

FROM DEPENDENCE TO INDEPENDENCE

Health and well-being benefits of a regular personal home yoga practice

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ABSTRACT

There have been many studies on yoga and its effects on physical function or on specific diseases, but there has been less attention paid to self-assessment of improvement in physical and mental health and well-being by practitioners of yoga. This study was designed with that purpose of self-assessment of well-being using a questionnaire based on the Pancha Maya model of human anatomy with 16 volunteers who had attended weekly yoga classes for the minimum of one year. In this study students were given a practice designed specifically for their particular needs to practice regularly at home for three months. They were self-empowered to take charge of their own well-being and become an active partner with me their teacher in their process, and to derive strength in fulfilling their commitment to practice on a regular basis, this self-reliance leads to a sense of self-empowerment. They completed the self-assessment on well-being questionnaire before and after the three months of yoga practice. There was improvement at all levels of well-being based on the questionnaire. It is concluded that a regular home based yoga practice can improve physical and mental health, and promote well-being.

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Abstract

There have been many studies on yoga and its effects on physical function or on specific diseases, but there has been less attention paid to self-assessment of improvement in physical and mental health and well-being by practitioners of yoga. This study was designed with that purpose of self-assessment of well-being using a questionnaire based on the pancha maya model of human anatomy with 16 volunteers who had attended weekly yoga classes for the minimum of one year. In this study students were given a practice designed specifically for their particular needs to practice regularly at home for three months. They were self-empowered to take charge of their own well-being and become an active partner with me their teacher in their process, and to derive strength in fulfilling their commitment to practice on a regular basis, this self-reliance leads to a sense of self-empowerment. They completed the self assessment on well-being questionnaire before and after the three months of yoga practice. There was improvement at all levels of well-being based on the questionnaire. It is concluded that a regular home based yoga practice can improve physical and mental health, and promote well-being.

Introduction

Yoga is an ancient discipline which uses a combination of practices including physical poses, breath work, chant, visualization, meditation, control of mind and senses and ethical practices designed to bring balance and health to the physical, mental, emotional, and spiritual dimensions of the individual. The word yoga has many interpretations, one based on its Sanskrit root 'yuj' is "to bring two things together" to "unite, join, connect, come together" and another

is "to tie the strands of the mind together." (Desikachar 1995) Another meaning is 'to reach a point we have not reached before' (Desikachar 1980) any movement towards a goal, be it bending forwards and the hands touching the feet or the mind understanding something higher than it did before, is yoga. When something within us feels in tune with something higher, this is also yoga. Another definition is 'to act in a particular way with all our attention focused upon that action', this is the definition by Patanjali in the Yoga Sutras 'stilling the fluctuations of the mind' YS1.2 (Desikachar 2000). If we are present in every action, at every moment, whether it is doing asanas (postures) or having a discussion with someone, this is yoga. Yoga is a very ancient philosophy and practice that includes many 'tools' the practitioner can use including breathing (pranayama), meditation, postures (asana), mudra (gestures), visualization, diet and lifestyle observances. These tools are used to bring specific effects to all dimensions of the human system: body, breath, mind, personality, and emotions (the pancha mayas).

(Desikachar, TKV 1980; Desikachar, TKV 1995; Desikachar, TKV 2000; Mohan A. G. 1993; Desikachar, K, Bragdon, L and Bossart, C 2005; Pally, S., 2012; Ross, A, Friedmann, E, Bevans, M and Thomas, S. 2012)

The aim of my project was to provide an individually designed personal practice to participants and to establish that this, if done regularly, is a more efficient means of facilitating change within, and a feeling of well being, than a once a week group yoga class.

Students who enjoy a regular weekly yoga class and feel the benefits of just once a week class, were asked to volunteer to practice more regularly, 5 or more times a week at home, and to see if making this small, but positive change in behavior improved their feeling of well-being and self-empowerment

I asked the volunteers to make a commitment of a regular yoga practice of at least four times a week over a three-month period. They had to have the desire to make the decision and have the discipline and determination to

empower themselves to practice on a regular basis. For some this was a big challenge.

I hoped to see the possible benefits of a home practice that was designed specifically for the individuals current needs as opposed to a group yoga class where poses are modified for current needs but are not specifically therapeutic for the individual.

The model I used was the Pancha-Maya model. Panca means 'five' and maya means 'all pervading'. This model of Vedic wisdom sees the human system as being composed of five fundamental dimensions (physical body, breath/prana, intellect, personality, and emotions) that are completely interconnected and what happens in one layer or dimension has effects in the other dimensions. All five dimensions are completely present everywhere in the system at the same time. We all have a body and the body breathes, if not we die. So the body and breath are inseparably related. Also, we all have an intellect that has been trained in specific and different ways: to be a doctor, an artist, an historian. We also each of us have our own way of perceiving and communicating - we each have our own personality and we have emotions. For example -the morning I got the news my father was dying, my back seized up and I couldn't move. So the emotions I experienced at a deep level affected my physical body as well as mental and emotional bodies. The model moves from the most gross, the physical body, to the most subtle dimension, the emotions. The dimensions are, starting with the most gross and moving inwards: the body, the breath, the intellect, the personality and the emotions.

The Pancha Maya model was first mentioned in the Taittiriya Upanisad, the five dimensions or layers are described as anna maya, prana maya, and the three more subtle levels of mano maya, vijnana maya, and ananda maya. As previously mentioned, maya means 'that which is all pervading', so what is manifesting in one level can be presenting in another level eg. An emotional upset (mano maya) manifests as a sore back and disturbed breathing (anna and prana maya levels). Or if someone becomes angry (emotional change), the breathing changes, it becomes faster, shallower, maybe is held and the

body changes, the heart rate and blood pressure increase. The personality also changes, there is more aggression and the perception of the situation is negative. This is why Yoga is termed 'holistic'.(Bossart, 2007)

In the yogic view of human anatomy there are five layers of our human constitution, and these are:

The first layer of our system is anna maya – this maya is nourished by anna (food). This is the physical body. It is the most gross level, including the anatomical structures, muscles, bones, tissues and organs of our system. The layer where the senses see, hear and feel. The body is nourished by food and eventually converted into food for others.

The second layer of our system is prana maya – this maya is nourished by prana (air, vital force, the breath). The energetic layer of our body, the domain of our vital energy which flows through the body, activating the vital metabolic functions that sustain life and health and enables the operation of our physiological constitution. It is subtler, more extensive and powerful than Annamaya. All activities of the individual are executed by means of this system.

The third layer of our system is mano maya – this maya is nourished by manas (mind, intellect). This is the psychological system. This more subtle layer is composed of the mental faculties with which we learn our perception and cognition that enable us to absorb, process and interpret information to live our daily life. The knowledge we have gained, how we respond to situations, memory, our habits are functions of the psychological system.

The fourth layer of our system is vijnana maya – this maya is nourished by vijnana (special or specific intelligence, wisdom, the deeper self) This is the personality system, shaped by our own mano maya. The development of our inner and intuitive capacity to understand, reflect on and then intelligently interpret information shapes our personality, our nature, character. It includes faith or ability to trust, our values and development of sense of right and wrong, communication skills, our state of mind, and patterns from the past (samskaras) that continue to influence our behaviour and attitudes.

The fifth layer of our system is ananda maya – the deepest level, this maya is nourished by ananda (bliss, emotion, usually associated with joy) This refers to our spiritual or deep heart connection to life. This is the emotional dimension, emotions based on joy or clouded by lack of joy, the feeling of expanded space, deep blissful state of joy, our longings, the things that please us, our sense of fulfillment, wholeness and integration when focused on and integrated with what means most to us.

The goal of yoga is to eliminate dukham (suffering) and replace it with sukham (happiness, joy). I used this model as a guide to assess how students were feeling on all levels at the beginning of the three months with a questionnaire and at the end of the three months with a second questionnaire. I aimed to try and assess if regular practice had a potential beneficial effect. Because each dimension is totally interconnected with the other dimensions, it is possible to work in primarily one dimension eg. the body with asana, and have an effect on all other dimensions, or alternately work primarily with the breath to have an effect on the mind (eg. for someone suffering stress). When our mind changes, our whole system changes. This also applies to working at the mental level, by asking the student to focus on a particular object, we can see the breathing also changes, and over time the personality and body do too.

(Bossart, C. 2007; Desikachar, K et al. 2005; Desikachar, K 2007; Desikachar, K 2010; Gambhirananda, Swami 2004; Garde, R 1975 Kraftsow, G 1999; www.yogaonline.com)

Yoga is self-empowering, the student has to do the practice to feel the benefit, it isn't done 'to' them. They play an active part in their own progress towards health and well-being. So the responsibility for improvement lies with them, and the teacher is the guide in how to do the practice and in encouraging the student to practice. Seeing my students regularly at the group class and checking how they were going provided incentive for them, and seeing me regularly one on one over the three months provided more incentive to practice. In addition, having made the commitment to me at the beginning was a motivator to practice. The student would report to me in our private sessions

how they were feeling, whether there had been improvement and this would guide me in what I was asking them to do.

The Yoga Sutras 1.30 and 1.31 speak of the obstacles to yoga practice, these are: illness which disturbs physical equilibrium; mental apathy, torpor, fatigue; doubts or indecision, lack of clarity; lack of foresight or being indifferent or negligent, careless, excessive haste; physical and mental fatigue, laziness, being despondent; over indulgence of the senses; illusions about one's true state of mind, wrong point of view, fanatical, stubborn; lack of perseverance and regression, inability to reach a goal. These are seen to hinder practice because they create mental disturbances and encourage distractions. Other distractions talked about in the yoga sutras are pain or misery, despair, unsteadiness of body and unsteady respiration. (Desikachar, T.K.V. 2000; Iyengar, B.K.S. 1976; Moors, F. 2012)

These are guides for a teacher in observing where her/his student is having difficulty and choosing which tools of yoga to include in a particular practice, and for a student in self-observation and what to focus on to improve well-being.

Literature review:

My intention was to understand the impact of an individualized yoga practice on an individual and their feeling of well-being over a three month period as opposed to a once a week regular yoga group class. The aim was to establish that a personal yoga practice, if done regularly, (students were asked to commit to doing the practice at least four times a week), is a more efficient means of facilitating change physically, mentally and emotionally than attendance at a once a week yoga class.

Research Methods:

For this project I used 16 volunteers from my own yoga classes who had been attending regular weekly yoga classes for at least one year prior to the research. In searching on line I used the words 'yoga', 'home practice', 'yoga

and well-being', 'health benefits of yoga', 'therapeutic yoga'. I searched via Google; Google Scholar; online through the International Journal of Yoga Therapy and online through Advanced Centre for Yoga Therapy Education and Research (ACYTER). I only accessed articles that were free to the public as many I did not have access to. The search was to see if there were other research projects on the regular practice of yoga and well-being. Firstly the title was read. If the article appeared appropriate it was bookmarked, saved to a folder, and later printed. Some articles I found describing interventions that utilized yoga as a means to achieve some health outcome were also chosen for further review to see if content supported my enquiry, and some were report summaries of current evidence on the effects of yoga interventions and mental and physical health. There were very few that supported my premise.

Search Results:

I found some surveys looking at yoga and its effects for specific problems, and some that looked at benefits of regular yoga practice and well-being. And many books and articles looking at yoga as a holistic model for healing.

Woodyard, C. (2011). Exploring the therapeutic effects of yoga and its ability to increase quality of life. *International Journal of Yoga*: 4(2), pp 49-54..

Catherine Woodyard 2003 assesses the findings of selected articles about the therapeutic effects of yoga to provide a comprehensive review of the benefits of regular yoga practice to inform health care professionals about the nature of yoga and the evidence of its many therapeutic effects. The results of her study show that yogic practices enhance muscular strength and body flexibility, promote and improve respiratory and cardiovascular function, promote recovery from and treatment of addiction, reduce stress, anxiety, depression, and chronic pain, improve sleep patterns, and enhance overall well-being and quality of life (Woodyard, C. 2011). The author went through each of these improvements and gave references to support her claims. This article provided a list of references that were useful to follow up for my research. Her discussion concludes with the statement; "while no concrete guidelines exist regarding the frequency of practice, the more you practice the

more you benefit. Yoga is a personalized practice and as such, frequency and duration are personal questions with individual answers. Practice should happen with wisdom and should be modified to meet individual needs and goals. Individuals should practice as often as possible, especially in the beginning". This article supports my study.

Ross, A., Friedmann, E., Bevans, M., & Thomas, S., ((2012) Frequency of Yoga Practice Predicts Health: Results of a National Survey of Yoga Practitioners. *Evidence-Based Complementary and Alternative Medicine*. Published online 2012 August 14, doi: 10.1155/2012/983258.

The purpose of this study was to examine the relationship between yoga practice and health. It was cross-sectional, and anonymous internet surveys were sent to 4307 individuals who did yoga at Iyengar yoga studios in the USA. 1045 (23.3%) of surveys were completed, the mean age was 51.7 years and 84.2% were female. The results showed that frequency of home practice favorably predicted an increase in health. It showed frequency of yoga practice outside of class, as opposed to years of yoga practice or class participation, was repeatedly a predictor of aspects of health including mindfulness, subjective well-being, BMI, and fruit and vegetable consumption, and sleep disturbance. It was not how long an individual had practiced yoga, rather, it appeared to matter how often they practiced. The research conducted concluded "Home practice of yoga predicted better health outcomes than years of practice or class frequency. And, different physical poses and yoga techniques may have unique health benefits. (Ross *et al* 2012). This article supports my proposal that a regular home practice will have more benefits physically, mentally and emotionally, than a regular once a week class.

Deshpande, S., Nagendra, H.R., & Raghuran, N. (2008). A randomized control trial of the effect of yoga on Gunas (personality) and Health in normal healthy volunteers. *International Journal of Yoga*. 1(1):2-10.

This trial looked at yoga's effect on personality and health and compared a yoga group to a control group who practiced mild physical exercise. It was done in Bangalore, India. Both groups had supervised practice sessions by trained experts for one hour daily, six days a week for eight weeks. The yoga included asanas, pranayama, and meditation, devotional sessions, lectures on yoga, stress management and lifestyle change, and relaxation. The physical exercises were standard exercises meant to provide mild to moderate activity. It was looking at the personality from the point of view of the gunas: Tamas, is the grossest, characterized by excessive sleep, laziness, depression, anger, procrastination. Rajas: characterized by intense activity ambitiousness, competitiveness, sense of self importance, desire for growth and mastery, then Sattva: which includes qualities of truthfulness, stability, discipline, sense of control, intelligence, truthfulness. This study showed the Yoga had a better effect on the Sattva guna than physical exercise, and physical exercise reduced Rajas and Tamas more than yoga. The overall results were that general health status improved in both the Yoga and control groups.

There were many research projects and pilot study's that looked at yoga and its effect on specific problems rather than general well-being. An example of this is:

Galantino, M.L., Bzdewka, T.M., Eissler-Russo, J.L., Holbrook, M.L., Mogck, E.P., Geigle, P., and Farrer, J.T. (2004). The Impact of Modified Hatha Yoga on Chronic Low Back Pain: A Pilot Study. *Alternative Therapies, Mar/Apr 2004;10:56-9*

This pilot study looked at the effect of a twice a week, 6-week modified hatha yoga class on participants with chronic low back pain. There were twenty-two participants between the ages of 30 and 65, and they were randomized to either an immediate yoga based intervention, or to a control group with no treatment during the observation period but received later yoga training. The conclusion was that a modified yoga-based intervention may benefit individuals with chronic low back pain, but a larger study is necessary to provide definitive evidence.

Another example is:

Hegde, S.V., Adhikari, P., Shashidhar, K., Pinto, V.J., D'Souza, S., & D'Souza, V. (2011). Effect of 3-Month Yoga on Oxidative Stress in Type 2 Diabetes With or Without Complications – A controlled clinical trial. *Diabetes Care*, Volume 34, October 2011

This was a 3 month controlled clinical trial to assess the effect of yoga on anthropometry, blood pressure, glycemic control, and oxidative stress in type 2 diabetic patients on standard care in comparison with standard care alone. The results showed that in comparison with standard care alone, yoga resulted in significant reduction in BMI, glycemic control, and malondialdehyde and increase in glutathione and vitamin C. There were no differences in waist circumference, waist-to-hip ration, blood pressure, vit E, or superoxide dismutase in the yoga group follow-up.

It was concluded that yoga can be used as an effective therapy in reducing oxidative stress in type 2 diabetes and that yoga in addition to standard care helps reduce BMI and improve glycemic control in type 2 diabetic patients. (Hegde, S.V. et al 2011)

Both these studies showed benefit from yoga intervention, the first one had physical benefits and the second one showed physiological benefits.

Methodology

This project utilized a mixed methodology, quantitative methodology - with an anonymous online survey to examine current perceived state of well-being and a graph of the result, and qualitative methodology, in the form of online student feedback, where students gave their perspectives and elaborated on their answers to each question.

For this project I used students who had been regularly attending my group classes for a minimum of at least one year but who didn't have a regular home practice, who had Internet access and the ability to complete an online survey. The length and amount of yoga practice required by each person to

perform at home depended on my first private consultation with them, and ascertaining their needs, ability and time available to practice. Each person was different. The hatha yoga I used was in lineage of Krishnamacharya as taught by TKV Desikachar.

My group classes consist of up to nine students in a class who are predominantly women though I have one male student. The age range of all my students is from early 20's to 80 year olds. I initially offered this practice verbally in each class to everyone, and handed out an information sheet (Appendix 1). I spoke about the project explaining what I would be asking of them in time commitment, and what I hoped they would gain from it if they practiced on a regular basis. There were no promises that the practice would make any change, but rather an anticipation of what would they see if they did the practice. I asked for volunteers and had 16 students wanting to participate and make the commitment to me to practice regularly for the following three months. All participants were women and the ages of participants ranged from one student in her 30's; four in their 40's; eight in their 50's, one in her 60's and two in their 70's.

I confirmed by email their participation, and then sent an online survey that I produced on Survey Monkey to each participant. This survey was to be completed online before our first private session together. I aimed to see each student three times over that three month period. The online survey consisted of five questions based on the Pancha Maya model as discussed above, relating to their general physical well-being, energy levels, clarity of mind at the time, character and self-confidence and emotions. On a scale of 7 they rated themselves from poor to excellent for each question and there was room to make comments if they wanted.

(See Appendix 1, form initially handed out in class asking for volunteers and explaining what was involved.)

Seeing the students one-on-one changed my relationship with them from being part of a larger group to a more personal level. I had already established a relationship with each one and this enabled me to deepen it, and to tailor the program to their current circumstances, both physically and

mentally. Establishing this personal relationship is very important in the therapeutic approach of yoga (McCall, 2007 p. 107).

In the first session I asked each student to fill out a Student Record Form and also Consent to Participate Form that also questioned whether they had completed the online survey. If they had not, I subsequently resent it to them. Additionally, I gave them a three-month calendar as a reference and reminder, to tick the days they practiced. The student record form informed me of their current needs and any problems they may have had, physically or emotionally. It also informed me of past problems i.e. whether they had been on medication for depression or high blood pressure or if they had surgery or injury). It also indicated family medical history so I could see what problems were in the family that might affect the student. It also asked about current energy levels, appetite, sleep onset and quality, what exercise apart from yoga they did daily or weekly, bowel movement, menstrual cycle, menopause, diet and alcohol consumption. It asked them about both mother and father and any medical problems they may have had. They were asked about their illness history, and any medications they may be currently taking. After discussion about all these things and their well-being at the time I also took the pulse, this was done either sitting or lying down. Then I did a physical assessment by observing them sitting, standing and lying, noting any physical problems, and then doing some simple postures, like forward bending, bending knees, and raising arms. As they were my regular students they were used to doing their movements linking with their breathing, but in a group class I don't get a lot of chance to really observe each person's length of breath and breath capacity.

(See Appendix 2, Student Record Form and Appendix 3. Consent to participate form)

I observed their breathing by counting the length of both the inhale and the exhale, to ascertain the length of their breath, in static mode and in movement. The aim is to lengthen the breath, so it becomes longer and smoother over time. Based on the discussion and my observations, I asked them to perform several different asanas linking movement with breathing and some

pranayama practice while either seated or lying or both, and then designed a practice for them to take home from this first session to practice regularly for the next week, or up to two weeks, until I saw them again. Asana involves moving the body into and out of a position i.e. moving from standing up right to forward bending, hands touching the feet. This movement is linked with the breathing. Postures that open and expand the body are generally done on an inhale, and postures that contract the body are generally done on an exhale. This is occasionally reversed for specific effects on the system. For some students I used chanting to aid their breath and their focus, and for some a bhavana, a visualization to help a mental attitude. Designing the practice took into account the students' current needs and abilities, any physical limitations that prevented them doing a full posture, their age, the time of day they hoped to do their practice, how long they thought they would be able to practice and the time of year, whether it was cold or very hot. The practice was sequenced so there was a preparatory phase, and counter-postures for the asanas given, and the breath length.

In the second session I checked how they had gone with the practice, how often they practiced, whether they had any problems with it, generally how it worked for them. I took their pulse and went through the practice again to make sure they were doing it properly and they had understood what I was asking them to do, and checked the breathing practice to see how that was going. From these observations, I either left the practice exactly as it was, going through it again with them to make sure they understood and were doing it properly, and they continued on with it till the next session. I would do this if someone had not managed to practice regularly for any reason or if they had misunderstood the instructions and were not doing it as asked the first time, or I progressed the practice making small changes to it, if they had practiced regularly and had understood instructions correctly

From the second session they were to practice on their own for at least three weeks and see me again, time permitting after three or four weeks. In this session I also noted how they felt with the practice, how often they managed to practice and again observed their movements and their breathing. From these observations I wrote up a new practice with either new asanas, or

progressing the asanas they were doing, and developing the breathing capacity.

Results and discussion:

I will discuss some of my students' practices and results:

(See Appendix 4 – Notes on Student no 3. These include the student record form she filled out on first meeting, teacher's notes on physical assessment and possible direction to take. Also stick figure drawings of Program 1, 2 and 3)

SN3 is a 51-year-old female, average height and weight, married with 2 children and working as a full time primary school teacher. When she came to me she was concerned about her energy levels, which were low, tight hamstrings and stiff lower back. She has low thyroid and depression, both under control with medication. Her pulse was regular and Pitta. Her appetite and sleep onset and quality are good, and she exercises regularly. There is family history of low thyroid, diabetes and high blood pressure on her mother's side.

Her breath is good, being able to inhale 6 seconds and exhale 6 seconds. Her posture is uneven with the left shoulder and hip being higher than the right side, and she has mild kyphosis. After discussion with her and observing her doing several asanas, I wrote a practice that incorporated forward bending to stretch the back of the body, and hamstrings. Lateral bending because her spine is tilted to one side making one side higher than the other and this can aid in bringing back lateral symmetry to the body. Twisting so the spine has been worked in all directions, and the hold after the exhale in No. 4 twist while looking upwards works on thyroid area, and back bending to stretch and open the front of the body, and in No. 8 supine backbend, stimulates thyroid area. Back bending is initiated by the inhale which expands the chest as the air is drawn in, and aids bringing the back to a healthy upright alignment, and I used this because of her kyphosis and tendency to slouch, and it also has an

energizing effect on the system and I thought this might be useful for her depression and low thyroid.

This is an example of working with the physical body in asana, using back bending to aid correcting the stooped posture (physical dimension) possibly resulting from her depression (mental and emotional dimensions), so as well as working on the physical manifestation of a problem, it would affect the mental and emotional layers of the problem too. I also introduced a small retention of breath after the inhale to have a more stimulating effect on the system, also lengthening the inhale. Then I introduced some lengthening of the exhale and a hold after the exhale to help develop the length of the breath and have a more calming, relaxing effect on the system, and make the overall effect of the practice more samana or equal.

(Desikachar, K. et al, 2012; Mohan, G. 2008)

(See the attached Appendix 4 for SN 3, Class 1, 2 & 3 and student feedback. Here is a discussion on programs no. 1 and 2 that I gave her in stick figure drawings).

- 1) I started just raising arms from the front in a standing position linking movement and breath and creating mild back arch, then in:
- 2) tadasana, a samasthiti posture, in which the spine is vertical. I added raising arms from the side and heels off the floor at the same time, this is to stretch the back and legs, and I gave focus as well as to the body, to the breath with and equal inhale and exhale, gradually making it longer, with a small hold after the inhale. This helps lengthen the breath, brings focus to the mind and has an energizing effect on the system.
- 3) a one leg forward bend (parsva Uttanasana), a lateral and forward bending and twisting posture, helps stretch the legs to work on her hamstrings, and stretches and strengthens the back of the body, also creates a mild back arching the sthiti, where she inhales and comes up half way then forward bends again. There are also holds after the inhale for energetic effect.

4) is a twist of the spine done to equal inhale and exhale with a hold after the exhale, this helps lengthen the exhale, and has a calming effect, and stimulates thyroid.

5) is a counter pose for the twist, a mild forward bending modified squat, with a progressive lengthening of the hold after exhale, to work on the lengthening of the breath and the pacifying effect.

Then to the floor for rest and then No 6 - six breaths with focus on progressive slow exhale.

7) stretches the back and legs, is a forward bending posture.

8) opens the chest and has an energizing effect as it is a back bending posture, and withhold after inhale stimulates thyroid area.

9) is a gentle twist to have an effect on the abdominal region and work the spinal flexibility and thyroid.

10) is a counter pose, and forward bending.

Then rest and a final 12 Breaths with the exhale being double the length of the inhale, having worked towards this with the gradual lengthening of the holds after exhale and the progressive lengthening of the exhale.

I saw the student for the second time, one week after the first meeting. She had been practicing at least five times in that week. She reported that she was feeling very good in herself, didn't have any problems with the practice and was managing the lengths of breath at 6 second inhale and 6 second exhale. I decided to leave the practice exactly as it was and to have her focus on her breathing and the stretching.

I saw her for her 3rd appointment three weeks later. She had been practicing quite regularly for two weeks, but had had a week's holiday where she only managed to practice a couple of times. In observing her doing the practice again I noticed an increase in her flexibility, she was not needing to bend her knees as much in one leg forward bend (parsva uttanansana), and her breathing had lengthened to an 8 second inhale and exhale with ease. In this

third practice I worked on lengthening the breathing by extending holds after inhale. I also progressed the asanas making them more challenging without bringing new asanas in, to strengthen and work on her flexibility. The breathing in no. 6 of class 3 has a long exhale and the seated pranayama at the end also had an exhale focus to balance the inhale focus in some of the asanas. This provided an overall equalizing effect to the whole practice.

The result of doing this practice regularly for SN 3 was her flexibility improved as she had hoped. I used asana as the primary tool, and pranayama as the secondary tool. In asana the movement is linked with the breath, the inhale facilitating the opening asanas, where the chest is opened and front of body being stretched and the exhale facilitating the forward bending postures, where the abdominal area is contracting and the back of the body is being stretched, this affects the pranayama dimension as well as working on the physical body dimension (annamaya) at the same time. Asana also works on the manomaya (mental dimension) as it requires attention and mental focus to coordinate the movements and breathing. It is this unification of the physical body, breath, and concentration, while performing the postures and movements that blockages in the energy channels of the body are cleared and the energy system of the body becomes more balanced. Because of the use of the linking and lengthening of the breath while doing asana on a regular basis, her overall feeling of well-being improved considerably, it affected the deeper layers of her being. She remained on medication for depression, but was able to lessen the dose she had been taking. Also her stability and back strength improved. (Bossart, C., 2007; Woodyard, C. 2011)

SN3 benefited from the practice, she had a positive experience over the three months study. She managed to incorporate a regular practice into her routine and the feedback she gave at her private classes was positive.

Another student who had a positive experience was Student No 2 (SN 2).

(See Appendix 5 for Student Record Sheet; yoga classes 1, 2 and 3; student feedback form).

SN 2 attended the three classes over the three-month study period. SN 2 is a retired, 78-year-old female in good physical condition and on medication for High Blood Pressure. She exercises regularly by walking, playing golf and her weekly yoga. She is very slim. She has practiced yoga at weekly classes for more than 20 years. She wanted a regular home practice for general fitness, strength and flexibility. Her hips and hamstrings are very tight, her breath is short, and her spinal flexibility is good. Energy is good but her sleep onset and quality are not good. Her day of golf once a week tires her. This is primarily and annamaya based (physical) practice, with some chant to work at the pranamaya level (breath) and lengthen her breath capacity and have a pacifying effect on her system to aid her sleep, and to also help focus her mind and concentrate, working also at the manomaya level.

In Class 1 (see Appendix 5, p.3) I started her with:

- 1) Tadasana with chanting 'OM' on her exhale. This asana to help with her balance, flex her ankles, and the chant to help lengthen her breathing.
- 2) Also used OM to lengthen the breath and bring focus, the forward bend to stretch her back, and the squat for knee flexibility.
- 3) The back bend in the warrior 1 pose stretches the spine and opens the chest, and the movement to a one leg forward bend stretches the back of the body asymmetrically, for flexibility. Chant of 'Om' to aid lengthening the breath.
- 4) This is to stretch the spine and for strength in the stay at the end in upward dog pose.
- 5) After a rest there is a small pranayama using ratio with the exhale gradually becoming longer than the inhale. Her capacity is short.
- 6) & 7) for flexibility of legs, and hips.
- 7) twist to keep spine flexible.
- 8) apanasana to counter pose the twist and work with hip flexibility.
- 9) After final rest there is some more chanting to have a calming peaceful effect as well as lengthening the breath.

The feedback she gave after this first class was positive, she had been practicing regularly, but said she gets sore knees after golf, so I suggested a 20 minute rest with legs up on a chair after her game, and as often as possible. I also suggested she flexes her ankles in this pose for the first 10 breaths.

For class 2 (see *Appendix 5, p. 4*), I changed no. 3 to bend to a chair, to create more space in her hip, and added in the flexing of the ankles in no. 7 and 9, as well as adding the little resting practice with legs on a chair for after golf or whenever she felt like it.

Her feedback on class two was that she had been practicing regularly. She stopped doing no. 3 to a chair and bent forward to her leg. Her breath was still shallow so extended the chanting in some places in Class 3.

(See *Appendix 5, p. 5*). I also added hold after exhale in no. 8 class 3, to help with lengthening the breath.

Overall this SN 2 had a positive experience with having a practice to do regularly at home, and felt it was very beneficial.

There was a direct correlation between the amount a student practiced at home and their perceived well-being. The more often they practiced the better experience they had and overall sense of well-being improved.

Of the 16 students that volunteered to take part in this study, 11 (68.75%) came to the three classes over the three months, 3 (18.75%) came to two private classes and 2 (6.25%) came to only one private class. This broke the study into two groups, the ones who attended three sessions, and of these all managed to practice on a regular basis, so benefited from the home practice and gave positive feedback. And those who only attended the private class once or twice. These people tended not to practice after the first week, so did not come to their next scheduled appointment.

The reasons they did not manage to practice varied:

Student No 1 (SN 1) (*see Appendix 6 which includes student information sheet and classes 1 & 2*)

SN 1 is a 49-year-old female. She attended two classes. She has a full-time demanding job often having to work evenings and weekends. Her feedback on class 1 was that it was too long, and that there was not enough preparation for the standing postures and she had only practiced a few times. I shortened the practice and gave more warm-up time. She wanted more flexibility and to relieve stiffness in joints, and to establish a regular routine. I didn't get feedback on class 2 because she didn't attend a 3rd session. In class she told me she practices sometimes and does bits from the class I gave her, enjoys it when she does it.

In retrospect I should have made the class shorter and simpler than I did so she would have had more incentive to practice on a regular basis, considering her demanding job, and establish the routine she was after.

Another student who did not practice and therefore did not benefit from a home practice was Student No 14 (SN 14). (*See Appendix 7, which includes student information sheet and Class 1 for SN 14*)

SN 14 is a 55-year-old female who attended one session of the 3. She wanted to establish a discipline of a regular home practice. She has tension and pain in the neck and shoulder area caused by osteo-arthritis, she also has rheumatoid arthritis, and osteoporosis, and she is on medication and painkillers for this. She is a single mother and holds a demanding and stressful job as a magistrate.

My approach to class 1 was to incorporate chant because her breath is not long, so to assist in lengthening the exhale, and to have a calming effect on her system. She said her sleep quality is disturbed. My focus in this first practice was the neck and shoulder area, which was listed as her current need in the student information form. I gave a simple practice, mostly sitting

or lying down and I used simple nyasm (pressing thumb to each finger alternately) to help relieve the tension in this neck and shoulder. She aimed to do it first thing in the morning or when she came home from work and wanted it to take between 15-20 minutes.

She didn't come to a second session and in her regular weekly class she told me she had not managed to do any practice, which is why she didn't continue.

Again in retrospect with this student I should have made the practice much shorter and possibly just a short practice to do before bed with just two or three postures, something she could manage with her demanding lifestyle.

It was clear from these results that those that did not practice did not gain any benefit, and those that did practice and came to the three private sessions did benefit from the home practice. The on-line questionnaire showed an increase in above average percentages in the second questionnaire as compared to the first questionnaire that showed mostly average to below average scoring.

Conclusion:

The results show a positive above average percentage increase in all questions asked. This supports the premise that a practice that has been tailored to the individual to work with their own particular problems and done regularly has more effect on the individual's feeling of well-being than just a once a week yoga class, even though a weekly class is beneficial. Also that even though some students didn't manage to practice as often as they had hoped it still had a beneficial outcome for them.

Of the eleven students who attended the three private sessions, I had very positive face-to-face verbal feedback from each one. All had managed to do a regular practice with some doing more than others. The ones that managed to practice at home four or more times a week gave me the most positive feedback. With the students who practice from one to three times a week at home also feeling positive about themselves and the practice. The students

who attended only two sessions had stopped the regular practice they had managed before and after the first session, for a variety of reasons, holiday, family problems, and sickness. They hoped to pick it up again, but motivation was not high. And the two students who only attended one private session, did not manage to establish a regular home practice at all, both stating work pressure as their reason for not practicing.

There is no 'one size fits all' solution in yoga, for example, how stress affects one person is different to how it affects another person. As our bodies, minds, personalities, attitudes and emotions are different each person will require a different solution to what are seemingly similar problems.

(Desikachar, K. et al 2012)

Final reflections:

I feel the online survey should not have been anonymous, if I could link comments and ratings to names I would gain better understanding. In addition, a more thorough approach to the notes in private sessions of feedback given would have been beneficial. I gave each student a practice calendar to record each day they practiced. This should have been handed back to me at the end of three months, this would have provided added incentive to practice, and been an aid in interpretation of results.

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APPENDIX 1

1.1 - Student Information Sheet

Information sheet for Personal Practice Project for Yoga Therapy by Dael Hunter

FROM DEPENDENCE TO INDEPENDENCE

- Health and well-being benefits of regular personal home yoga practice

AIM:

The aim of the project is to provide a individually designed personal practice and to establish that this, if done regularly, is a more efficient means of facilitating change within than a once a week group yoga class. I am offering this to students who attend a regular group class, and asking them to make a commitment to a regular practice of a least four times a week over a three month period. I will initially send out a survey asking five questions around your general physical well-being, your energy levels, your clarity of mind, your character and self-confidence and your emotional levels. This survey will not take long and your responses are anonymous and will only be used to help me in my understanding of the improvements a self-managed commitment to yoga practice can bring.

BENEFITS:

Using the tools of yoga, primarily asana (poses) and pranayama (breath and movement) the aim is for you to observe potential improvement in yourself physically, mentally and emotionally.

WHAT IS REQUIRED: 3 to 4 private meetings with me.

When you have completed the survey, I will contact you and make a time for us to meet and at this meeting I will ascertain what your needs are and how much time you have to practice. I will design a practice for you and we will meet again within a week so I can explain and watch you go through the practice, making sure you understand what you are being asked to do. Then you will begin to practice on a regular basis at home. I will meet with you again in two weeks, run through the practice and fine-tune it, maybe add more in or take something out and make sure you are doing it properly. We would meet again in about three weeks time, and again I may make some changes to the practice depending on what you tell me and my observations. We will probably meet one more time in a month and again assess how the practice is going. At the end of three months I will send you another similar survey.

PARTICIPATION IS VOLUNTARY.

APPENDIX 2

- 2.1 - Student record form
- 2.2 - Student record and observation sheet

YOGACONNECT - STUDENT'S RECORD

Date:

Class No.

Name: Female /Male
 Address: Age:
 Phone No: Height:
 Email: Weight:
 Occupation: Married/Divorced/Widowed/Single
 Children:

General Health Details:

Engery Levels: Excellent/Good/Moderate/Poor
 Appetite: Excellent/Good/Moderate/Poor
 Sleep Onset: Good/late/inconsistent
 Sleep Quality: Good/Disturbed
 Exercise:
 Bowel Movement: Regular/Irregular/Irritable/Constipated
 Menstrual Cycle: Regular/Irregular Any Comments
 Childbirth/Delivery: Normal/Caesarian Any Comments
 Menopause: Any comments
 Vegetarian /Non-vegetarian
 Alcohol: Yes /No

Family Illness History

Father: Asthma/Obesity/Arthritis/High BP/Diabetes/Cardiac/Depression/Other.....
 Mother: Asthma/Obesity/Arthritis/High BP/Diabetes/Cardiac/Depression/Other.....

Illness History (list any pervious surgery or illness below):

Current Medication:

Current Needs/Reason for Coming:

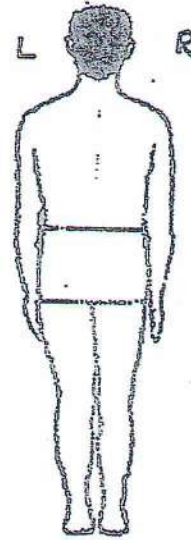
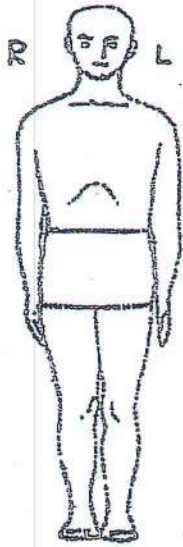
BP: ____/____ mmHg

Pulse:

Rhythm:

Strength:

Seated/Lying



DARSANAM-SPARSANAM (Observation & Examinations)

PRASNAM (recommendations from interview)

Aharam (diet recommendations)

Viharam (lifestyle recommendations)

APPENDIX 3

3.1 - Student Consent Form

CONSENT TO PARTICIPATE FORM

I consent to voluntarily participate in the personal practice research project for Dael Hunter.

Name: _____

Date: -----

Survey completed Yes/No

APPENDIX 4

Student Number 3

- 4.1 - Student record sheet
- 4.2 - Student observation sheet
- 4.3 - Class 1 & 2
- 4.4 - Class 3
- 4.5 - Feedback sheet

YOGACONNECT - STUDENT'S RECORD

Date: 27.7.10 Class No. (1)

STUDENT NO. 3

Name:
Address:

Female / Male

Age: 51

Height: 5'5" (170)

Weight: 74 kg

Married/Divorced/Widowed/Single

Phone No:

Email:

Occupation: TEACHER

General Health Details:

Engery Levels: Excellent/Good/Moderate/Poor

Appetite: Excellent/Good/Moderate/Poor

Sleep Onset: Good/late/inconsistent

Sleep Quality: Good/Disturbed

Exercise: Swim, cycle, yoga, dancing

Bowel Movement: Regular/Irregular/Irritable/Constipated

Vegetarian /Non-vegetarian

Alcohol: Yes /No

Family Illness History

Father: Asthma/Obesity/Arthritis/High BP/Diabetes/Cardiac/Depression/Other.....

Mother: Asthma/Obesity/Arthritis/High BP/Diabetes/Cardiac/Depression/Other...
Had kids Varicos veins diabetes low thyroid

Illness History (list any pervious surgery or illness below):

Low thyroid - can effect energy - has had depression - had early menopause

Thyroid meds have gone up -> caused cholesterol to go down
it can be up + down.

Current Medication:

Eutroxia - (for thyroid)
Zoloft based for depression

Current Needs/Reason for Coming:

- > tight hamstrings
- > energy.
- > will practice early evening

BP: 1 mmHg

Pulse:

Rhythm:

Strength:

Seated/Lying

L, 62

R

M+

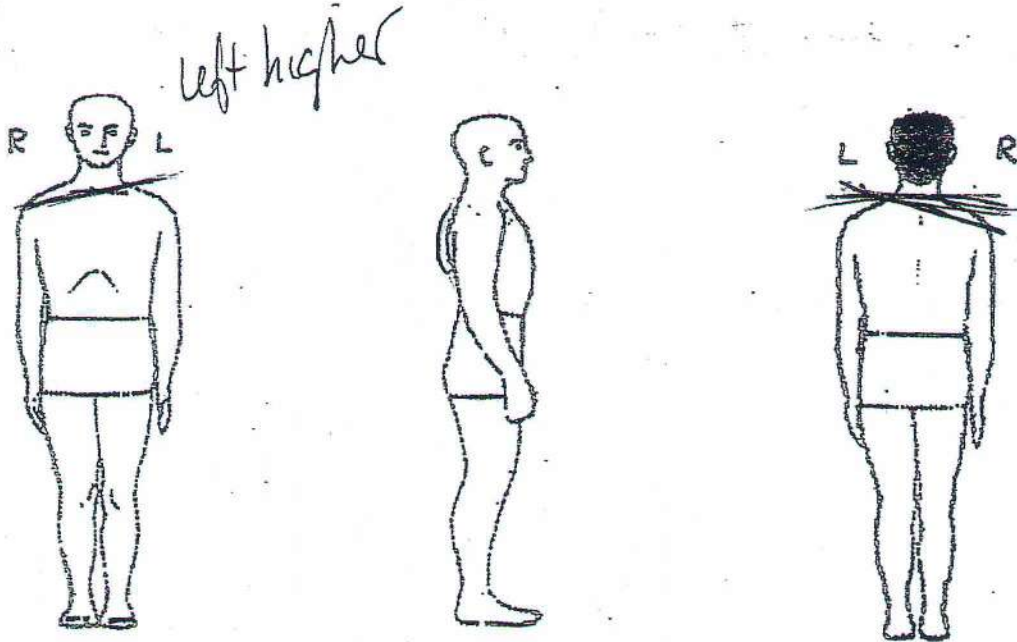
Pitta

R 63

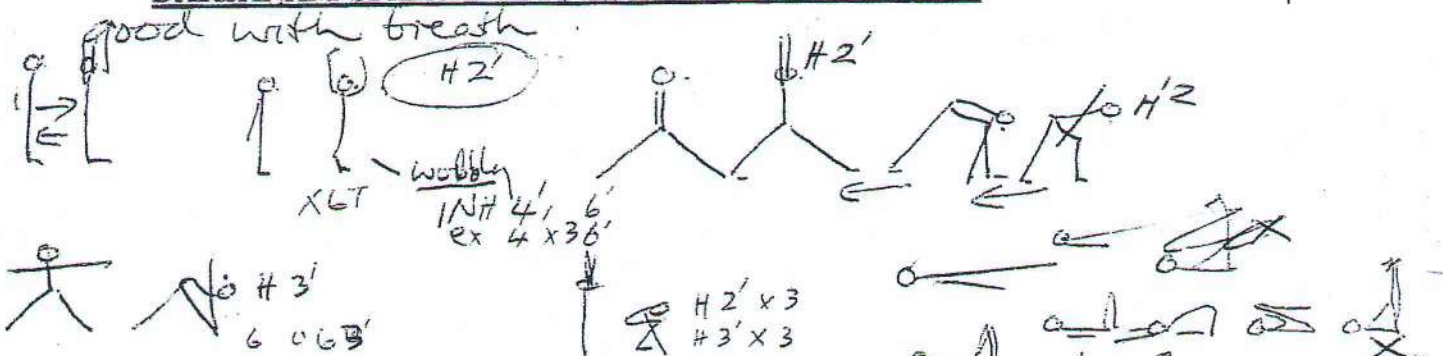
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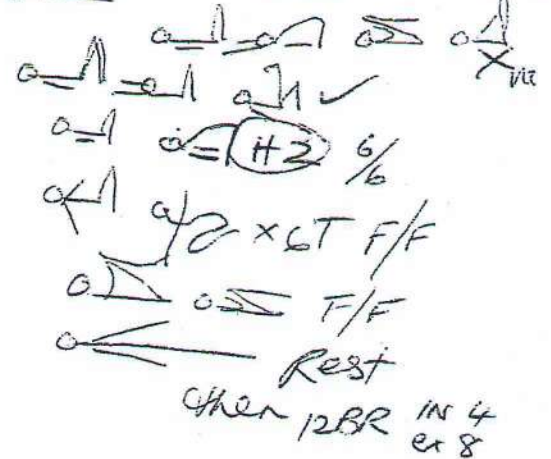


DARSANAM-SPARSANAM (Observation & Examinations)



PRASNAM (recommendations from interview)

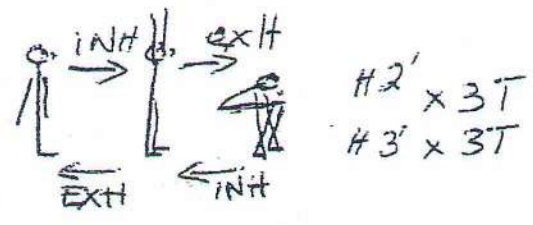
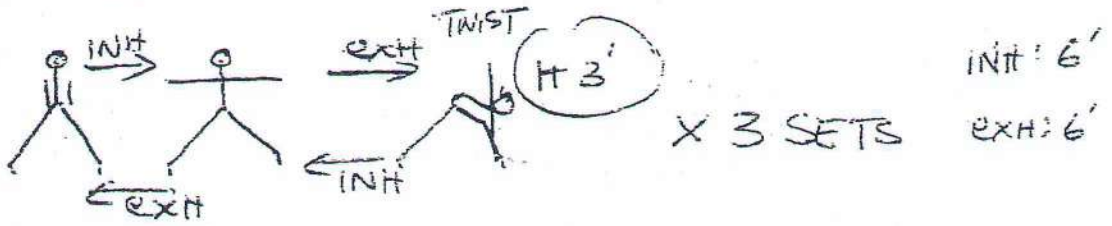
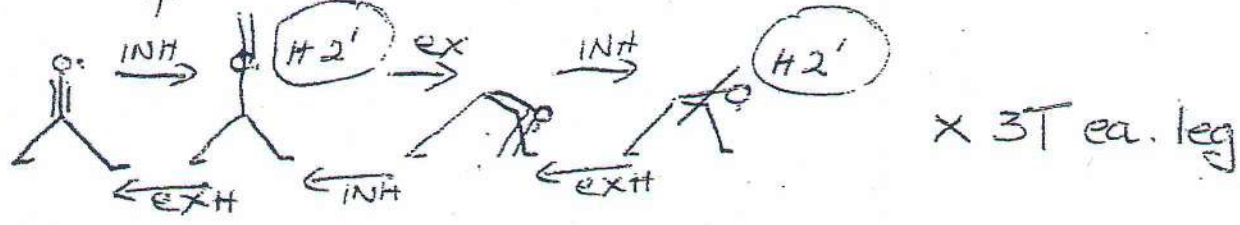
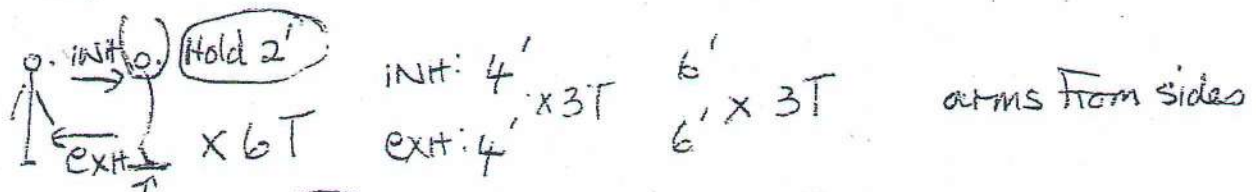
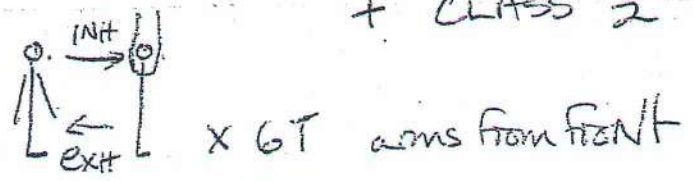
legs can't straighten, tight hamstrings, lower back stiff.



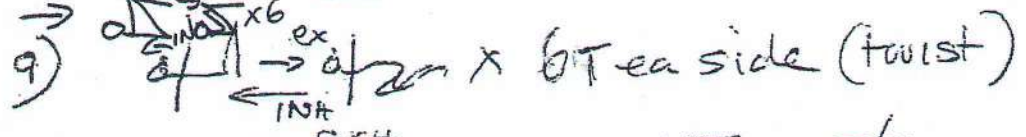
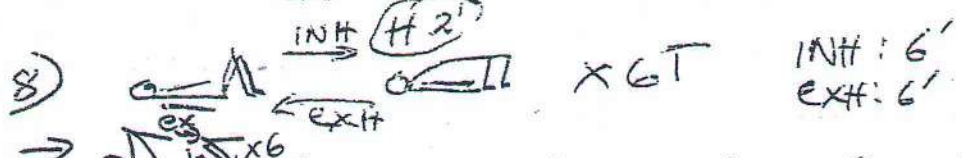
Aharam (diet recommendations)


Viharam (lifestyle recommendations)

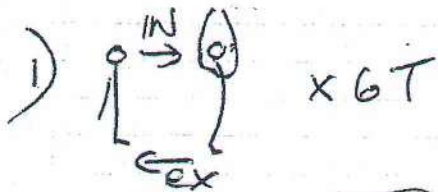
CLASS 1 27.7.10
+ CLASS 2 2.8.10



REST 1-2'
FOCUS ON EXH \equiv 6 BR.

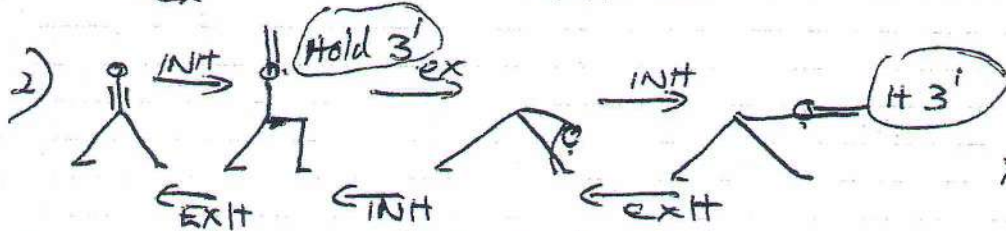


REST 3'
then \leftarrow OR  x 12 BREATHS,
INH: 4', EXH: 8' 40



INH: 6'
Hold: 3'
exH: 6'

arms from sides

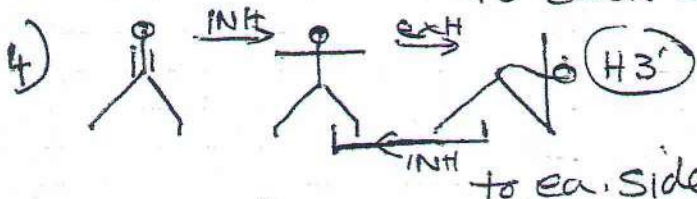


x 3 T. ea leg.



x 3 sets. - side bend

to each side

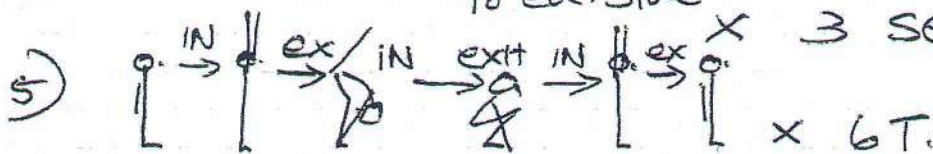


INH: 6'
EXH: 6'
HOLD: 3'

twist

to ea. side

3 sets.

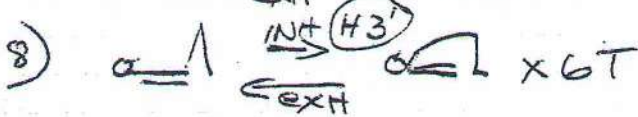
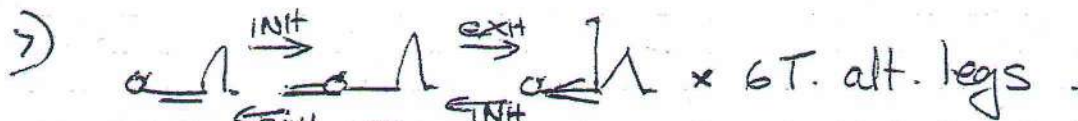


x 6 T.

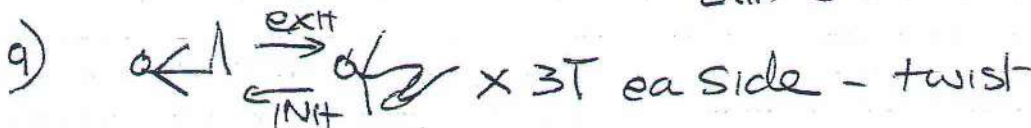
Rest 1'-2'



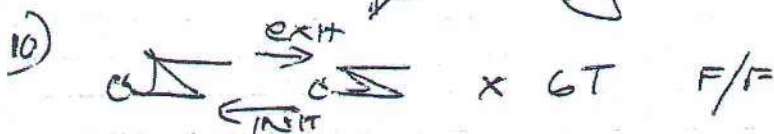
INH: 6'
EXH: 12' x 6 BR.



INH: 6'
HOLD: 3'
EXH: 6'



stay 3-6 BREATHS - extend top leg



REST 2'-5' MIN.



x 12 BR. BREATH IN THROUGH BOTH NOSTRILS }
" OUT THROUGH LEFT " } x 6
" IN " BOTH " } ROUNDS
" OUT " RIGHT "

Class 1 Feedback by Student

3.8.10 for class (2)

Practicing regularly. Feels good, no problems. Managing the 10:6:0 breathing. Doing it early a/c. round 5pm, not sure how long it takes, enjoys it.

Teacher's observation's:

Doing very well, breathing very good. Left programme the same, just work with the breath + the stretch at this time. Has been feeling better in herself.

Class 2 Feedback by student

31.8.10 class (3)

Practicing pretty regularly, has been on holiday so difficult, feels good. Breathing progressing gets to 8' easily. 10.3 - not needing to bend legs as much.

Teacher's observation's:

Flexibility is improving. Lower back getting stronger, good physical improvement. Breath lengthening, done with ease. Feeling good in herself.

Class 3 Feedback by student

Teacher's observations:

Class 4 Feedback by student

Teacher's observations:

Class 5 Feedback by student

Teacher's observations

APPENDIX 5

Student Number 2

- 5.1 - Student record sheet
- 5.2 - Student observation sheet
- 5.3 - Class 1
- 5.4 - Class 2
- 5.5 - Class 3
- 5.6 - Feedback sheet

YOGACONNECT - STUDENT'S RECORD

Date: 23-7-10 Class No. ①

Name: STUDENT NO. 2
Address:

Female / Male

Age: 78 yr.

Height: 5'3"

Weight: 46 kg

Phone No:

Email:

Married/Divorced/Widowed/Single

Occupation: Retired

~~Qualifications:~~

General Health Details:

Energy Levels: Excellent/Good/Moderate/Poor

Appetite: Excellent/Good/Moderate/Poor

Sleep Onset: Good/late/inconsistent

Sleep Quality: Good/Disturbed

Exercise: YOGA, WALK, GOLF

Bowel Movement: Regular/Irregular/Irritable/Constipated

Vegetarian / Non-Vegetarian - varied

Alcohol: Yes / No

Family Illness History

Father: Asthma/Obesity/Arthritis/High BP/Diabetes/Cardiac/Depression/Other..... STROKE

Mother: Asthma/Obesity/Arthritis/High BP/Diabetes/Cardiac/Depression/Other.. HEART ATTACK - overweight

Illness History (list any previous surgery or illness below):

HYSTERECTOMY - LONG TIME AGO

(High) BP - on meds, under control

Current Medication:

BP med - zanaflex
Loversil

Current Needs/Reason for Coming:

→ General fitness + flex.

BP: ___/___ mmHg

Pulse:

L. 71
R. 70

Rhythm:

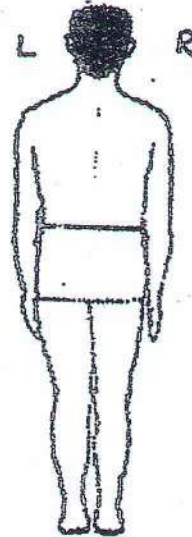
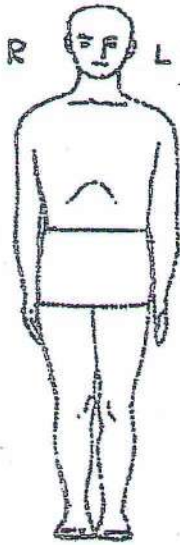
R
R

Strength:

MT
MT

Seated/Lying,

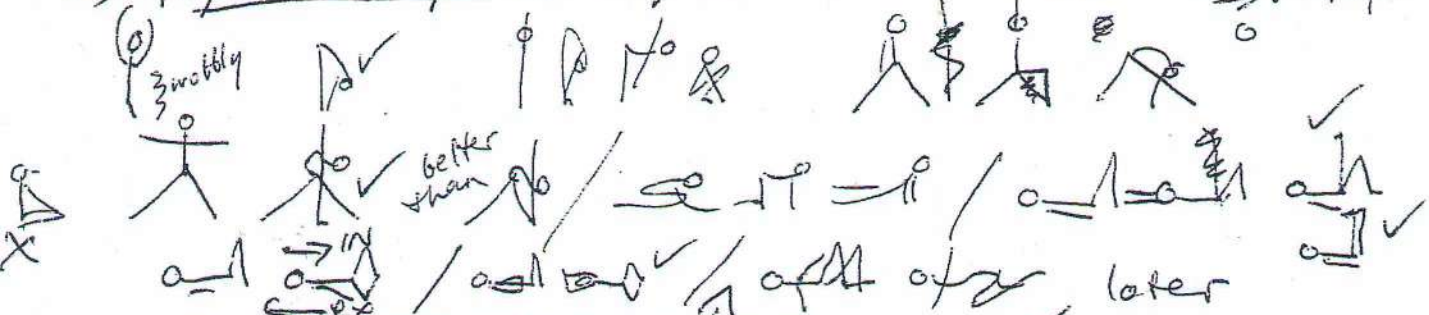
Pita/v
Pita/v



DARSANAM-SPARSANAM (Observation & Examinations)

→ gets to 4 with breath count
 → tight in hips → esp. R. hip

→ need to be raised up
 → v. tight



PRASNAM (recommendations from interview)

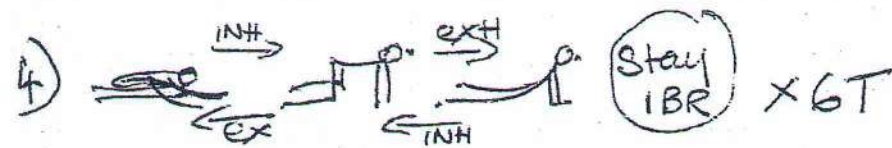
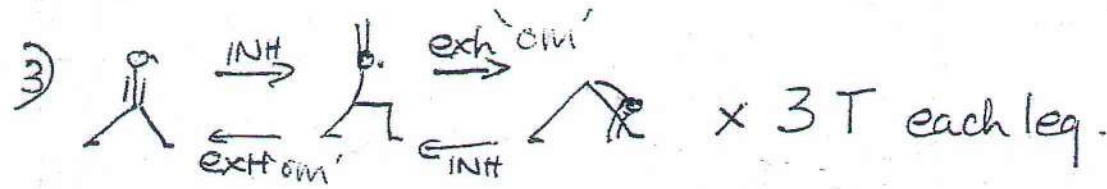
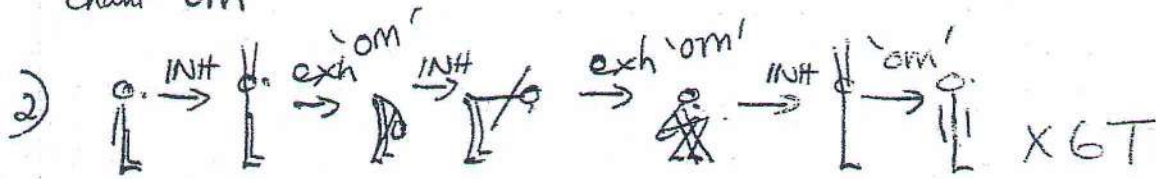
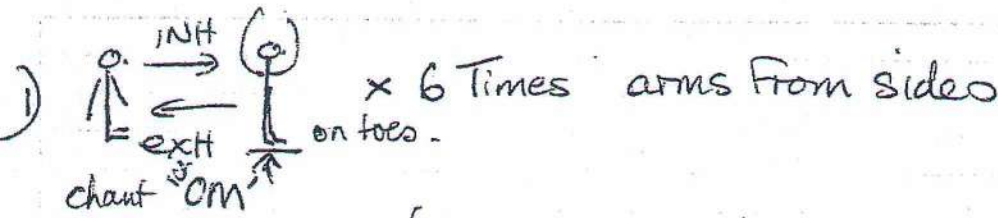
3 mobility
 better than
 prog. wider
 shakes
 OM Santi santi Santi

Aharam (diet recommendations)

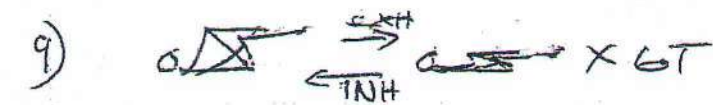
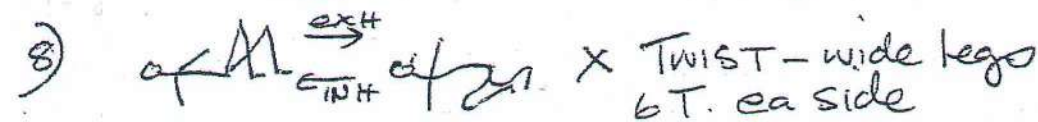
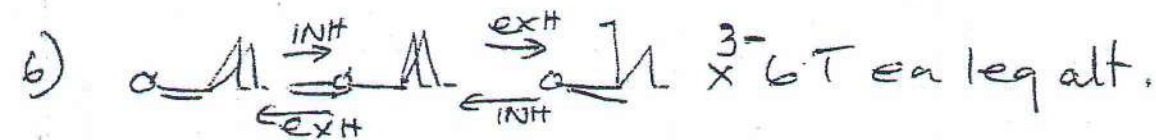
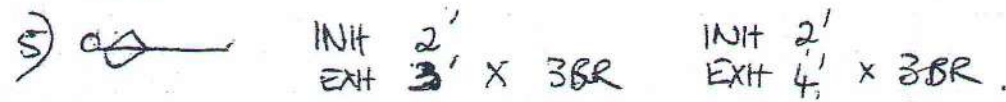
Banana / hot milk for night

Viharam (lifestyle recommendations)

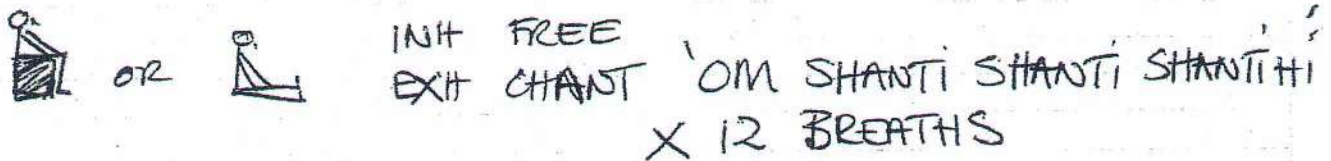
23.7.10

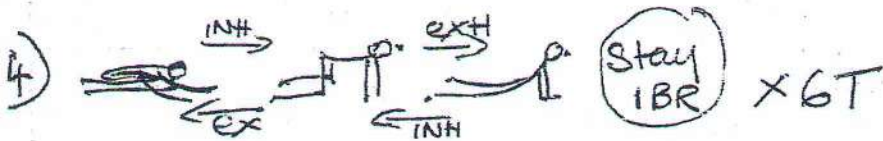
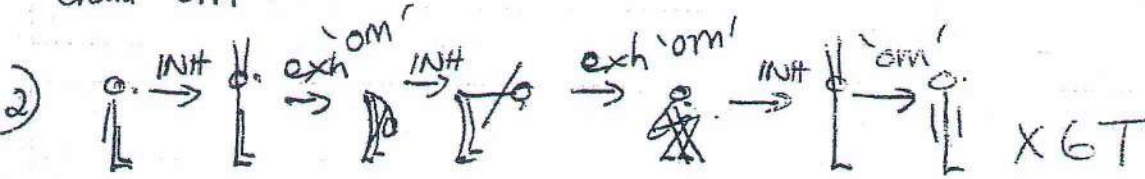
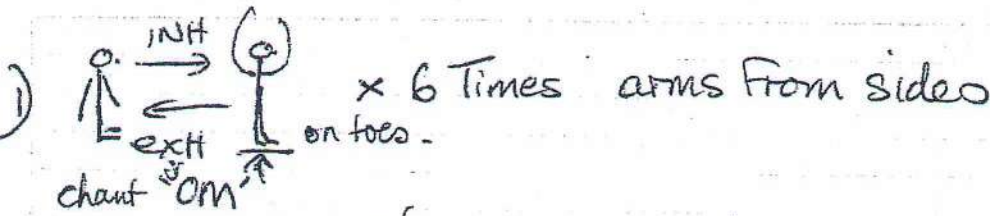


Rest 1'-2' MIN

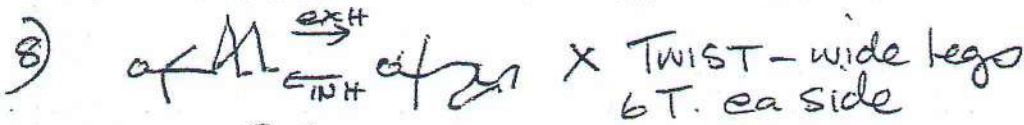
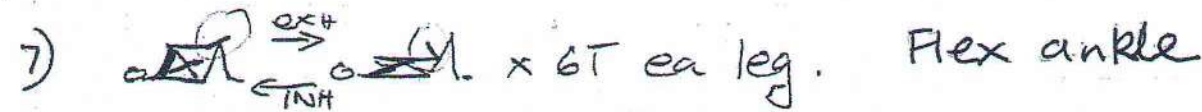
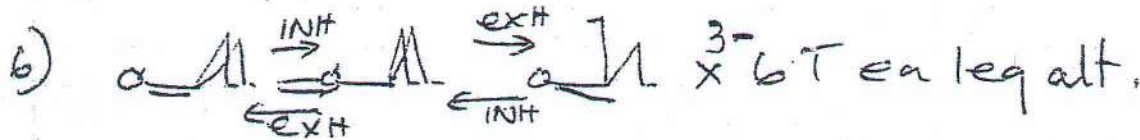
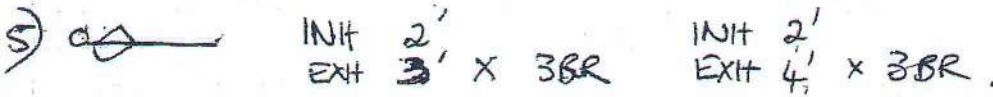


Rest 1'-2'

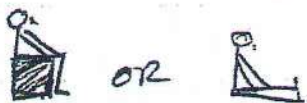




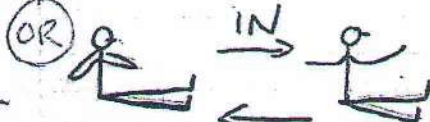
Rest 1'-2' MIN



Rest 1'-2'



INH FREE
EXIT CHANT 'OM SHANTI SHANTI SHANTIH'
x 12 BREATHS



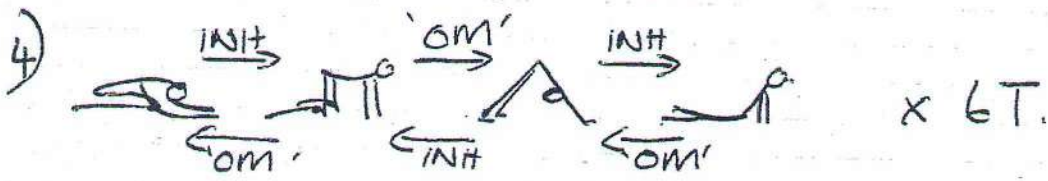
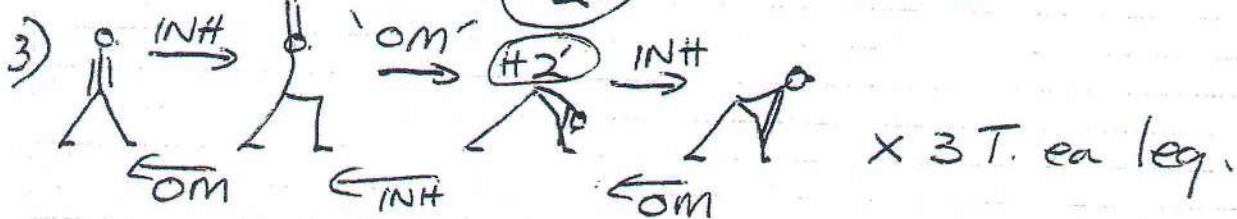
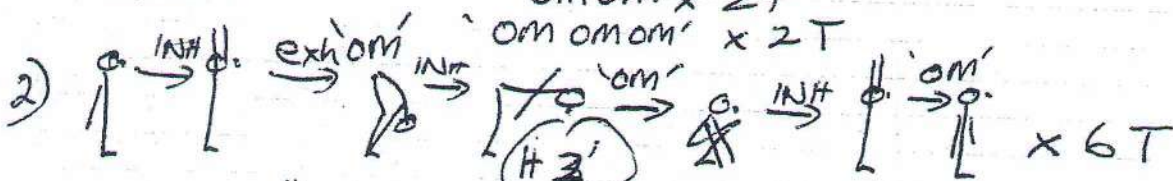
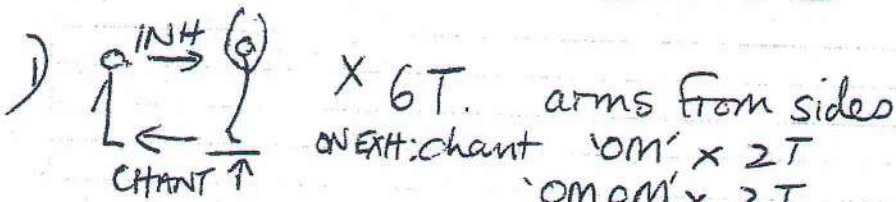
OM SANTI, SANTI, SANTI

chant x 4 to navel
x 4 to heart
x 4 to top of head.

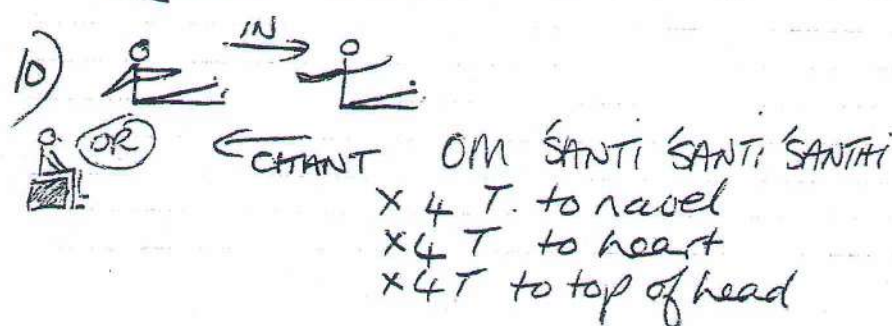
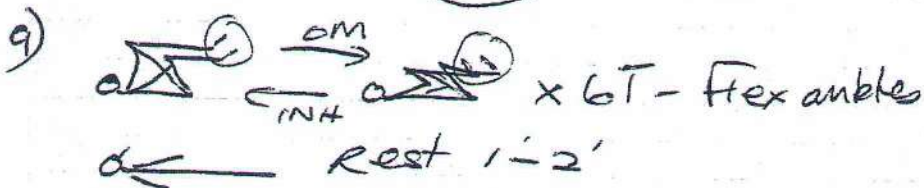
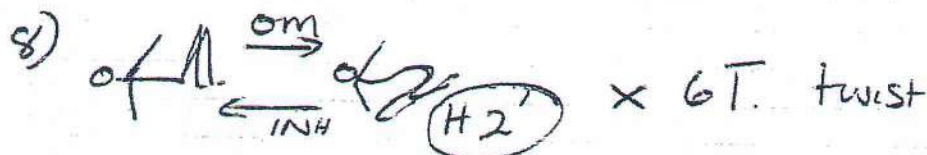
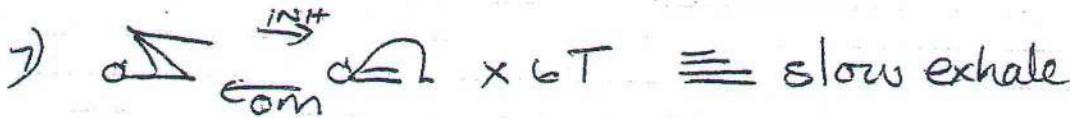
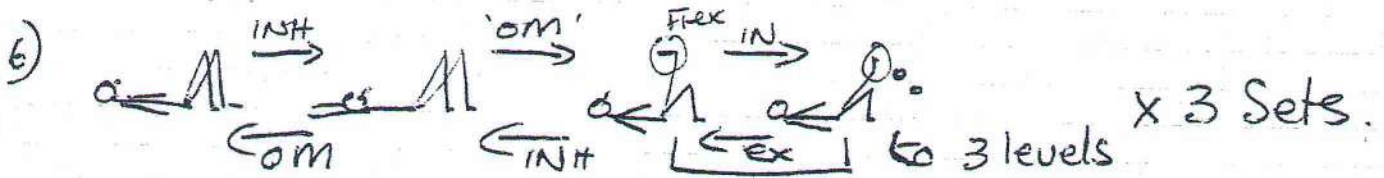
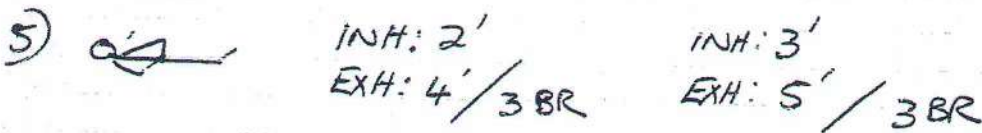
For after gdf
slide all
Flex x 10 T
then rest 20 mins

CLASS 3

6.9.10



Rest 1-2' MIN




after golf

 Flex
then rest
20 MIN.

Class 1 Feedback by Student on class ①

Has been practicing. Doesn't notice the time 20-25 mins.
All been ~~to~~ good, enjoys doing it.

Teacher's observation's:

gets sore knees after golf
Suggest resting  20 mins Flex feet x10
as often as possible. Changed No. 3 to bend to chair →
to give more space in hips. Added flexing of ankles for joints - ankles &
knees.

Class 2 Feedback by student Class 3 → 6-9.10

Practicing regularly & it feels good. Takes less than 1/2 HR
& enjoys doing it. Not doing No. 3 to chair
any more, does to leg.

Teacher's observation's:

Breath shallow, added 'OM' as means of progressing breath length
throughout practice. Lengthened pranayama @ 10-5, + hold after
exh. in No. 8.

Class 3 Feedback by studentTeacher's observations:Class 4 Feedback by studentTeacher's observations:

APPENDIX 6

Student Number 1

- 6.1 - Student record sheet
- 6.2 - Student observation sheet
- 6.3 - Class 1
- 6.4 - Class 2
- 6.5 - Feedback sheet

YOGACONNECT - STUDENT'S RECORD

Date: 22.7.10 Class No. ①

Name: STUDENT NO. 1
Address:
Phone No:
Email:
Occupation: GALLERY DIRECTOR

Female checked / Male
Age: 49
Height: 5'8" - 171cm
Weight:
Married/Divorced/Widowed/Single checked

Qualifications:

General Health Details:

Energy Levels: Excellent/Good/Moderate/Poor checked
Appetite: Excellent/Good/Moderate/Poor
Sleep Onset: Good/late/inconsistent
Sleep Quality: Good/Disturbed - varies
Exercise: yoga, tennis, ride bike
Bowel Movement: Regular/Irregular/Irritable/Constipated (a while) but reg. checked
Vegetarian /Non-vegetarian checked
Alcohol: Yes checked /No

Family Illness History

Father: Asthma/Obesity/Arthritis/High BP/Diabetes/Cardiac/Depression/Other.....
Mother: Asthma/Obesity/Arthritis/High BP/Diabetes/Cardiac/Depression/Other.....

- bone degeneration

Illness History (list any previous surgery or illness below):

Ross River Virus - long time ago - joints, knees, wrists, fingers still stiff. Not good at sitting on floor. circulation to extremities not good.

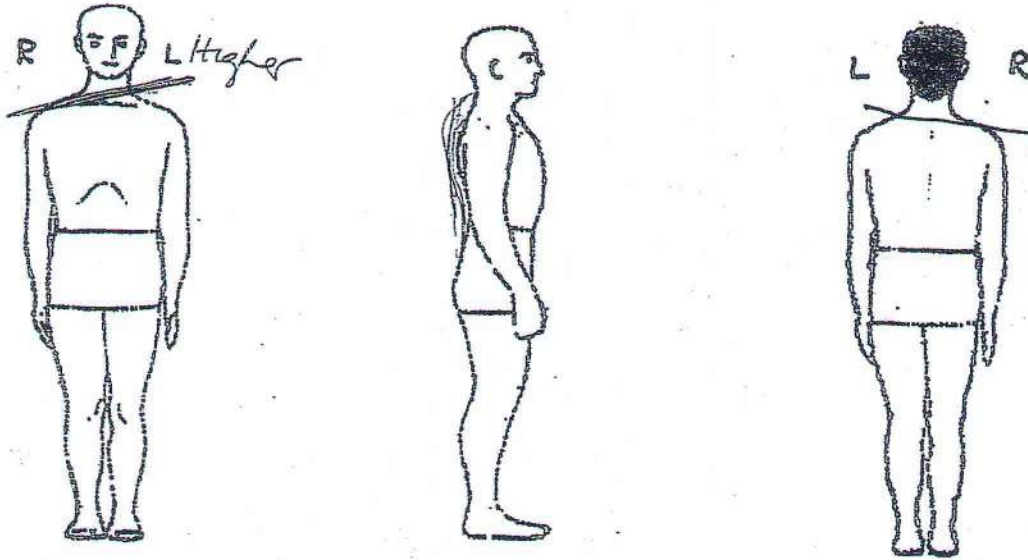
Current Medication: - Torn tendon on left side foot + front
- sinus probs -> gets headaches.

Current Needs/Reason for Coming:

- Relieve stiffness, get more flexibility
- Fitness - general & weight loss
- + to get a discipline to practice + breathing.

BP: ___/___ mmHg

Pulse: R 64 L 63
Rhythm: R R
Strength: m m
Seated/Lying checked P/V P/V
51



DARSANAM-SPARSANAM (Observation & Examinations)

needs blanket under head.

→ good ✓

↔

↗ ↘

↖ ↙

↗ ↘ (more mov)

↖ ↙ ✓

↗ ↘ ✓

1 2 3 4

6 8

9 10 11 12

13 14 15 16

17 18 19 20

21 22 23 24

25 26 27 28

29 30 31 32

33 34 35 36

37 38 39 40

41 42 43 44

45 46 47 48

49 50 51 52

53 54 55 56

57 58 59 60

61 62 63 64

65 66 67 68

69 70 71 72

73 74 75 76

77 78 79 80

81 82 83 84

85 86 87 88

89 90 91 92

93 94 95 96

97 98 99 100


PRASNAM (recommendations from interview)

MORNING.

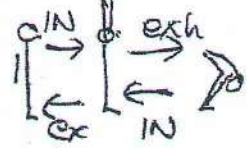
Aharam (diet recommendations)

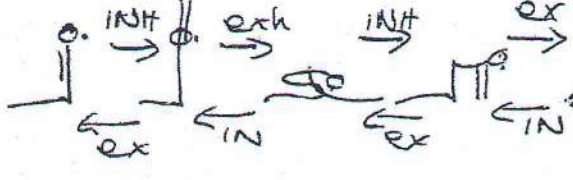
psyllium husks
butter / yogurt (not with powder or solids)

Viharam (lifestyle recommendations)


1)  x 12 Ujjayi Breaths
 INH! Free - long, smooth
 EXH! chant 'Om' ≡

2)  INH → EXH ←
 Look up, on toes.
 X 6 T

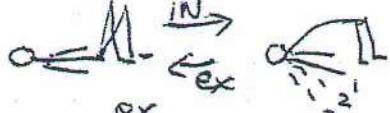
3)  INH → EXH ←
 X 6 T

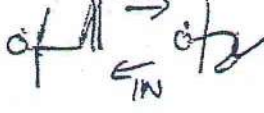
4)  INH → EXH ← INH → EXH ← INH → EXH ←
 (IBR) stay X 6 T.

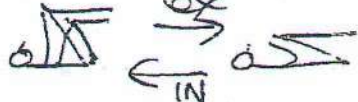
Rest 1-2'

5)  INH - Free
 EXH - grad lengthen ≡ X 6 BR.


6)  INH → EXH ← X 6 T ea leg

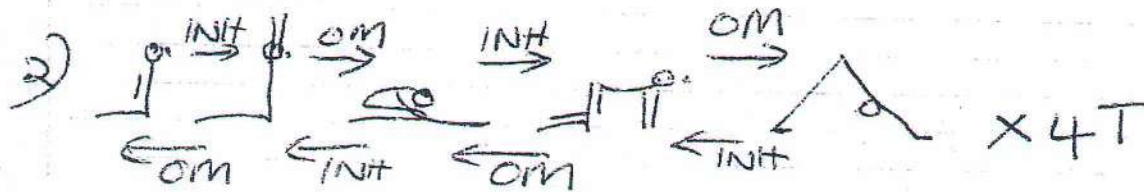
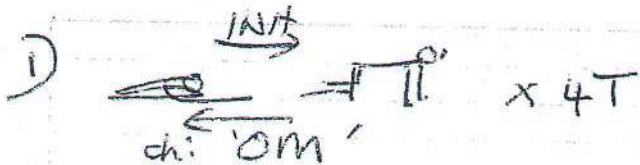
7)  INH → EXH ← X 6 T x 2 T in each arm position

8)  EXH → INH ← twist X 6 T ea side + on last one stay 3 BR.

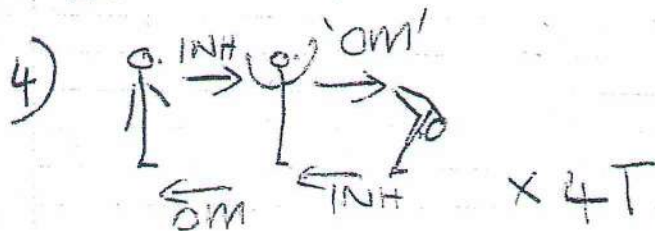
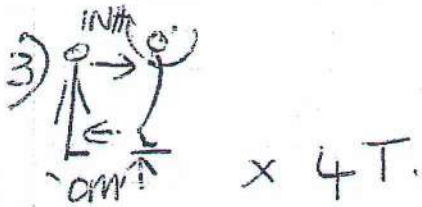
9)  EXH → INH ← X 6 T

10)  REST 3-5 min

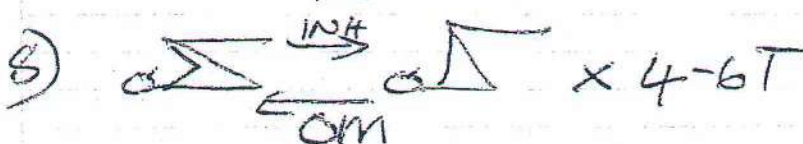
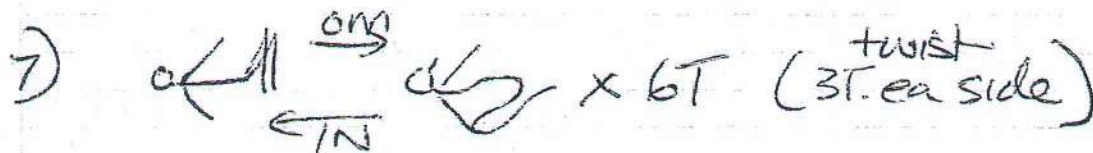
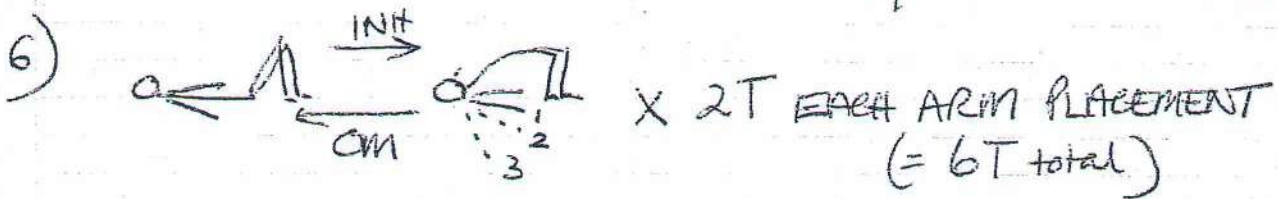
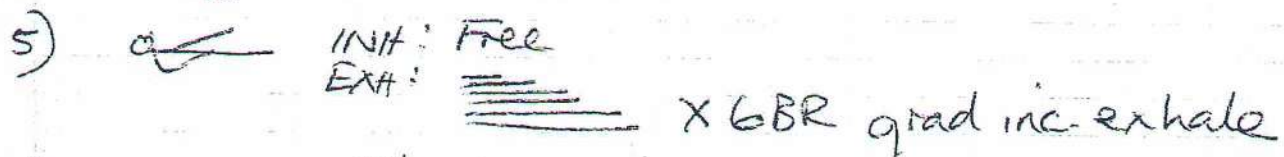
 INH! FREE
 EXH! ≡ prog. longer X 12 BR.



stand up.



REST 1'



REST 1' OR sit



Too long only done 3-4 times
too stiff for standing find bend to start → change this

Teacher's observation's:

we redo + make shorter
start on knees

Class 2

Feedback by student

Student didn't come for

third session.

In feedback at class she doesn't practice often, but does
sometimes + enjoys it.

Teacher's observation's:

Class 3

Feedback by student

Teacher's observations:

Class 4

Feedback by student

Teacher's observations:

APPENDIX 7

Student Number 14

- 7.1 - Student record sheet
- 7.2 - Student observation sheet
- 7.3 - Class 1

YOGACONNECT - STUDENT'S RECORD

Date: 23-8-10 Class No.

1

Name: STUDENT 14
Address:
Phone No:
Email:
Occupation: magistrate

Female [checked] / Male
Age: 55
Height: 5'4 3/4"
Weight: 60 KG
Married/Divorced/Widowed/Single [checked]
Children: 1

General Health Details:

Energy Levels: Excellent/Good/Moderate/Poor [checked]
Appetite: Excellent/Good/Moderate/Poor
Sleep Onset: Good/late/inconsistent
Sleep Quality: Good/Disturbed
Exercise: Minimal - yoga, Pilates x 1.
Bowel Movement: Regular/Irregular/Irritable/Constipated
Menstrual Cycle: Regular/Irregular Any Comments - menopause, finished
Childbirth/Delivery: Normal/Caesarian Any Comments
Menopause: Any comments - took HRT but has stopped, some hot flush.
Vegetarian: Non-vegetarian [checked]
Alcohol: Yes [checked] / No

Family Illness History

Father: Asthma/Obesity/Arthritis/High BP/Diabetes/Cardiac/Depression/Other.....
Mother: Asthma/Obesity/Arthritis/High BP/Diabetes/Cardiac/Depression/Other.....

Bowel cancer

Illness History (list any previous surgery or illness below):

Tonsils, appendix, varicose veins, car accident + surgery
- ovarian cyst through surgery
- osteoporosis + osteoarthritis + rheumatoid arthritis - general.

Current Medication:

- For rheumatoid arthritis
- painkillers

quartazone injections recently in neck.
- gets alot of headaches coming out of neck
- pain in R hip since baby - Sacroile or from L3 or 4

Current Needs/Reason for Coming:

-> to get a discipline of doing it on reg. basis
-> work neck/shoulder area, to help the tension there.

- will do first thing in morning for 15-20 mins.
or when just home from work.

BP: 1 mmHg

Pulse:

Rhythm:

Strength:

Seated/Lying

L 64

R

W

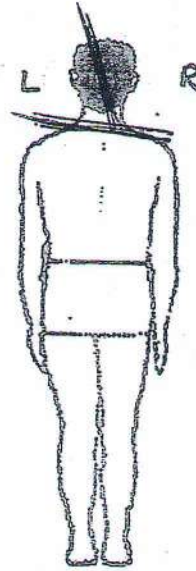
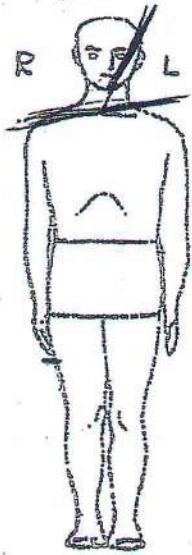
[checked]

R 61

R

M

[checked]









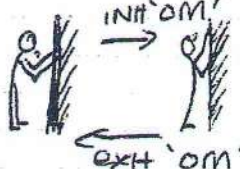
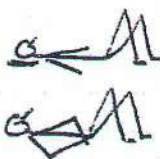

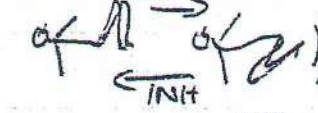
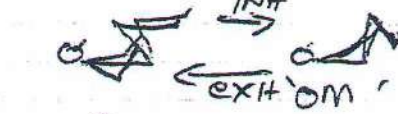

DARSANAM-SPARSANAM (Observation & Examinations)

ex OM x 4
 om om x 4 = 12 BR
 om om om x 4
 Nysam slide + breath x 8
 Press 4 Leves Front + sides + Neck + mouth
 to belly chest throat forehead
 slide/ex om / rest 1-2' / sit heart + palm x 12 BR
 ex om x 6 / ex om x 3 in ea pos. / om ex

PRASNAM (recommendations from interview)

Aharam (diet recommendations)

Viharam (lifestyle recommendations)

- 1)  INH: FREE
EXH: CHANT 'OM' x 4 T.
" OMOM x 4 T
" OM OM OM x 4 T = 12 TIMES TOTAL
- 2)  (NYASM) INH: chant 'OM' move thumb up ~~back~~ finger
EXH: " " " " down finger
= 8 TIMES, each finger alt.
- 3)  INH: CH: 'OM' RAISE ARMS FROM FRONT, PRESS THUMB TO FINGER, LOOK UP
EXH: CH " LOWER ARMS " " , ~~RELEASE~~ ^{AX} PRESS, LOOK DOWN
TO 4 LEVELS X 2 TIMES EACH LEVEL
CHANGE FINGERS EA. LEVEL (NYASM)
- 4)  INH 'OM' LOOK UP
EXH 'OM' LOOK DOWN
to 4 levels, press thumb to fingers, raise arms (nyasm)
From sides.
x 2 T. ea level
- 5)  INH 'OM' look up
EXH 'OM' Look down
palms face out
x 2 T. to belly
x 2 T. to chest
x 2 T. to throat
x 2 T. to forehead
- 6)  INH 'OM' EXH 'OM'
EXH 'OM' INH 'OM'
TWIST
x 6 Times each arm alt.
Follow fingers with eyes
- 7)  INH 'OM'
EXH 'OM'
slide arm up wall
x 6 T. ea arm alternatively
- 8)  Rest 1-2'
INH: FREE
EXH: CHANT 'OM' - slowly x 6 T.
- 9)  INH: FREE
EXH: CH 'OM' x 3 TIMES IN EACH ARM POSITION
(3 ARM POSITIONS)
- 10)  EXH 'OM'
INH
x 6 T. TWIST grad. lower
- 11)  INH
EXH 'OM'
INH: SLIDE HANDS UP LEGS
EXH: CH 'OM' SLIDE HANDS DOWN LEGS
- 12)  ROT 1-2' min
INH: THROUGH TEETH, PALMS TO EYES, LOOK UP
EXH: HEAD DOWN, HANDS DOWN X 12 BREATHS