

Perspective

A Perennial Debate

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This issue of the journal includes a number of articles that address the manner in which Yoga practices are applied for therapeutic and research purposes. One of the central arguments made by many of the authors is that applying isolated Yoga *āsanas* or breathing techniques for a specific medical complaint, in isolation from the entire spectrum of Yoga practice as a multi-component lifestyle intervention, carries limitations and potential problems. This is by no means a new issue, and is one that parallels a number of old but ongoing discussions.

For example, there are concerns over the existence of trivialized Yoga practice, which (sometimes purposefully) avoids any incorporation of *prānāyāma*, meditation, psychology, or philosophical components; I will refer to this as “limited Yoga.” Similarly, there are concerns over the scientific study of Yoga and Yoga therapy, and research protocols that dismantle Yoga practices to determine the underlying mechanisms and the most effective contributing components. Such an approach very likely ignores the multi-component nature of Yoga and therefore its deeper, synergistic properties.

All of these issues represent classic arguments from opposite positions, between traditionalists and revisionists, between Yoga as a way of life and Yoga as a medical tool, between holistic medical/healing approaches and narrow allopathic medical approaches, and between the study of human experience as a whole, and rabidly reductionistic science focused on molecules and mechanisms. It is easy to become polarized with these issues. Consider the following quotes, which illustrate how strong the opinions can become in this debate that started decades ago in India:

“The yogi and his asrama may get metamorphosed, the yogi into a physiotherapist working under a modern physician, and the asrama into a modern soulless organisation ever hungry for guinea pigs.”

Yogendra J. Medical research in Yoga. *Journal of the Yoga Institute*. 1970;16:67.

“It would seem as if the scientific community is helping the cause of Yoga by demonstrating its utility. But this is not the case. The ultimate goals of Yoga far exceed the realm of possibility of the western mind. By equating the practice of asana with physical education, the true significance of the practices are lost.”

Sherman R. Research. *Journal of the Yoga Institute*. 1976;21:183-185.

“While it may be possible to isolate various practices such as postures, or meditation or breathing techniques, and apply them to patients (with good results), strictly speaking such therapy is not yoga therapy. Yoga is basically a way of life which has evolved as a ‘system of liberation’ whose medical benefits may almost be considered to be side-effects.”

Goyeche JRM. Yoga as therapy in psychosomatic medicine. *Psychotherapy and Psychosomatics*. 1977;31:373-381.

“The orthodox view is that no researches in Yoga are necessary as it has been already perfected by the ancient yogis. Others believe that utilization of yogic techniques for the purpose lower than the ‘Spiritual’ is distortion of Yoga and therefore research in applied aspect of Yoga is undesirable.”

Gharote ML. Analytical Survey of Researches in Yoga. *Yoga Mimamsa*. 1991;24:53-68.

“Along with meditation, yoga asanas and pranayama have become popular in the West, and yoga has become ‘westernized.’ Postures are taught as ends in themselves merely to heal an illness, reduce stress, or look better. The fact that these postures are a

foundation for self-realization is generally ignored. Yoga is often thought of as calisthenics, epitomized by the headstand, the lotus posture, or another pretzel-like pose.”

Garfinkel M, Schumacher HR. *Yoga. Rheumatic Disease Clinics of North America*. 2000;26:125-132.

It is perhaps instructive to bring a broader perspective to these issues, which may soften the strong feelings. For example, given the paucity of written history in India, there is very little known for certain about the nature of the historical practice of Yoga. There is little in the writings of Patanjali to suggest the existence of the physical *āsanas* so important to modern Yoga, which may owe much of their development to the past 200 years, in an India under the domination and influence of British rule. What we might regard as a full lifestyle Yoga practice now may most likely be very different than what was practiced thousands of years ago. It is conceivable that the depth of our derision of limited Yoga might be easily matched by the derision that the Yogis of millennia ago would express over what we would consider a Yoga lifestyle today.

Regarding the use of isolated Yoga practices as a therapeutic intervention, there are potential positives to consider. In the first place, patients being provided single *āsanas* or exercises are in fact practicing a useful mind-body intervention. These practices, by themselves, can foster self-efficacy and empower patients. Once learned, an *āsana* or breathing exercise can serve as a tool that is with them forever. In many instances, these practices are superior to pharmacological interventions for stress (psychologists for many years have used either progressive relaxation and abdominal breathing alone as relaxation interventions). Importantly, the possibility exists that a patient’s use of a single, isolated technique for a specific purpose may engender experiences and benefits that will inspire a quest to delve deeper into all that Yoga has to offer. Such a deeper introduction to Yoga may never have happened otherwise.

It is evident that Yoga has become very popular. Anything that becomes extremely popular in society undergoes diversification, and this has to be recognized as a societal trend common to any commodities. Again, there is a positive perspective to be considered. The suburbanite interested in the slim appearance promised by limited Yoga is still perhaps getting more benefit than someone practicing conventional Western physical fitness programs. Again, this could inspire a deeper involvement with Yoga that might never have happened without the experience of limited Yoga. In fact, as we know, many people are turned off by the idea of chant-

ing and philosophy and might only be comfortable with a stripped down physical *āsana*-only practice devoid of any cultural connotations.

I concur with all of the well-expressed sentiments in this journal issue that it is always justifiable to make the valid argument that a deeper and full practice of Yoga will yield more profound benefits to patients and the general public alike, and should be encouraged and fostered wherever and whenever possible. However, I hope that we can relax into a more Yogic perspective whenever we are confronted with a limited version of Yoga practice, and understand that the expression of Yoga in society is unfolding as the universe has intended. Let us be grateful that in the West, we have more Yoga than we ever did in the past, both in the public and in the healthcare system.

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