Sequence A, Pose 3). Slide the bolster under the buttocks so the sacrum is supported and there is a corresponding curvature and openness to the chest. The head, neck and shoulders remain on the blanket support on the floor. The body will resemble the shape of a bridge. If it does not cause discomfort in the back, straighten the legs to the wall, keeping an internal rotation to the thighs. If there is back pain, elevate the feet on bricks at the wall. If the lift under the feet does not eliminate pain in the lower back, keep the knees bent and the feet on the floor. While in the pose, observe the stretch at

the base of the abdomen, and the evenness of the breath. To exit, bend the knees and place the feet on the floor. Press the feet down, lift the buttocks up and slide the bolster, blankets or brick to the left side. Release the hips to the floor, moving the buttocks toward the heels to lengthen the low back. Bend the knees toward the chest to stretch the low back. Place the feet back on the floor and roll to the right side. Bend the knees deeper and bring the left side of the body toward the right. Place the hands on the floor and use the arms to push up to a seated position.

Timing: 5 minutes.



This pose can be done with two bolsters (see Chapter 3, Sequence A, Pose 13).



If you have access to a yoga studio equipped with props, practicing this pose on a Setu Bandha bench, with the legs bound, is extremely helpful. If you do not have access to a bench, a wooden coffee table that supports the body weight also works.

Props: Setu Bandha bench, 4–8 yoga belts, 1–3 bolsters, blankets, eye wrap.

Instructions: Use a bench long enough to support the spine and legs when lying on it. Put a bolster on the floor at one end of the bench. Place an additional bolster to the right and left of the first bolster, to support the arms. Sit down in the middle of the bench. Bring the legs and feet onto the bench. Belt the legs. (*Four belts:* Put the first belt around the top of the thighs, the second around the center of the thighs, the third around the middle of the calves, and the fourth around the big toes. *Eight belts:* Put the first belt around the top of the thighs, the second 2–3 inches (5–8 cm) below the first belt, the third 2–3 inches (5–8 cm) below the third belt, and the fourth belt just above the knees. Place the fifth belt below the knees at the top of the calves, the sixth at the middle of the calves, the seventh around the bottom of the calves, and the eighth around the big toes.) Bend the knees, place the feet on the bench and lie back on the bench. With the knees bent, push the feet into the bench and slide toward the end of the bench. Ease the shoulders off the edge of the bench until they rest on the bolster. The back of the head will also rest on the bolster. With the head in this position, the chin moves toward the chest, resulting in a chin lock (*jalandhara bandha*). Straighten the legs along the bench. Rest the arms on the bolsters. Breathe normally. Observe the particular stretch, a natural binding, or *bandha*, that is created at the base of the abdomen when in this pose.

To come out, bend the knees and slide down off the front edge of the bench until the pelvis comes to rest on the bolster. The shoulders will come off the bolster and down to the floor. Pause. Bend the knees further and slide back until the pelvis comes off the front edge of the bolster. Bend the knees to the chest. Pause, so the lower back can reset. Undo the belts. Roll to the right side and sit up.

Note: If a teacher is available to help you with the belts, when entering the position, belt the legs starting from the thighs toward the toes (proximal to distal). When coming out, undo the belts from the feet toward the thighs (distal to proximal).

Modification: If there is pain in the low back when the legs are straight, keep them bent. If possible, put enough support (a chair, extra blankets or bolsters) under the calves so that the thighs are perpendicular to the floor,

and the shins are parallel to the floor. This should eliminate discomfort in the low back.

Timing: 5–10 minutes, or to capacity.

Contraindications: If Lhermitte’s sign is present, place a folded blanket under the shoulders, at a height that lessens the degree of flexion in the neck.

VIPARITA KARANI (WATERFALL POSE)

SAVASANA (RELAXATION/CORPSE POSE)

Bowel Challenges

Constipation

CHAIR BHARADVAJASANA (CHAIR TWIST)

CHAIR PASASANA (NOOSE POSE IN CHAIR)



Props: Chair.

Instructions: Sit on the front edge of the chair so that the backs of the thighs are off the chair. Bring the knees and feet together. Place the hands on the chair seat next to the outer hips. Press the left hand down and lift the right arm to the ceiling. With a sharp exhalation, take the right upper arm to the outside of the left thigh. Pause. Inhale and extend the spine. Begin

to move the upper arm further down the outside of the left thigh. Take the left arm back and hold the backrest of the chair. Inhale and extend the spine. Keep the legs together. Exhale and, using the press of the right arm against the left thigh, move the right knee toward the left knee and allow that action to take you deeper into the pose. There is a strong twist in the lower abdominal area.

To come out, inhale, release the left hand and the right arm, and sit up. Repeat on the other side.

Timing: 30 seconds or to capacity, repeating the action of lifting the spine with the inhalation and twisting deeply during the exhalation.

Benefits: Helps with digestion, stimulates peristalsis. Can relieve back pain and shoulder pain.

Contraindications: Menstruation, pregnancy.

Alternative: If you are menstruating or pregnant, practice Chair Bharadvajasana instead.

**PARIVRTTA PARSVAKONASANA (REVOLVED
SIDE ANGLE POSE) WITH CHAIR**



Props: Chair, brick.

Instructions: Sit sideways on a chair so the right side of the body faces the back of the chair. Carefully move the buttocks toward the front of the seat of the chair until the left buttock bone is off the chair seat. The right buttock and the whole right thigh will remain on the chair seat. Place a brick on the floor, outside of the right ankle. Extend the left leg back away from the chair. The front of the left leg faces the floor. Lift the left heel off the floor; the toes will be flexed with the arch of the foot perpendicular to the floor. At this point, the torso will face forward—in line with the right thigh. On an exhalation, turn the torso to the right and place the left elbow to the outside of the right thigh. Put the left hand on the brick or hold the chair leg. Place the right hand on the backrest of the chair. Keep the left leg as straight as possible. Inhale, extend the spine, exhale and turn so the chest faces the back of the chair. The breathing may be shallow due to the twist.

To come out, release the left arm, bend the left knee and bring the left foot forward, placing it next to the right foot. Turn around and repeat on the other side.

Timing: 30 seconds or to capacity.

Contraindications: Menstruation, pregnancy.

Alternative: If you are menstruating or pregnant, practice Utthita Parsvakonasana instead.



MALASANA (GARLAND POSE) HOLDING WALL SUPPORT

VIRASANA (SEATED HERO POSE)



Props: Blanket (optional: brick).

Instructions: Kneel on the floor with the knees together and the feet apart. If this bothers the shins, you may wish to have a blanket beneath you. If it bothers the knees, place a folded blanket behind your knees and thighs. Sit between the two feet. Adjust the feet so that the toes point straight back. Do not sit on the feet. If the buttocks do not reach the floor, sit on a brick or folded blanket. Sit straight, with the back of the head in line with the sacrum. Observe the lift of the chest and breathe normally.

To come out, inhale and lift the buttocks up. Place the hands on the floor in front of the knees, remove the lift (if using one), sit back down and take the legs forward. Slowly straighten the legs.

Timing: 1–3 minutes, or to capacity.

Benefits: Energizes tired legs.

Alternative: If doing Virasana bothers your knee(s), sit in Sukhasana (Simple Cross Legs) with the legs crossed at mid shin.

SUPPORTED HALASANA (SUPPORTED PLOUGH POSE)

JANU SIRASANA (HEAD ON THE KNEE POSE)

**PASCHIMOTTANASANA (INTENSE STRETCH
OF THE WEST SIDE OF THE BODY)**

Bowel Incontinence

This sequence is similar to the sequence for urinary incontinence.

SUPTA VIRASANA (RECLINED HERO POSE)

SUPTA SUKHASANA (RECLINED SIMPLE CROSS LEG POSE)

**BADDHA KONASANA (BOUND ANGLE
POSE) ON BOLSTER AND BRICK**



When I lost feeling from the navel down and had bladder and bowel incontinence, I found practicing this pose to be quite helpful. Practicing this for five minutes each day helped me regain control of voluntary eliminatory function. Additionally, practicing in this manner helps prepare the hips for more advanced poses, such as Padmasana (Lotus Pose), which is necessary for the following exercise, Matsyasana (Fish Pose).

Props: Sticky mat, bolster (or blankets), hard brick (not a foam brick).

Instructions: Place the long end of a bolster (or several folded blankets) on a sticky mat near a wall. Have a brick within reach. Sit on the bolster with the soles of the feet together. Keep little toe sides of the feet in contact with

each other. Externally rotate the upper thighs and allow the inner knees to descend toward the floor. Place the hands by the sides of the hips.

Next, keeping the feet together, move the feet forward slightly and place a brick, at the lowest height, on the floor so it runs perpendicular to the pelvis. The brick should be in contact with the heels. Press the hands down into the lift, slide the buttocks forward and sit on the brick. The harder the brick, the more feedback it provides to the musculature of the lower pelvis and the greater the lift to the inner body will be. Remain conscious of this lift and move the knees toward the floor.

To come out, with the hands still on the bolster, slide the buttocks back onto the bolster. Notice if there is a sinking action in the inner body as the buttocks come back to the bolster.

Timing: 1–2 minutes.

Next, turn the brick up one level so it is on the narrow side, and so it runs perpendicular to the pelvis. The brick should be in contact with the heels. Press the hands down into the lift, slide the buttocks forward and sit on the brick. If possible, have the buttock bones on the brick. Observe the feedback given from the brick. Use the arms for support. See if it is possible to activate the musculature of the lower pelvic area and maintain an upward internal lift. Remain conscious of this lift and move the knees toward the floor.



To come out, with the hands still on the bolster, slide the buttocks back onto the bolster. Again, notice if there is a sinking action in the inner body as the buttocks come back to the bolster. Place the brick to the side, bring the knees together and straighten the legs to return to Dandasana.

Timing: 1–2 minutes.

Benefits: Hip opener.

Contraindications: Menstruation, pregnancy.

Modification

If menstruating or pregnant, put a bolster (or blankets) at a wall so that the long side of the support is against the wall. Sit on the bolster with the back against the wall and allow the hips to open. Do not move the buttocks to the brick.

Timing: 5 minutes or to capacity.

MATSYASANA (FISH POSE), RECLINED



Caution: Do not force the knees in this pose.

This is a continuation, and a more intensified version, of Supta Sukhasana. In this pose the legs are in Padmasana (Lotus Pose). Though more difficult, this pose offers a stronger internal binding at the base of the pelvis.

If the pose does not come easily to you, practice Supta Sukhasana and seek the guidance of a Certified Iyengar Yoga Teacher or Certified Yoga Therapist.

Props: Sticky mat, blanket(s) (optional: bolster).

Instructions: Sit in Dandasana on a sticky mat. Place a blanket on the mat to support the head and neck. Bend the right knee and move the leg out to the side. Allow the leg to externally rotate, hold the right ankle, draw the foot toward the body and place the right foot on top of the left thigh. Bend the left leg and, with an external rotation to the leg, hold the left ankle, draw the foot toward the body and place the left foot to the top of the right thigh.

Modification: If the second leg does not come to the top of the opposite thigh easily, try bending the second leg and placing it under the thigh of the first leg. This position is Ardha Padmasana (Half Lotus Pose). Support the outer thighs with rolled blankets so the inner thighs can soften.

Once in the Padmasana (or Ardha Padmasana), tie a belt loosely around the outer thighs and below the feet to keep the legs and feet in place. Lie back on the floor. Place the hands at the top of your buttocks and move the buttock flesh toward the crossed shins to release any arch in the lumbar spine. Move the coccyx (tailbone) toward the crossed shins to further extend the low back. Place a folded blanket under the head and neck so that they are passive and the head does not drop back. Take support under the spine if the knees lift when lying back.

If you are able to hold your feet with an underhand grip and to rotate the soles of the feet to the ceiling, this can offer a deeper binding action in the lower abdominal area. Release the hands and extend the arms over the

head. Observe the lift that comes to the floor of the pelvis (up toward the navel) when the arms are extended in this way.

To come out, inhale, lift the chest, come to your elbows and then sit up. Uncross the legs, straighten them, and then re-cross them, taking the opposite leg in first. Repeat.

For pregnancy or menstrual cramps, lie back over a blanket or bolster support, so that the knees remain close to the floor.

Timing: 5 minutes or to capacity.

Benefits: When practiced while in Sirsasana and Salamba Sarvangasana, Padmasana can help with bladder and bowel incontinence.

Alternative: If you are unable to take the legs into Supta Matsyasana or Supta Sukhasana, lie flat on the floor in Supta Baddha Konasana with the feet braced at the wall, as noted in Chapter 3, Sequence A, Pose 1.



Note: The following pose, Sirsasana (Rope Sirsasana or Urdhva Padmasana in Sirsasana for the intermediate practitioner), is an important inversion. If you are new to inversions, it is best to learn and practice them with the guidance of a Certified Iyengar Yoga Teacher or Certified Yoga Therapist. Before attempting Sirsasana, it is best to prepare the body and mind through a regular practice of Salamba Sarvangasana (Supported Shoulderstand).

**SIRSASANA (HEADSTAND) (ROPE SIRSASANA
OR URDHVA PADMASANA IN SIRSASANA FOR
THE INTERMEDIATE PRACTITIONER)**





What follows are basic preparatory instructions for Sirsasana for those who are ready to practice the classic pose. Refer to *Light on Yoga* (Iyengar 1991) or *Yoga in Action: Preliminary Course* (Iyengar 2000) for additional instructions.

**ARDHA SIRSASANA (HALF HEADSTAND)
INTO SIRSASANA (HEADSTAND)**

Props: Wall, sticky mat, blanket.

Instructions: Fold a sticky mat, or a blanket, and place it on the floor, against a wall. Kneel on the floor in front of the mat. Fully interlock the fingers, so the bases of the fingers on one hand are in contact with the bases of the corresponding fingers of the other hand, the pad of one thumb resting on the nail of the other thumb. Place the forearms on the floor. Place the interlocked fingers at the wall, keeping the wrists perpendicular to the floor. See that the elbows are shoulder width apart and that the hands form a cup shape. The forearms and hands will form a “U” shape. Place the very top, the crown, of the head onto the floor and in the center of the cup-shaped hands. The back of the skull will be in contact with the thumb mounds. Press the lower arms and wrists firmly into the floor and lift the shoulders, the trapezius and both sides of the neck up. Maintain this lift and raise the knees off the floor. Lift the hips further up toward the ceiling and straighten the legs. Move the back ribs away from the wall. Keep the toes on the floor and the legs straight. This is known as Ardha Sirsasana (Half Headstand). Maintain the lift of the shoulders.

To come out, bend the legs and bring the knees back to the floor. Bring the feet together, knees apart, and sit back on the heels. Extend forward and rest the chest on the thighs, forehead on the floor. Extend the arms, keeping the hands on the floor.

Timing: 30 seconds, or to capacity.

Once confident in Ardha Sirsasana, proceed to Salamba Sirsasana (Supported Headstand). From Ardha Sirsasana, maintain the lift of the shoulders and walk the legs in. Lift the shoulders again. Raise one leg, then the other, up to the ceiling. Place the heels at the wall. Continue to press the forearms into the floor and lift the shoulders, trapezius and sides of the neck. This lift is essential so that the neck is not compressed. Look straight ahead. Over time, and with the continued guidance of a teacher, learn to balance (feet away from the wall).

To come out, keep the lift of the shoulders as you bend the knees, slowly taking the feet to the floor. Bring the feet together, knees apart, and sit back on the heels. Extend the torso and arms forward so that the chest rests on the thighs, forehead on the floor. Extend the arms, keeping the hands on the floor.

Timing: Beginners: 2–5 minutes, to capacity. Experienced students: 5–8 minutes.

Variation: Once you are able to be in Sirsasana for five minutes without strain, there are leg variations that can be practiced. Urdhva Padmasana (Upward Lotus Pose) in Sirsasana is one of those variations. Adding Urdhva Padmasana in Sirsasana to my practice has helped tremendously with maintaining control of my bowels.

Benefits: As noted earlier, in my experience, the inversions helped me maintain brain health and regulated the function of my digestive system and organs of elimination.

Contraindications: Menstruation, pregnancy, vertigo, optic neuritis and neck problems.

Note: Pregnant students who are not new to the pose can practice according to the stage of the pregnancy. Sirsasana may be practiced during pregnancy so long as the pose is not new to the practitioner. Refer to *Yoga: A Gem for Women* (Iyengar 1990) for the best ways to practice during each trimester. Avoid practicing Rope Sirsasana from the second trimester on (due to the possibility of tightening on the lower abdomen).

Alternatives: Dwi Pada Viparita Dandasana (Two Leg Inverted Staff Pose) or Viparita Karani (Waterfall Pose). For optic neuritis, practice Setu Bandha Sarvangasana (Supported Bridge Pose) (Iyengar 1991; Iyengar 2000).

It is best to practice some version of Salamba Sarvangasana or Setu Bandha Sarvangasana after practicing Sirsasana.

SALAMBA SARVANGASANA (SUPPORTED SHOULDERSTAND)

**URDHVA PADMASANA IN SALAMBA SARVANGASANA
(UPWARD LOTUS POSE IN SUPPORTED SHOULDERSTAND)**

SETU BANDHA SARVANGASANA (SUPPORTED BRIDGE POSE)

VIPARITA KARANI (WATERFALL POSE)

Depression

When faced with a life-changing diagnosis (for something yet to be curable) and a body that may not be able to do what it used to, it's only natural to feel a sense of loss, disappointment and even grief. Counseling and medication are compassionate options to help us navigate these waters. As noted earlier, it is helpful to focus on what we *can* do versus what we may not be able to do, and remember that every day is a new opportunity for the possibility of transformation. Some yoga poses may help to elevate our spirits.

SUPTA BADDHA KONASANA (RECLINED BOUND ANGLE POSE)

CHATUSH PADASANA (MODIFIED BRIDGE POSE)

URDHVA MUKHA SVANASANA (UPWARD FACING DOG)



Props: Sticky mat.

Instructions: Lie on the floor in the prone (face down) position. Bend the elbows and place the hands on the floor by the sides of the chest, fingers pointing forward. Keep the feet slightly apart. To help activate the legs and encourage flexion in the feet, turn the toes under. If this is not possible, extend the toes back, with the tops of the feet against the floor. (The pose is generally done with toes extended back. However, anchoring the toes

under can help with flexion of the feet and drop foot.) Inhale, straighten the arms and lift the chest.

If possible, lift the pelvis and legs from the floor, so the extended legs run parallel to the floor. With the arms straight and hands firm, turn the shoulders away from the midline of the body and move the chest forward and up. Turn the head up to the ceiling to extend the cervical spine. Breathe normally.

To come out, exhale, bend the elbows and return to the prone position.

Modification: At first the thighs may not lift from the floor. If it is difficult to lift the legs, keep the knees slightly bent and resting on the floor. Lift the pelvis. Maintain the work in the arms to avoid lower back pain.

Timing: 20–30 seconds; repeat 3–5 times or to capacity.

Benefits: Helps to build strength in the arms and flexibility of the spine. Helps relieve depression. Maintaining arm strength and having flexibility in the spine can be beneficial in the process of getting down to, and up from, the floor.

Contraindications: Low back pain, wrist pain, menstruation, pregnancy, optic neuritis, double vision. If you are subject to vertigo, look forward rather than up while in the pose.

Alternative

For those with wrist challenges, to get a similar extension of the spine, practice this pose at a wall.



Props: Wall.

Instructions: Stand in Tadasana approximately one foot (30 cm) away from, and facing, a wall. Separate the feet no wider than hip distance. If possible, lift the heels off the floor and stand on the metatarsals (balls of the feet).

Walk the hands up the wall toward the ceiling, palms on the wall. Keep the heels raised, arch the spine and look up. Take the navel and pelvis to the wall. Slide the hands down the wall so that the palms are on the wall in line with the waist. Press the heels into the floor.

To come out, look forward, press the hands into the wall, straighten the arms and return to the standing position.

Timing: 10–30 seconds or to capacity; repeat 3–5 times or to capacity.

DHANURASANA (BOW POSE) (PREPARATION)



Props: Sticky mat (optional: folded blanket).

Instructions: Lie on the floor in the prone (face down) position. (You may wish to cushion the pelvis on a folded blanket.) Inhale, bend the elbows, lift the chest and place the forearms on the floor so that the elbows are in line with, and no wider than, the shoulders. Look straight ahead. Keep the pelvis on the floor. Inhale and bend your right leg, bringing the right heel toward the right buttock. Repeat several times in a fluid, flutter-kicking type action. Release and rest in the prone position. Repeat on the second side.

To come out, roll to the right and sit up.

Timing: Repeat to capacity.

Benefits: Prepares the body for further back extensions and lifts the spine. Activating the legs in this manner may help strengthen the muscles of the back of the leg for those who struggle with reverse knee curvature.

Contraindications: If the kicking action causes spasticity in the legs, or if bending the knee is not possible; pregnancy; menstruation.

DHANURASANA (BOW POSE)



Props: Sticky mat (optional: folded blanket, belt).

Instructions: Lie on the floor in the prone (face down) position. (You may wish to cushion the pelvis on a folded blanket.) Inhale, bend the knees and lift the chest from the floor. Reach back with the arms to hold the outer ankles, right hand catching right ankle and left catching left. Lift the head and look straight ahead. Inhale and lift the thighs from the floor. Be sure that the knees do not go wider than hip width apart. Once you have a firm grip on the ankles, take the shins further back and up to offer a bigger opening to the frontal chest.

To come out, release the ankles and return to the prone position, then roll to the right and sit up.

Modification: If unable to hold the ankles, use a belt placed around the fronts of the ankles and hold the belt with the hands.

Timing: 20–30 seconds, or to capacity.

Benefits: Maintains flexibility of the spine and shoulders.

Contraindications: Pregnancy, menstruation.

USTRASANA (CAMEL POSE)



What is pictured is the pose done with chair support, for those who may be subject to abdominal spasms, fatigue or less mobility in the spine. For those who want to do the pose without support, follow the instructions as noted below.

Props: Sticky mat.

Instructions: Kneel on a sticky mat. Keep the knees no wider than hip width apart. Point the toes straight back. With hands on the hips, or at the top of the buttocks, inhale and lift the chest to the ceiling. Keeping the thighs as perpendicular to the floor as possible, begin to arch the chest back and take the hands to the heels, arms straight, fingers pointing in the same direction as the toes. Move the spine into the body and lift the chest further. Release the head and look back. There will be a strong stretch to the frontal abdomen. If you are unable to reach your heels, place a bolster on the backs of the calves near the heels and rest the hands on the bolster. Keep the breath even.

To come out, press the shins down, inhale, lift the chest and return to the kneeling position. Draw the shins together and sit on the heels.

Timing: 20–30 seconds, or to capacity.

Benefits: Relieves depression, energizes the body and mind, and is good preparation for further back extensions.

Contraindications: Pregnancy, menstruation, low back and/or knee pain, vertigo.

Alternative

This pose can be done with support, as described below.

Props: Sticky mat, blankets/bolsters/pillows, chair or small bench.

Instructions: Place several folded blankets, pillows or bolsters on the seat of the chair (or the top of a small bench). Put a sticky mat on the floor near a wall. Kneel on the mat, facing the wall. Place the chair (or bench) close behind. Lift the chest and arch the back so that the upper back and shoulders rest on the bolster, or pillow/blanket support. Have enough support for the neck so that the throat remains soft, not strained. There will be a stretch to the frontal abdomen and intercostal muscles (muscles between the ribs). Attempt to increase the length of the exhalations slightly while in the pose.

To come out, inhale, lift the chest and return to the kneeling position.

Timing: 3–5 minutes, or to capacity.

Benefits: When I was experiencing the MS hug, practicing this pose daily provided relief, though the abdomen felt quite restricted and super tight when first entering the pose.

Contraindications: Vertigo, pregnancy.

**DWI PADA VIPARITA DANDASANA (TWO
LEG INVERTED STAFF POSE)**



This pose can also be done off the side of a bed, with pillow support for the top of the head.

Props: Folding chair, sticky mat, blanket (optional: bolster, extra blankets, bricks).

Instructions: Place a chair close to a wall so that the back of the chair faces the wall. Place a folded sticky mat and a blanket on the seat of the chair. Step through the back of the chair. Be close enough to the wall so that when the legs are extended, the feet make contact with the wall. Once the correct distance from the wall is established, bend the knees and place the feet on the floor. Keep the legs bent and hold the back of the chair. Lift the chest and lie back until the shoulders come on to the chair seat. Position the body so that the bottoms of the shoulder blades are on the front edge of the chair seat. Hold the back legs of the chair. Keep the heels in contact with the floor and extend the legs until they are straight. (If

straightening the legs causes low back pain, elevate the feet on bricks, a bolster or folded blankets.) Release the head back so the crown of the head points toward the floor. If the neck hurts or is gripped, support the crown of the head with a bolster (and/or blankets, as necessary).

To come out, bend the knees, release the arms and reach up to hold the back of the chair. Press your elbows into the chair seat and lift the chest. Inhale, and lift back up to sitting.

Timing: 5 minutes.

Benefits: Improves spinal flexibility, helps with eliminatory function, relieves depression, refreshes the body, prepares the body for more challenging back extensions. This pose is a dynamic alternative to a headstand.

Contraindications: Vertigo. If menstruating or pregnant, support legs on a second chair seat at the same height as the pelvis. Keep legs hip width apart.

Alternative: Salamba Purvottanasana.



URDHVA DHANURASANA (UPWARD FACING BOW) WITH CHAIR SUPPORT

UTTANASANA (INTENSE STRETCH) WITH CHAIR SUPPORT, BUTTOCKS AT WALL

SUPTA PADANGUSTHASANA I (RECLINED HAND TO BIG TOE POSE)

URDHVA PRASARITA PADASANA (UPWARD EXTENDED LEG POSE) WITH WALL SUPPORT

Drop Foot

**SUPTA BADDHA KONASANA (RECLINED
BOUND ANGLE POSE), FEET AT WALL**

**SUPTA PADANGUSTHASANA I (RECLINED
HAND TO BIG TOE POSE) WITH BELT**



Props: Wall, blanket, belt.

Instructions: Lie flat on the floor in Supta Tadasana with a folded blanket placed under the neck and head. Bend the knees. Place the feet flat on the floor, parallel to each other, hip width apart. Bend the left knee toward

the chest and place a belt around the heel. (If less flexible, place the belt around the ball of the foot (head of the metatarsals).) Hold the belt with both hands and straighten the left leg to the ceiling. Keeping the left leg perpendicular to the floor, pull downward on the belt to enhance the connection of the femur bone into the hip socket. With the left leg perpendicular to the floor, alternate between flexion and extension of the left foot. Maintain the position and movement in the left leg, and straighten the right leg along the floor, so the right foot comes into contact with the wall. If the left leg loses its perpendicular position when you straighten the right leg, keep the right leg bent.

To come out, bend the leg toward the chest and remove the belt. Place both feet on the floor with knees bent. Repeat on right side.

Timing: 1–2 minutes per side.

Benefits: Relieves back pain, sciatica, fatigue, foot drop and spasticity. Teaches some of the actions of inversions and provides a way to work the legs in a prone position.

Contraindications: Pregnancy, menstruation.

Alternative: If pregnant or menstruating, practice Supta Baddha Konasana (see Chapter 3, Sequence A, Pose 1).

**SUPTA PADANGUSTHASANA IV (RECLINED HAND TO BIG
TOE POSE IV) (BENT LEGS, BOTTOM FOOT ON FLOOR,
CROSS LEG TO REST ANKLE ON OPPOSITE THIGH)**

**UTKATASANA (POWERFUL; CHAIR POSE) AT
WALL, ANTERIOR OR POSTERIOR**

MALASANA (GARLAND POSE) WITH SUPPORT



Props: Wall or other support (optional: blanket).

Instructions: Stand in Tadasana facing a wall or other support (counter, kitchen sink) that will not move. Hold onto the support and bring the feet together. Bend the knees, and allow the knees to separate slightly and squat. Don't allow the heels to lift.

To come out, press the heels down into the floor, and return to the standing position. Rest for 10–30 seconds. Repeat.

Modification: If there is knee pain, place a folded blanket behind the knees.

Timing: 30 seconds, or to capacity.

Benefits: May relieve low back pain, strengthens legs.

Contraindications: Knee and ankle pain.

Alternative: If you have difficulty bending the legs to this degree of flexion, sit in a chair, with a rolled sticky mat under the balls of the feet, and work to take the heels to the floor.



UTTHITA TRIKONASANA (EXTENDED TRIANGLE POSE)



Props: Support (wall, trestle), quarter round bricks (optional: folding chair).

Instructions: Stand in Tadasana with the back to the support (trestle, wall, countertop). If balance is a challenge, face the support. (You could also have your back to a wall and a chair in front of you for additional support.) If possible, separate the legs 3–4 feet (1 m) apart. Turn the left foot in slightly, and turn the right leg and foot out 90 degrees. Line up the center

of the right heel with the center of the left arch. Lift the right foot and place the balls of the feet onto a quarter round brick (if available; this is a brick shaped like a quarter of a circle) or a slanting plank. These props create supportive flexion in the foot. If you do not have access to these props, place a chair, upside down, on a sticky mat. Make sure the backrest of the upside-down chair is against a wall. Place the right foot on the bottom of the chair seat. This will increase foot flexion.



Straighten the legs. Stretch the arms out to the side in line with the shoulders. Exhale and extend the torso out over the right leg. Take the right hand either onto the right shin, a brick placed on the floor outside the mid calf, the chair, or the floor. Lift the left arm up toward the ceiling or hold the support, as necessary. Turn the right ribs forward. Keep the breath even. In the finished pose, the head turns up to the ceiling.

To come out, press weight into the left heel. Inhale, lift the top arm or use it on the support, and lift back to the upright position. If there is a brick behind your calf, remove it. Take the right leg off the lift and step the legs back to Tadasana. Repeat the pose on the left.

Modification: If there is vertigo or heat sensitivity, turn the head to look down at the right foot.

If you are prone to hyperextension of the forward leg, place a brick so it is firmly wedged at an approximate 45-degree angle behind the calf to help prevent reverse curvature of the knee. With the brick in place, work to lift the quadriceps muscles of the affected leg.

Timing: 30–60 seconds.

Benefits: Strength building, balance.

Contraindications: Avoid this version if unable to stand on your legs.

VIRABHADRASANA II (WARRIOR II) AT TRESTLE OR WALL

ADHO MUKHA SVANASANA (DOWNWARD FACING DOG), HEELS TO WALL

**SALAMBA PURVOTTANASANA (SUPPORTED
STRETCH OF THE EAST) WITH FEET TO WALL**

CHAIR BHARADVAJASANA (CHAIR TWIST)

HALASANA (PLOUGH POSE)

**VIPARITA KARANI (WATERFALL POSE) WITH
WEIGHT ON FEET (ADDING THE WEIGHT REQUIRES
HELP FROM A TEACHER OR A FRIEND)**



Props: Wall, bricks, bolster, blanket(s), belts (optional: sandbag (8–10 pounds/3.5–4.5 kg)).

Instructions: Place two bricks against a wall, about one and a half feet apart. Put a bolster (if you don't have a bolster, use a stack of folded blankets) on the floor in front of the bricks. Place the long edge of the bolster parallel to the wall. The bricks are there to create space between the wall and the bolster. Keep a folded blanket nearby to put under the head and neck.

Sit sideways on the bolster close to the wall. Place the hands on the floor, beyond the bolster, and take the legs up the wall. Lie back so that the hips remain on the bolster and the shoulders are on the floor. To move closer to the wall, bend the knees, and place the feet on the wall. Keep the feet on the wall and lift the hips off the bolster. Keep the hips up and walk the shoulders in toward the bolster. This action takes a little bit of getting used to but with practice becomes easier. Place the blanket behind the head and neck. Straighten the legs so they are against the wall and perpendicular to the floor. Flex the feet. If there is a teacher or friend who is available, have that person place a sandbag (8–10 pounds/3.5–4.5 kg) onto the flexed feet. If the legs are unable to be held together, they can be belted.



To come out, have the sandbag removed by the teacher or friend. Bend the knees and place the feet on the wall. Push the feet into the wall and move the hips off the bolster, so that the hips and back rest on the floor. When ready, gently roll to the right and sit up.

Timing: 5–10 minutes.

Contraindications: Menstruation.

Alternative: This pose can also be done with bent legs to relieve fatigue; however, practicing the pose with bent legs does not address the drop foot.

To become more familiar with the action of getting into Viparita Karani, try doing Urdhva Prasarita Padasana (Upward Extended Leg Pose) with wall support first. Have a folded blanket nearby to support the head and

neck. Sit on the floor with the left side of the body near the wall. Bend the knees and lie down on the right side. From this position, move the buttocks to the wall. Keep the buttocks in contact with the wall and roll over onto the back. Swing the legs up the wall. Use the arms and hands to support the lift of the legs if necessary. Place the blanket under the head and neck. If there is a teacher or friend who is available, have that person place a sandbag (8–10 pounds/3.5–4.5 kg) onto the flexed feet.

To come out, have the sandbag removed by the teacher or friend. Bend the knees and place the feet on the wall. Push the feet into the wall and move away from the wall so that there is room to easily roll over to the right. When ready, gently roll to the right and sit up.

SAVASANA (RELAXATION/CORPSE POSE)

Fatigue

SUPTA BADDHA KONASANA (RECLINED BOUND ANGLE POSE)

Props: Wall, bolster, blankets/towels/pillows.

Instructions: Sit in front of the bolster, facing a wall. Place the soles of the feet together, toes apart and braced at the wall. Keep the little toe sides of the feet in contact with each other. Lie back onto the bolster. Place a folded blanket under the head so the head does not drop back. Support the outer hips with blankets/towels/pillows so the inner groins remain soft. While in the asana, observe the rhythm of the breath. Soften the abdomen. Release mental and physical tension through long, quiet exhalations.



To come out, bring the knees together. Remove any outer hip support, roll to the right and sit up.

Timing: 5 minutes or to capacity.

Benefits: Reduces fatigue, aids digestion, can relieve spasticity.

Contraindications: If the low back hurts, remove the bolster and lie flat on the floor. Use blankets to support the head and outer hips as described above.

SUPTA PARVA PAVANAMUKTASANA (SIDE BOLSTER TWIST)

Props: Bolster.

Instructions: Place a bolster on the floor so that the end of the bolster is perpendicular to the outer right hip. Extend the right leg, bend the left knee and place the top of the left foot on the floor, on the outside of the left hip. Turn the torso toward the bolster and place the hands on the floor, on either side of the bolster. Inhale and lift the spine. Exhale and, turning the torso to face the bolster, lay the torso down on the bolster. Turn the head to the right or left—whichever feels most comfortable for the neck.



To come out, press the hands into the floor, straighten the arms and lift the torso up off the bolster. Straighten the left leg. Repeat on the other side.

Timing: 3–5 minutes per side.

Benefits: Relieves back pain, helps with digestion and improves function of abdominal organs, maintains spinal rotation and mobility, helps to relieve fatigue.

Alternative: If getting to the floor or if bending the knees in the above position is not possible, try sitting on a chair or bench. Separate the legs and feet, and turn the torso over the right thigh. Support the torso and head with a bolster and blankets for Parsva Pavanamuktasana (Side Wind Release).



ADHO MUKHA SVANASANA (DOWNWARD FACING DOG)

**SALAMBA SIRASASANA (SUPPORTED HEADSTAND)
(ALTERNATIVE: DWI PADA VIPARITA DANDASANA)**

**SALAMBA PURVOTTANASANA (SUPPORTED
STRETCH OF THE EAST)**



Props: 2 folding chairs/wooden table, 2 bolsters, blanket, brick.

Instructions: If you have access to two chairs, set them up so that the chair seats face each other, and so that the back of one of the chairs faces a wall. (Alternatively, a sturdy wooden coffee table, or similar platform, works well in place of chairs.) If the set-up is too challenging, move on to the next pose.

Once you have your chairs set up, place a sticky mat and a bolster lengthwise on the seat of the chair with its back to the wall. Place the second chair close so the sticky mat reaches the seat of the second chair. Place a second bolster lengthwise, along with a blanket, on the seat of the second chair. Use a brick, if necessary, to support the far edge of the second bolster. You may require the assistance of a helper to accomplish this.

Sit on the front edge of the bolster that is closest to the wall (on the chair with its back facing the wall). Take your legs through the opening in the back of the chair. Move the second chair, now behind you, closer to you so that the opposite end of the bolster you are seated on is also supported on the seat of the second chair. The distance of the second chair will need to be adjusted according to the length of your torso. Stagger the second bolster so that it will be close to but not touching your lower back. Ensure that both bolsters are now supported on the seats of the two chairs with a

sticky mat to hold them in place. Hold the back of the chair in which you are seated. Lie back over the second bolster. Place a folded blanket behind the head and neck.

You may require the assistance of a helper to accomplish this.



Alternatively, as a base, set up the staggered bolsters on a sturdy table or platform such as a wooden coffee table, treatment table or firm bed, so that the base supports the bolsters and body in a similar shape. Sit on the front edge of the bottom bolster. Lie back over the second bolster. Place a folded blanket behind the head and neck.

Straighten the legs, stretch the heels toward the wall and move the toes up the wall (feet in flexion). Allow the front body to open and expand.

To come out, bend the knees and lift yourself up to a seated position. Lean forward slightly to stretch the back.

Timing: 5–10 minutes, or to capacity.

Benefits: Helps relieve fatigue, spasticity and depression. Helps to overcome fear. The slight back arch may help to energize the body and offer a new perspective. Helps to cultivate courage.

**URDHVA DHANURASANA (UPWARD
FACING BOW) WITH SUPPORT**



This is for a more experienced practitioner. It is best to be guided by a certified teacher or yoga therapist when learning this pose.

Props: Wall, chair, sticky mat.

Instructions: Place a chair on the floor with the back of the chair about arm's distance from a wall. Fold the sticky mat so it is about six inches (15 cm) wide and drape it over the backrest of the chair. Sit on the chair, facing forward, and move the buttocks to the back of the chair. With the toes and balls of the feet on the floor, lift the heels and place them up the front legs of the



chair. Sit so the back ribs rest on the folded sticky mat. Hold the back of the chair with the inner elbows. Pause.

Important: Keep the heels on the front legs of the chair, and the back ribs on the back of the chair, while in the pose.

Exhale, press the heels into the chair legs, lift the buttocks off the chair and roll the chest over the back of the chair. Internally rotate the thighs. Pause. If stable, extend the arms overhead, and take the hands to the wall. If possible, walk the hands down the wall toward the floor. If you are too close to, or too far from, the wall, come out and move the chair as needed.

To come out, walk the hands up the wall, hold the sides of the chair with the elbows and sit down. Repeat three or four times.

Benefits: Offers flexibility to the spine, energizing.

Contraindications: Vertigo, pregnancy, weak legs.

CHAIR BHARADVAJASANA (CHAIR TWIST)

HALASANA (PLOUGH POSE) WITH SUPPORT



This pose is for students who practice Salamba Sarvangasana regularly. As with all inversions, it is best to be guided into this pose with the help of a certified yoga teacher or yoga therapist.

Props: Sticky mat, blankets, chair.

Instructions: Place a sticky mat on the floor. Fold three or four blankets into a rectangular shape. Stack the blankets, at the narrow end of the sticky mat. The way the blankets are placed on the mat is very important. When you stack the blankets, be certain that the smooth, folded edges all face the same direction. Place the blanket stack on the mat so that the smooth, folded side of the stack is at the front edge of the end of the sticky mat. Once the blanket stack is in place, bring the other end of the sticky mat over the top of the blanket stack. Place a brick or bolster on the floor, up against the back edge of the blanket stack (on top of the folded mat). Put a chair on the floor, in front of the blanket stack.

Lie down on the blanket lift with the shoulders on the blankets, the neck off the blankets, head on the floor. Pull the chair up to the edge of the blanket lift. At this point, the chair will be directly above the head. If using a chair, turn it sideways so that the chair legs will be on either side of the head. Bend the knees, place the feet onto the bolster and lift the pelvis up. Interlock the fingers behind the back and straighten the arms, pressing the little fingers onto the blanket lift. Externally rotate the arms by turning the shoulders, one at a time, from the centerline of the body toward the outer arms. Observe the lift to the back ribs and the spreading across the collarbones. Release the interlocked fingers and place the hands, palms down, onto the bolster behind you. Inhale and, on an exhalation, swing the legs overhead to the support. Rest the front thighs on the chair. Release the arms, extend them overhead (on the outside of the legs of the chair) and allow them to soften. Keep the gaze of the eyes in toward the chest. Do not turn the head. Breathe normally.

To come out, bend the knees and place the hands on the back. Keep the head on the floor and slowly release the hips back down to the blanket lift. As the hips come toward the floor, release the hands from the back. (The straighter the legs are when coming out, the slower the descent will be.) Bend the knees and place the feet on the bolster/brick. Stay there for a

minute or two. Press the feet down and push back off the front edge of the blanket stack so that the shoulders come to the floor. When ready, gently roll to the right and sit up.

Timing: 5–10 minutes, or to capacity.

Benefits: I have found this to be one of the most important poses to relieve fatigue.

Contraindications: Menstruation.

Alternatives: Setu Bandha Sarvangasana (Chapter 3, Sequence A, Pose 13) or Viparita Karani.

**SETU BANDHA SARVANGASANA (SUPPORTED
BRIDGE POSE) WITH BRICKS**



Props: Wall, bolster, several blankets, 2 bricks (pictured above using wood brick for sacrum).

Instructions: Sit on the floor, close to, and facing, a wall. Place the soles of the feet against the wall and straighten the legs. Place a brick, bolster or several folded blankets next to your outer hip. The lift should be perpendicular to the body and parallel to the wall. Have a blanket for head, neck and shoulder support within easy reach. Place the other brick(s) against the wall.

Lie back on the floor with the folded blanket under your head, neck and shoulders. At this point, the brick, bolster or blankets will still be on the floor by your outer hips. This measurement is a starting point and may need to be adjusted. Bend your knees, place your feet on the floor and lift the buttocks (as in Chatush Padasana). Slide the wood brick, bolster or blanket underneath the buttocks so the sacrum is supported and there

is a corresponding curvature and openness to the chest. The head, neck and shoulders remain on the blanket support on the floor. The body will resemble the shape of a bridge. If it does not bother the back, straighten the legs to the wall, keeping an internal rotation to the legs. Elevate the feet on a brick(s) at the wall, if necessary. If the feet do not reach the wall, adjust the position of the support to be closer to the wall. If you experience pain in the lower back, keep the knees bent and the feet on the floor. While in the pose, observe the stretch at the base of the abdomen, and the evenness of the breath.

To exit, bend the knees and place the feet on the floor. Press the feet down, lift the buttocks up and slide the brick, bolster or blankets that were underneath your sacrum to your left side. As you release the hips to the floor, move the buttocks toward the heels to lengthen the low back. Bend the knees toward your chest to stretch the low back. Place the feet back on the floor and roll to the right side. Bend the knees deeper and bring the left side of the body toward the right. Place the hands on the floor and use the arms to push up to a seated position.

Timing: 5 minutes.

VIPARITA KARANI (WATERFALL POSE) WITH BENT LEGS



Props: Bolsters, blankets, support for legs (chair, couch, bed).

Instructions: Place a bolster (or a stack of folded blankets) on the floor a few inches in front of a support (chair, couch, bed). Place another blanket on the floor about 12 inches (30 cm) in front of the support for under the head. Sit sideways on the bolster, move the hands back to the floor, turn the torso, lift the legs and rest the calves on the support. Lie all the way back so that the back, shoulders and head come to the floor. Be close enough to the support so that the thighs are perpendicular to the floor and the lower legs are parallel to the floor. (Have enough support under the hips and/or lower legs to create the 90-degree angle of the legs as described.) Separate the legs so they are hip width apart.

To come out, bend the knees toward the chest and put the feet at the front edge of the support. Push the feet into the support and move the hips off the bolster, so that the hips and back rest on the floor. When ready, gently roll to the right and sit up.

Modification: If Lhermitte's is present, place additional blanket support under the shoulders so the neck is not in flexion.

Timing: 5–10 minutes, or to capacity.

Benefits: Helps vanquish fatigue, speeds recovery.

Contraindications: Menstruation.

SAVASANA (RELAXATION/CORPSE POSE)

UJJAYI PRANAYAMA (UPWARD CONQUERING BREATH), RECLINED

Gait, Walking, Ataxia

It is worth noting that practicing *all* of the asanas has the potential to enhance coordination, improve gait and ataxia, and mitigate dysmetria. In particular, all of the standing poses, practiced with support, have helped to increase my mobility and stability. If you have difficulty separating the legs out to the side, begin by practicing the standing poses that involve separating the legs front to back (on a sagittal plane). You may find this

movement more accessible. As you gain strength and confidence in the legs, you can begin to practice the revolved standing poses.

If standing is not possible, refer to Chapter 3, Sequence B.

Another option is to practice Supta Padangusthasana I and II, which can be done while lying on the floor.



The use of props in all asanas provides feedback for the peripheral nerves, which facilitates communication with the motor nerves. This enhances proprioception—the ability to know where the body is in its surroundings.

SUPTA PADANGUSTHASANA I (RECLINED HAND TO BIG TOE POSE)

TADASANA (MOUNTAIN POSE) WITH BRICK

URDHVA BADDHANGULIYASANA (UPWARD FACING BOUND FINGER POSE) AND URDHVA NAMASKARASANA (UPWARD GREETING POSE)

UTKATASANA (POWERFUL; CHAIR POSE)

UTTHITA HASTA PADANGUSTHASANA (STANDING HAND TO BIG TOE POSE), INCLUDING STEP-UP ON STOOL OR SMALL BOX

VIRABHADRASANA I (WARRIOR I)



Props: Optional: wall or other support, brick, sticky mat, chair.

Instructions: Stand in Tadasana. Place the hands on the hips and step the right leg forward and the left leg back. Keep the left ribs and chest facing forward. Press the left heel into the floor. If the heel does not reach the floor, place a brick or a rolled sticky mat under the heel to press the heel into. (Pressing the heel into the floor or other support creates a closed circuit.) Align the right heel with the left heel. Lift the chest and bend the right leg until a right angle is formed—thigh parallel to the floor, shin perpendicular. Keep the knee in line with the right hip. Keep the left leg straight. Extend the arms, shoulder width apart, overhead and look up between the two hands.

To come out, look straight ahead. Straighten the right leg. Hold the support, as required, and step the left leg forward. Return to Tadasana. Repeat on the second side.

Timing: 20–30 seconds, or to capacity.

Contraindications: For those with vertigo or balance challenges, do not look up when the arms are raised. Keep the gaze forward. If you are subject to heat sensitivity, do not hold the arms overhead for a long time.

Modification

If you require support, stand with the side of the body near a support. This pose can also be done seated on a chair.

Instructions: Sit near the front edge of a chair seat. Move the buttocks to

the left, so that the left buttock bone is free of the chair. Keep the right leg bent and the right foot on the floor. Hold the chair seat for stability, and bend the left leg so that the left knee faces the floor. Extend the arms overhead.

To come out, take the hands back onto the chair seat. Bring the left leg forward and place the left foot on the floor next to the right foot. Repeat on the other side.

This can also be done facing a wall, using two bricks, as described below. One brick must be foam.

Instructions: Place a sticky mat on the floor with the narrow edge at the wall. Place a brick, at the lowest height, at the wall with the narrow edge of the brick flush to the wall. Place the fingertips at the wall and step your right foot onto the brick with the toes curled slightly up the wall. Carefully step your left leg back toward the center of the room, with the left heel in line with the right heel. Bend your right leg to a 90-degree angle. If you are stable, place the foam brick at the top of your right shin bone to create a closed circuit. Use the fingertips at the wall for balance. Work to keep the right knee and hip in line. Feel the thighbone connected into the hip.



To come out, with your right hand grab the foam brick and carefully straighten your right leg. Step the right leg down and repeat on the second side.

Timing: 30–60 seconds.

VIRABHADRASANA II (WARRIOR II)



Props: Optional: support, chair.

Instructions: Stand in Tadasana near a support. Walk the legs wide (about 4 feet/1 m) apart. Keep the chest facing forward. Extend the arms out to the sides, in line with the shoulders. Turn the right leg out 90 degrees so that the right ankle, knee and hip are in one straight line. Turn the left toes in slightly. Align the right heel with the center of the left arch. Keep the left leg straight and bend the right leg to make a right (90-degree) angle. Keep the right knee directly above the right heel, right shin perpendicular to the floor. Keep the left leg straight. Keep the torso centered so it does not lean to the right. Turn the head and gaze toward the right fingers.

To come out, straighten the right leg. Turn the feet forward. Step the feet together and return to Tadasana. Repeat the pose on the other side.

Timing: 30 seconds or to capacity.

Alternatives: If you require support, stand with the back against the support. If you have access to a trestle or countertop, you can rest the arms on the counter for support as you bend the legs. If balance is more of a challenge, face the support



as you enter and exit the pose. Follow the instructions above. This pose can also be done seated on a chair.

**PARSVOTTANASANA (INTENSE STRETCH OF
SIDE BODY) WITH HANDS DOWN**



If you are newer to yoga, do this pose before Virabhadrasana I (Warrior I). This helps to develop the actions of stepping the legs apart. Once you begin to practice Warrior I, practice this pose after Warrior I, in the order in which it appears in this sequence.

Props: Bricks or chair (optional: blanket or sticky mat, support such as wall, trestle or countertop).

Instructions: Place two bricks, or a chair, on the floor. Stand in Tadasana, facing the bricks or chair. Place the hands on the hips. Step the right leg forward so it is between the two bricks, or front legs of the chair. Step the left leg back. Keep the torso facing forward. Press the left heel to the floor. If the heel does not reach the floor, place a brick or a rolled sticky mat under the heel to press the heel into. (Pressing the heel into the floor or other support creates a closed circuit.) Align the right heel with the left heel to make

balancing easier, otherwise align the right heel with the left arch. With the hands on the hips, lift the chest and arch the shoulders back to make the back concave. Extend the neck further back and look up to the ceiling. Maintain the extension of the front spine, release the arch of the shoulders, bring the head up and look straight ahead. Exhale, extend the torso over the right leg and place the hands on the bricks or chair seat. Keep the legs straight and the pelvis parallel so neither hip drops. If you are able, release the head down, move the hands to the floor and extend the torso over the right leg.

To come out, raise the head. Place the hands back on the bricks or chair seat. Move the hands to the hips. Keeping the legs straight, extend the torso forward, inhale and lift back up to standing. Step the left leg forward and return to Tadasana. Rest a moment. Repeat on the other side.

Timing: 20–30 seconds.

Contraindications: For those with vertigo or balance challenges, do not look up when arching the shoulders back; instead, keep the gaze forward.

Alternatives: If you require support, stand with the right side of the body near the support (wall, trestle, counter). Hold the support with the right hand, left hand on the left hip. Step the right leg forward. Hold onto the support as you extend the torso. Proceed with the instructions above.

This pose can also be done facing a support (wall, trestle, counter) (not pictured). Stand in Tadasana approximately 12 inches (30 cm) away from the support. Face the support, place the fingertips on the support and step the left leg back. Align the left heel with the right heel. Follow the instructions above, keeping the legs straight as you extend the spine forward.

VIRASANA (SEATED HERO POSE)

URDHVA PRASARITA PADASANA (UPWARD EXTENDED LEG POSE) WITH WALL SUPPORT, WITH BELTS IF REQUIRED

CHATUSH PADASANA (MODIFIED BRIDGE POSE)

SALAMBA SARVANGASANA (SUPPORTED SHOULDERSTAND)

SAVASANA (RELAXATION/CORPSE POSE)

MS Hug

SUPTA BADDHA KONASANA (RECLINED BOUND ANGLE POSE)

SUPTA VIRASANA (RECLINED HERO POSE)

MATSYASANA (FISH POSE)

**PRASARITA PADOTTANASANA I (EXTENDED
INTENSE STRETCH OF LEGS)**

SALAMBA USTRASANA (SUPPORTED CAMEL POSE)

When I was experiencing the MS hug, practicing this pose daily brought significant relief, though the abdomen felt quite restricted and super-tight when first entering the pose.



Props: Sticky mat, blankets/bolsters/pillows, chair or small bench.

Instructions: Place several folded blankets, pillows or bolsters on the seat of the chair (or the top of a small bench). Put a sticky mat on the floor near a wall. Kneel on the mat, facing the wall. Place the chair (or bench) close behind. Lift the chest and arch back so that the upper back and shoulders rest on the bolster or pillow/blanket support. Have enough support for the neck so that the throat remains soft, not strained. There will be a stretch to

the frontal abdomen and intercostal muscles (muscles between the ribs). Attempt to increase the length of the exhalations slightly while in the pose.

To come out, inhale, lift the chest and return to the kneeling position.

Timing: 3–5 minutes, or to capacity.

Benefits: May help relieve depression.

Contraindications: Pregnancy; can exacerbate vertigo.

**DWI PADA VIPARITA DANDASANA (TWO
LEG INVERTED STAFF POSE)**



This pose can also be done off the side of a bed, with pillow support for the top of the head.

Props: Folding chair, sticky mat, blanket (optional: bolster, extra blankets, bricks).

Instructions: Place a chair close to a wall so that the back of the chair

faces the wall. Place a folded sticky mat and a blanket on the seat of the chair. Step through the back of the chair. Be close enough to the wall so that when the legs are extended, the feet make contact with the wall. Once the correct distance from the wall is established, bend the knees and place the feet on the floor. Keep the legs bent and hold the back of the chair. Lift the chest and lie back until the shoulders come on to the chair seat. Position the body so that the bottoms of the shoulder blades are on the front edge of the chair seat. Hold the back legs of the chair. Keep the heels in contact with the floor and extend the legs until they are straight. (If straightening the legs causes low back pain, elevate the feet on bricks, a bolster or folded blankets.) Release the head back so the crown of the head points toward the floor. If the neck hurts or is gripped, support the crown of the head with a bolster (and/or blankets, as necessary).

To come out, bend the knees, release the arms and reach up to hold the back of the chair. Press your elbows into the chair seat and lift the chest. Inhale, and lift back up to sitting.

Timing: 5 minutes.

Benefits: Improves spinal flexibility, helps with eliminatory function, relieves depression, refreshes the body, prepares the body for more challenging back extensions. This pose is a dynamic alternative to headstand.

Contraindications: Vertigo. If menstruating or pregnant, support legs on a second chair seat at the same height as the pelvis. Keep legs hip width apart.

**SALAMBA PURVOTTANASANA (SUPPORTED
STRETCH OF THE EAST)**



Props: 2 folding chairs/wooden table, 2 bolsters, blanket, brick.

Instructions: If there are two chairs, set them up so that the chair seats face each other, and so that the back of one of the chairs faces, and is near, a wall. (Alternatively, a sturdy wooden coffee table, or similar platform, works well in place of chairs.) If the set-up is too challenging, move on to the next pose.

Once you have your chairs set up, place a sticky mat and a bolster lengthwise on the seat of the chair with its back to the wall. Place the second chair close so the sticky mat reaches the seat of the second chair. Place a second bolster lengthwise, along with a blanket, on the seat of the second chair. Use a brick, if necessary, to support the far edge of the second bolster. You may require the assistance of a helper to accomplish this.



Sit on the front edge of the bolster that is closest to the wall (on the chair with its back facing the wall). Take your legs through the opening in the back of the chair. Move the second chair, now behind you, closer to you

so that the opposite end of the bolster you are seated on is also supported on the seat of the second chair. The distance of the second chair will need to be adjusted according to the length of your torso. Stagger the second bolster so that it will be close to but not touching your lower back. Ensure that both bolsters are now supported on the seats of the two chairs with a sticky mat to hold them in place. Hold the back of the chair in which you are seated. Lie back over the second bolster. Place a folded blanket behind the head and neck.

You may require the assistance of a helper to accomplish this.

Alternatively, as a base, set up the staggered bolsters on a sturdy table or platform such as a wooden coffee table, treatment table or firm bed, so that the base supports the bolsters and body in a similar shape. Sit on the front edge of the bottom bolster. Lie back over the second bolster. Place a folded blanket behind the head and neck.

Straighten the legs, stretch the heels toward the wall and move the toes up the wall (feet in flexion). Allow the front body to open and expand.

To come out, hold the back of the chair you are facing, bend the knees and put the feet on the floor. Slowly pull yourself up to a seated position. Lean forward slightly to stretch the back.

Timing: 5–10 minutes, or to capacity.

Benefits: Helps to relieve fatigue, spasticity and depression. Helps to overcome fear. The slight back arch may help to energize the body and offer a new perspective. Helps cultivate courage.

CHAIR BHARADVAJASANA (CHAIR TWIST)

SALAMBA SARVANGASANA (SUPPORTED SHOULDERSTAND)

HALASANA (PLOUGH POSE)

SAVASANA (RELAXATION/CORPSE POSE) WITH WEIGHT ON THIGHS TO HELP RELAX ABDOMEN

UJJAYI (UPWARD CONQUERING BREATH), RECLINED (FOCUS ON EXHALATION)

Neural Pain (Burning), Clonus, Dysesthesia, Formication, Paresthesia

SUPTA VIRASANA (RECLINED HERO POSE)

**SUPTA PADANGUSTHASANA (RECLINED
HAND TO BIG TOE POSE) I, II, IV**

UPESHREYA SEATED (SEATED L-SHAPE POSES)



Props: Wall, folding chair, bricks, bolster, blankets.

Instructions: A support can be created by turning a chair upside down. Place the top edge of the upside-down chair at a wall. Place two bricks on the now inverted chair seat. Angle a vertical bolster against the bricks, perpendicular to the floor. Fold a blanket and place it on the floor in front of the chair seat. Have several other blankets or pillows nearby if needed to support the head, neck and forearms.



Sit on the blanket in front of the chair seat. Extend the legs (Dandasana). If possible, have a small stool or table turned on its side to rest the soles of the feet flexed against. This creates a closed circuit for the nerves. Lie back over the angled bolster and support the head and neck as needed.

To come out, bend the knees and place the feet on the floor. Place the hands by the outer hips, inhale and sit up.

Other leg variations in this pose include Baddha Konasana, Sukhasana and Upavistha Konasana.



Benefits: Calms the nerves, relieves fatigue, helpful for vertigo.

SUPPORTED FORWARD EXTENSIONS (WITH CHAIR SUPPORT)

SIDE BOLSTER TWISTS

ADHO MUKHA SVANASANA OR HALF UTTANASANA

PRASARITA PADOTTANASANA I (EXTENDED INTENSE STRETCH OF LEGS)

ROPE SIRASASANA (ROPE HEADSTAND) OR SALAMBA PURVOTTANASANA (SUPPORTED STRETCH OF THE EAST)

SETU BANDHA SARVANGASANA (SUPPORTED BRIDGE POSE)

**VIPARITA KARANI (WATERFALL POSE) WITH
BELTS AND WEIGHT FOR FEET**

SALAMBA VIPARITA KARANI (SUPPORTED WATERFALL POSE)

Props: Blankets or bolsters, support (chair, couch, bed) (optional: sandbags).

Instructions: Stack the blankets/bolsters a few inches away from the front of the support. Place a blanket on the floor for the head and shoulders. Sit sideways on the bolsters/blankets. Lean back and take the hands down onto the floor behind you. As you do this, swing



the legs up and rest the lower legs on the support. Lie all the way back until the shoulders and back of the head rest on the blanket on the floor. Position the hips on the support so that the lower legs are perpendicular to the floor. Keep the legs hip width apart. (The support under the hips and lower legs should be high enough that the upper and lower legs form a right angle.) If possible, have a teacher or friend place a pillow or another bolster on the shins.

Remove any weights from the arms and shins. Bend your knees and use the hands to slide the buttocks down to the floor.

Note: If Lhermitte's is present, place additional support underneath the shoulders so the neck is not in flexion. If there is a burning sensation in the arms, have a teacher or friend place an 8–10-pound (3.5–4.5 kg) sandbag onto the forearms. A 10-pound (4.5 kg) package of rice or granulated sugar could be used as a temporary alternative, though a sandbag works best. Sandbags for this purpose can be found at many yoga outlets and online. The weight can be placed onto any affected area, which may also include the shins, thighs, shoulder region, abdomen and more. The weight may help to ease the neural pain by offering a light compression on the affected nerves.

To come out, remove any weights from the arms and shins. Bend the knees, press the feet into the support and slide the buttocks back down to the floor. Gently roll to the right and sit up.

Timing: 5–10 minutes, or longer.

Benefits: Deep rest and recovery. Relieves fatigue and exhaustion, cools the body. This is an alternative to Setu Bandha Sarvangasana.

Contraindications: Menstruation.

SAVASANA (RELAXATION/CORPSE POSE) WITH WEIGHTS FOR THIGHS, LEGS APART AND SUPPORTED WITH ROLLED BLANKETS

Props: Bolsters, blanket(s), sandbags.

Instructions: Sit on the floor. Place a blanket on a sticky mat, with a folded blanket for the head and neck. Bend the knees, and lie back on the floor. Adjust the blanket under the head and neck so that the skin of the forehead releases toward the bridge of the nose (the head should not drop back). Separate the legs and place rolled blankets to your outer hips. Place a bolster or additional blankets across the top of the thighs. If you have access to a teacher or friend, have them place additional weight onto your thighs.



Close the eyes. Breathe deeply, concentrating on slow, soft, easy inhalations and slightly elongated exhalations. With each exhalation,



release any tension or gripping you feel. Relax deeply and completely.

If you have access to additional props, have the teacher or friend place sandbags onto the outer shoulders and the forearms as pictured in Salamba Viparita Karani. Have the sandbags placed in such a way that there is an

external rotation to the arms. (If you do not have access to sandbags, you may find the weight of the bolster on the thighs to be enough to help soothe the nerves.)

To come out, have the teacher or friend remove the sandbags from the outer shoulders and arms, and remove any additional weight on your thighs. Rest a moment. Then bend the knees. The bolster on the thighs will simply fall to the side. Gently roll over to the right. Keeping the knees drawn in toward the chest, turn the left shoulder and chest toward the floor, push the hands into the floor and straighten the arms to raise the torso. Return to a seated position.

Timing: 5–15 minutes.

Benefits: Conscious relaxation has the potential to refresh both the body and mind. The weights may help calm the nerves and relieve any burning or pain. This may also help to relieve spasticity.

Contraindications: If you are subject to low back pain, place the bolster under the knees.

Spasticity

As noted in Chapter 1, some movements can cause a spasm to occur. When in spasm, immediate relief is not always accessible; therefore the best approach to spasticity relief is to take preemptive measures.

SUPTA BADDHA KONASANA (RECLINED BOUND ANGLE POSE)

Props: Wall, bolster, blankets/towels/pillows.

Instructions: Sit in front of the bolster, facing a wall. Place the soles of the feet together, toes apart and braced at the wall. Keep the little toe sides of the feet in contact with each other. Lie back onto the bolster. Place a folded blanket under the head so the head does not drop back. Support the outer hips with blankets/towels/



pillows so the inner groins remain soft. While in the asana, observe the rhythm of the breath. Soften the abdomen. Release mental and physical tension through long, quiet exhalations.

To come out, bring the knees together. Remove any outer hip support, roll to the right and sit up.

Certain movements can cause spasticity. If you find this happens when doing this pose, continue to use the bolster and blankets as described above, but move the body further away from the wall to ease the flexion in the legs. The feet remain at the wall, but the knees will be less bent. Also try putting additional support (bolster, blankets) underneath the knees in this more relaxed position of the angled legs.

Timing: 5 minutes or to capacity.

Benefits: Reduces fatigue, aids digestion, can relieve spasticity.

Contraindications: If the low back hurts, remove the bolster and lie flat on the floor. Use blankets to support the head and outer hips as described above.

Alternative: Savasana (Relaxation/Corpse Pose) with a bolster under the knees for support; slight external thigh rotation with feet at the wall.

TADASANA (MOUNTAIN POSE)

URDHVA BADDHANGULIYASANA (UPWARD BOUND FINGER POSE), URDHVA NAMASKARASANA (UPWARD GREETING POSE)

VRKSASANA (TREE POSE)

VIRABHADRASANA II (WARRIOR II)

UTTHITA TRIKONASANA (EXTENDED TRIANGLE POSE)

PRASARITA PADOTTANASANA I (EXTENDED INTENSE STRETCH OF LEG)

ADHO MUKHA SVANASANA (DOWNWARD FACING DOG)

**SALAMBA PURVOTTANASANA (SUPPORTED
STRETCH OF THE EAST)**



Props: 2 folding chairs/wooden table, 2 bolsters, blanket, brick.

Instructions: If there are two chairs, set them up so that the chair seats face each other, and so that the back of one of the chairs faces, and is near, a wall. (Alternatively, a sturdy wooden coffee table, or similar platform, works well in place of chairs.) If the set-up is too challenging, move on to the next pose.

Once you have your chairs set up, place a sticky mat and a bolster lengthwise on the seat of the chair with its back to the wall. Place the second chair close so the sticky mat reaches the seat of the second chair. Place a second bolster lengthwise, along with a blanket, on the seat of the second chair. Use a brick, if necessary, to support the far edge of the second bolster. You may require the assistance of a helper to accomplish this.

Sit on the front edge of the bolster that is closest to the wall (on the chair with its back facing the wall). Take your legs through the opening in the back of the chair. Move the second chair, now behind you, closer to you so that the opposite end of the bolster you are seated on is also supported on the seat of the second chair. The distance of the second chair will need to be adjusted according to the length of your torso. Stagger the second bolster so that it will be close to but not touching your lower back. Ensure that both bolsters

are now supported on the seats of the two chairs with a sticky mat to hold them in place. Hold the back of the chair in which you are seated. Lie back over the second bolster. Place a folded blanket behind the head and neck.

You may require the assistance of a helper to accomplish this.



Alternatively, as a base, set up the staggered bolsters on a sturdy table or platform such as a wooden coffee table, treatment table or firm bed, so that the base supports the bolsters and body in a similar shape. Sit on the front edge of the bottom bolster. Lie back over the second bolster. Place a folded blanket behind the head and neck.

Straighten the legs, stretch the heels toward the wall and move the toes up the wall (feet in flexion). Allow the front body to open and expand.

To come out, bend the knees and lift yourself up to a seated position. Lean forward slightly to stretch the back.

Timing: 5–10 minutes, or to capacity.

Benefits: Helps to relieve fatigue, spasticity and depression. Helps to overcome fear. The slight back arch may help to energize the body and offer a new perspective. Helps cultivate courage.

It is worth noting that this pose was quite effective in reducing spasticity in a student who was in a severe state of spasm where the legs retracted toward the chest. In this case, the student was set up on a wide platform with the legs belted, similar to what is shown above.

**ROPE SIRASANA (ROPE HEADSTAND) (ALTERNATIVE:
DWI PADA VIPARITA DANDASANA)**

URDHVA MUKHA SVANASANA (UPWARD FACING DOG)

SALAMBA USTRASANA

**SALAMBA SARVANGASANA (SUPPORTED
SHOULDERSTAND) WITH VARIATIONS TO CAPACITY**



Props: Sticky mat, 3–4 blankets, brick or bolster (optional: support, such as chair, bench).

Instructions: Place a sticky mat on the floor. Fold three or four blankets into a rectangular shape. Stack the blankets at the narrow end of the sticky mat. The way the blankets are placed on the mat is very important. When you stack the blankets, be certain that the smooth, folded edges all face the same direction. Place the blanket stack on the mat so that the smooth, folded side of the stack is at the front edge of the end of the sticky mat. A blanket lift is given for the shoulders to help protect the cervical spine.

Once the blanket stack is in place, bring the other end of the sticky mat over the top of the blanket stack.

The blankets placed in this manner provide tactile feedback for the shoulders when in the pose. Place a brick or bolster on the floor, up against the back edge of the blanket stack (on top of the folded mat).



Lie down on the blanket lift with the shoulders on the blanket stack, neck off the blankets, head on the floor. Bend the knees, place the feet onto the bolster or brick and raise the pelvis. Move the arms behind you onto the blanket stack, and interlock the fingers. Straighten the arms and press the little fingers down onto the blanket stack (or the bolster or brick). Externally rotate the arms by turning the shoulders out, one at a time, and bring the shoulder blades together and toward the spine. This action will create width across the collarbones. Lift the back ribs. Release the fingers and place the hands, palms down, onto the blankets, bolster or brick. Inhale and, on an exhalation, swing the legs overhead to Halasana—Plough Pose—with feet on the floor, or on a support (chair, bench) overhead.



Bend your elbows and place your hands onto your back ribs. Keep the elbows in line with the shoulders. Press the elbows down into the blanket stack. Lift the legs, one at a time, or

both together, so that the body is perpendicular to the floor. If the buttocks drop back, and the legs are on an angle with the feet over your face, move the buttocks in and up to align the ankles, knees, hips and shoulders in a perpendicular line to the floor. The chest will come toward the chin creating a chin lock (*jalandhara bandha*). Keep the upper arms turned out, and the gaze of the eyes in toward the chest. Do not turn the head. Breathe normally.

To come out, release the hands from the back. Extend the arms overhead with the backs of the hands pressing into the floor. Slowly release the buttocks back onto the blanket lift. Bend the knees and place the feet on the brick/bolster lift, or the floor. Slide the shoulders back off the blanket lift and rest. Stay there for a minute or two. When ready, gently roll to the right and sit up.

Modification: Those with Lhermitte's, or vision, vertigo, neck or shoulder problems, should practice Chair Sarvangasana with no variations.

Timing: 5 minutes.

Benefits: Regulates blood pressure, relieves fatigue, enhances overall physical and mental health, relieves depression. This pose also helps with balance; however, the beneficial effects are greater when practiced without the support of a chair.

Alternative: If you are able to maintain Sarvangasana with relative ease, the leg variations can be done. Refer to *Light on Yoga* (Iyengar 1991) for complete instructions on the variations in Salamba Sarvangasana. The variation of Padmasana (Lotus Pose) in Salamba Sarvangasana holds benefits for the internal organs as well as providing a strong closed circuitry for the body.

As noted in the sequence for balance above, this pose can also be done at a wall or with a chair. Below is the pose done with a chair.

CHAIR VIPARITA KARANI (CHAIR WATERFALL POSE)

Use of a chair in this pose allows the practitioner to stay in the pose longer.



Props: Chair, sticky mat, bolster, blankets.

Instructions: Place a folded sticky mat and a blanket on the seat of the chair. Put a bolster on the floor in front of the front legs of the chair so that it is parallel to the seat of the chair. Put another blanket in front of the bolster on the floor. Sit on the chair backwards. Bend the legs over the back of the chair and move the buttocks toward the back of the chair. Hold the sides of the back of the chair. Lean back and walk the hands down the sides of the chair. If this bothers the low back, move the buttocks closer toward the front of the chair, and place the feet on the back of the upright of the chair. Move the torso toward the floor until the shoulders come onto the bolster. The back of the head should rest on the blanket placed in front of the bolster. Once the shoulders are on the bolster support, take the hands, one at a time, underneath the seat of the chair and hold the back legs of the chair. Externally rotate the upper arms to broaden the top of the chest. Straighten the legs toward the ceiling, or rest the straight legs on the back of the chair, heels to the wall (Chair Sarvangasana (Chair Shoulderstand)).

To come out, bend the knees and place the feet on the back of the chair.

Release the hands from the back legs of the chair and move them to the front legs of the chair. Inhale, lift the buttocks slightly and slide down off the chair so the buttocks rest onto the bolster support, and the head and shoulders are on the floor. Place the lower legs on the chair seat. Relax and absorb the effects of the pose. Then, slide back more, so the buttocks come off the bolster and onto the floor. Gently roll over to the right. Keeping the knees drawn in toward the chest, turn the left shoulder and chest toward the floor, push the hands into the floor and straighten the arms to raise the torso. Return to a seated position.

Modification: This may be more accessible when using a couch instead of a chair. Place a bolster (or 2–3 folded, stacked blankets) on the floor in front of a couch.

Sit on the couch and turn the body so that the legs come to the back of the couch. Keeping the buttocks on the couch cushion, take the arms to the front edge of the couch, bend the arms and begin to ease the shoulders off the front of the couch until the shoulders rest on the bolster. Straighten the legs and rest them on the back of the couch. Let the breath be normal and smooth.

To come out, bend the knees, place the feet on the back of the sofa, and ease the buttocks to the floor. Rest a moment. Bend the knees to the chest, gently roll to the right side, and sit up.

Timing: 5–10 minutes, or to capacity.

Benefits: If practiced regularly, can reduce spasticity and urinary and bowel incontinence, and relieve fatigue and depression. Helps regulate blood pressure. Reduces fluid retention and swelling in the feet and legs. The venous blood flow to the heart works with gravity in this pose, which offers a sense of refreshment for the whole body, organs and glands. Offers a different perspective on the world.

Contraindications: Menstruation, high blood pressure, vertigo.

Alternative: Setu Bandha Sarvangasana with support (see Chapter 3, Restorative Sequence, Pose 11).

JANU SIRSASANA (HEAD TO KNEE POSE) WITH SUPPORT



Props: Chair, blankets.

Instructions: Sit on a blanket, in front of a chair, with the legs extended forward. This pose is Dandasana (Staff Pose). Put a blanket on the chair seat. Bend the left knee and move the left leg out to the left. Place the left foot against the inner right thigh. If the left knee lifts, sit on more blankets to support under the buttocks and allow the knee to rest on the floor. Extend the arms to the ceiling and lift the spine. Reach for the chair, extend the torso forward and rest the forehead on the chair seat.

To come out, lift the head and torso. With the left hand, draw the left knee and thigh up from the floor and bring the leg back to Dandasana. Repeat on the right side.

Timing: 3 minutes each side.

SAVASANA

UJJAYI PRANAYAMA (FOCUS ON EXHALATION)

Vertigo

UPESHREYA SEATED (SEATED L-SHAPE POSES)



Props: Wall, folding chair, bricks, bolster, blankets.

Instructions: A support can be created by turning a chair upside down. Place the top edge of the upside-down chair at a wall. Place two bricks on the now inverted chair seat. Angle a vertical bolster against the bricks, perpendicular to the floor. Fold a blanket and place it on the floor in front of the chair seat. Have several other blankets or pillows nearby if needed to support the head, neck and forearms.



Sit on the blanket in front of the chair seat. Extend the legs (Dandasana). If possible, have a small stool or table turned on its side to rest the soles of the

feet flexed against. This creates a closed circuit for the nerves. Lie back over the angled bolster and support the head and neck as needed.

To come out, bend the knees and place the feet on the floor. Place the hands by the outer hips, inhale and sit up.

Other leg variations in this pose include Baddha Konasana, Sukhasana and Upavistha Konasana.



**SALAMBA PURVOTTANASANA (SUPPORTED
STRETCH OF THE EAST)**

**ADHO MUKHA SVANASANA (DOWNWARD
FACING DOG) WITH SUPPORT**

SEATED PAVANAMUKTASANA (SEATED WIND RELIEVING POSE)

Props: 2 chairs or 1 chair and 1 small table, bolsters (or blankets, firm pillows), blanket.

Instructions: Sit in Chair Tadasana facing a second chair or small table. Place bolsters (or the blankets/



pillows) on the seat of the second chair (or small table). Keep the feet on the floor and separate the knees so that the thighs are wider than the hips. Pull the second chair (or table) so that it is between the knees. Inhale and lift the spine. Exhale, extend the torso forward and rest it on the bolsters (or blankets/pillows). Support the forehead with a pillow or folded blanket. Widen the arms to allow the muscles of the back to spread. Breathe into the back of the lungs.

To come out, inhale, lift the chest and sit up.

Timing: 5–10 minutes, or to capacity.

Benefits: Relieves back pain, soothes the nerves. This pose is a forward extension, therefore there is a calming effect on the parasympathetic nervous system.

JANU SIRASANA (HEAD TO KNEE POSE) SUPPORTED WITH CHAIR



Props: Chair, blankets.

Instructions: Sit on a blanket, in front of a chair, with the legs extended forward. This pose is Dandasana (Staff Pose). Put a blanket on the chair seat. Bend the left knee and move the left leg out to the left. Place the left

foot against the inner right thigh. If the left knee lifts, sit on more blankets to support under the buttocks and allow the knee to rest on the floor. Extend the arms to the ceiling and lift the spine. Reach for the chair, extend the torso forward and rest the forehead on the chair seat. In the finished pose the head rests on the straight leg knee or shin.

To come out, lift the head and torso. With the left hand, draw the left knee and thigh up from the floor and bring the leg back to Dandasana. Repeat on the right side.

Timing: 3 minutes each side.

**TRIANGA MUKHAIKAPADA PASCHIMOTTANASANA
(ONE LEG FOLDED FORWARD BEND)**

**PASCHIMOTTANASANA (INTENSE STRETCH
OF THE WEST SIDE OF THE BODY)**

**BHARADVAJASANA (SEATED TWIST DEDICATED
TO THE SAGE BHARADVAJA)**

SAVASANA (RELAXATION/CORPSE POSE)

Vision (Optic Neuritis, Diplopia)

The use of an eye wrap can be a great benefit to the eyes. When dealing with optic neuritis, I found it best to use an eye wrap and spend time in the passive, chest-opening poses listed below.

An eye wrap can bring a sense of coolness to the brain. A pliable cotton fabric eye wrap, similar to those you may find in a first aid kit, rather than an elasticized bandage, works best. Refer to the section “Use of an Eye Wrap for Optic Neuritis” that follows for instructions on how to use an eye wrap.

SUPTA BADDHA KONASANA (RECLINED BOUND ANGLE POSE)

Props: Wall, bolster, blankets/towels/pillows.

Instructions: Sit in front of the bolster, facing a wall. Place the soles of the feet together, toes apart and braced at the wall. Keep the little toe sides of the feet in contact with each other. Lie back onto the bolster. Place a folded blanket under the head so the head does not drop back. Support the outer hips with blankets/towels/pillows so the inner groins remain soft. While in the asana, observe the rhythm of the breath. Soften the abdomen. Release mental and physical tension through long, quiet exhalations.



To come out, bring the knees together. Remove any outer hip support, roll to the right and sit up.

Timing: 5 minutes or to capacity.

Benefits: Reduces fatigue, aids digestion, can relieve spasticity.

Contraindications: If the low back hurts, remove the bolster and lie flat on the floor. Use blankets to support the head and outer hips as described above.

SETU BANDHA SARVANGASANA (SUPPORTED BRIDGE POSE) WITH BENCH AND EYE WRAP



If you have access to a yoga studio equipped with props, practicing this pose on a Setu Bandha bench, with the legs bound, is extremely helpful. It can also be practiced off the edge of a sturdy wooden coffee table.

Props: Setu Bandha bench, 4–8 yoga belts, 1–3 bolsters, blankets, eye wrap.

Instructions: Use a bench long enough to support the spine and legs when lying on it. Put a bolster on the floor at one end of the bench. Place an additional bolster to the right and left of the first bolster, to support the arms. Sit down in the middle of the bench. Bring the legs and feet onto the bench. Belt the legs. (*Four belts:* Put the first belt around the top of the thighs, the second around the center of the thighs, the third around the middle of the calves, and the fourth around the big toes. *Eight belts:* Put the first belt around the top of the thighs, the second 2–3 inches (5–8 cm) below the first belt, the third 2–3 inches (5–8 cm) below the third belt, and the fourth belt just above the knees. Place the fifth belt below the knees at the top of the calves, the sixth at the middle of the calves, the seventh around the bottom of the calves, and the eighth around the big toes.) Bend the knees, place the feet on the bench and lie back on the bench. With the knees bent, push the feet into the bench and slide toward the end of the bench. Ease the shoulders off the edge of the bench until they rest on the bolster. The back of the head will also rest on the bolster. With the head in this position, the chin moves toward the chest, resulting in a chin lock (*jalandhara bandha*). Straighten the legs along the bench. Rest the arms on the bolsters. Breathe normally. Observe the particular stretch, a natural binding or *bandha*, that is created at the base of the abdomen when in this pose.

To come out, bend the knees and slide down off the front edge of the bench until the pelvis comes to rest on the bolster. The shoulders will come off the bolster and down to the floor. Pause. Bend the knees further and slide back until the pelvis comes off the front edge of the bolster. Bend the knees to the chest. Pause, so the lower back can reset. Undo the belts. Roll to the right side and sit up.

Note: If a teacher is available to help you with the belts, when entering, belt the legs starting from the thighs toward the toes (proximal to distal). When coming out, undo the belts from the feet toward the thighs (distal to proximal).

Timing: 5–10 minutes, or to capacity.

Contraindications: If Lhermitte’s sign is present, place a folded blanket under the shoulders, at a height that lessens the degree of flexion in the neck.

Modifications

If there is pain in the low back when the legs are straight, keep them bent. If possible, put enough support (a chair, extra blankets or bolsters) under the calves so that the thighs are perpendicular to the floor, and the shins are parallel to the floor. This should eliminate discomfort in the low back.

As noted earlier, if you don’t have access to a bench, this pose can also be done at the wall using two crossed bolsters, or a bolster and several folded blankets. If you have access to these additional props, place the second bolster (or similarly folded blankets) vertically on top of the horizontal bolster to make a + shape.



Props: Wall, 2 bolsters or 1 bolster and several blankets, bricks.

Instructions: Put two bricks at the wall in front of you. Sit on the end of the bolster closest to the wall and, keeping the knees bent and the feet on the floor, lie back until the back of the head, the neck and the shoulders come to the blanket on the floor. The sacrum should be at the apex of the crossed bolsters. Place the feet on bricks at the wall.

Benefits: If practiced regularly, can help with spasticity, urinary and bowel incontinence, fatigue and depression. In addition to further introducing the actions involved in inverted postures, this pose gives a nice extension to the spine to help keep it flexible.

Contraindications: If Lhermitte’s sign is present, build up the support under the shoulders so the neck is not in flexion. If low back pain is an issue, keep the legs bent and place the feet on the floor, slightly apart.

SALAMBA VIPARITA KARANI (SUPPORTED WATERFALL POSE)

Props: Blankets or bolsters, support (chair, couch, bed) (optional: sandbags).

Instructions: Stack the blankets/bolsters a few inches away from the front of the support. Place a blanket on the floor for the head and shoulders. Sit sideways on the bolsters/blankets. Lean back and take the hands down onto the floor behind you. As you do this, swing the legs up and rest the lower legs on the support. Lie all the way back until the shoulders and back of the head rest on the blanket on the floor. Position the hips on the support so that the lower legs are perpendicular to the floor. Keep the legs hip width apart. (The support under the hips and lower legs should be high enough that the upper and lower legs form a right angle.) If possible, have a teacher or friend place a pillow or another bolster on the shins.



Remove any weights from the arms and shins. Bend your knees and use the hands to slide the buttocks down to the floor.

Note: If Lhermitte's is present, place additional support underneath the shoulders so the neck is not in flexion. If there is a burning sensation in the arms, have a teacher or friend place an 8–10-pound (3.5–4.5 kg) sandbag onto the forearms. A 10-pound (4.5 kg) package of rice or granulated sugar could be used as a temporary alternative, though a sandbag works best. Sandbags for this purpose can be found at many yoga outlets and online. The weight can be placed onto any affected area, which may also include the shins, thighs, shoulder region, abdomen and more. The weight may help to ease the neural pain by offering a light compression on the affected nerves.

To come out, remove any weights from the arms and shins. Bend the knees, press the feet into the support and slide the buttocks back down to the floor. Gently roll to the right and sit up.

Timing: 5–10 minutes, or longer.

Benefits: Deep rest and recovery. Relieves fatigue and exhaustion, cools the body. This is an alternative to Setu Bandha Sarvangasana.

Contraindications: Menstruation.

VILOMA PRANAYAMA
(INTERRUPTED BREATH WITH PAUSES), RECLINED

In the learning and practice of Viloma Pranayama, it is first practiced in the reclined position. The first stage is focused on interrupted inhalation, the second stage is focused on interrupted exhalation, and the third stage is focused on both interrupted inhalation and interrupted exhalation.



Props: Bolster, blanket(s) (optional: eye wrap or other eye cover).

Instructions: Sit on the floor with a bolster placed a couple of inches (6–8 cm) behind you. Fold a blanket and place it onto the bolster for the head and neck. Bend the knees, and lie back on the bolster. (The bottom edge of the bolster should be in line with the bottom rib.) Adjust the blanket so that when the head and neck are on the blanket, the skin of the forehead releases toward the bridge of the nose (the head should not drop back). Extend the legs until they are straight and relax them. (If the legs are subject to spasm, or it is difficult to straighten them, extend them as much as possible and place a pillow or second bolster under the knees.) Close the eyes and lie quietly for a couple of minutes. Draw your attention inward and observe the natural rhythm of the breath. You may wish to have an eye wrap, or light cloth, to cover the eyes to further soothe them.

Once you are in a relaxed state, begin the Viloma inhalations in the reclined position. Start with a slow, soft, deep exhalation. Inhale for two or three seconds. Pause. Hold the breath for two or three seconds. Continue the inhalation process in this manner, without strain, inhaling and pausing until the lungs are full. (Approximately three to five pauses for a complete inhalation.) Allow the chest to expand vertically and horizontally with each

pause of the inhalation breath. At the end of the inhalation, after a slight pause, begin the interrupted exhalations. Exhale for two or three seconds. Pause. Hold the breath for two or three seconds. (This requires a slight grip of the abdomen.) Continue the exhalation process in this manner, without strain, exhaling and pausing until the lungs are empty. (Approximately three to five pauses complete an exhalation.) Release any residual grip to the abdomen once the exhalation is complete. Take a normal inhalation and exhalation to recover. If at any time you feel shaky, anxious or tense, simply return to normal breathing.

To come out, bend the knees and place the feet on the floor. Gently roll off the lift, to the right. Keeping the knees drawn in toward the chest, turn the left shoulder and chest toward the floor, push the hands into the floor and straighten the arms to raise the torso. Return to a seated position.

Timing: Repeat this process of breathing for 5–10 minutes.

Benefits: Viloma is energizing to the body, helps to relieve fatigue and can bring an overall sense of well-being.

Use of an Eye Wrap for Optic Neuritis

An eye wrap is a non-elasticized cotton bandage, similar to those commonly found in first aid kits. I found the use of an eye wrap in the following manner (*sirpopatta bandha*) to be of great benefit and a source of relief when I had a bout of optic neuritis.

Start by unrolling 12–18 inches (30–45 cm) of the eye wrap, being careful to keep the remainder of the eye wrap roll intact. Fold the now unrolled portion in half from bottom to top to make a narrow bandage of the unrolled portion.



Place the unrolled, folded portion of the eye wrap across the brow line. Draw the skin of the outer temples slightly backward with the wrap. Hold the wrap against the outer temple of the eye that is not affected. Wrap the bandage at the brow line, making a slight twist in the wrap over the brow of the eye that is affected.



Generally, one eye is affected over the other. In some instances, however, both eyes can be affected. If that is the case, fold the eye wrap as instructed, but forgo incorporating the twisting of the eye wrap on the brow line to offer evenness of light compression to both eyes.

Slowly unroll the eye wrap around the back of the skull and under the occiput (the bony ridge near the base of the skull). Bring the roll around to the starting temple and bring it back to the forehead. Unwrap the roll a bit more and continue placing the narrow portion of the eye wrap at the brow line. Unroll a bit further, while continuing to fold the wrap as it is unrolled. As you reach the affected eye, slightly twist the eye wrap again at the brow line of the affected eye, to gently encourage the eye to move back into the socket.



Once the twist is in place, continue to unroll the eye bandage (no need to fold it anymore) around the head, under the occiput again and around the forehead until the eye wrap is completely unrolled. Tuck the end of the wrap into the previously wrapped portion to secure it. Ensure that the eye wrap is snug but not tight.



Once the wrap is in place, position the index fingers on either side of the nose. Carefully insert the index fingers to slip the fingers under the wide portion of the wrap, leaving the twisted part of the wrap across the brow line in its place.

Move the fingers out to the outer temples and gently encourage the eye wrap back. Draw the outer temple skin toward the back skull. With the wrap across the brow line, draw the wider portion of the wrap slightly downward over the eyes. The eye wrap can be worn throughout the practice to bring a sense of coolness to the eyes and brain. To see where you are going when shifting position, position



the index fingers on either side of the nose as earlier. Carefully insert the index fingers to slip the fingers under the wide portion of the wrap, leaving the twisted part of the wrap across the brow line in its place. Slightly lift the wide portion of the wrap up without disturbing the twisted foundation. Once in position, position the index fingers in the wrap to descend the wide portion over the eyes.

To remove the eye wrap, untuck the end portion and slowly unroll the wrap. Avoid pulling the wrap upward and pulling it off the head.

Caution: If the wrap is too tight, it may cause discomfort and possibly a headache. It is best to use an eye wrap under the guidance of a Certified Iyengar Yoga Teacher.

For information about additional ways to use an eye wrap, refer to *Astadala Yogamala, Volume 7* (Iyengar 2008a, pp.325–336, plate 66), where this and other uses of an eye wrap are explained.

If wearing an eye wrap causes you distress, try a longer stay in Savasana, of approximately 15–20 minutes or to your capacity, to deeply relax and calm the nerves of the body and the eyes. Three bolsters or pillows are placed overhead to encourage the skin of the forehead to gently release from the top of the forehead, near the hairline, toward the brow line.



During this particularly challenging time when my eyesight was compromised, I remained hopeful and envisioned being able to see clearly again. Mr. Iyengar’s initial words of advice helped me through: “Be vigilant, and patient. Every day you must walk that fine line between courage and caution. If you have doubt, do the practice. See who wins.” Those words, along with faith in the process, and the fundamental belief that all would be well, helped significantly.

As frightening as it was to not be able to see, it offered me the opportunity to look inward and reflect on my journey.

CHAPTER 6

Advice for Teachers and Yoga Therapists

Through the relaxation of the causes of bondage, and the free flow of consciousness, the yogi enters another's body at will. (Yoga Sutra III.39)

LIGHT ON THE YOGA SUTRAS OF PATANJALI,
B.K.S. IYENGAR (IYENGAR 1993B, P.206)

As a teacher, one also has to be vigilant, courageous and cautious.

Working with students who are dealing with a complex and serious medical condition can be a challenging and rewarding experience for both the student and the teacher. As the teacher, or yoga therapist, one has to be educated, sensitive, observant, sensible and vigilant. A certain amount of intuition, based on one's own personal practice of yoga, can help further inform how to approach working with a potential student.

It may be helpful to take into consideration the goal of yoga therapy, as outlined by the International Association of Yoga Therapists, when working with a student therapeutically: “The goals of yoga therapy include eliminating, reducing, or managing symptoms that cause suffering; improving function; helping to prevent the occurrence or reoccurrence of underlying causes of illness; and moving toward improved health and wellbeing” (International Association of Yoga Therapists 2017, p.9).

When a new student is ready to begin classes, a good policy is to have

an initial assessment to help inform you in detail of the student's condition and any symptoms. It is helpful to have the potential student fill out an assessment form to articulate their condition and goals. This can then further help you to refer back to and monitor the student's progress. If possible, it is further helpful to have a conversation, either in person or by phone, to discuss the approach and offer the student the opportunity to share any further insight with you about their condition. Having assessed the potential student's physical, emotional and mental condition, take their goals and needs into consideration and reflect on your own practice, to get a feeling (*bhavanam*) for how the student may be challenged. As a teacher this helps me tremendously to have an idea of what they may be facing, and starts to develop a rapport with the student, which is another important aspect of working together in order to develop a sense of trust and understanding.

In Yoga Sutra III.39, Patanjali speaks of the concept of *parakaya pravesa*—the ability to enter another's body. While that may be an unrealistic, not to mention a presumptuous and invasive endeavor, I encourage anyone working with people with MS, or any challenging condition, to take this concept into consideration.

Once you have a base understanding and a sense of the symptoms the student may be facing, imagine you could temporarily inhabit the student's body, as Patanjali suggests, to get an understanding of what they might be experiencing, in order to heighten your sensitivity as to what that might feel like. Aside from seeking symptom relief, take into further consideration potential trauma, confusion, grief and depression the student may have experienced or be experiencing when receiving a life-changing diagnosis. Look to your practice to help guide you, as the yoga teacher or therapist, as to which approach would be most suitable.

Another thing to take into consideration is the medication your student may be taking. Medications prescribed for MS and related symptoms can carry a range of side effects that can impact the student's well-being. If your student is willing to share with you the names of any medications that they are taking, I suggest you research what the medications treat and what the side effects may be, so you can also take this into consideration when you approach the practice.

Certainly, when working with students with MS, a major focus is to

facilitate learning for the student in order for them to maintain or regain functionality and mobility while engendering a sense of harmony in body and mind. Keeping or getting the condition in remission, slowing or arresting any further progression and maintaining independent mobility and full body functionality are pretty much “sure bet” desired effects for most people with MS. While it is important to remain hopeful, this may or may not be possible. It is always critical to avoid offering false hope to the student, and vital to acknowledge with candid honesty from the outset that yoga is not a cure for MS. It is equally important to underscore that the yoga practice has the potential to offer the practitioner transformation of body and consciousness to enhance the quality of life.

As teachers, we work with humans. Yoga is an organic process with countless ways to approach working with individual students, based on one’s personal knowledge, experience and practice. Adopt and adapt the practice to appropriately align with the student’s condition and goals. As we continue, part of that process is to act, react and reflect. We must be willing to recalibrate our approach at any given moment, with sensitivity, observation, sensibility and alacrity.

Practical Approach

Generally, for MS students new to yoga, I recommend they begin with one or two supine asanas to allow their nerves to first settle down before asking them to work. For some, the act of leaving the house, getting to the yoga studio and being part of a larger group of sometimes more able-bodied people can be exhausting, physically and emotionally. I have found starting with a restful supine pose for the newer student often helps the nerves to recover and things to settle down.

In general, look to first soothe and calm the nerves before asking the muscles of the body to work. Look to offer stability first, with the support of the props when necessary. If we can offer feedback from the peripheral nerves toward the motor nerves, there can be a possibility of enhanced mobility.

Once a baseline of initial rest has been established, which can happen quite quickly, in most cases the student is quite willing and ready to work. Most people I have met with MS are very driven people who want to

succeed and overcome the challenges of the condition. Most are willing to try, and often push themselves. It is incumbent upon the teacher to outline a strategy of how and when to rest so that the student can have that strategy as a foundation to return to when fatigued.

Rather than just positioning your students into various poses, instruct them how to approach a particular action in order to achieve a desired effect. Along with the judicious use of your hands and adjustments (once you have the student's affirmative consent to do so—ask them before adjusting), this can facilitate and enhance the student's understanding. This will empower the student far more than simply positioning their body with no explanation or clear understanding of what it is you are looking to accomplish and why a particular action might be of benefit.

When working toward the structural archetype of an asana, remember to look to the foundation of the pose, bearing in mind that there are many ways to modify the approach to align with the student's ability. The spine often sinks due to fatigue and physical or emotional malaise, which in turn can compress the organs of the torso. Be observant that the spine remains erect and does not collapse in order to optimize nerve function and the health of the internal organs. Think of creating internal space (*akasha*) so the organs of the body are not dropped, compressed or gripped. A cue that you may wish to offer the student is to have them “lift the front surface of the spine.”

Due to weakness, gait challenges (ataxia and dysmetria) and fatigue, there may be a looseness or lack of control of the limbs. I have found that aligning the bones of the body and encouraging a sense of compactness by providing feedback for the peripheral body helps to strengthen the supporting muscles and enhance joint function, creating a feeling of firmness in the body. The practice of standing asanas helped significantly. Exercise caution and common sense to avoid overdoing the standing work.

When working to regain feeling in a particular area of the body that is compromised, work to bring some “resistance” to provide feedback for the nerves in those areas: for example, the closed-circuit binding of the legs in Supta Baddha Konasana at the wall and sitting on a hard wooden brick in Baddha Konasana with the back against the wall helped me with urinary and bowel incontinence issues when I lost feeling from the navel down; Padmasana and Sukhasana for the legs; placing sandbags on the arms and

weight on the legs in Salamba Viparita Karani to relieve neural pain; or “packing in” Upavistha Konasana legs (legs separated at a wide angle) with blankets in Savasana to help relieve spasticity and fatigue.



Supta Baddha Konasana with feet at wall



Baddha Konasana sitting on brick



Padmasana



Sukhasana



Salamba Viparita Karani with weights



Savasana with legs packed



Savasana with legs packed

As social creatures, we generally have a feeling of wanting to fit in. If working in a group or class setting, try to keep the MS students as part of the regular class, whenever possible, to avoid creating feelings of isolation, being “different,” or incompetence.

Depending on the ability of the student and the severity of the case, in terms of ataxia, coordination, general movement, gait and balance challenges, look to the standing work to whatever degree is possible.

Standing Work

As noted earlier, the standing work and its various stages and inherent actions may help the body reformulate and translate the relationship to movement, coordination and balance. In general, I find it best to present the standing work in the morning, when the student has more energy. There are no guarantees, but the act of getting up on one’s feet, whenever possible, and coordinating the arm and leg movements may impact the mind and body connection.

When working with the trestle, brace the back foot against the trestle, if possible, to provide closed-circuit feedback for the student. If you have access to a quarter round brick or a similar lift, place it under the front foot to help activate the muscles of the front leg (noted in Chapter 5). This has helped significantly to mitigate drop foot, which many with MS experience.



Of course, common sense is a must. If the student is physically unable and approaching any standing work would cause harm, avoid pushing the student to do it. As I have outlined in the previous chapters, facing a support (trestle, wall, countertop, etc.) can help reduce fear and eliminate the risk of falling. I have found that those who are in wheelchairs can often stand, even if only momentarily, if they have something to hold in front of them. For others, if you have access to a trestle and they don’t need a chair, you can have the student work with a wall behind them and a trestle in front, so the student feels secure with a support both from the front and behind.

In the images below, observe how the student does the standing work supported with a trestle on both the anterior and posterior sides of the body.



Tadasana



Virabhadrasana I



Virabhadrasana II

Avoid holding the MS students in standing poses for long periods of time. Turning the head to look downward in the standing poses helps to keep things cool and is often more stable for those who have balance or vertigo challenges. Though the student may feel tired from the work, they should feel refreshed, not depleted, from standing poses. If the student starts to shake or the legs buckle, it is best to switch over to some restorative poses. You may find that one or two standing poses are enough, especially for those who are new to the practice.

Give the student appropriate rest after the standing work so that they can recover.

Lateral Standing Work

Often those with significant spasticity or other restrictions in the legs find it extremely difficult, if not impossible, to voluntarily separate the legs in a sideways (lateral) direction. I've observed this more often in those in the secondary and progressive stages of the condition. Most who face this challenge, but who can stand on their legs, find it more accessible to separate the legs in a forward and back (sagittal) direction. Check to see if the student can move their legs on a sagittal plane (i.e. forward and back).

To approach lateral standings for these students, first see if the student can do Ardha Uttanasana or Parsvottanasana, stepping the legs back one at a time, to separate the legs. Stepping back may be more accessible than

stepping forward, as the student can begin by holding an anterior support for stability. If you determine that this is possible, try entering the lateral standing poses in the following manner.

Stand in Tadasana with the left side of the body facing a support (trestle, countertop, chair). Step the left leg back, keeping the right leg and foot facing forward. The legs are now in Parsvottanasana (Side Angle Pose). Take the left hand to hold the support. Turn the torso to the left, and then the left leg, as far as possible, to face the support. Support the outer back heel, if props are available. Extend the right arm and right side ribs over the straight right leg to come to Utthita Trikonasana (Triangle Pose). Brace the back calf of the forward leg if the forward knee is subject to hyperextension. Use the hands on the support to come up. While on the right side, and before coming out of the position, the student can then attempt Virabhadrasana II (Warrior II), Utthita Parsvakonasana (Extended Side Angle Pose) and, depending on stamina and strength, perhaps Ardha Chandrasana (Half Moon Pose).

To come out, come up. Face the support, turn the left foot further inward, turn the torso to face the right foot, and step the feet back together. Turn around so the right side is facing the support, and repeat on the opposite side.



As the teacher you must be available to physically assist the student, if that is required, as you guide their action.

If standing on the legs is not accessible to these students, they can work to keep the leg abductors functioning when seated in Chair Malasana. This may further help to prevent leg spasticity, and enhance balance and gait. First ask the student to try to widen their legs. Observe what is possible for the student.



You could also have the student sit with the left side of the body facing the backrest of the chair, knees in line with the feet and the hips. Have the student work to separate the knees using their hands, so that the legs form a right angle. With the hands on the knees, turn the torso left to face in the direction of the right knee. Be in pose for 20–30 seconds. Turn the torso to face in the direction of the left knee.



Return the right foot to be in line with the left. Turn around in the chair, and repeat on the second side.

Inversions

Inversions, in my experience, are a key component to the overall health of the brain, and the glands in the brain that are involved with immune function and responses. It is my firm belief that inversions also help to enhance cognitive function. I strongly recommend incorporating some aspect of inversions as part the student's ongoing daily program, along with asanas, modified as necessary, that can help keep the muscles, limbs and joints moving, to whatever degree that is possible.

You may encounter students with MS who do not have the strength or willingness to do Sirsasana (Headstand) and Sarvangasana (Shoulderstand) independently. Do not force the student as that would only cause trauma.

If you have access to wall or ceiling ropes, you may wish to present Rope Sirsasana. This is a great alternative.

Wall ropes will be more suited to those who have the strength in the legs to scale the wall. The rope is best placed around the sacrum, near the top region of the gluteus muscles. It is good practice to have a blanket for the hips. Take care that the rope is not in the lumbar spine. Be especially careful that the rope does not slip below the region of the buttocks, to prevent the student from slipping out of the ropes. Remember that the bent knees must be kept to the outside of the ropes.



For those who have significant weakness in the legs and are unable to scale the wall, a ceiling rope is a great alternative if available. The ceiling rope can support the student in the inverted position to glean the potential benefits of Sirsasana. If using a ceiling rope, you can help the student enter the pose by guiding their legs, ensuring that the bent legs are placed to the outside of the ropes. When coming out, it is good practice to have a chair handy and a sticky mat placed on the floor for the student's feet, in case they lose their footing. Place the mat on the side of the rope where the student's feet will land. As the student comes out, you can then slide the chair under the buttocks so that the student can have a seat when coming out, and the feet can land on the sticky mat placed in front so that they don't lose their footing.



Damage or lesions in the cerebellum, the area of the brain that regulates motor movement and balance, can cause movement, balance and gait challenges. To further enhance the function of the cerebellum, when doing Rope Sirsasana at the wall I have found that a soft brick catching the base of the occiput can be a helpful and soothing support. Place the soft brick at an angle at the base of the back of the skull and wedged against the wall so that the back of the neck is lengthened.

This may have a beneficial effect on the cerebellum, the area at the back and bottom of the brain. The cerebellum regulates body movement, coordination and balance. Damage to the cerebellum can cause several

neurological challenges (Center for Neuroskills 2020). Many of these challenges are the same as symptoms of MS, for example loss of motor coordination, dysmetria, tremor, ataxia, slurred speech, propensity to falling, and muscle weakness.



It is also quite soothing on the nerves if a bolster is placed vertically behind the skull, posterior neck and upper back when in Rope Sirsasana at the wall (not pictured).

Inversions for More Experienced Students

URDHVA PADMASANA IN SALAMBA SIRASANA AND SALAMBA SARVANGASANA (UPWARD FACING LOTUS IN SUPPORTED HEADSTAND AND SUPPORTED SHOULDERSTAND)

Adding the closed-circuit binding of the legs in Padmasana (Lotus Pose) to the inverted postures, and the full Padmasana cycle in Sarvangasana (refer to Iyengar 1991), also helps tremendously, albeit anecdotally, with leg stability



and overall systemic health of the digestive and pelvic organs. The binding action of Padmasana, I believe, has further helped with the urine and bowel retention challenges I've experienced.

ARDHA HALASANA (HALF PLOUGH POSE) WITH BENCH SUPPORT

Fatigue is an issue for many with MS. I have found this pose to be a panacea for relieving fatigue, though it is more readily received once a regular practice of Shoulderstand has been developed.



Once the legs are rested on a bench or chair seat in Halasana (Plough Pose), place a heavy bolster (not pictured) on the backs of the calves, moving the bolster slightly toward the heels. There is an increased flexion of the chin lock (*jalandhara bandha*) when doing this. If manageable, 5–10 minutes in this pose can quickly restore one's energy.

NIRALAMBA SARVANGASANA (UNSUPPORTED SHOULDERSTAND) AT WALL

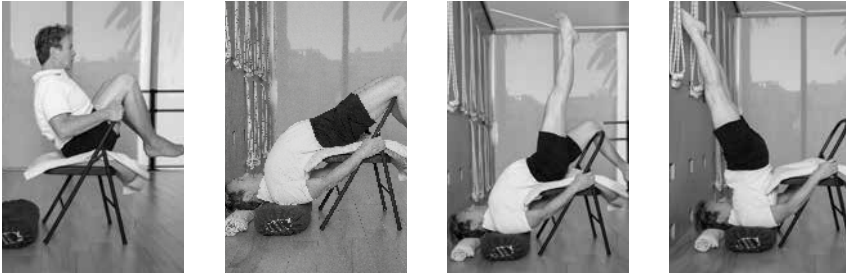
Once the student is experienced with Salamba Sarvangasana (Supported Shoulderstand), begin to develop Niralamba Sarvangasana (Unsupported Shoulderstand) at the wall. Here there is support of the wall, but now the hands, which provide support in regular Shoulderstand, do not support the back. Rather, they hold the chair legs in this modified version.

Roll two folded blankets together for underneath the shoulders and roll one blanket to be placed just above the top edge of the occiput. Place the rolled blankets parallel to a wall. The easiest way to enter is from a chair seat.

Place a chair so that the seat is facing the wall. Sit in the chair and enter as you would for Chair Viparita Karani (Chair Waterfall Pose), as described in Chapter 5. With the calves over the back of the chair, hold the sides of the backrest as you descend the shoulders to the double blanket roll. Rest the shoulders on the double blanket roll, and the back of the skull

just above the occiput on the single blanket roll. See that the top of the head does not touch the wall. Lift the legs and take them overhead, taking the tops of the feet to the wall. Lift the back body up toward the ceiling. Stay in the pose for 5–10 minutes.

To come out, holding the chair legs, take the feet back to the back of the chair. Carefully slide the chair to the center of the room to ease the buttocks to the floor. Rest.



This gives a very strong stretch to the back of the neck. Wait to give this to a student until they have a strong and more established Sarvangasana practice. Avoid Niralamba Sarvangasana if Lhermitte’s sign is active, and during menstruation. Note: With lesions in my cervical spine at C2, C3 and C5, I have found this to be OK to practice with no ill effects when Lhermitte’s is in remission.

Additional Strategies for Adapting Asanas

Below are some suggestions on how to approach various asanas for those who may need a little extra help.

SUPPORTED VIPARITA KARANI (SUPPORTED WATERFALL POSE) FROM BACK BEND BENCH

If you have access to a back bend bench, this style of bench makes the pose easier for those who struggle to do it independently or from a chair. As described in Chapter 5, this can also be done on the edge of a sofa.



HALASANA (PLOUGH POSE) FROM BACK BEND BENCH

Halasana can also be done in this manner. Have support for the feet and/or legs as necessary.



SUPTA BADDHA KONASANA (RECLINED BOUND ANGLE POSE) FROM BACK BEND BENCH

Those who may be subject to spasticity or torso dystonia or who struggle to do this pose with feet at the wall often find success in approaching the pose in this manner. The thighs are unrestricted and leg abduction can happen naturally with gravity. Aside from offering the leg preparation and body position for Rope Sirsasana, positioning the body with the tailbone longer than the pubis may help with urine and bowel retention. Hold for five minutes or longer.



Building a Platform

If getting to the floor is not possible for your students, you can build the floor up to meet them, provided they can transfer to this makeshift platform. For this you will need a minimum of four chairs and five belts.



Place the chairs so that two chair seats face each other. Place two more chairs in the same configuration directly next

to the first two chairs. Belt the adjacent back legs of the chairs that are next to each other, then the legs at the “ends” of the configuration, and finally the inside four chair legs.

Fold and place a sticky mat on the seats of the bound four chairs. This helps to further secure the makeshift platform and transforms the four seats into a continuous surface. The bound chairs should be able to slide as a single unit on the floor. If you have chairs with rubber non-skid caps on the ends of the chair legs, place an old blanket underneath them to allow sliding. This will help to position the chairs if the student struggles with transferring.

Several asanas can be adapted using this platform for your students who are unable to get to the floor.



SALAMBA PURVOTTANASANA (SUPPORTED STRETCH OF THE EAST) WITH PLATFORM

If stepping through the back of a chair presents a challenge, the student may be able to enter the pose more readily when seated on a platform. With the legs supported, place a rolled sticky mat or similar between the legs. Maintain an internal rotation to the legs, like in Tadasana. Once the legs are aligned, tie the belts, starting from proximal body to distal (top thighs to ankles), binding the weaker leg to the stronger



leg. If available, place the feet onto an angled lift, to offer feedback for the peripheral nerves of the legs. When removing the belts, untie the legs from ankles to top thighs (distal to proximal).

In my personal experience, and observance of others, the weaker leg is often much harder to control and thus prone to involuntary abduction and fatigue. Belting of the legs in this way can offer deep relief for the weaker leg. To draw an analogy, consider the securing and stabilizing effect of mooring a boat to an anchor on a dock to prevent the boat from otherwise drifting away.

This pose helps with fatigue, spasticity, numbness in legs, drop foot and clonus.

SEATED PAVANAMUKTASANA (SEATED WIND RELIEVING POSE) AND PARSVA PAVANAMUKTASANA (SIDE ANGLE SEATED WIND RELIEVING POSE)



As noted earlier, forward extensions can offer the body the parasympathetic nervous system response of rest and digest. For those who struggle to get to the floor, here are a couple of options you may wish to explore with your more challenged students.

SALAMBA VIPARITA KARANI (SUPPORTED WATERFALL POSE)

This modified version of the inversion Viparita Karani (Waterfall Pose) is a deeply restful, passive inversion. It may help with fatigue, neural pain, spasticity, clonus, depression, and regulation of blood pressure. This pose can be



practiced when eyes are problematic. The weights on the shins and arms can be quite soothing on the nerves. See that the body is fully supported so that nothing is left “hanging” without support.

Additionally, bolsters can be placed above the head to encourage the skin of the forehead to gently release from the hairline to the brow line to offer a cooling quietness for the front brain.



**EKA PADA PRASARITA SAVASANA
(ONE LEG EXTENDED CORPSE POSE)**

This variation on Savasana can further help to decentralize the nerves, encouraging a broadening, horizontal, spreading action of the muscle and nerve fibers of the lower back away from the midline of the body, to offer a deeper sense of rest.



During hot weather, the position of the legs may help cool the body while being deeply restful. The blanket roll to the outer hip of the straight leg helps to balance the sacrum region. Do on both sides for five minutes a side, followed by flat Savasana.

SAVASANA (RELAXATION/CORPSE POSE) WITH LEGS PACKED

This version of Savasana, with legs apart and completely packed in, offers feedback for the inner and outer legs. It can help with leg spasticity and soothe neural pain in the legs, provides feedback for the peripheral nerves and can offer deep rest for the student.



As the placement of the first blanket is close to the perineum, out of respect for the student’s privacy, it is good practice to have the student position the first rolled blanket at the centerline of

the body, at the base of the pelvis in line with the perineum. Next, as the teacher, place the blanket rolls to the outer hips. Place the blanket for the left side while standing on the right side of the student's body, and vice versa. When placing the blanket roll, slightly lift the outer hip of the left leg toward the ceiling to offer a broadening across the sacrum. Do the same when standing on the student's left side to place the blanket to the outer right hip. Next, place the blankets to the inner thighs so the legs are supported, giving peripheral feedback from both the outside and inside sensory nerves of the legs. Continue to pack in the blank spaces. Place a bolster or weight onto the thighs, if this does not bother the student. The pose can help relieve fatigue, numbness and neural pain in the legs, and encourages leg abduction. Stay in the pose for 5–10 minutes or to capacity.

Additional Considerations for Symptom Management

Lhermitte's Sign

When Lhermitte's syndrome is present, avoid positioning the head where there is a strong movement of the chin toward the chest (*jalandhara bandha* or chin lock). In general, it is best to lessen the flexion of the neck in poses like Salamba Sarvangasana (Supported Shoulderstand). Instead, elevate the shoulders more in Salamba Sarvangasana and support the posterior cervical spine with a rolled blanket (or similar) in such a manner that the anterior cervical spine is open. Also, avoid turning the head from side to side in twisting asanas. When not experiencing Lhermitte's syndrome, I have found Niralamba Sarvangasana to be of benefit to maintain pliability of the area where there may be lesions. As a reminder, this syndrome is where an active lesion in the cervical spine or brain stem causes a heightened tingling sensation or feeling of electrical shock when moving the head from left to right, or bowing the head forward as in the chin lock.

Here's a sample sequence for how inversions can be done when Lhermitte's is present, either acutely or chronically:

**UTTANASANA (INTENSE STRETCH) WITH
HEAD SUPPORTED ON BRICK(S)**



**PRASARITA PADOTTANASANA I
(EXTENDED INTENSE STRETCH OF LEGS)**



ROPE SIRASASANA (ROPE HEADSTAND)



**CHAIR VIPARITA KARANI (CHAIR WATERFALL POSE) WITHOUT
STRONG CHIN LOCK (TAKE HIGHER HEIGHT UNDER SHOULDERS)**



SAVASANA (RELAXATION/CORPSE POSE)



When not symptomatic, I have worked with stronger chin locks with no adverse effects:

SALAMBA SARVANGASANA (SUPPORTED SHOULDERSTAND)



**HALASANA
(PLOUGH POSE)**



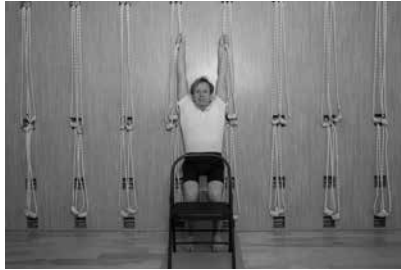
NIRALAMBA SARVANGASANA (UNSUPPORTED SHOULDERSTAND) WITH BLANKET ROLLS BEHIND SKULL



Knee Hyperextension (Genu Recurvatum)

For those who experience hyperextension of the knee (genu recurvatum), look to strengthen the muscles of the legs to help reduce laxity and improve the overall function of the legs. The following asanas may help.

UTKATASANA (POWERFUL; CHAIR POSE) AT WALL



SUPTA TADASANA (RECLINED MOUNTAIN POSE)



CHATUSH PADASANA (MODIFIED BRIDGE POSE)



DHANURASANA (BOW POSE) (PREPARATION)



DHANURASANA (BOW POSE)



UTTHITA TRIKONASANA (EXTENDED TRIANGLE POSE) WITH BRICK FOR UNDER CALF



UTTANASANA (INTENSE STRETCH) WITH CHAIR



URDHVA PRASARITA PADASANA (UPWARD EXTENDED LEG POSE) WITH WALL SUPPORT



Handling More Challenging Cases

When working with more challenging cases, it is doubly important to be sensitive to what the student may present and to draw on your personal practice to help those who may present more intensified symptoms. It may be of interest to note a couple of cases that I have come across in my teaching experience.

Spasticity

A student experienced significant spasticity when attempting any asana. I speculate that the spasticity could have been triggered by being in a small class situation. In this particular case, the legs would retract toward the chest in deep, unmovable flexion. More often, the legs extended away from the body in extension spasm.

In this instance, however, what helped most turned out to be encouraging some deep exhalation breathing followed by a long stay in Salamba Purvottanasana off a platform—legs belted, a rolled sticky mat between the inner legs, feet apart and resting on a slanted box, and arms extended to the sides of the body fully supported so the nerves could rest.

A long stay in Salamba Purvottanasana, Salamba Viparita Karani and then Savasana (15–20 minutes each) with a bolster under the knees brought the body to a quiet, relaxed state. When attempting any other body position, the legs would immediately retract into a state of flexed spasm. Staying with Salamba Purvottanasana brought most relief to quell the spasms.



Vertigo

In a case of intensified vertigo, the student was unable to lie on the back due to the positioning of the head. Forward extensions also caused a deep sense of spinning. What worked best was seated Upeshreya, with a horizontal blanket roll support for behind the thoracic ribs, a blanket roll for the cervical spine and a blanket rolled and positioned to stabilize and support the back and sides of the skull. The legs were placed in the following positions: Dandasana (legs together, extended straight in front), Baddha Konasana (bound angle pose), Sukhasana (simple cross legs, both sides), Upavistha Konasana (legs wide apart), and returning to Dandasana (legs together, extended straight in front). The various set-ups are shown below.



This sequence significantly relieved this student's vertigo on that day. Afterward the student was able to do assisted Adho Mukha Svanasana (Downward Facing Dog), an assisted handstand (not pictured in this book) and standing poses with trestle support with no ill effect.

Personal Experience and Daily Practice Strategy

In general, when my MS has been in a flare-up, I practice pranayama for 15–30 minutes daily along with a 10–15-minute meditation. In terms of asanas, I alternate one day with supported forward bends and the next day with supported chest-opening poses, some twisting and inverting the body in some manner (Headstand, Shoulderstand with variations, Setu Bandha

Sarvangasana and Viparita Karani) twice a day for a combined total of 30 minutes of inversions per session. This has been profoundly helpful to bring a sense of balance and lift my spirits.

Personal MRI Scan Results

While anecdotal evidence, the following MRI reports show promise and favorable results from two comparative MRI scans.

Page 1 of 1

CEDARS-SINAI MEDICAL IMAGING GROUP (310) 423-8000
OUTPATIENT RADIOLOGY REPORT

Verified

Ordering Physician: HART COHEN, M.D. Med Rec #: 10100145660 Patient Name: MCLEAN, GARTH L.

QuadRIS Order #: 4623189 Location:

MCLEAN, GARTH L MRN#: 051012323 ORDER#: 4623189

MRI OF BRAIN WITH AND WITHOUT CONTRAST

CLINICAL INDICATION: Multiple sclerosis.

TECHNIQUE: Axial and sagittal T1, axial T2, axial FLAIR, sagittal FLAIR, axial DWI, axial T1 post contrast.

COMPARISON: 02/07/2001.

FINDINGS: The previously seen white matter lesions have significantly subsided. Persistent white matter lesions are present without swelling. There is no abnormal contrast enhancement. Moderate degree of white matter disease is noted.

Ventricles and cortical sulci are mildly prominent. There is no mass, hemorrhage, abnormal contrast enhancement.

IMPRESSION: No evidence of acute lesion.

MM:MQ/05757573/lc D:01/26/2005 16:48 T:01/26/2005 17:05 JOB#:57850

Reviewed and Interpreted by:

M. MARCEL MAYA, MD /
Radiologist

Electronically verified by: M. MARCEL MAYA, MD

2005 compared to 2001

Findings reported: The previously seen white matter lesions have significantly subsided. Persistent white matter lesions are present without swelling. There is no abnormal contrast enhancement.



Patient's Name : Mr. Mclean Garth
Ref.By : Dr. Sudhir Kothari
Date : December 14, 2012

MR BRAIN

Only FLAIR and diffusion weighted images were obtained through the brain.

Previous imaging study dated 04.01.11 is available for comparison.

Discrete / confluent hyperintensities are seen in the left cerebellar white matter, bilateral corona radiata and centrum semiovale. Few of the discrete lesions in the periventricular region appear oblong and are seen perpendicular to the ventricular margins. Few ill-defined hyperintensities are seen involving corpus callosum. These represent demyelinating lesions. Lesions in the left parietal subcortical white matter appear to have reduced in number and size. Rest of the lesions remain unchanged. No new lesion is seen. None of the lesion show restricted diffusion.

There is no acute infarct / bleed.

The ventricles, basal cisterns and cerebral sulci are normal for age.

The visualised major intracranial vessels display expected flow void signal.

Screening images through the whole spine reveal suspicious focal hyperintensities in the cervical cord region. Disc bulges are seen at multiple levels indenting thecal sac. Degenerative changes are seen in the cervical and lumbar region. Minimal retrolisthesis of L1 over L2 is noted.


Dr Smita Kori
DNB, DMRD.

Dr. Kedar Bhalu M.D. Dr. Adesh Butala DNB
Dr. Shrikant Gundawar M.D. Dr. Shripad Inamdar M.D.

2012 compared to 2011

Findings reported: Lesions in the left parietal subcortical white matter of the brain appear to have reduced in number and size. The rest of the lesions remain unchanged.

No new lesion is seen. None of the lesion[s] show restricted diffusion.

Having forgone any immune-modulating medication since the end of 2003, these results underscore the impact the daily practice of yoga has had on my course of MS.

I am grateful that through the practice of yoga I have been able to travel and maintain a full schedule. When I get tired, I rest.

Practice in Spite of Adversity

When my eyes were affected due to optic neuritis, I altered my practice, used the eye wrap and found longer stays in Setu Bandha Sarvangasana, reclined pranayama and a little faith in the subject of yoga to be most useful.

In early 2015, following an emotionally stressful period of months, I faced a potential relapse when I started losing control of my right leg. I recognized that experiencing difficulty walking and lifting my right leg were the early warning signs of a potential attack, and the possible return of drop foot. Having been faced with the physical challenge of this in the past, it was very discouraging. I did not seem to have the energy to even embark on a restorative practice. Feelings of dread and giving up washed over me. It was an unpleasant reminder that the threat of an attack is always present. Not wanting to succumb to an attack, I knew I had to remain vigilant and take action in an attempt to preempt a full-blown exacerbation. Iyengar's words, "Do the practice, see who wins," resonated deeply and urged me to do something.

I immediately called my doctor to keep him informed. He prescribed a week of oral steroids to help reduce any inflammation and, we hoped, preempt an exacerbation. Mindful to not overtax the body, I knew I needed to still do something and to keep the body moving through my yoga practice. I had to summon the will, even though it did not come easy, to see if I could break the inertia of the growing depression and keep my body from spiraling into relapse. Looking to the source of what could be happening, in my daily practice I kept up Viloma Pranayama and meditation. Supta Baddha Konasana and Supta Virasana were a great start, but having acquired years of experience, I found the practice of Eka Pada Rajakapotasana I, balanced with Rope Headstand, Chair Shoulderstand (legs resting on back of chair), and Setu Bandha Sarvangasana, to be instrumental both in relieving the leg dysfunction and easing my depression. Coupled with the oral steroids, and perhaps due to positioning of the legs (one in lateral



flexion and the other in posterior extension with knee flexion), along with the binding extension of the lower abdomen, I thankfully was able to forgo a full-blown attack.

With that direct experience, I introduce similar actions to more ambulatory students fairly early on in more readily accessible asanas (e.g. Baddha Konasana, Virasana, Supta Virasana, etc.).

Importance of Spinal Twists

As I have already shared, I have MS lesions in my brain and spine. In 2012 I told B.K.S. Iyengar of the favorable results from my 2012–2011 comparative MRI brain scan, quoting the report, which said that “Lesions in the left parietal subcortical white matter [of the brain] appear to have reduced in number and size. Rest of the lesions remain unchanged,” and that the lesions in my spine remain unchanged. The next day Mr. Iyengar presented a wide range of spinal twisting asanas in the asana practice.

One of those asanas was Parivrtta Virabhadrasana II—Revolved Warrior II. This is a challenging asana. I share it with teachers of yoga asanas, as it is not often practiced, but is an asana worthy of exploration.

I would introduce this once a student has some familiarity, flexibility and stability with standing poses. If you try it, you will understand. I have found this pose offers a good rotation to the spine, which remains in a reasonably upright position. I have found it to be most accessible to start with the back to a support.

Instructions: From Tadasana, separate the legs. Turn the right leg out 90 degrees and the left toes in. Bend the right leg to Warrior II. Maintain the leg position. It is helpful to have the right-leg outer



hip braced against a wall or support. Inhale, lift the spine and rotate the torso and chest to the right to face the support. Keep the torso upright and extend the arms in line with the shoulders, or hold the support.

To come out, unrevolve the torso, straighten the right leg and return to Tadasana. Repeat on the second side.

Timing: Hold the pose for 20–30 seconds.

Contraindications: Avoid during pregnancy and menstruation.

The lesions in my spine remain unchanged (still a good thing), but with faith and dedicated practice I hope they will someday subside as well.

Case Studies

Student 1: Female, age 69

Known case of relapsing remitting multiple sclerosis, Parkinson's disease (PD), osteoporosis, low blood pressure.

October 2014: Upon original intake, student presented a consistent mild tremor, unstable gait, weakness in legs, spasticity and numbness in feet and toes, fatigue, and problems with balance. Significant mid-thoracic back pain. Limited range of motion in legs. Originally diagnosed with MS in 1985, the student had experienced a loss of central vision and numbness from the waist down. Student reported that she had recovered from these original symptoms through a consistent weekly yoga practice, and was otherwise reasonably stabilized. Student sought to resume yoga to maintain functionality and enhance strength, balance, range of motion and stability.

Initial Protocol

Began by meeting twice weekly for 90-minute asana sessions. Regularly began sessions with one or two restorative asanas, with 10-pound (4.5 kg) sandbags placed on forearms to mitigate tremor and to relieve fatigue. Student found great relief. Supta Baddha Konasana with a narrowly folded blanket under the spine rather than a spinal bolster support brought greater relief. Use

of a narrowly folded blanket did not exacerbate chronic thoracic mid-back pain.

Reclined Simple Cross Legs (Supta Sukhasana) was more readily accessible than sitting in Virasana.

Seated Pavanamuktasana relieved fatigue. This was followed by simple chair twists (Chair Bharadvajasana), Supta Padangusthasana I bent leg, Utkatasana with buttocks at wall with chair support for hands, and Ardha Uttanasana (holding countertop), which brought significant relief for chronic backache. This also helped with flexion in the feet. Adapted and supported standing poses (with support of wall or countertop) helped to enhance balance. Supported standing poses brought stability and provided feedback for legs with closed circuitry and peripheral nerve feedback. Incorporated adapted inversions into the practice. These adaptations included supported Downward Facing Dog in wall ropes to bring space for back, Urdhva Prasara Padasana, lying on the floor with supported bent legs on a chair seat, modified Chatush Padasana, walking legs up wall, Savasana with sandbag weights on arms, bolster on thighs.

Student showed significant improvement in gait, balance, stability, energy and mood. Persistent tremor remained.

February 2015: Student diagnosed with Parkinson's disease and reported existence of osteoporosis.

Parkinson's diagnosis further explained the tremor and gait imbalance challenges. Student reported preexisting spinal compression fractures T11–T12 as likely cause for back pain. These preexisting fractures were already present at the time of initial intake, though they had not been reported. Student began protocol of PD medication. Modified practice to include anterior standing work at a trestle in order to be weight bearing on legs, with closed circuitry for peripheral nerve feedback. Passive restorative work continued to mitigate fatigue, address side effects of medication and relieve back pain. Avoided forward bending and twisted poses. Incorporated longer stays of Savasana with back on floor, calves

supported on chair or with bolster under knees, brought relief for the back. Sandbags on arms relieved tremor.

June 2015: Student opted for previously recommended back surgery (vertebroplasty) to stabilize preexisting compression spinal fracture in the spine at T11–T12, which was the cause of the back pain.

Upon recovery from back surgery, protocol included: fully supported Pavanamuktasana (seated in chair), coming straight forward, which brought soothing sensation to the back without going to full forward extension and relieved fatigue; continuation of standing asana to maintain weight bearing on legs for the osteoporosis and leg strength; and standing poses to increase range of motion in legs, incorporating bigger movements to counter the onset of PD developing a short stride and festinating (quicken and shortening of normal strides) gait. The standing poses were done fully supported and facing a trestle. The student found the actions of standing poses to be most effective. Supta Baddha Konasana and Supta Sukhasana, lying flat, were done on days when more fatigued. These restorative poses helped with nausea, a side effect of PD medication. Modified work in chair incorporating gentle spinal rotation and arm work. Legs up the Wall, Supta Padangusthasana (Reclined Hand to Big Toe Pose with belt) and flat Savasana with knees bent and resting on chair seat. Salamba Viparita Karani (Supported Waterfall Pose) with bent legs and minimal lift under sacrum, with horizontal bolster to decentralize back body and relieve any pressure; longer stays in Savasana (10-minute minimum) helped with back recovery and fatigue. Sandbag weights on arms. Balance and coordination reasonably stabilized. Guided meditation and encouraged visualization to enhance outlook.

January 2017: Student sustained a fall which resulted in significant injury, fracture of right humerus bone near shoulder.

Required three surgically implanted pins and a plate to stabilize the right shoulder joint. Student reported that the resulting surgery exacerbated the Parkinson's symptoms.

March 2017: Student faced death of spouse.

Following physical therapy after shoulder surgery, the student acknowledged the personal benefits of incorporating a yoga practice for mobility, balance and strength, and expressed a desire to resume.

April 2017: Resumed yoga practice with supported anterior standing work facing support; modified arm work using a common yardstick to begin to regain range of motion in shoulder to capacity, gentle twists, resumed work on floor incorporating Chatush Padasana (Modified Bridge Pose), which helped range of motion and relieved backache and depression.

Student challenged to take arms above shoulder height or bear weight on arms; modified Adho Mukha Svanasana (Downward Facing Dog), seated on a chair and with hands placed on a second chair in front. Student was soon able to extend her arms and incrementally move second chair forward. Incorporated more supportive use of props to offer rest and recovery for shoulder. Student found greater accessibility to increase range of motion in arms when lying with the back on the floor in Supta Tadasana. Incorporated more pranayama and guided meditation.

With a desired commitment to keep moving, along with determination of will, student continues with yoga twice weekly. The practice includes regular practice of anterior-facing supported standing work, Supta Padangusthasana, Urdhva Prasarita Padasana (Legs up the Wall) and Supported Upeshreya (Supported L-Shaped Poses). Student has slowly been getting back to Supported Shoulderstand with support of a bench, Savasana and reclined pranayama.

Though the range of motion in the arms remains restricted

and has not returned to original ability, the student has been able to keep mobile. A balance of dynamic and restorative asanas has helped to keep the MS and the Parkinson's in check, the body moving and bones healthy. Physical balance and strength continue to improve through yoga. As a result, the student continues to enjoy a daily outdoor walk without the use of mobility assistive devices, and enjoys many other aspects of a busy lifestyle. Committed to keep moving despite the physical challenges life has presented, the student remains positive and continues to work as a Hollywood film producer. Maintaining physical strength, stamina and mental focus remains a driving and forefront student goal. Student remains positive by continuing with the practice, setting of intention and focusing on doing what she can do over what she may no longer be able to physically accomplish due to her various diagnoses.

Student 2: Female, age 60

Known case of secondary progressive multiple sclerosis, lupus, secondary Raynaud syndrome, osteoarthritis, osteoporosis, kidney disease, high blood pressure, recurring urinary tract infections (UTIs).

Student is ambulatory with use of a walker. Significant restriction in use of legs. Unstable gait, weakness, spasticity, numbness in legs. Difficulty in lifting legs, foot drag, fatigue, balance. Student reports MS symptoms first began at age 40, at which point she was extremely fit. Prior to onset of symptoms, participated in daily dance classes in addition to daily workout. With no advance notice, quadriceps felt extremely weak, as if she had just finished running a marathon. Symptom remained from onset. Diagnosed three-plus years later. Student is able to transfer to chair but unable to transfer to and from floor. First attended small group yoga classes for persons with MS and other movement challenges.

To accommodate challenges in her legs, the student does many asanas either seated, or lying on a four-chair platform. The following practice is done primarily from a four-chair platform, with an extra chair when needed to extend the assembled “platform” to support her head or feet as required.

The student’s practice includes:

Supta Baddha Konasana (Reclined Bound Angle Pose), feet to wall.

Supta Padangusthasana I (Reclined Hand to Big Toe Pose) with belt, keeping bottom leg bent.

Bharadvajasana and Pasana (seated chair twists).

Urdhva Namaskarasana and Urdhva Baddhanguliyasana (upward arm work with fingers bound).

Utkatasana (Powerful; Chair Pose), modified with platform positioned close to a wall. Facing the wall, from a seated position, the student grabs wall hooks (or a countertop) to first stand up in Tadasana (Mountain Pose), with a foam brick between the thighs to activate adductor and abductor muscles. From Tadasana the student proceeds to Utkatasana. If the student tires, she can simply sit on the platform to rest.

Utthita Eka Pada Bhekasana (Standing One Leg Frog Pose): Standing in Tadasana and holding the wall hooks, the student begins to step one leg back and lift her back foot to her capacity.

Practicing these weight-bearing standing poses has helped increase the student’s stamina and also addresses osteoporosis.

Virabhadrasana I (Warrior I) modified: To accomplish this the student works by remaining seated on the four-chair platform.

This pose can be done facing the wall, or the teacher can turn the platform to face the center of the room. With the four-chair platform, the chair seats face each other. As a result, there is no chair back to support the student from behind. In this case, for stability, the student holds the chair backs, which are now on the left and right sides of the body, respectively. The student moves her buttocks toward the edge of the platform. The student bends the left leg, taking the left knee toward the floor. The right leg remains bent at a right angle, with the right foot on the floor. This is similar to the images below, though they show the pose using one chair.



While on the platform, when bending the left knee to the floor, the left shin and foot slides under the platform. The left thigh is now perpendicular to the floor. The right leg remains at right angles on the floor.

Once stable, the student can extend the arms forward to the wall if still facing the wall, or overhead to capacity. To come out, the student holds the backs of the chairs, lifts the left knee and returns the left foot to the floor. The pose is then repeated on the opposite side.

Modified Adho Mukha Svanasana with hands on a chair seat placed in front of the student.

Modified Adho Mukha Svanasana (Downward Facing Dog Pose) with hands on a second chair seat.

Seated Pavanamuktasana (Seated Wind Relieving Pose).

Urdhva Prasarita Padasana (Legs up the Wall): Here, the teacher adjusts the platform so that the student is able to lie back on the platform and, with assistance, take the legs up the wall. The legs should be belted so they don't drift.

Setu Bandha Sarvangasana (Bridge Pose) on a bench. With the teacher's help, the student is able to transfer to a bench; in addition to head and shoulder support, a bolster or similar support is placed under the knees to preempt potential back pain. To exit, the teacher helps to lift the chest, so the student can transfer back to the platform.

Chair Savasana, resting head on second bolster.

The practice, adapted in this way, has helped the student regain the confidence to use her legs. Student can work on Utkatasana and the chair twists at home, as well as some of the reclined asanas using her bed.

The actions of standing on the legs and the chair twists have significantly increased the student's functional ability with getting up and down from other chairs, the ability to enter and exit a vehicle without using her hands to help lift her legs, and increased stamina.

On days when subject to UTIs, suggested practice includes: Supta Baddha Konasana on chair platform, simple chair twists, Pavanamuktasana (simplified forward bend), Setu Bandha Sarvangasana (Supported Bridge Pose) on bench, and Savasana.

Further, attending ongoing small group classes with modified asanas has relieved social isolation and depression.

Student 3: Female, age mid-50s

Known case of secondary progressive multiple sclerosis, wheelchair dependent (25 years). No further information provided.

Student had significant weakness and spasticity in her legs, with the legs in significant adduction. Suspect osteoporosis but not declared. Lacked confidence. Able to transfer to chair but resistant. Unable to transfer to and from floor unassisted. First attended a small group yoga class for persons with MS and other movement challenges.

Chair Tadasana: With lack of extra chairs to build a platform, the student was able to sit upright. A bolster placed vertically between the knees offered abduction to the student's legs to relieve spasticity.

Bharadvajasana and Pasasana (chair twists): The student was able to accomplish the actions of these twists. The intention was to maintain spinal mobility and organ health.

Urdhva Namaskarasana and Urdhva Baddhanguliyasana (upward facing arm work with fingers bound) done in her wheelchair.

Continuing with the student in Chair Tadasana, her feet were first placed on yoga bricks to see if she could place and keep the feet on the bricks. She was able to maintain feet on bricks.

Utthita Hasta Padangusthasana I (Extended Hand to Big Toe Pose), modified: With a small box placed in front of the student's feet she was able to repeat taking one leg at a time onto the box, like taking a step, and independently replace the foot to the floor.

Once OK with that, from the seated position of Chair Tadasana, the student was then able to place her heel onto

the seat of the second chair, alternating her legs. This lifting and placing of the legs, along with the extension of the hamstrings and contraction of the quadriceps, served to bring some movement into the legs that she was not otherwise attempting. Student reported that she could see how this action could help her with lifting her legs, which would facilitate easier transfer from her chair.

Seated Pavanamuktasana to rest.

Note: At this point in the class, others went to the floor for Urdhva Prasarita Padasana (Legs up the Wall). Student initially resisted attempting this pose so Seated Pavanamuktasana (Wind Relieving Pose) was recommended to rest.

On seeing others doing Urdhva Prasarita Padasana, the student changed her mind and wanted to attempt it. She was able to transfer to the floor and take her legs up the wall, albeit with them loosely belted and with a sticky mat roll placed between her legs to offer both abduction and adduction.

The session ended with Savasana.

The following day, the student reported that it was the first time in nearly 25 years that she could consciously feel her legs. She continues with modified yoga classes in her locale, reporting two months later her amazement at how much happier and calmer she felt in body and mind in a relatively short period of time. Her spasticity has subdued and is less severe overall. She specifically notes having more sensation in her body and increased energy levels, and “feels alive.” When practicing the bound Urdhva Prasarita Padasana (Legs up the Wall) pose, she is infused with incredible energy and an urge to run!

Some Other Factors to Consider

Students may have a history of surgery, which may also affect their range of motion and ability. Students with MS who are not ambulatory are susceptible to developing osteoporosis. Bear this in mind, and check with your students so as to not invite skeletal fractures.

Deep Brain Stimulation

Deep brain stimulation (DBS) involves sending electrical signals to brain areas responsible for body movement using a surgically implanted neurostimulator device. Electrodes are placed deep in the brain and connected to the device. Similar to a heart pacemaker, DBS uses electric pulses to regulate brain activity and is primarily used in Parkinson's. I have had several students with DBS; one with MS developed progressive multifocal leukoencephalopathy (PML) caused by medicine misguidedly prescribed for the patient's MS. Part of this student's treatment plan included DBS. Be sure to have the student's and their doctor's consent and advice on any restrictions before introducing a yoga practice. The students I have worked with have not had any restrictions and have practiced inversions and twists with no ill effect.

Baclofen Pump

Baclofen is an anti-spasmodic medication that is administered to patients with severe cases of spasticity. The medication is administered via a baclofen pump—a surgically implanted intrathecal pump used to deliver medication directly into the spinal fluid via a catheter into the thecal sac covering the spine. In the case I have worked with, twists were restricted to a 45-degree angle from the centerline of the body to prevent dislodgment of the spinal catheter.

Avoid Smothering the Student

Friendliness and compassion are virtuous qualities and an integral aspect of

yogic philosophy, as noted in Yoga Sutra I.33 (Iyengar 1993b, pp.80–81). Without question, as teachers of yoga and yoga therapists, these qualities play a vital role in caring for our students. In our zeal to care for the student, be mindful to maintain a professional demeanor and avoid smothering the student. As a compassionate and caring teacher or yoga therapist, it is important to remember that our role is to empower the health, well-being and independence of our students. It is important to avoid entering into a nurse or caregiver role, as that is not the job of a teacher or therapist of yoga.

Those of us with MS certainly have our challenges. Some of us face more challenges than others. Some have more ability, some have more functionality. We all want to do things, to try things, to challenge ourselves to see what we can do. To give it a go. Most of us have a pretty good sense of what we can attempt safely. Sometimes we succeed. Sometimes we fail. Just like everyone else. Obviously, as the teacher we do not want to put anyone in danger or in harm's way and safety is of vital importance. Be there. Be present with the student. When the student attempts, falls short or sometimes collapses, try not to freak out or overly worry at their failed attempt. If the student is not injured, and declares themselves to be OK, they may just need a moment to compose themselves in order to carry on. Smothering them with unnecessary attention and worry can be a turn-off to learning. Give the student space to explore, grow and learn within the realm of safety.

Keep Calm and Carry On

Teaching and practicing yoga is an organic, ongoing process. As we evolve, we continue to learn—as practitioners, as teachers, as humans. It is important to remember that change is a constant.

For updates and ongoing refinements to the various approaches presented here and other symptom management, please visit my website: <https://yogarth.com>

CHAPTER 7

Diet and Lifestyle

Aharasuddhau Sattvasuddhih
Sattvasuddhau Dhruva Smritih
Smritilabhe Sarvagrantheenam Vipramokshah.

When the food is pure, the whole nature becomes pure; when the nature becomes pure, the memory becomes firm; and when a man is in possession of a firm memory, all the ties are severed.

CHANDOGYA UPANISHAD VII.26.2

People often ask me about diet. While I am not a dietician or nutritionist, diet and nutrition suddenly came to the forefront for me when I first was diagnosed and remains an important part of my overall wellness strategy. When I was first out of the hospital, staggering from the diagnosis, and faced with not being able to have full control over my arms and legs, it seemed like that was a good time to take inventory of my behavioral and dietary patterns. Aside from my doctor's advice, which did not include dietary or nutritional counseling, I soon began to receive unsolicited advice from many concerned friends commenting on "what I really should be doing." As I embarked on the yoga practice for my new physical discipline, I soon became more conscious of the workings of my internal body. It didn't take long for me to realize the importance of giving up some of my old entrenched habits and embracing a healthier lifestyle to maximize my health.

At the time of and prior to diagnosis, I was smoking cigarettes, drinking

and socializing regularly, essentially leading a common lifestyle pattern of an actor making a go of it in Hollywood. Knowing I needed to change my behavior if I wanted to get better, I took it upon myself to learn more about foods and behavioral patterns that could reduce stress and potentially reduce the source cause of inflammation. Knowing I couldn't do it on my own, I sought out the advice of a nutritionist for counseling.

It is appealing to think we could manage MS by diet alone. At the time of this publication, unfortunately, there is no scientific evidence to support that any one particular diet plan can effectively treat MS. However, if you ascribe to the thought that you are what you eat, it definitely provides food for thought. With the knowledge that no one diet will effectively treat MS, I cannot help but think that eating more healthily, and decreasing any potential for inflammation by eliminating any causative contributing factors, is a logical next step toward health and effective disease management. Wanting to avoid going on the immune-modulating drugs, nurturing my body with the best possible things I could do and eating healthily made perfect sense as a strategy for wellness.

So I began to educate myself about foods that could potentially cause inflammation. I curtailed foods that may increase free radical production and oxidative stress, which in turn could trigger unfavorable immune responses. I looked to increase my intake of the natural antioxidants to lessen the chances of inflammation in my body.

But what are these things called free radicals, oxidative stress and antioxidants, and what role do they play in MS?

Without getting overly technical, free radicals are unstable atoms in the body. You may recall from high school chemistry that atoms are the basic building blocks of matter. Each atom consists of a positively charged nucleus orbited by negatively charged electrons. If an orbiting electron is not paired with another orbiting electron, that atom looks to bond with another atom to find balance, seeking the necessary electrons to complete the orbit. Interestingly, this is another micro example of the stabilizing effect of closed circuitry that can be helpful in asana.

In the body, molecules containing atoms which have unpaired electrons are known as free radicals. If this pattern of unpaired electrons continues to happen within oxygen-containing molecules, a process called oxidative

stress is created. Continued oxidative stress can in turn cause inflammation. Not good.

Antioxidants, on the other hand, are compounds that inhibit or decrease the rate of free radical production and can help reduce the levels of oxidative stress. Good.

In normal metabolic functioning, free radicals are naturally produced in the body. Antioxidants are also naturally produced to neutralize the free radicals. Under normal conditions, the body can maintain a healthy balance between free radicals and antioxidants with little disturbance. However, some foods are thought to contribute to increased inflammation and in turn an increased imbalance of free radicals.

The foods that I discovered that could potentially contribute to inflammation include soda and sugary drinks; refined sugar; fried foods; foods high in saturated fats; refined vegetable oils; processed foods and meats; excess alcohol; commercial dairy products. Gluten can also have an adverse effect on some people.

A recent study posted in the journal *Oxidative Medicine and Cellular Longevity* concluded that oxidative stress (OS) processes participate in both inflammatory and neurodegenerative pathophysiological components of MS (Adamczyk and Adamczyk-Sowa 2016). The study revealed that many dietary antioxidant foods and supplements may have a positive impact on the course of MS. Some of these include melatonin, lipoic acid, antioxidants dihydroasparagusic acid, n-3 polyunsaturated fatty acid (PUFA), α - (alpha-) lipoic acid (ALA) and others (including plant origin antioxidants) (Adamczyk and Adamczyk-Sowa 2016).

Dietary choices are not the only factors that may contribute to free radical production and an increased state of oxidative stress in the body. Environmental conditions can also be contributing factors. Some of the environmental factors that could have a negative impact on MS include environmental pollution, toxic metals and chemicals, cigarette smoke, pesticides and common household cleaning agents (Aseervatham *et al.* 2013).

It is worth noting that the body's natural immune response can also trigger a temporary oxidative stress event. This type of oxidative stress causes mild inflammation that goes away after the immune system fights off an infection or repairs an injury (Villines 2017).

It stands to reason that regardless of whether it treated my MS, it would be a good thing to eliminate or avoid causative sources, dietary or environmental, which could potentially create an excessive amount of free radicals. Making dietary choices to lessen inflammation by eliminating food provocation and introducing a reasonable amount of antioxidants into the diet, coupled with healthy lifestyle choices and avoiding toxic environmental factors, would be beneficial on the road to enhanced health (Villines 2017).

Whether or not a diet can directly influence the course of MS, I figured I had nothing to lose by altering my diet and eliminating things that could potentially cause inflammation. My body was craving a healthier way of eating and living anyway, so I gave it a go. Over the next several months, I cut out cigarettes (a no-brainer), gave up all sugar, quit drinking diet soda, “energy” drinks and alcohol, stopped eating fried foods, cut out saturated fats, and stopped all wheat and dairy products in order to monitor the effect of eliminating these things from my diet. Doing something similar may or may not help your symptoms, but for me it helped. I still lived in a large urban center but I did whatever I could to avoid exposure to toxic levels of pollution and sought to get out into more fresh air. Changing my eating habits and social patterns was not easy, as I wanted all the comfort foods and what was familiar. Making the change took a little time.

Prior to doing this, I first did a cleanse to see if I could start from a relatively clean slate. I changed my diet to be primarily plant based, rich in antioxidants and omega-3 oils, which I understood to be helpful for the health of the myelin sheath and other nerve function. Though I was tired at first, a regular restorative yoga practice helped to relieve any fatigue. In time I felt great!

I began to increase my consumption of foods commonly recommended to be higher in antioxidants, which included organic berries (especially blueberries, raspberries, strawberries), fruit and fruit juices, including pomegranate seeds and extract, avocado, cruciferous vegetables, dark leafy greens (kale, spinach, collard greens, watercress), cold-water fish (wild-caught salmon, trout, herring), eggs, beans, shitake mushrooms, whole grains, nuts (almonds, walnuts, flax seeds), flax seed oil, olive oil and Greek yogurt (for other dairy products, I opted instead for dairy alternatives like soy milk).

Within six months I gave up coffee and embraced a diet that for all intents and purposes could be considered anti-inflammatory and relatively close to what is known as a Mediterranean Diet.

Vitamins B and D, and Omega-3

While supplements can be beneficial, at the time of publication there is no scientific evidence to support that taking supplements will positively impact the course of MS. Nonetheless, as noted earlier, vitamin D deficiency can be a factor for MS (Ropper *et al.* 2019). Nutritional counseling suggested that vitamin B12 and other amino acids are involved with healthy functioning of the nervous system (Miller *et al.* 2005), so I began to supplement my diet with vitamin B12, vitamin D3, amino acids (acetyl L-carnitine and L-glutamine) and a daily intake of an omega. Even if not clinically proven, based on the anecdotal and nutrition-based advice, if this could help, I figured, why not try to maximize my chances of optimum health?

I continued to experiment with diet. I began and continue to do an annual juice cleanse for a week every year as a way to cleanse and reset the internal workings of my body. I tried raw, vegan and vegetarian diets. While there certainly are benefits to each, I often found I would be tired and feel weak. After several years, I reintroduced cold-water fish that are high in omega-3 back into my diet as well as eggs and Greek yogurt. As things have evolved I have returned to a basic Mediterranean diet, though I exclude red meats and most dairy; I have found this to be the most balanced diet for my body. I exclude the larger fish that have shown to have higher levels of mercury (tuna, swordfish, halibut). As everyone is different, please be sure to listen to your body and check with your doctor about best choices for your dietary protocol.

Here are some other diets quite popular in the MS community that you may wish to consider.

Anti-Inflammatory Paleo or Paleolithic

The principle of the anti-inflammatory paleo (AIP) or Paleolithic diet looks to the diet of the ancestral hunter-gatherer. The diet aims to exclude

processed foods. Paleo encourages consumption of meat, poultry, seafood and vegetables. Foods not allowed are grains, including wheat, oats and barley; legumes, such as beans, lentils, peas and peanuts; dairy; trans fats (hydrogenated oils); refined sugars; artificial sweeteners; low-fat or diet products; salt (Irish *et al.* 2017).

Intermittent Fasting and Fast Mimicking Diets

Intermittent fasting has become a popular diet of late that cycles between voluntary fasting and non-fasting: this may involve alternate day fasting, periodic fasting and time-restricted feeding (Tinsley and LaBounty 2015).

The fasting mimicking diet (FMD) is a protocol of five-day fasting cycles. The diet, developed by Dr. Valter Longo at the University of Southern California (USC) in Los Angeles, has shown promise with favorable results in studies involving mice. According to the study, the FMD promotes regeneration, and reduces autoimmunity and MS symptoms. The researchers show that cycles of a fasting mimicking diet ameliorate disease severity by suppressing autoimmunity and stimulating remyelination via oligodendrocyte regeneration in multiple sclerosis mouse models. The diet triggers a cellular death-and-life process that appears critical for cellular repair. As Longo states, “During the fasting-mimicking diet, cortisone is produced and that initiates a killing of autoimmune cells. This process also leads to the production of new healthy cells” (Paddock 2016).

Fasting mimicking essentially “tricks” your body into thinking you’re fasting. A fasting mimicking diet generally lasts about five days; however, anywhere between three and seven days will work to achieve the desired results, where the body’s glucose ketone index falls below 1.0. The glucose ketone index is the ratio of blood glucose to ketones as a single value. Glucose is sugar that the body uses for energy, and ketones are chemicals your liver makes, so your body uses fat instead of glucose. See also the section “Ketogenic Diet” below.

In a recent study, three days of fasting every seven days for three cycles as part of the fasting mimicking diet were effective in relieving symptoms in an animal model of MS (experimental autoimmune encephalomyelitis [EAE]) (Choi, Piccio and Childress 2016; Doherty 2019). Doherty further

notes that this protocol could result in lightheadedness, headaches and dehydration. While it shows promise, lightheadedness may not be good for those who are subject to vertigo.

All meals and snacks in the FMD protocol are whole-food derived and plant based. The meal kits are low in carbs and protein yet high in healthy fats like olives and flax.

George Jelenik—7 Steps to Overcoming MS

George Jelenik created a 7-Step Recovery program that includes diet as one of the seven components to managing MS. Jelenik's 7-Step Recovery program consists of diet; sunlight and vitamin D; exercise; meditation; medication; prevention in family members; "change your life for life." Jelenik, who also has MS, entitled this discipline "Overcoming Multiple Sclerosis" (Jelenik 2009). Jelenik's diet recommends supplementation, particularly with omega-3 (in the form of fish oil or flaxseed oil), and vitamin D if your exposure to sunlight is limited.

For more information on Dr. Jelenik, visit his website: overcomingms.org

Ketogenic Diet

The ketogenic diet is a high-fat, moderate-to-low-protein, low-carbohydrate diet. The idea is to eat a 4:1 ratio of fat to protein-plus-carbohydrates. By adhering to this ratio, the goal is to have the body enter into a metabolic state of ketosis, where the body switches from a state of glucose metabolism to a state of fatty acid and ketone (chemical in the liver) metabolism. This may or may not enhance cognitive function and encourage weight loss (Dolson and Forogos 2019).

Foods allowed: seafood, low carb vegetables, cheese, avocado, eggs, meat and poultry, coconut oil, plain Greek yogurt and cottage cheese, olive oil, nuts and seeds, berries, butter and cream, shitake mushrooms, olives, unsweetened coffee and tea, dark chocolate and cocoa.

Foods not allowed: high carbohydrate foods, sugar, including high carb vegetables; nightshades (e.g. potatoes, tomatoes, peppers and eggplants); citrus; starchy vegetables (Spritzler 2017).

Mediterranean Diet

As the name suggests, the Mediterranean diet is based on what many people eat in the Mediterranean region. This includes a wide variety of vegetables, fruits and whole grains, healthy fats as found in nuts, seeds, avocados, olives and olive oil, moderate portions of dairy and fish, smaller portions of white and red meat, eggs and red wine in moderation (Johnson 2019).

Swank Diet

The Swank diet, a diet low in saturated fat, was developed by Dr. Roy Swank, a neurologist at the University of Oregon, for the treatment of MS. The basic precepts of the diet are elimination of processed foods that contain saturated fats or hydrogenated oils; restriction of fat intake to less than 15 grams saturated fat and 20–50 grams unsaturated fat daily; eliminating red meat for the first year, after which small portions are allowed; including white poultry and white fish; restricting fat content to 1 percent butterfat in dairy; egg whites only; encouraging 1 teaspoon of cod liver oil, multivitamin and mineral supplements, whole-grain breads, rice and pasta, as well as daily snacks of nuts and seeds. A PDF of the Swank diet can be found on the Swank MS Foundation website (Swank MS Foundation 2020).

Vegan

Vegan diets contain exclusively plant-based foods. Animal products or byproducts are completely eliminated. Essentially there are two types of vegan diets. The whole-food vegan diet is based on a wide variety of whole plant foods such as fruits, vegetables, whole grains, legumes, nuts and seeds. A raw-food vegan diet is based on raw fruits, vegetables, nuts, seeds or plant foods prepared at temperatures below 118°F (48°C).

Due to the restrictive nature of these diets, important nutrients for those with MS may be deficient. As with any food-restricting diet, care and research are recommended. A vegan diet is often adopted to address health concerns, but also for environmental and ethical reasons (Petre 2016).

Vegetarian

Similar to a vegan diet, a vegetarian diet consists mainly of plant-based foods, including fruits, vegetables, beans, peas, grains, seeds and nuts. The diet excludes meats, poultry and fish. Some vegetarian diets include dairy products (lacto-vegetarian), some include dairy products and eggs (lacto-ovo vegetarian), and some include other animal products such as honey.

While vegan and vegetarian diets are very healthy, you may wish to supplement the diet with plant-based protein, as well as iron, calcium, zinc and vitamin B12 (Medline Plus 2019). Again, as with any restrictive diet, please do research these diets to ensure you receive optimum amounts of nutrients.

Wahls Protocol Diet

The Wahls Protocol diet, based on the paleo diet, was developed by Dr. Terry Wahls to treat multiple sclerosis. Wahls, a former physician and a clinical professor of medicine at the University of Iowa, developed the diet to treat her secondary progressive MS. Dr. Wahls, who was dependent upon a wheelchair, credits the diet, along with lifestyle changes, with reversing the effects of her course of MS.

The modified paleo diet developed by Wahls encourages grass-fed meat, fish, leafy vegetables, root vegetables, nuts, seeds, fermented foods, fruit and healthy fats. It eliminates dairy products, eggs, gluten, grains, legumes, nightshade vegetables, processed foods, starches and sugar. Though the effect of this dietary protocol has yet to be replicated and substantiated by objective scientific evidence, it continues to be investigated. Dr. Wahls reports several case studies showing favorable results, which she shares on her website. This inspiring story and dietary protocol may be of benefit, especially for those in the progressive stages of MS, though those newly diagnosed or at any stage of MS would stand to benefit from adopting a nutrient-dense diet that removes inflammatory foods. To learn more about Dr. Wahls and the Wahls Protocol visit <https://terrywahls.com>

Ayurveda

Ayurveda is often thought of as a sister science to yoga. It is a type of alternative medicine that also originated in India. The Ayurvedic approach focuses on all areas of health, including diet, lifestyle, exercise, detoxification, sleep and balancing the mind. Achieving balance in all these areas of life can lead to a harmonic, vibrant existence. Every case of MS is individual, and Ayurveda also views each individual as unique, with a unique blueprint for health. Ayurveda teaches us to honor and support our true individual natures. Modernized practices derived from Ayurveda traditions are a type of alternative medicine. In countries beyond India, Ayurvedic therapies and practices have been integrated into general wellness applications. One aspect of Ayurveda to achieve that goal is using food and diet to balance the body constitution (Yarema, Rhoda and Brannigan 2006).

Ayurvedic Massage

Coupled with the practice of yoga and healthy eating, Ayurvedic massage therapy may relieve a wide variety of symptoms. The system recognizes that every individual body has the potential to heal if we can apply the appropriate practice of exercise and balance. Taking that one step further into the application of therapeutic massage, while we may not be able to cure MS, the Ayurvedic massage known as Abhyanga (oil massage) can offer symptomatic relief and reduce stress. It is important to first have a consultation with an Ayurvedic doctor to determine your current body state and what types of oil and herbs would be best suited for your personal constitution. The oil is infused with herbs that can be especially helpful to relieve spasticity, neural pain, burning sensations, tingling and numbness, stiffness of joints, muscle ache and fatigue. For those who have mobility challenges or any of the above-mentioned symptoms, regular Abhyanga massage treatments can be a superb complement to your overall well-being and health.

Craniosacral Massage Therapy

Craniosacral massage therapy is a gentle, noninvasive form of bodywork that addresses the bones of the head, spinal column and sacrum. MS affects the CNS, and these areas are the corridors for the nerves that serve the body. The goal with cranial sacral massage therapy is to gently release compression in those areas, which may alleviate stress and pain.

When experiencing burning sensations (*dysesthesia*) in my right hip and during one exacerbation in my right arm, I found great relief from the gentle, passive support of this type of bodywork.

Swimming and Water Exercise

Though I had never been a big swimmer, with heat sensitivity and the Uhthoff's phenomenon being an issue following the onset of MS, the idea of swimming awakened another possibility to feel good when my doctor recommended it. Getting in the water was a welcome relief. At first, with my limbs not very coordinated, I was a little nervous about the idea of swimming. What was great was that it connected me to a part of myself I had long forgotten—taking swimming lessons as a child. Growing up in the cold winters of Canada, though, swimming never developed into a regular exercise discipline. With the MS diagnosis, once I was feeling relatively normalized from the yoga, I figured I'd sign up for some swimming lessons. I now swim three or four times a week, pretty much year round, and it has been a welcome adjunct to my wellness discipline.

If swimming is not your thing, you may want to check out other alternatives for aqua therapy. Moving in water, whether it is swimming or other water exercise, can be much more accessible and less tiring than on land. If you have access to a local pool or aquatic center, I highly recommend you incorporate some sort of water therapy into your routine. It is a wonderful physical complement to the yoga practice. If you are subject to heat sensitivity, however, I caution you to avoid hot tubs.

A Breath of Fresh Air

Making it a point to get outside at least once a day can be of great physical and mental benefit. If you are unable to get outside often, see if you can change your environment in some way—such as sitting close to a window—to get some exposure to the sun.

At times, when I felt that the world was closing in and I didn't quite understand what I was going through, I just wanted to hide. Breaking that mindset was an important step for me on the road to feeling better. It was extremely helpful for me to just get outside and change things up a bit. If I could change my perspective and get some fresh air it also helped to take my mind off the situation at hand. Changing one's perspective, even if for a few minutes, can be transformative. It can help to relieve depression and social isolation. Even though I couldn't walk very well, I would make it a point to stumble down to the beach and breathe some fresh, rejuvenating ocean air and be around others.

Depending on the weather, dress appropriately. If it is a hot day and you are heat sensitive, be smart. Wear loose protective clothing, keep cool and be sure to put on some sunscreen to avoid sunburn and skin damage, even if it is a cloudy day. If you are especially heat intolerant, you may wish to invest in a cooling vest. Even having access to an ice pack or some ice cubes placed on the wrists or the back of the neck for a few moments can help you keep your cool if you find yourself in a hot, humid environment. I have found the simple strategy of having a cool drink and asking for a few extra ice cubes to put on my wrists to be especially effective.

It is wise to plan ahead. Should you become fatigued, allow time on your outing to rest. Taking some time to pause, and sit down for a few minutes to recover, is always a helpful strategy should the legs tire. Plan your journey appropriately.

Additionally, if you are subject to toilet urgency requirements, knowing that you have ready access to a facility should an urgency situation arise can help keep any unnecessary stress at bay and make an outing rewarding.

And if getting outdoors is not your thing, you may want to catch a movie! After all, as a resident of Hollywood, I know that there are a lot of great movies to keep you entertained if you're having a rough day.

Enjoy and stay positive!

CHAPTER 8

The Proof Is in the Pudding

You may have heard the idiom “The proof is in the pudding.” The Merriam-Webster Online Dictionary defines that expression to mean “that the real worth, success, or effectiveness of something can only be determined by putting it to the test by trying or using it, appearances and promises aside—just as the best test of a pudding is to eat it” (Merriam-Webster Online Dictionary 2019b). So far you have mostly heard about the benefits of yoga through my lens. Underscoring the value of putting in the effort to determine its value, take control and heal, I share with you a few case studies and what others are saying about how taking on yoga has complemented their health and well-being.

Testimonials

Richard Core

I’ve had multiple sclerosis for 15 years. Recently, I have discovered how Iyengar yoga can provide an important element to my self-care.

I have always been active, and through regular exercise and cycling I have been trying to ward off the creeping disability from this disease. Two years ago, I suffered a setback—a bone spur was growing into my spinal cord, causing debilitating pain. I was fortunate to have an amazing outpatient surgery that removed the spur and immediately relieved the pain. However, a few months later—perhaps in a post-traumatic reaction connected to my MS—I found my body going into a gradual decline. I

seemed to be getting weaker and more fatigued by the day. I went to a physical therapist who got me back on track by showing me exercises and giving me lots of pep talks to work toward restoring the strength and energy I'd lost ever since my back problems began. As I began to feel myself on the rebound, I enrolled in a special Iyengar class for people with MS, from which I have experienced noticeable improvements.

The first revelation came from a variation on Warrior Pose II (Virabhadrasana II), which seemed to awaken nerves and muscles tied to the drop foot and hyperextended knee that have given me a noticeable limp the last few years. When I do the pose regularly, I can feel muscles firing that didn't seem to be working much before. I don't seem to be catching my toe and stumbling as much as I was before (I don't use any walking assistance), and I feel like I'm walking smoother and faster. Other poses have enabled me to focus on reviving other functions. One day, for example, as I had my feet up the wall (Urdhva Prasarita Padasana), I focused on straightening my right foot, which tends to roll to the side. I felt the muscle kick in and move my foot back to a near-normal position—at least for a short time until the muscle fatigued. But that was progress! And inspiration to continue!

Generally, yoga allows me to isolate and strengthen certain muscles that have gotten weak, and to concentrate on restoring communication—reactivating the nerve function—between my brain and limbs that MS has reduced or greatly limited.

Like others with MS, I also have physical symptoms that tend to mimic the symptoms a person might get from serious anxiety. I have noticed that the calming, meditative aspects of yoga help reduce the physical feelings of nervousness and anxiousness I sometimes experience.

Natalia Valentinova Zryacheva

Participant in the non-medical rehabilitation yoga program Spark of Life for patients with multiple sclerosis. Spark of Life is a rehabilitation yoga program for persons living with MS taught by Iyengar yoga teachers from Yoga-Praktika Federation, in Moscow, Russia.

When the Spark of Life project began, in December 2016, it was difficult

for me. The most difficult thing for me was to realize that my state of health was getting worse. Managing my health had become more and more difficult. I was experiencing constant weakness, not only in the legs, but in the whole body. Pain in the back, pain in the joints. Urological problems, as in many patients with MS. In short, I felt like a complete wreck.

A month earlier, I had attended a two-day course of classes for persons with MS and teachers taught by Garth McLean. I was impressed by his capabilities 20 years after his MS diagnosis.

After the first day I was terribly upset. I felt I could not do anything, even the most elementary exercises! But it turned out that to get the effect of the yoga poses, there are a lot of different adaptations that allow you to do the pose, which are convenient, and the effect will be as it should.

It seemed to me that I did everything the worst. But after a day of yoga class, I somehow had a sea of strength! The next day it was already easier. And not so many devices (props) were needed. When we were offered to hang upside down on the ropes, I could not believe that I would ever be able to do it, but I did it! I realized how important and effective it is to be engaged in this method of yoga with teachers who understand the characteristics of MS patients!

At Spark of Life I saw people working on themselves, without tension, but with a dazzling smile. During the classes we do not only work the body—each of us is filled with the warmth of the soul of ourselves and each other. It is the best antidepressant! Much has changed in my life. I now cannot help but study yoga.

My legs are getting stronger and I start to feel muscles that I have not felt for a long time. It happens, at times, that the health condition can still worsen, which brings up emotional and other factors. Luckily, I have a way out—I have yoga. I lie down on the rug and do some exercises, I feel better and I can continue to live and continue to act!

This is when I remember to not despair. You have to work on yourself!

For more testimonials please visit the author's website at <https://yogarth.com>

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18-10-2010

My dear Garth Mclean,

I just received your letter and read the letter of [REDACTED]. I am happy that people suffering from MS got benefited through my system taught by you. Hope many will benefit by taking to the right course of practise.

With love and affection.

Thanking You,

Yours affectionately,

(B.K.S. IYENGAR)

Letter of acknowledgement from B.K.S. Iyengar recognizing the benefits of the yoga practice and to guide others with their practice

Afterword

Of late, the entire world has been subjected to the inescapable uncertainty and dangerous unpredictability of the COVID-19 pandemic that has interrupted life globally. How we will engage in social interactions in the future remains unclear. The need for vigilance, to remain mindful and take the necessary precautions to stay aware, healthy and safe, and keep our immune system responses well balanced, will remain of paramount importance. This vigilance underscores the vital component of skillfully navigating the uncertainty of life that often accompanies living with MS.

Stay safe. Stay healthy. Stay positive!

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- Yoga Therapy as a Creative Response to Pain*, Matthew J. Taylor (Singing Dragon, 2018)

Meditation

Wake Up to the Joy of You, Agapi Stassinopoulos (Transworld Digital, 2016)

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Resources

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<https://iyengaryoga.org.uk>

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Find a Certified Yoga Teacher of Additional Yoga Disciplines in Your Area

Yoga Alliance

www.yogaalliance.org

For More Information and Resources on Multiple Sclerosis

National MS Society of the UK

www.mssociety.org.uk

National MS Society of the US

www.nationalmssociety.org

Additional Information on Diet

Fasting Mimicking Diet

prolonfmd.com

Dr. George Jelenik and Overcoming MS Diet

overcomingms.org

Roy Swank Diet

swankmsdiet.org

Dr. Terry Wahls and The Wahls Protocol

TerryWahls.com

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Index

Page references to Figures or Photographs will be in *italics*

- abdominals 51
- Adho Mukha Svanasana (Downward Facing Dog) with support 103
 - balance issues 181
 - drop foot 230
 - fatigue 235
 - and inversions 51
 - mini practices 134
 - paresthesia, formication or neural pain 255
 - spasticity (paraparesis) 259
 - vertigo 269
- Adho Mukha Svanasana with chair Pose 73
- advice for yoga teachers and therapists 282–323
 - additional strategies for adapting asanas 294–5
 - building a platform 295–9
 - challenging cases 305–7
 - genu recurvatum (knee hyperextension) 303–5
 - inversions 290–4
 - Lhermitte’s sign 299–302
 - MRI reports of author 308–9
 - personal experience and daily practice strategy 307–21
 - practice in spite of adversity 310–11
 - spasticity (paraparesis) 306
 - spinal twists, importance 311–12
 - standing poses 287–8
 - lateral standing work 288–90
 - vertigo 306–7
- age-related factors 19, 21, 22
- alternative nostril breathing 166, 168–70
- American Association of Neurological Surgeons 26
- anti-inflammatory paleo (AIP) 328
- aphasia 24
- Ardha Chandrasana (Half Moon Pose), with support 179, 289
- Ardha Halasana (Half Plough Pose) 293
- Ardha Matsyendrasana (Half Lord of the Fishes) 191–2
- Ardha Sirsasana (Half Headstand) 107, 214–16
- Ardha Uttanasana (Half Intense Stretch) 72–3, 180–1, 288
- asanas (yoga postures) 38–9
 - abdominals 51
 - additional strategies for adapting 294–5
 - back extensions 51–2
 - categories 38, 46–52
 - forward extensions 48
 - inversions 49–51
 - sequences *see* prone poses; reclining poses; revolved poses (twists); seated poses; sequences, asana; standing poses
 - as therapy 39
- ataxia *see* dysmetria (intention tremor); dyssynergia (sudden uncoordinated movement); gait abnormality and difficulty walking (ataxia)
- autoimmune diseases/inflammation 53

- Ayurveda 333
 Ayurvedic massage 333–4
- back extensions 51–2
- Baddha Konasana (Bound Angle Pose)
 192, 196–7, 207–9, 285
see also Supta Baddha Konasana
 (Reclined Bound Angle Pose)
- balance issues 175–88
- Ardha Chandrasana (Half Moon
 Pose), with support 179
- Ardha Uttanasana (Half Intense
 Stretch) 180–1
- Chair Sarvangasana (Chair
 Shoulderstand) 187
- Downward Facing Dog (Adho Mukha
 Svanasana), supported 181
- Halasana (Plough Pose) 184–5
- Parsvottanasana (Intense Stretch
 of Side Body) 180–1, 188
- Salamba Sarvangasana (Supported
 Shoulderstand) 182, 183–5, 186
- Salamba Sirsasana (Supported
 Headstand) 181
- Tadasana (Mountain Pose) 175
- Utthita Eka Pada Bhekasana (Standing
 One Leg Frog Pose) 177, 178
- Vrksasana (Tree Pose) with chair 176–8
- baroreflex 50
- Bharadvajasana (seated twist dedicated
 to the sage Bharadvaja) 271
- Bhramari (Bumble Bee breath),
 reclined 162–3
- bilateral damage 23
- bilateral nostril breathing 167–8
- bladder dysfunction 188–203
- Ardha Matsyendrasana (Half Lord
 of the Fishes) 191–2
- Baddha Konasana (Bound Angle
 Pose) 192, 196–7
- difficulty initiating 24, 188–93
- difficulty retaining 24, 193–203
- Janu Sirsasana (Head on the Knee
 Pose), supported 193
- Marichyasana III (Ray of Light
 III) with chair 189, 190
- Matsyasana (Fish Pose), reclined 198–200
- Parivrtta Trikonasana (Revolved
 Triangle Pose) 188, 189, 189, 190
- Parsvottanasana (Intense Stretch
 of Side Body) 188
- Paschimottanasana (Intense Stretch of
 the West Side of the Body) 193
- Salamba Sirsasana (Supported
 Headstand) 200
- Savasana (Relaxation/Corpse Pose) 193
- Supta Baddha Konasana (Reclined
 Bound Angle Pose, inverted) 193
- Supta Virasana (Reclined Hero Pose) 193
- Trianga Mukhaikapada Paschimottanasana
 (One Leg Folded Forward Bend) 193
- twists 49
- Upavistha Konasana (Seated
 Angle Pose) 192
- Boston Children's Hospital 30
- Bow Pose (Dhanurasana) 220–1, 304
- bowel dysfunction 203–16
- Ardha Sirsasana (Half
 Headstand) 214–16
- Baddha Konasana (Bound
 Angle Pose) 207–9
- Chair Bharadvajasana (Chair
 Twist) 203–4
- Chair Pasasana (Noose Pose
 in chair) 203–4
- constipation 24, 203–6
- incontinence 24, 207–16
- Malasana (Garland Pose) 205
- Matsyasana (Fish Pose) 209–11
- Parivrtta Parsvakonasana (Revolved Side
 Angle Pose) with chair 204–5
- Paschimottanasana (Intense Stretch of
 the West Side of the Body) 206
- Rope Sirsasana (Rope
 Headstand) 212, 213
- Salamba Sarvangasana (Supported
 Shoulderstand) 216
 with legs in Urdhva Padasana
 (Upward Lotus) 216
- Setu Bandha Sarvangasana
 (Supported Bridge Pose) 216
- Sirsasana (Headstand) 212, 213
- Supported Halasana (Supported
 Plough Pose) 206
- Supta Virasana (Reclined Hero Pose) 207
- Viparita Karani (Waterfall Pose) 216
- Virasana (Seated Hero Pose) 206
- brain fog *see* cognitive decline

- breathing exercises *see* pranayama
(breathing exercises)
- Bridge Pose *see* Chatush Paadasana
(Modified Bridge Pose); Setu Bandha
Sarvangasana (Supported Bridge Pose)
- Bumble Bee breath *see* Bhramari
(Bumble Bee breath), reclined
- Camel Pose (Ustrasana) *see*
Ustrasana (Camel Pose)
- case studies 312–21
- central nervous system (CNS) 17, 21, 26, 53
- cerebellum 49–50, 291
- cerebral lesions 18–19, 22, 291
- Certified Iyengar Yoga Teacher
(CIYT) 16, 41, 181
- Chair Bharadvajasana (Chair Twist
Pose) 68–70, 82–3, 111–12
bowel dysfunction 203–4
drop foot 231
fatigue 238–40
genu recurvatum (knee
hyperextension) 303
mini practices 128
- Chair Malasana (Garland Pose in
chair) 58–9, 83–4, 290
mini practices 138–9
- Chair Pasasana (Noose Pose in chair) 203–4
- Chair Sarvangasana (Chair
Shoulderstand) 112–13, 265, 310
balance issues 187
- Chair Tadasana (Chair Mountain
Pose) 58–9, 71, 79–80
- Chair Urdhva Baddhanguliyasana
(Chair-bound Fingers Pose) 66–8
- Chair Viparita Karani (Chair Waterfall
Pose) 112–13, 185, 265–7, 293
Lhermitte's sign 301
- Chatush Paadasana (Modified
Bridge Pose) 62–3
depression 216
gait abnormality and difficulty
walking (ataxia) 248
genu recurvatum (knee
hyperextension) 303
and inversions 51
mini practices 123–4
- chin lock (*jalandhara bandha*) 156, 184
- climate, effect on MS 19
- clinically isolated syndrome (CIS) 20
- clonus 254–8
- cognitive decline 24
enhancing cognitive function 290, 330
- Cohen, Hart C.M. 26
- constipation 203–6
- Core, Richard 336–7
- craniosacral massage therapy 334
- Dandasana (Staff Pose) 102, 192, 193
- demyelination 17
- depression 24, 216–25
Chatush Paadasana (Modified
Bridge Pose) 216
Dhanurasana (Bow Pose) 220–1
Dwi Pada Viparita Dandasana with
chair (Two-Leg Supported
Staff Pose) 224–5
Supta Baddna Konasana (Reclined
Bound Angle Pose) 216
Supta Padangusthasana I (Reclined
Hand to Big Toe Pose I) 225
Urdhva Dhanurasana (Upward Facing
Bow) with chair support 225
Urdhva Mukta Svanasana (Upward
Facing Dog) 217–20
Ustrasana (Camel Pose) 222–3
Uttanasana (Intense Stretch Pose)
with chair or bolster 225
- Dhanurasana (Bow Pose) 220–1, 304
- diet and lifestyle 324–35
anti-inflammatory paleo (AIP) 328
Ayurveda 333
Ayurvedic massage 333–4
craniosacral massage therapy 334
inflammation 326, 327
intermittent fasting 329–30
ketogenic diet 330–1
Mediterranean diet 331
Omega-3 328
paleolithic diet 328–9
7-Step Recovery program (Jelenik) 330
Swank diet 331
swimming and water exercise 334
vegan diets 331–2
vegetarian diets 332
vitamins B and D 328
Wahls Protocol diet 332–3

- digestive system
 Parsva Pavanamuktasana (Side Angle Seated Wind Relieving Pose) 297
 Seated Pavanamuktasana (Seated Wind Relieving Pose) 89–90, 269–70, 297
- diplopia (double vision) 21, 25
- dizziness *see* vertigo
- Downward Facing Dog (Adho Mukha Svanasana), supported *see* Adho Mukha Svanasana (Downward Facing Dog) with support
- drop foot 24, 26, 226–33
 Adho Mukha Svanasana (Downward Facing Dog) with support 230
 Chair Bharadvajasana (Chair Twist) 231
 Halasana (Plough Pose) 231
 Malasana (Garland Pose) 228
 Salamba Purvottanasana (Supported Stretch of the East) 231, 235
 Supta Baddha Konasana (Reclined Bound Angle Pose) 226
 Supta Padangusthasana I (Hand to Big Toe I) 226
 Supta Padangusthasana IV (Hand to Big Toe Pose IV) 227, 254
 Utkatasana (Powerful; Chair Pose) 227
 Utthita Trikonasana (Extended Triangle Pose) 229–30
 Viparita Karani (Waterfall Pose) 231, 232–3
 Virabhadrasana II (Warrior II) 230
- Dwi Pada Viparita Dandasana with chair (Two-Leg Supported Staff Pose) 105, 108, 109–11
- depression 224–5
- dysesthesia (spasms in intercostal area) 250–1
 fatigue 235
- dysarthria (motor speech dysfunction) 21, 25
- dysesthesia (spasms in intercostal area) 25, 28, 249–53
 Chair Bharadvajasana (Chair Twist) 253
 Dwi Pada Viparita Dandasana with chair (Two-Leg Supported Staff Pose) 250–1
 Halasana (Plough Pose) 253
 Matsyasana (Fish Pose) 249
 Prasarita Padottanasana I (Extended Intense Stretch of the Legs) 249
- Reclined Ujjayi Pranayama (Reclined Upward Conquering Breath) 253
- Salamba Purvottanasana (Supported Stretch of the East) 252–3
- Salamba Sarvangasana (Supported Shoulderstand) 253
- Salamba Ustrasana (Supported Camel Pose) 249–50
- Savasana (Relaxation/Corpse Pose) 253
- Supta Baddha Konasana (Reclined Bound Angle Pose) 249
- Supta Virasana (Reclined Hero Pose) 249
see also fornication (bugs under the skin sensation)
- dysmetria (intention tremor) 24
- dysphagia (difficulty swallowing) 25
- dyssynergia (sudden uncoordinated movement) 24
- Eka Pada Prasarita Savasana (One Leg Extended Corpse Pose) 117–18, 298
- ethnicity and MS 20
- experimental autoimmune encephalomyelitis (EAE) model 53
- extensor spasticity 26
- eye wrap 277–81
- fast mimicking diets 329–30
- fatigue 21, 25, 233–42
 Adho Mukha Svanasana (Downward Facing Dog) with support 235
 advice for yoga teachers and therapists 285
 Chair Bharadvajasana (Chair Twist) 238–40
 Dwi Pada Viparita Dandasana with chair (Two-Leg Supported Staff Pose) 235
 Salamba Purvottanasana (Supported Stretch of the East) 235
 Salamba Sirsasana (Supported Headstand) 235
 Savasana (Relaxation/Corpse Pose) 242
 Setu Bandha Sarvangasana (Supported Bridge Pose) 240–1
 Supta Baddha Konasana (Reclined Bound Angle Pose) 233–4
 Supta Parsva Pavanamuktasana (Side Bolster Twist) 234
 Urdhva Dhanurasana (Upward Facing Bow) with chair support 237–8
 Viparita Karani (Waterfall Pose) 241–2

- Fish Pose *see* Matsyasana (Fish Pose), reclined
 flexor spasticity 26
 formication (bugs under the skin sensation) 25, 254–8
 forward extensions 48
- gait abnormality and difficulty walking (ataxia) 21, 24, 242–8
 advice for yoga teachers and therapists 285
 Chatush Paadasana (Modified Bridge Pose) 248
 Namaskarasana (Upward Greeting Pose) 243
 Parsvottanasana (Intense Stretch of Side Body) 247–8
 Salamba Sarvangasana (Supported Shoulderstand) 248
 Savasana (Relaxation/Corpse Pose) 248
 Supta Padangusthasana I (Hand to Big Toe I) 243
 Tadasana (Mountain Pose) with brick 243
 Urdhva Baddhanguliyasana (Upward Facing Bound Finger Pose) 243
 Urdhva Prasarita Padasana (Upward Extended Leg Pose) 248
 Utкатasana (Powerful; Chair Pose) 243
 Utthita Hasta Padangusthasana I (Modified Hand to Big Toe Pose) 243
 Virabhadrasana I (Warrior I) 244–5
 Virabhadrasana II (Warrior II) 246–7
 Virasana (Seated Hero Pose) 248
- gender and MS 19, 22
 genu recurvatum (knee hyperextension) 28–9
- Halasana (Plough Pose)
 Ardha Halasana (Half Plough) 293
 from back bend bench 294
 balance issues 184–5
 bowel dysfunction 206
 drop foot 231
 dysesthesia (spasms in intercostal area) 253
 Lhermitte’s sign 302, 302
 Supported Halasana (Supported Plough Pose) 206
- Half Headstand (Ardha Sirsasana) 107, 214–16
- Half Intense Stretch *see* Ardha Uttanasana (Half Intense Stretch)
 Half Lord of the Fishes Pose (Ardha Matsyendrasana) 191–2
 Half Moon pose *see* Ardha Chandrasana (Half Moon Pose), with support
 Head on Knee pose *see* Janu Sirsasana (Head on the Knee Pose), supported
 Headstand (Sirsasana) *see* Sirsasana (Headstand)
 Hero Pose *see* Supta Virasana (Reclined Hero Pose); Virasana (Seated Hero Pose)
 hippocampus, brain 24
 home practice 42, 56–98
 Sequence A (full set) 60–78
 Sequence B (more supported set) 78–90
 Sequence C (relaxing set) 98–121
see also individual postures
- inflammation 20, 22, 23
 autoimmune 53
 and depression 24
 diet-related 326, 327
 in optic neuritis 25
 and oxidative stress 326, 327
 reducing 310, 325, 327
- Intense Stretch *see* Uttanasana (Intense Stretch Pose) with chair or bolster
 intermittent fasting 329–30
- International Advisory Committee on Clinical Trials of MS 19
- International Association of Yoga Therapists (IAYT) 33, 34, 282
- inversions 49–51, 152
 Adho Mukha Svanasana (Downward Facing Dog) with support *see* Adho Mukha Svanasana (Downward Facing Dog) with support
 advice for yoga teachers and therapists 290–4
 Ardha Sirsasana (Half Headstand) 107, 214–16
 Chair Sarvangasana (Chair Shoulderstand) 112–13, 187, 265, 310
 experienced students 292–4
 Halasana (Plough Pose) *see* Halasana (Plough Pose)

- Niralamba Sarvangasana (Unsupported Shoulderstand) 293–4
- Rope Sirsasana (Rope Headstand) 105–8
 bowel dysfunction 212, 213
 Lhermitte's sign 290
 paresthesia, formication or neural pain 255
 spasticity (paraparesis) 262
- Salamba Sarvangasana (Supported Shoulderstand) 105, 150, 253, 262, 292, 293
 balance issues 182, 183–5, 186
 bladder dysfunction 200
 bowel dysfunction 211, 216
 gait abnormality and difficulty walking (ataxia) 248
 with legs in Urdhva Padasana (Upward Lotus) 200, 216
 Lhermitte's sign 302
 spasticity (paraparesis) 262, 263–4
- Salamba Sirsasana (Supported Headstand) 107, 181, 235
 with legs in Urdhva Padasana (Upward Lotus) 200
- Sirsasana (Headstand) 105–8, 212, 213
 and thalamus gland 49
 ipsilateral damage 23
- Iyengar, B.K.S. 32–3, 35–7, 39, 40, 41, 43, 45, 46, 175
Light on Yoga 53, 282
- Iyengar, Geeta S. 32
- Iyengar yoga 15
 Certified Iyengar Yoga Teacher/ Yoga Therapist 16, 41
 defining 32–3
- jalandhara bandha* *see* chin lock (*jalandhara bandha*)
- Janu Sirsasana (Head on the Knee Pose), supported 116–17
 bladder dysfunction 193
 bowel dysfunction 206
 mini practices 141–2
 spasticity (paraparesis) 267
 vertigo 270–1
- knee hyperextension *see* genu recurvatum (knee hyperextension)
- lesions *see* sclerosis (lesions)
- Levin, Michael C. 29
- Lhermitte's sign 299–302
 Chair Viparita Karani (Chair Waterfall Pose) 301, 301
 features 25–6
 Halasana (Plough Pose) 302, 302
 Niralamba Sarvangasana (Unsupported Shoulderstand), avoiding 294, 299
 Prasarita Padottanasana I (Extended Intense Stretch of the Legs) 300
 Rope Sirsasana (Rope Headstand) 290
 Salamba Sarvangasana (Supported Shoulderstand) 302
 Savasana (Relaxation/Corpse Pose) 301
 lying down poses *see* reclining poses
- magnetic resonance imaging (MRI) 14, 20
 annual reports of author 50, 308–9
- Malasana (Garland Pose) 205, 228
 Chair Malasana (Garland Pose in chair) 58–9, 83–4, 138–9, 290
- management of MS symptoms
 with yoga 174–281
 balance issues 175–88
 bladder dysfunction 188–203
 bowel dysfunction 203–16
 depression 216–25
 drop foot 226–33
 dysesthesia (spasms in intercostal area) 249–53
 fatigue 233–42
 gait abnormality and difficulty walking (ataxia) 242–8
 optic neuritis 271–81
 paresthesia, formication or neural pain 254–8
 spasticity (paraparesis) 258–67
 vertigo 268–71
- Marichyasana III (Ray of Light III) with chair 189, 190
- Matsyasana (Fish Pose), reclined
 bladder dysfunction 198–200
 bowel dysfunction 209–11
 dysesthesia (spasms in intercostal area) 249
- medications 23, 283, 310
- meditation 31, 170–2
- Mediterranean diet 331

mini practices

- Sequence 1
 - Chatush Paadasana (Modified Bridge Pose) 123–4
 - Setu Bandha Sarvangasana (Supported Bridge Pose) 124–5
 - Supta Baddha Konasana (Reclined Bound Angle Pose) 122
 - Supta Padangusthasana I (Reclined Hand to Big Toe Pose I) 122–3
 - Urdhva Prasrita Padasana (Upward Extended Leg Pose) 126–7
- Sequence 2
 - Chair Bharadvajasana (Chair Twist) 128
 - Savasana (Relaxation/ Corpse Pose) 133–4
 - Setu Bandha Sarvangasana (Supported Bridge Pose) 131–3
 - Tadasana (Mountain Pose) 128–9
 - Utkatasana (Powerful; Chair Pose) 129–30
 - Uttanasana (Intense Stretch Pose) with chair or bolster 130–1
- Sequence 3
 - Adho Mukha Svanasana (Downward Facing Dog) with support 134
 - Chair Malasana (Garland Pose in Chair) 138–9
 - Janu Sirsasana (Head on the Knee Pose), supported 141–2
 - Prasarita Padottanasana I (Extended Intense Stretch of the Legs) 136–8
 - Savasana (Relaxation/ Corpse Pose) 142–3
 - Setu Bandha Sarvangasana (Supported Bridge Pose) 139–41
 - Urdhva Mukta Svanasana (Upward Facing Dog) 135–6
- Mountain Pose *see* Tadasana (Mountain Pose)
- MRI *see* magnetic resonance imaging (MRI)
- MS *see* multiple sclerosis (MS)
- MS Brain Initiative 30
- MS hug (dysesthesia) *see* dysesthesia (spasms in intercostal area)
- multiple sclerosis (MS)
 - age-related factors 19, 21, 22
 - author's experiences 13–16
 - causes 17–18, 19
 - defining 17–19
 - experimental autoimmune encephalomyelitis (EAE) model 53
 - gender 19, 22
 - persons susceptible to 19–20
 - precipitating factors 23
 - prevalence 19
 - symptoms 23–9
 - types 20–2
- myelin
 - autoimmune response to 23
 - defining 17
 - myelin nerve damage, repairing 29–30
 - in RRMS 21
 - myelin sheath 29
- Nadi Sodhana (Digital Pranayama) 165–70
 - alternative nostril breathing 166, 168–70
 - bilateral nostril breathing 167–8
 - Pranayama Mudra (Pranayama Seal) 166–7
- National MS Society, US 19, 20, 21
- nerve damage 16, 17, 22, 29–30
- neural pain (burning) 254–8
- neurological reserve 29
- Niralamba Sarvangasana (Unsupported Shoulderstand) 293–4, 302
- noradrenaline 52
- nostril breathing *see* Nadi Sodhana (Digital Pranayama)
- Omega-3 328
- optic neuritis 21, 271–81
 - eye wrap 277–81
 - inflammation 25
- Salamba Viparita Karani (Supported Waterfall Pose) 275–6
- Setu Bandha Sarvangasana (Supported Bridge Pose) 272–4
- Supta Baddha Konasana (Reclined Bound Angle Pose) 272
- Viloma Pranayama (Interrupted Breath with Pauses), reclined 276–7
- oxidative stress 326, 327
- paleolithic diet 328–9
- parakaya pravesa* (ability to enter another's body) 283
- paraparesis (spastic paralysis or stiffness of lower legs) *see* spasticity (paraparesis)

- parasympathetic nervous system (PNS) 48, 50, 52
- paresthesia (numbness or pins and needles) 25, 254–8
- Parivrtta Parsvakonasana (Revolved Side Angle Pose) with chair 204–5
- Parivrtta Trikonasana (Revolved Triangle Pose) 188, 189, 189, 190
- Parsva Pavanamuktasana (Side Angle Seated Wind Relieving Pose) 297
- Parsvottanasana (Intense Stretch of Side Body)
 - advice for yoga teachers and therapists 288, 289
 - balance issues 180–1, 188
 - gait abnormality and difficulty walking (ataxia) 247–8
- Paschimottanasana (Intense Stretch of the West Side of the Body)
 - bladder dysfunction 193
 - bowel dysfunction 206
 - vertigo 271
- Patanjali 31, 282
 - see also Yoga Sutras of Patanjali*
- platform building 295–9
- Plough Pose (Halasana) 184–5
- postures *see* asanas (yoga postures)
- PPMS *see* primary progressive MS (PPMS)
- pranayama (breathing exercises) 39–40, 153–70
 - Bhramari (Bumble Bee breath), reclined 162–3
 - breath retention 39, 158–61
 - exhalation focus 154–5, 160
 - inhalation and exhalation focus 161–2
 - inhalation focus 155–6, 159
 - Nadi Sodhana (Digital Pranayama) 165–70
 - alternative nostril breathing 166, 168–70
 - bilateral nostril breathing 167–8
 - Pranayama Mudra (Pranayama Seal) 166–7
- Sitali (Cooling Breath), seated 164–5
- Ujjayi Pranayama (Upward Conquering Breath)
 - reclined 96–8, 119–21, 154–6, 242, 267
 - seated 156–8
- Viloma Pranayama (Interrupted Breath with Pauses), reclined 159–62, 277–81
- Pranayama Mudra (Pranayama Seal) 166–7
- Prasarita Padottanasana I (Extended Intense Stretch of the Legs) 105
- dysesthesia (spasms in intercostal area) 249
- and inversions 51
- Lhermitte’s sign 300
- mini practice 136–8
- paresthesia, formication or neural pain 255
- spasticity (paraparesis) 259
- primary progressive MS (PPMS) 20, 22
- progressive MS, primary and secondary 20, 22
- prone poses
 - Dhanurasana (Bow Pose) 220–1, 304
 - Urdhva Mukta Svanasana (Upward Facing Dog) 135–6, 217–20, 262
- props 42–3, 45
- Reclined Simple Cross Legs pose
 - see* Supta Sukhasana (Reclined Simple Crossed Leg Pose)
- Reclined Ujjayi Pranayama (Reclined Upward Conquering Breath)
 - see* Ujjayi Pranayama (Reclined Upward Conquering Breath)
- reclining poses
 - Bhramari (Bumble Bee breath) 162–3
 - Chatush Paadasana (Modified Bridge Pose) 62–3
 - depression 216
 - gait abnormality and difficulty walking (ataxia) 248
 - genu recurvatum (knee hyperextension) 303
 - mini practices 123–4
- Eka Pada Prasarita Savasana (One Leg Extended Corpse Pose) 117–18, 298
- Halasana (Plough Pose) *see* Halasana (Plough Pose)
- Matsyasana (Fish Pose) *see* Matsyasana (Fish Pose), reclined
- Salamba Viparita Karani (Supported Waterfall Pose) 94–5, 106, 216
- optic neuritis 275–6
- persons susceptible to 256–7

reclining poses *cont.*

- Savasana (Relaxation) 77–8, 89–90, 95–6
- Setu Bandha Sarvangasana (Supported Bridge) 74–6, 108, 113–16
 - bladder dysfunction 200–3
 - bowel dysfunction 216
 - fatigue 240–1
 - mini practices 124–5, 131–3, 139–41
 - optic neuritis 272–4
- Supported Halasana (Supported Plough Pose) 206
- Supta Baddha Konasana (Reclined Bound Angle Pose) 61, 90–1, 100–1
 - bladder dysfunction 193
 - depression 216
 - drop foot 226
 - fatigue 233–4
 - mini practices 122
 - optic neuritis 272
 - spasticity (paraparesis) 258–9
- Supta Padangusthasana I (Hand to Big Toe I) 63–4, 122–3, 225, 243, 254
- Supta Padangusthasana II (Hand to Big Toe II) 64, 254
- Supta Padangusthasana III (Hand to Big Toe III) 65–6, 254
- Supta Parsvapavana Muktasana (Side Bolster Twist) 69–70, 91–2, 101–2
- Supta Sukhasana (Simple Crossed Leg) 66, 100, 313, 314
 - bladder dysfunction 194f, 195, 198
 - bowel dysfunction 207, 210, 211, 213
 - case studies 313, 314
- Supta Tadasana (Mountain Pose) 60, 61–2, 71
- Supta Virasana (Reclined Hero Pose) 99–100, 193, 207, 254
- Ujjayi Pranayama (Reclined Upward Conquering Breath) 96–8, 119–21, 154–6, 267
- Urdhva Prasarita Padasana (Upward Extended Leg) 66–8, 76–7, 126–7, 136–8, 305
- Viloma Pranayama (Interrupted Breath with Pauses) 159–62, 277–81
- Viparita Karani (Legs up the Wall Pose) 108
- see also* Savasana (Relaxation/Corpse Pose); seated poses; standing poses

- relapsing remitting MS (RRMS) 19, 21, 30, 36
- relaxation pose *see* Savasana (Relaxation/corpse Pose)
- remission of MS 21
- Remold-O'Donnell, Eileen 30
- Restorative Sequence 98–121, 153
 - Adho Mukha Svanasana (Downward Facing Dog) with support 103
 - Ardha Sirsasana (Half Headstand) 107
 - Dwi Pada Viparita Dandasana with chair (Two-Leg Supported Staff Pose) 105, 108, 109–11
 - Eka Pada Prasarita Savasana (One Leg Extended Corpse Pose) 117–18
 - Janu Sirsasana (Head on the Knee Pose), supported 116–17
 - Reclined Ujjayi Pranayama (Reclined Upward Conquering Breath) 119–21
 - Salamba Purvottanasana (Supported Stretch of the East) 110
 - Salamba Sirsasana (Supported Headstand) 107
 - Setu Bandha Sarvangasana (Supported Bridge Pose) 108, 113–16
 - Sirsasana (Headstand) 105–8
 - Supta Baddna Konasana (Reclined Bound Angle Pose) 100–1
 - Supta Virasana (Reclined Hero Pose) 99–100
 - Uttanasana (Intense Stretch Pose) with chair or bolster 104–5
 - Viparita Karani (Legs up the Wall Pose) 108
 - Virasana (Seated Hero Pose) 99
 - see also* Savasana (Relaxation/Corpse Pose)
- revolved poses (twists) 49
 - Ardha Matsyendrasana (Half Lord of the Fishes) 191–2
 - Bharadvajasana (seated twist dedicated to the sage Bharadvaja) 271
 - Chair Bharadvajasana (Chair Twist) 68–70, 82–3, 111–12, 128
 - bladder dysfunction 203–4
 - drop foot 231
 - fatigue 238–40
 - genu recurvatum (knee hyperextension) 303
 - paresthesia, formication or neural pain 255

- spinal twists, importance 311–12
- Supta Parsvapavana Muktasana
(Reclined Side Bolster Twist)
69–70, 91–2, 101–2
- Revolved Triangle Pose *see* Parivrtta
Trikonasana (Revolved Triangle Pose)
- Right Angle Hip Opener in chair 84
- root causes of attacks, controlling 30
- Rope Sirsasana (Rope Headstand) 105–8
advice for yoga teachers and therapists 290
bowel dysfunction 212, 213
Lhermitte's sign 290
paresthesia, formication or
neural pain 255
spasticity (paraparesis) 262
- sadhana* (yoga practice) 32
- Salamba Purvottanasana (Supported
Stretch of the East) 92–3, 110
building a platform 296–7
drop foot 231
fatigue 235
paresthesia, formication or
neural pain 255
spasticity (paraparesis) 260–1
vertigo 269
- Salamba Sarvangasana (Supported
Shoulderstand) 105, 150, 181, 293
advice for yoga teachers and
therapists 292–4
balance issues 182, 183–5, 186
bladder dysfunction 200
bowel dysfunction 211, 216
dysesthesia (spasms in intercostal area) 253
gait abnormality and difficulty
walking (ataxia) 248
with legs in Urdhva Padasana
(Upward Lotus) 200
Lhermitte's sign 302
spasticity (paraparesis) 262, 263–4
- Salamba Sirsasana (Supported
Headstand) 107, 181, 235
advice for yoga teachers and
therapists 292–4
with legs in Urdhva Padasana
(Upward Lotus) 200, 216
- Salamba Ustrasana (Supported
Camel Pose) 249–50, 262
- Salamba Viparita Karani (Supported
Waterfall Pose) 94–5, 106, 286
- advice for yoga teachers and therapists 294
building a platform 297–8
optic neuritis 275–6
paresthesia, formication or
neural pain 256–7
- Sarvangasana (Shoulderstand)
advice for yoga teachers and therapists 290
Chair Sarvangasana (Chair
Shoulderstand) 112–13,
187, 265, 310
Niralamba Sarvangasana (Unsupported
Shoulderstand) 293–4
Salamba Sarvangasana (Supported
Shoulderstand) 105, 150,
181, 253, 262, 292, 293
balance issues 182, 183–5, 186
bowel dysfunction 211, 216
gait abnormality and difficulty
walking (ataxia) 248
with legs in Urdhva Padasana
(Upward Lotus) 200, 216
Lhermitte's sign 302
spasticity (paraparesis) 263–4
- Savasana (Relaxation/Corpse Pose)
77–8, 89–90, 95–6, 118–19
bladder dysfunction 193, 203
fatigue 242
gait abnormality and difficulty
walking (ataxia) 248
Lhermitte's sign 301
mini practices 127, 133–4, 142–3
paresthesia, formication or
neural pain 257–8
spasticity (paraparesis) 267
vertigo 271
- sclerosis (lesions)
cerebral 18–19, 291
spinal cord 19, 22
- Seated Pavanamuktasana (Seated Wind
Relieving Pose) 89–90, 269–70, 297
- seated poses 48
Adho Mukha Svanasana with chair 73
Ardha Matsyendrasana (Half Lord
of the Fishes) 191–2
Baddha Konasana (Bound Angle
Pose) 192, 196–7, 207–9
Bharadvajasana (seated twist dedicated
to the sage Bharadvaja) 271
Chair Bharadvajasana (Chair Twist)
68–70, 82–3, 111–12, 128

seated poses *cont.*

- bowel dysfunction 203–4
- drop foot 231
- fatigue 238–40
- genu recurvatum (knee hyperextension) 303
- Chair Malasana (Garland Pose in Chair) 58–9, 83–4, 138–9
- Chair Pasasana (Noose Pose in chair) 203–4
- Chair Tadasana (chair Mountain Pose) 71, 79–80
- Chair Urdhva Baddhanguliyasana (chair-bound Fingers Pose) 66–8
- Dandasana (Staff Pose) 102
- Janu Sirsasana (Head on the Knee Pose), supported 116–17, 141–2
 - bladder dysfunction 193
 - bowel dysfunction 206
 - spasticity (paraparesis) 267
 - vertigo 270–1
- Marichyasana III (Ray of Light III) with chair 189, 190
- Parivrtta Parsvakonasana (Revolved Side Angle Pose) with chair 204–5, 297
- Paschimottanasana (Intense Stretch of the West Side of the Body) 193, 206, 271
- Right Angle Hip Opener in chair 84
- Salamba Purvottanasana (Supported Stretch of the East) 92–3, 110, 260–1
 - drop foot 231
 - fatigue 235
 - paresthesia, formication or neural pain 255
 - vertigo 269
- Seated Pavanamuktasana (Seated Wind Relieving Pose) 89–90, 297
- Sitali (Cooling Breath) 164–5
- Sukhasana (Simple Cross Legs), forward with support 117
- Trianga Mukhaikapada
 - Paschimottanasana (One Leg Folded Forward Bend) 193, 271
- Ujjayi Pranayama (Reclined Upward Conquering Breath) 156–8
- Upavistha Konasana (Seated Angle Pose) 192

- Upeshreya Seated (Seated L-Shape Poses) 254, 268–9
- Urdhva Baddhanguliyasana (Upward Facing Bound Finger Pose) 82, 243, 259
- Utthita Hasta Padangusthasana I (Modified Hand to Big Toe Pose) 85–6
- Virasana (Seated Hero Pose) 99, 206, 248
 - see also* reclining poses; standing poses
- secondary progressive MS (SPMS) 20, 21, 22
- sensitivity, observation and sensibility (SOS) 41
- sequences, asana 40–1, 55–152
 - general 143–4, 145
 - inversions 152
 - lying down *see* reclining poses
 - mini practices 122–43
 - Sequence 1 122–7
 - Sequence 2 128–34
 - Sequence 3 134–42
 - ongoing practice 149, 150, 151
 - process of sequencing 40–1
 - prone *see* prone poses
 - restorative *see* Restorative Sequence
 - sitting *see* seated poses
 - standing *see* standing poses
 - starting a home practice 42, 56–98
 - Sequence A (full set) 60–78
 - Sequence B (more supported set) 78–90
 - Sequence C (relaxing set) 98–121
 - twists *see* revolved poses (twists)
 - see also individual poses*
- Setu Bandha Sarvangasana (Supported Bridge Pose) 74–6, 108, 113–16
 - bladder dysfunction 200–3
 - bowel dysfunction 216
 - fatigue 240–1
 - and inversions 51
 - mini practices 124–5, 131–3, 139–41
 - optic neuritis 272–4
 - paresthesia, formication or neural pain 256–7
- 7-Step Recovery program (Jelenik) 330
- Shoulderstand *see* Sarvangasana (Shoulderstand)
- sight, problems with *see* optic neuritis

- Sirsasana (Headstand) 105–8, 212, 213
 advice for yoga teachers and therapists 290
 Ardha Sirsasana (Half Headstand)
 107, 214–16
 Rope Sirsasana (Rope Headstand)
 105–8, 300
 advice for yoga teachers and therapists 290
 bowel dysfunction 212, 213
 paresthesia, formication or neural pain 255
 spasticity (paraparesis) 262
 Salamba Sirsasana (Supported Headstand) 107, 181, 235
 with legs in Urdhva Padasana (Upward Lotus) 200
 Sitali (Cooling Breath), seated 164–5
 spasm 28, 66, 68, 80
 abdominal 222
 in legs 96, 120, 154, 159, 160, 161, 163, 276, 306
 medications 322
 in spasticity 26, 27, 258, 261
 vertigo 306
 spasticity (paraparesis) 21, 26–7, 258–67
 Adho Mukha Svanasana (Downward Facing Dog) with support 259
 advice for yoga teachers and therapists 306
 Chair Viparita Karani (Chair Waterfall Pose) 265–7
 Dwi Pada Viparita Dandasana with chair (Two-Leg Supported Staff Pose) 262
 extensor and flexor 26
 Prasrita Padottanasana I (Extended Intense Stretch of the Legs) 259
 Rope Sirsasana (Rope Headstand), spasticity (paraparesis) 262
 Salamba Purvottanasana (Supported Stretch of the East) 260–1
 Salamba Ustrasana (Supported Camel Pose) 262
 spasm in 26, 27, 258, 261
 Supta Baddha Konasana (Reclined Bound Angle Pose) 258–9
 Tadasana (Mountain Pose) 259
 Urdhva Baddhanguliyasana (Upward Facing Bound Finger Pose) 259
 Urdhva Mukta Svanasana (Upward Facing Dog) 262
 Urdhva Namaskarasana/Urdhva Hastasana (Upward Greeting Pose/Upward Arm Pose) 259
 Utthita Trikonasana (Extended Triangle Pose) 259
 Virabhadrasana II (Warrior II) 259
 spinal cord lesions 19, 22
 SPMS *see* secondary progressive MS (SPMS)
 Staff Pose *see* Dandasana (Staff Pose); Dwi Pada Viparita Dandasana with chair (Two-Leg Supported Staff Pose)
 standing poses 47–8
 Adho Mukha Svanasana (Downward Facing Dog) with support *see* Adho Mukha Svanasana (Downward Facing Dog) with support
 advice for yoga teachers and therapists 287–90
 Ardha Chandrasana (Half Moon Pose), with support 179, 289
 Ardha Uttanasana (Half Intense Stretch) 72–3, 180–1, 288
 Parivrtta Trikonasana (Revolved Triangle Pose) 188, 189, 189, 190
 Parsvottanasana (Intense Stretch of Side Body) 180–1, 188, 247–8, 288
 Tadasana (Mountain Pose)
 59–60, 70–1, 128–9
 Urdhva Namaskarasana/Urdhva Hastasana (Upward Greeting Pose/upward Arm Pose) 80–1, 243, 259
 Utkatasana (Powerful; Chair Pose)
 71–2, 87, 129–30, 227, 303
 Uttanasana (Intense Stretch), with chair or bolster 73–4, 87–8, 104–5, 130–1
 Utthita Eka Pada Bhikasana (Standing One Leg Frog Pose) 88–9, 177, 178
 Utthita Parsvakonasana (Extended Side Angle Pose) 289
 Utthita Trikonasana (Extended Triangle Pose) 229–30, 259, 289, 304
 Vrksasana (Tree Pose) with chair 176–8
see also reclining poses; seated poses
 starting a yoga practice 37–54
 before and after dilemma 44–5
 class attendance 41–2
 closed-circuit connecting, making 45–6
 home practice *see* home practice
 safe space, creating 43–4
 setting foundation for practice 37–41
see also yoga

- steroids 310
- Sukhasana (Simple Cross Legs),
forward with support 117
- Supported Bridge Pose (Setu Bandha
Sarvangasana) *see* Setu Bandha
Sarvangasana (Supported Bridge Pose)
- Supta Baddha Konasana (Reclined Bound
Angle Pose) 61, 90–1, 100–1
advice for yoga teachers and therapists 285
from back bend bench 295
bladder dysfunction 193
depression 216
drop foot 226
dysesthesia (spasms in intercostal area) 249
fatigue 233–4
mini practices 122
optic neuritis 272
spasticity (paraparesis) 258–9
see also Baddha Konasana
(Bound Angle Pose)
- Supta Padangusthasana I (Reclined
Hand to Big Toe Pose I) 63–4
depression 225
drop foot 226
gait abnormality and difficulty
walking (ataxia) 243
paresthesia, formication or
neural pain 254
- Supta Padangusthasana II (Reclined
Hand to Big Toe Pose II) 64, 254
- Supta Padangusthasana III (Reclined
Hand to Big Toe Pose III) 65–6
- Supta Padangusthasana IV (Reclined
Hand to Big Toe Pose IV) 227, 254
- Supta Parsva Pavanamuktasana
(Side Bolster Twist) 234
- Supta Parsvapavana Muktasana (Reclined
Side Bolster Twist) 69–70, 91–2, 101–2
- Supta Sukhasana (Reclined Simple
Crossed Leg Pose) 66, 100
bladder dysfunction 194f, 195, 198
bowel dysfunction 207, 210, 211, 213
case studies 313, 314
- Supta Tadasana (Reclined Mountain
Pose) 60, 61–2, 71, 303
- Supta Virasana (Reclined Hero
Pose) 99–100
bladder dysfunction 193
bowel dysfunction 207
paresthesia, formication or
neural pain 254
- Swank diet 331
- swimming and water exercise 334
- sympathetic nervous system (SNS) 50, 52–3
- symptoms of MS 23–9
management *see* management
of MS symptoms
- Tadasana (Mountain Pose) 57–8, 70–1, 289
balance issues 175
mini practices 128–9
reclined 60
seated 58–9
spasticity (paraparesis) 259
standing, with anterior support 59–60
Supta Tadasana (Reclined Mountain
Pose) 60, 61–2, 71, 303
- testimonials 336–9
- thalamus gland 49
- Tree Pose (Vrksasana), with chair 176–8
- tremor 24, 28
- Trianga Mukhaikapada Paschimottanasana
(One Leg Folded Forward
Bend) 193, 271
- Triangle poses
Parivrtta Trikonasana (Revolved
Triangle Pose) 188, 189, 189, 190
Utthita Trikonasana (Extended Triangle
Pose) 229–30, 259, 289, 304
- Uhthoff's phenomenon 28
- Ujjayi Pranayama (Upward
Conquering Breath)
beginning levels 153
reclined 96–8, 119–21, 154–6
dysesthesia (spasms in
intercostal area) 253
fatigue 242
spasticity (paraparesis) 267
seated 156–8
- ulnar nerve 25
- Upavistha Konasana (Seated Angle Pose) 192
- Upeshreya Seated (Seated L-Shape
Poses) 254, 268–9
- Upward Extended Leg Pose (Urdhva
Prasarita Padasana) *see* Urdhva Prasarita
Padasana (Upward Extended Leg Pose)

- Upward Facing Dog (Urdhva Mukta Svanasana) 135–6, 217–20, 262
- Upward Greeting pose *see* Urdhva Namaskarasanaasana/Urdhva Hastasana (Upward Greeting Pose/Upward Arm Pose)
- Upward Lotus (Urdhva Padmasana) 200, 216, 292–4
- Urdhva Baddhanguliyasana (Upward Facing Bound Finger Pose) 82, 176, 243, 259
- Urdhva Dhanurasana (Upward Facing Bow) with chair support 225, 237–8
- Urdhva Namaskarasana/Urdhva Hastasana (Upward Greeting Pose/upward Arm Pose) 80–1, 176, 243, 259
- Urdhva Padmasana (Upward Lotus) 200, 216, 292–4
- Urdhva Prasarita Padasana (Upward Extended Leg Pose) 66–8, 76–7, 225, 305
mini practices 126–7, 136–8
- Ustrasana (Camel Pose) 222–3
Salamba Ustrasana (Supported Camel Pose) 249–50, 262
- Utkatasana (Powerful; Chair Pose) 71–2, 87, 129–30, 227, 303
- Uttanasana (Intense Stretch Pose) 73–4, 87–8, 104–5
depression 225
genu recurvatum (knee hyperextension) 305
and inversions 51
Lhermitte's sign 300
mini practices 130–1
- Utthita Eka Pada Bhekasana (Standing One Leg Frog Pose) 88–9, 177, 178
- Utthita Hasta Padangusthasana I (Modified Hand to Big Toe Pose) 85–6
- Utthita Parsvakonasana (Extended Side Angle Pose) 289
- Utthita Trikonasana (Extended Triangle Pose) 229–30, 259, 289, 304
- vegan diets 331–2
- vegetarian diets 332
- vertigo 25, 268–71
Adho Mukha Svanasana (Downward Facing Dog) with support 269
advice for yoga teachers and therapists 306–7
- Bharadvajasana (seated twist dedicated to the sage Bharadvaja) 271
- Janu Sirsasana (Head on the Knee Pose), supported 270–1
- Salamba Purvottanasana (Supported Stretch of the East) 269
- Savasana (Relaxation/Corpse Pose) 271
- Seated Pavanamuktasana (Seated Wind Relieving Pose) 269–70
- spasm 306
- Trianga Mukhaikapada Paschimottanasana (One Leg Folded Forward Bend) 271
- Upeshreya Seated (Seated L-Shape Poses) 268–9
- Viloma Pranayama (Interrupted Breath with Pauses), reclined 153, 158–62, 277–81
- Viparita Karani (Waterfall Pose) 108
bladder dysfunction 203
bowel dysfunction 216
Chair Viparita Karani (Chair Waterfall Pose) 112–13, 185, 265–7, 293, 301, 301
drop foot 232–3
fatigue 241–2
Salamba Viparita Karani (Supported Waterfall Pose) 94–5, 106, 286
advice for yoga teachers and therapists 294
building a platform 297–8
optic neuritis 275–6
paresthesia, formication or neural pain 256–7
- Virabhadrasana I (Warrior I) 85, 244–5
- Virabhadrasana II (Warrior II) 230, 246–7, 259, 289
- Virasana (Seated Hero Pose) 99, 206, 248
see also Supta Virasana (Reclined Hero Pose)
- vision problems *see* optic neuritis
- vitamins 20, 328
- Vrksasana (Tree Pose) with chair 176–8
- Wahls Protocol diet 332–3
- walking problems *see* gait abnormality and difficulty walking (ataxia)
- Warrior I *see* Virabhadrasana I (Warrior I)

- Warrior II *see* Virabhadrasana II (Warrior II)
- Waterfall Pose *see* Chair Viparita Karani
(Chair Waterfall Pose); Viparita
Karani (Waterfall Pose)
- yoga
- asana *see* asana
 - defining 31–2
 - Iyengar, defining 32–3
 - limbs of 38
- pranayama 39–40
- sequencing 40–1
- setting foundation for practice 37–41
- starting a practice 37–54
- as therapy 33–6
- Yoga Sutras of Patanjali* 31, 34, 35
- Zryachera, Natalia Valentinova 337–8

