

Two vivid accounts of therapy for Parkinson's disease are presented. Both writers are IAYT members. The stories are similar in their poignancy, as each writer has personal experience with Parkinson's. Yet, the approaches are very different: Yoga therapy in Paul Zeiger's case means working with referrals from neurologists, some of whose comments are also provided here; and in Amadea Morningstar's case, an Ayurvedic approach is offered.

Teaching Yoga to those with Parkinson's

Notes from the Field

I have been teaching yoga since 1990, with specialties in therapeutics and in the aging body. In 2005, I was diagnosed with Parkinson's Disease (PD), at which time I made a special focus in my own Yoga practice of working against the symptoms of PD and documenting what I learned.¹ After a year of study on my own body, I directed my yoga teaching efforts exclusively toward those with PD. My wife, Carolyn A. Zeiger, PhD, a clinical psychologist, long-time student of Yoga, and astute observer, has actively participated in this work.

Why teach yoga to those with PD?

Yoga has much to offer those with PD because it enhances range of motion, strength, awareness of the body, balance, mental focus, and peace of mind—all of which are compromised by PD. An effective exercise program can make a huge improvement in the quality of life for someone with PD. Dance, Tai Chi, and Yoga can all be useful, and Yoga is a particularly good fit for the reasons given above. These students are fun to teach because they care. The 30-40 we have seen rank among the hardest working and most appreciative students that I have encountered in all my years of teaching. It is thrilling to see a student gain some capacity and enjoy doing it. It is equally thrilling that neurologists are beginning to refer their PD patients to Yoga. (See Neurologists, page 8.)

There are a few issues that are almost universal with PD.

Balance is perhaps the most prominent issue, and those of us with PD are at high risk for falls. Have a variety of balance pose variations at your disposal. For most with

PD, static balance is easier than dynamic balance (many falls happen when turning). Consider preparing some gentle *vinyasa*, or borrow some moves from Tai Chi to cover dynamic balance. Of course, those with more seriously compromised balance will require extra attention to safety; walls, chairs, and assigned helpers are necessary adjuncts.

Hunched shoulders are also a common issue and for that we've had good luck with gentle bridge poses and locust (*shalabhasana*), sometimes assisted with a tug on the arms. Work on the spine has an additional benefit: recent physical therapy

research has shown that a flexible spine is critical to maintaining balance.²

Shallow breathing is also a frequent issue, typically aggravated by the stiffening and tightening of muscles in the torso. Most PD students benefit from exploring their maxima of both inhalation and exhalation.^{3,4}

Those with PD frequently have other medical problems.

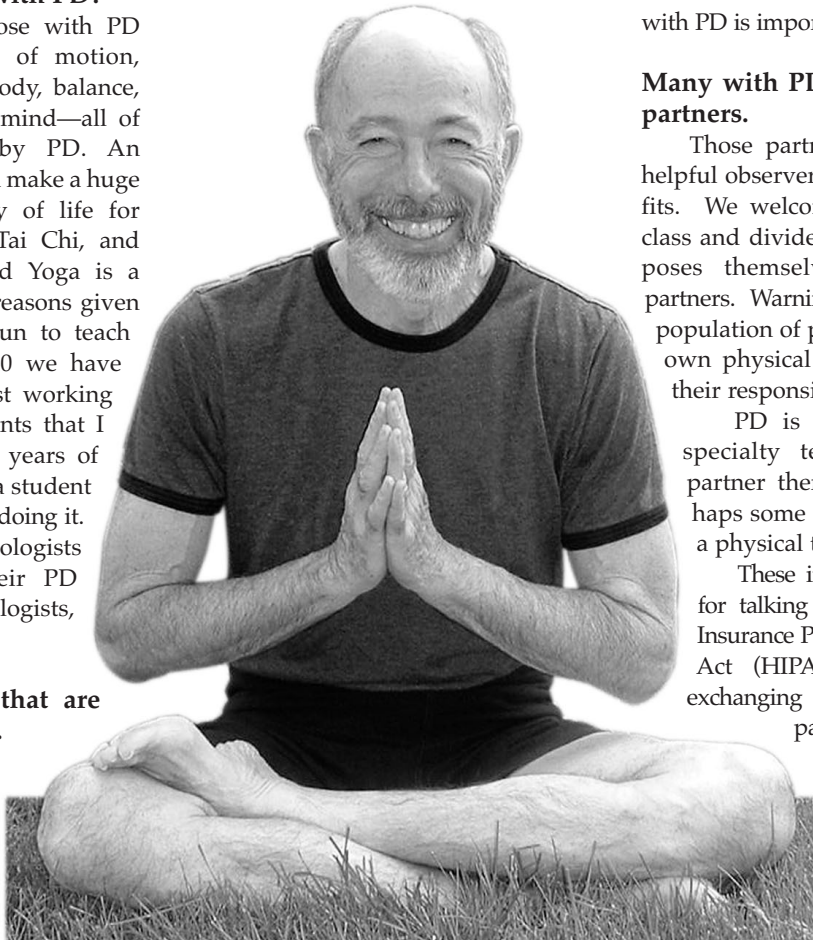
Be prepared to deal with replaced joints, scoliosis, osteoporosis, spinal stenosis, immune deficiency, frozen shoulders, and SI joint problems, to mention a few. Learning about the senior citizen body before working with PD is important.

Many with PD are blessed with care partners.

Those partners can be trained to be helpful observers and coaches—if that role fits. We welcome care partners into the class and divide their time between doing poses themselves and assisting their partners. Warning: This gives you a second population of people who may have their own physical conditions in addition to their responsibilities as caregivers.

PD is best treated by a multi-specialty team. Beyond the care partner there is the neurologist, perhaps some other specialists, and often a physical therapist.

These individuals seldom get paid for talking to each other, and Health Insurance Portability and Accountability Act (HIPAA) rules limit them to exchanging information for which the patient has given written permission. Nevertheless, on those occasions when we have been able to consult with other therapists, the mutual education has been useful to





the professionals and to the student.

Communication with medical doctors takes the most doing. Again, written permission of the student is required. For each student, we get the doctor's written permission for Yoga, together with specified limitations; the doctors have been very willing to provide this. Neurologists specializing in PD are a scarce resource, and most patients see them for only a few minutes every few months. In contrast, we typically see an individual student for an hour and-a-half, once a week, and we have to pay attention to a wide range of symptoms. This generates a wealth of information that we would be happy to feed back into the medical system if the channels were more open.

For those of us with PD, everything is therapy.

Many of our activities of daily living require the kind of focus and attention to detail that a challenging Yoga pose requires from the average student. So, with this population, the tie between on-the-mat and off-the-mat is closer. During class, I like to point out the connections between what we are doing and the activities of daily living it supports. For example, hamstring length and hip mobility are essential for getting away from the "PD shuffle"; shoulder openers support getting a more upright posture and reaching for objects stored on upper shelves.

The cognitive symptoms of PD will get in the way.

Although nobody likes to talk about them, they are ubiquitous. Some students will have trouble remembering an instruction long enough to get into the pose. Others will have trouble remembering poses from session to session. Still others will have trouble connecting a verbal instruction to a movement of the body. Some will have difficulty locating an arm or leg in space, and many will have to look at an arm or leg to see if it is straight, because they lack the relevant proprioceptive feedback. Here is where it is important to have a demonstrator plus hands-on assisting so that the pose is delivered through as many sensory channels as possible. Yoga may expose symptoms that were not obvious in other contexts, because in Yoga we ask for more (effort, balance, range of motion), and we also pay closer attention to the results of our efforts.

A common problem with proprioceptive feedback is that a student may feel that a limb has reached the end of its range of motion, when in fact the instructor can take it farther with a well-chosen assist, and the student can then hold it there. "Parkinson's masking"—a frozen poker face—can impede nonverbal communication. You can't count on reading your students' faces to see how they are feeling (although the eyes may give some clue).

The human body adapts rapidly to anything we do *not* ask it to do. PD speeds up this adaptation enormously.

Those with PD can go downhill at amazing speed in the absence of exercise. They benefit from doing their most important poses every day, and I assign a few such poses to each student. Many are willing and able to do more and gain from having an additional assignment of optional poses. Some have even "graduated" to regular fitness center classes.

In addition, the practice has to be fun, or at least not a chore. Because those of us with PD take lots of medicines, we would rather not have an activity that feels like one more medicine. Given the stiffness, pain, and fatigue that come with PD, often the last thing we feel like doing is getting out of the chair or bed, yet it is essential that we do so. So we are better off if we can frame our Yoga as recreation.

"When you've seen one Parkinson's patient, you've seen one Parkinson's patient!"

That is a teaching that Dr. Claire Henchcliffe, director of the Parkinson's Disease and Movement Disorders Institute at the Medical College of Cornell University, gives to her medical students. The slogan emphasizes the fact that PD manifests in strikingly different ways in different individuals. Some have persistent tremor, some not. Some are so stiff they can hardly move; some are flexible. Some can remember complex dance steps, and some cannot remember a sequence of two instructions within the same pose. The same ranges of variation occur, apparently almost independently, in each of the 30-40 symptoms of PD. When teaching one-on-one, these differences are not a big deal. But when teaching a class, good assistants are usually necessary to deal with the variations in the abilities of the students and in the adaptations of poses that result. To bring the benefits of Yoga to PD students, skill is called for in reading an individual body appraising what positive changes are possible, and choosing and delivering pose variations that will safely encourage those changes.

Medications are important.

The combination of exercise and medication is more powerful than either alone. The ideal situation is to have a neurologist who specializes in PD adjust the medication or deep brain stimulation

(continued on page 7)

(DBS)⁵⁶ from time to time as the student's exercise program evolves. It is desirable (although beyond the scope of this report to describe) for the instructor to learn how to spot signs of possible under- and over-medication. The student may have made a mistake in dosing or may need a trip back to the neurologist for adjustment.

You may have more explaining to do than with a typical population.

The current boom in Yoga is occurring, for the most part, in communities different from the PD community. You may find students approaching Yoga with a combination of ignorance, misconception, and suspicion. We find it helpful to have available our simplest, most down-to-earth descriptions of Yoga as a health-enhancing discipline that has been honed over centuries to serve its practitioners well. An image that has worked well is that Yoga is an important component of daily hygiene, just like brushing your teeth.

You are likely to find yourself in the role of PD educator.

Students, especially those recently diagnosed, often show up knowing little about PD. Sensitivity is called for in how much information you dole out and when. Persons newly diagnosed are understandably reluctant to contemplate that, at this time, PD is progressive and incurable. Furthermore, it is a very complex condition, and it is definitely worth your effort to read available texts in order to be prepared for what you may have to deal with.

When we first started working with PD students, we expected to get those in the early-stages with relatively mild symptoms. Instead, we found ourselves facing people who had had PD for many years and who had in some cases even added deep brain stimulation to their therapies. Several have shown up in wheelchairs. We have asked these students what led them to try Yoga. "When you have had brain surgery," one answered, "nothing else looks all that scary." We are very grateful to these early courageous students who were game to try anything, discuss anything. They prepared us for the more typical population of students who were less disabled, but required more sensitive communication. **YTT**



Proud Hands: Personal Victories with Parkinson's/A Show of Hands
2007 Teva Neuroscience, Inc.

Twenty-eight inspiring one-page stories from Parkinson's disease afflicted make up this small coffee table book. A striking black and white full-page photo runs alongside each. Paul Zeiger, PhD (see article p. 5) is among the 28 'proud hands' selected for this project for turning his Yoga and Shin Jyutsu practices into therapy programs for those with PD. Others featured in this book have achieved equally remarkable victories in their lives despite living with Parkinson's. All proceeds from the sale of *Proud Hands* are donated to the American Parkinson's Disease Association. www.proudhandsbook.com

H. Paul Zeiger, Ph.D. has retired from a career in science and technology to become a Parkinson's disease activist and Anusara-influenced Yoga instructor to those with Parkinson's in the Denver area. Paul is happy to consult with Yoga instructors about Parkinson's. paulzeiger@aol.com.

Photos courtesy of Paul and Carolyn Zeiger.

Endnotes

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2. Schenkman, Margaret. (2008) Verbal presentation, Davis Phinney Foundation, Westminster CO
3. Farhi, D. (1996). *The Breathing Book*. NY: Holt & Co.
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Neurologists speak about Yoga therapy.

Many Yoga therapists today are working with healthcare providers to offer what Yoga—a body-mind-spirit practice—can bring to the table that other disciplines cannot. Paul Zeiger receives referrals from neurologists for the Yoga classes he teaches for those with Parkinson's disease. Here are comments from two of the neurologists, edited for length and clarity.

From Olga Klepitskaya, MD, University of Colorado Health Sciences Center, Department of Neurology.
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In doing a literature search, I was surprised to find there were no studies to confirm Yoga as an accepted therapy for Parkinson's disease (PD). To me, this was sad because I, and many other physicians I work with, think Yoga is very beneficial. Yoga specifically works on balance and core stability; range of motion, flexibility, and relaxation of the muscles; and emotional wellbeing; all which are crucial.

PD is a complex disorder. The aspect of emotions and cognition is very difficult to treat because patients are already on a lot of medications, and we do not like to add more.

Those with PD also frequently suffer from social isolation, and Yoga classes provide them with social support. When they are in a group they can see others being helped, and they do just what they are able to do; it's not about competition. So the attitude of Yoga is important.

In my opinion, patients are more comfortable going to a Yoga teacher like Paul Zeiger, who knows what PD is first hand. Patients are not as worried about what they may or may not be able to do, because they are all in the same situation.

We are now writing a research grant proposal for Yoga and PD and have all the components: a large Parkinson's patient population; patients like Paul who are interested in participating in research; patients who went through deep brain stimulation; experience doing research in physical therapy; and a research coordinator who is a Yoga and Pilates instructor. We are only lacking the funding support.

YTT

I diagnosed Parkinson's in a patient who was also a Yoga therapist—Paul Zeiger. He decided to continue his Yoga practice and teaching and designed a teaching program for people with PD. He gave me some flyers and I hand them out to patients who are good candidates for the program.

Once I make the diagnosis of PD I usually think of Yoga for those that are relatively young and active and early in the disease, with the thinking being that Yoga will keep them mobile and slow the progression of the disease. However, Yoga may be of benefit in patients in later stages as well.

Physical hallmarks of Parkinson's disease include stiffness, slowness, and diminished balance. I feel that the movement aspect of Yoga therapy helps my patients with all of these symptoms. Parkinson's disease is also associated with depression and slowness of thought processing; the meditative aspect of Yoga therapy helps in the mental arena.

I do not have direct communication with the Yoga therapist regarding the patients who I refer, as correspondence from therapists is not essential to my practice. Feedback from patients is more important to me.

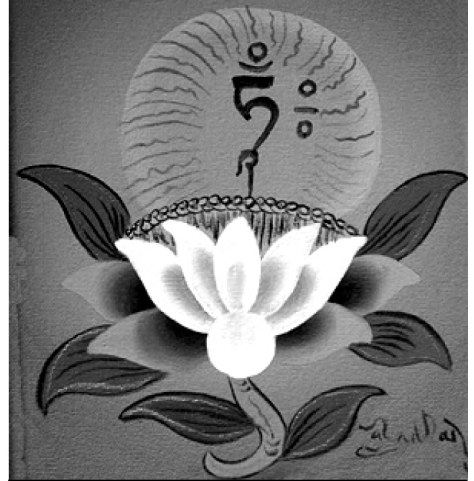
All of my patients in Yoga therapy enjoy it. I cannot state from a scientifically verified standpoint that they are happier or less likely to fall, but from a purely subjective observation they do appear more confident and sure-footed.

Research into any positive effects of Yoga on PD would be worthwhile. Any non-pharmacologic disease-modifying therapy would be a terrific addition to any treating physician's PD armamentarium.

Yoga therapists interested in working with PD patients should let me and other neurologists know. YTT

A FRESH LOOK

AT ANCIENT ARTS



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