Sir,

I read the recent publication on yoga and mental health with great interest.[1] Gururaja et al. concluded that “yoga has both immediate and long-term effects on anxiety reduction”. I agree that yoga has good effect on mental health. However, I have a concern on the technique for verification of the result in this study. The authors used the salivary amylase measurement and further extrapolated it to mental health. Indeed, there are many considerations on salivary amylase measurement in this work. First, there is no data on quality control and control of confounding factors. Control of measurement technique, eating behavior as well as underlying oral pathology are important things to be discussed.[2] Second, although salivary amylase might be feasible to use as an indicator for stress, it implies acute stress not the mental health. The use of cortisol might be better.

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Yoga, mental health and salivary amylase

Sir,

It was with interest and admiration that I read Dr. TM Srinivasan’s editorial “Is Yoga an intervention?” in the recent issue of IJOY.[1] His sincere questioning of the prevalent usage of Yoga as an “intervention” hit the nail on its head for it was straight forward, rational and logical. I readily accept that we need to evolve better terminology for both Yoga therapy and Yoga research.

In a recent perspective, I have stated the need for us to move away from the current model of Yoga research that resembles the pharmaceutical industry, with researchers trying to find a “single Yoga pill for each ill”. We must not allow Yoga to be made “small” just so that it can “fit” the straight jacketed “box” of modern scientific methods. We see many excellent scientists jumping onto the Yoga bandwagon and researching Yoga.[3,4] However, because their understanding of Yoga is so limited, they end up missing the bus completely. Excellent papers are published from a scientific perspective, but are very limited from a truly Yogic perspective.

My beloved father and illustrious Guru, Yogamaharishi Dr. Swami Gitananda Giri said, “Yoga Chikitsa could be termed as man’s first attempt at unitive understanding of mind-emotions-physical distress and is the oldest wholistic concept and therapy in the world.”[5] He often reminded us that we must take into consideration a healthy life nourishing diet, a healthy and natural environment, a wholistic lifestyle, adequate bodywork through asanas, mudras and kriyas, invigorating breath work through pranayama and the production of a healthy thought process through higher practices of Jnana and Raja Yoga. Having been brought up in a Yogic Guru Kula, it is no wonder that I was stunned to receive the following ironical query from an international journal. They were asking me how I concluded that “Yoga” produced evidenced changes in our study participants when it may have been due to the dietary components of our study and not necessarily due to the Yoga practices themselves!! For them, it seemed that Yoga therapy was just asana therapy.
Letters to Editor

and had nothing to do with counseling, lifestyle, diet or even a shift in attitude!

If we perceive health as an integrated state of oneness (advaita sukham) and disease as the discordant lack of it (dvaita duhkham), then Yoga becomes the tool as well as the methodology and process of re-integration/re-harmonization at all levels of our being. Even when Maharishi Patanjali mentions “vyadhi” as a hindrance (antharaya) to the complete integration of the individual personality, he doesn’t directly refer to treatments of particular diseases as his approach is more wholistic and expanded rather than being analytical and limited. Patanjali prefers to ‘integrate’ rather than deal exclusively with individual symptoms of dis-integration. For me, this is “Yoga” and this is where Yoga Chikitsa (Yoga as a therapy) exists only when it is wholistic, all encompassing and integrated into every moment of one’s life with awareness and consciousness.

Unless we aim to correct the manifest psycho-somatic disassociation as well as the underlying ignorant jaundiced perception of reality in the individual, we are not practicing Yoga Chikitsa. Managing and suppressing the manifest symptoms with Yoga techniques is just as good or bad as modern Allopathy that focuses on symptomatic management without ever getting close to the real cause of most disorders. How many modern doctors look at the emotional and psychological issues that are the primary cause of the problem in so many of their patients? When Yoga therapists make the same mistake of merely treating the manifest symptoms with Yogic techniques withoutremedying the root cause, I prefer to call it YOGOPATHY.[6]

Yoga is the original mind body medicine, one of the greatest treasures of the unique Indian cultural heritage. As both an art and science, it has a lot to offer humankind in terms of understanding all aspects of our dynamic, multi-layered existence. Yoga is a continuous process, something that we need to “live” every moment. Yoga is really not so much about the number of techniques we do nor is it about how many times or how long we do them. Yoga is life itself and is how we live in tune with our Dharma.

Yoga to me is all about becoming “one” with an integrated state of being, whereas Yogopathy seems to be more about “doing” than “being”. When viewed from this wholistic perspective, Yoga can never really ever be an intervention, but maybe Yogopathy can.

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References


Response to “Yoga is not an intervention but may be yogopathy is”

Sir,

Dr. Anand Bhavnani’s letter is an expression of the concern of many researchers who are keen to promote holistic therapies that has become the need of the hour.[1] The contributions of the so-called modern
biomedicine (what do we mean by modern? Refer to the Editorial of the January 2012 issue of IJOY) has been enormous in handling communicable diseases through several breakthrough inventions of the twentieth century while the health problems of twenty-first century are posing major challenges. We now know that the cause of non-communicable diseases is internal and not necessarily an infective agent from outside. With all the billion dollar advances of the technology and drug lobbies, we have not moved an inch in reducing the prevalence of these diseases; rather we are challenged with increasing incidence of many of these diseases.[2]

We have become technologists and robots who set right the megamachine of the body and mind through many interventions. The kind and caring humane doctor who examines and talks to the patient to give him solace and confidence by touching his heart with genuine pure love has vanished. The editor has rightly pointed out the role of intravention instead of intervention under these conditions.

It is clear that the best type of ‘good modern practice’ should be a holistic approach. What is missing in present day biomedicine is the lack of understanding and acceptance of the existence of subtle energies. Imbalances at this level occur much earlier in many mind–body disorders. Yoga and other traditional systems of medical practice (such as Ayurveda, Siddha and Traditional Chinese Medicine) have evolved methods of detecting and correcting the imbalances at the subtle level. Thus any genuine holistic therapy is not just a ‘pathy’; it is rather a complete system of body–mind–spirit catering to the gross and subtle layers of the human organism.

Hence we propose that the techniques of yoga and/or other holistic therapies where scientific data is now available through systematic clinical RCT using these traditional therapies be incorporated in the treatment flow chart for lifestyle diseases. For example, presently there is enough data on the complimentary role of yoga ranging from life-style disorders[3] to asthma,[4] cancer[5] and psychiatric disorders[6] to mention only a few. There are more than 4000 references in PubMed indexed journals on the efficacy of several natural therapies such as massage therapy, herbs, Ayurveda, yoga, music therapy, qigong (acupuncture/pressure) and others. In USA, the department of NCCAM was set up more than ten years ago to support researchers and has produced enough authentic data to recognize some of these therapies. If a drug (although there is no drug without side effects) that shows even a marginal improvement can get into the market within a month, why is there such a long delay in recommending these therapies to be included in the main stream management protocols? Why have the recommending bodies (such as American Diabetes Association, Cardiological Society and others) not taken it up seriously to add these proven systems into the main stream practice? Why have they not been included in the syllabus in the medical schools at graduate and/or postgraduate levels? Is there no solution to this?

I hope this dialogue opens up more and more insights and saves our species from the clutches of epidemics of lifestyle diseases and the negative side effects of the so-called modern scientific peripheral molecular research lobby.

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