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MODERN YOGA WORKSHOP 2001

Workshop Report by
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Indic-inspired approaches to health, medicine and well-being: contemporary appropriations in cosmopolitan customer-led practices.

Report on a workshop held in the Faculty of Divinity, University of Cambridge, on 25-26 September 2001 as part of the Health and Medicine Research Programme [1] carried out by the Dharam Hinduja Institute of Indic Research (DHIIR), Faculty of Divinity, in conjunction with the Department of Social Anthropology.

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The workshop addressed the development of Yoga and Ayurveda in Europe and America as therapeutic practices since early in the twentieth century. It was designed as a two-day round table and was effective as such with the 19 participants taking an active part in all the discussions. Paper contributors included one speaker from India (another cancelled due to the international crisis), two from the US, two from Germany, three from the UK, one from Denmark.[2] Papers were circulated in advance and allocated one or two respondents each to allow for fuller discussion. Other experts, including one health professional, two indologists, one psychologist, two researchers, one anatomist and two FIMED (Foundation for Integrated Medicine) representatives, participated as consultants.[3] This Workshop was also aimed at establishing the foundations for a public Conference on the same subject due to take place at the same venue on 20-21 September 2002.

One of the two main aims of the 2001 Workshop - 2002 Conference tandem exercise is to produce an in-depth analytical report on how Indic-inspired approaches to health, medicine and wellbeing have been assimilated in the developed world, and to critically discuss the historical, philosophical and intellectual contexts of this phenomenon. The second aim is to establish how best the resulting assimilated theories and practices may be discriminatingly represented, studied and regulated in integrated healthcare pursuits.

The first day of the Workshop was concerned with tracing and contextualising the more recent (mid-19th onwards) historical and ideological developments of Modern Yoga and Modern Ayurveda as specific phenomena, while the second tackled the question of applications, professionalisation and scientific evaluation of these disciplines.

Although the earliest roots of yoga can be traced back at least to Upanishadic sources (ca. 800BCE-500BCE), the practices that go under this name in urbanised milieus today both in India and worldwide can be seen to have their orthopractical beginnings at the very end of the 19th century. New evidence presented in De Michelis' paper showed that Swami Vivekananda (1863-1902) played a key role in this context by formulating the first fully-fledged definition of Modern Yoga theory and practice in his Raja-Yoga (1896). This was the outcome of a long-standing dialogue between the modernising Bengali intelligentsia and the English-speaking esotericists that had become their main interlocutors by the second quarter of the 19th century. This dialogue showed a paradoxical polarity of interests with the Indian interlocutors being mainly concerned with scientific validation and their Western counterparts with mystical states and paranormal occurrences. Vivekananda operated a synthesis of these tendencies by redefining yoga in terms of alternative medicine, thus turning an essentially religious enterprise into an embryonic 'mind-body' medicine.

Not so Swami Kuvalayananda (Jagannath Ganesh Gune; 1883-1966) who, as Alter discussed, stood by the Indian 'scientific' approach. He attempted to demonstrate empirically that such entities as prana could be accounted for by physiological experiments. He was also a pioneer in formulating early therapeutic applications of Yoga, and became very influential in India through the work and publications of his Kaivalyadhama centre in Lonavla, notably the journal Yoga Mimamsa. The fundamental questions he posed are still very much at the centre of any critical evaluation and application of Modern Yoga in health care.

The rise of Modern Ayurveda, on the other hand, well exemplifies the Western approach. Contrary to classical Ayurveda,[4] what Zysk referred to in his paper as New Age Ayurveda 'spiritualises' this medical system and allies it closely with (Modern) yoga practice and its attendant discourses of healing, purification and personal transformation. In line with Vivekananda's adaptations of yoga, furthermore, Modern Ayurveda is explained in terms of mind-body continuum as opposed to the more classical reliance on explanations based on correspondences between microcosm and macrocosm.

While the alternative medical system of New Age Ayurveda has only attracted a very small amount of followers since its beginnings in the 1980s, some of the many branches of Modern Yoga have nowadays become mainstream. This is especially the case with regards to applications under the rubric of health and fitness, stress management, pain control, and certain chronic and psychosomatic conditions.[5] Modern Yoga is also being employed as palliative care for disadvantaged groups in the community: drug addicts, HIV/AIDS patients, prison inmates and the handicapped. Yet another area where health and support provisions are being enhanced with yoga-inspired approaches is that of perinatal care.

A number of these applications were discussed in papers by Pereira, Bley, Monro, Freedman, Brusis, Blank and Raman. These contributions revealed that (Modern) Yoga Therapy is characterised by various combinations of its four main components: postural work, breathing techniques, relaxation and meditation. However, the systematisation of these practices within a process of professionalisation is still incipient: discussions showed that there is no shared recognition about the relative value of each of the four components, or about the therapeutic efficacy of their various combinations. One of the points highlighted by Pereira was the importance of time-scale in the evaluation of specific applications of

yoga therapy - up to five years for the yoga-supported treatment of addictive behaviours.

There was nevertheless a general consensus that the therapeutic applications of yoga could best be pursued within the framework of biomedicine, and that scientific evaluation by means of clinical trials was the best way to achieve this. This however still left open arguably unresolvable problems such as the imponderable variable of the relation between therapist and patient. Yet another problem is the lack of a research database on yoga: it is difficult to access results already achieved and thus to identify research priorities. Bley reported on her attempt to resolve this problem by setting up an Internet forum collating data relating to yoga in science, research and therapy. The project is already underway, but more funds will be needed to carry it through to completion. The creation of an e-journal for the publication of research on yoga proposed by Monro in his presentation could also contribute to further the same aims.

Freedman introduced an important concept in the discussion: that of consumer-led practice. This is the modality that has been dominant in the evolution of most forms of Modern Yoga to date: people like the practices, they find them 'therapeutically' useful both in terms of 'everyday coping' and as actual therapeutic strategies, they want to hold on to them and to develop them, and thus defend and appropriate them socially through institutionalisation. On the one hand this reveals the 'grassroots' vitality, relevance and effectiveness of Modern Yoga theories and practices. On the other it helps us to understand some of their weaknesses: if finesse of theoretical elaboration and historical self-awareness are rare among their ranks, this is often (but not exclusively)[6] due to the voluntary, non-specialised nature of the contributions of those who gave shape and content to Moden Yoga over time. While this may not represent a problem with regards to these schools' basic survival and numerical expansion, it will surely hinder qualitative growth and the pursuit of such crucial endeavours (especially so in the case of Yoga Therapy) as the setting up and implementation of clinical trials.

What clinical trials could do for the testing and, if successful, for the medical recognition of Yoga Therapy, was clearly illustrated in one of the papers. In no way a follower of any type of yoga, Brusis came to adopt Dean Ornish's yoga-inspired approach to the management of ischaemic heart disease upon becoming convinced of its effectiveness by way of professional journals' and peers' reports.[7] Along with his colleagues he changed and adapted the programme to national and regional requirements (for Southern Germany), set up controlled clinical trials and obtained very encouraging results. Thus a specific Yoga Therapy application gained the respect of the medical profession, and was tested and standardised in such a way as to become safe and accessible for use by the wider public. Similar results may be achieved in the testing of the beneficial effects of yoga by pregnant women and new mothers (Freedman's SEPY project under way). It is not entirely clear however that benefits are accrued by the practice of yoga per se rather than by TLC (Tender Loving Care). Isolating what is specific to yoga in relation to other forms of exercise and care as well as from placebo effects is a challenge that researchers have met in various ways in the design of experiments. Single-design experiments (involving individual subjects) are attractive in that they elude this issue. Yet all Workshop discussants were convinced that controlled trials were the best avenue to legitimacy and integration in mainstream health care.

An interesting sub-text to the Ornish success story, intersecting the question of an accurate intellectual and historical contextualisation of Modern Yoga, was also

discussed at the Workshop. We now know that Ornish was advised to leave out any reference to yoga in the design of his early experiments: he was told that such references would have caused scepticism and hampered fund raising. Now, however, such practices are much more widely known, and the value and desirability of alternative and complementary approaches to medical care are much more widely acknowledged. Thus an accurate and professional use of non-local systems of healthcare would not be perceived as quite so alarming. More conciliatory attitudes towards such foreign systems have also resulted from a process of adaptation to local health cultures on the part of yoga practitioners. In sum, a complex dialogue and process of adaptation was carried out through many different actors and interlocutors. Such ideological transitions and 'hidden histories' need to be made explicit and known in order to promote the constructive, discriminating and self-aware use and propagation of Modern Yoga and of Yoga Therapy.

Non-clinical, experimental studies on the physiological and psychosomatic effects of yoga practice could also represent an important method of validation. This is especially true with regards to the already popular general health, fitness and 'de-stressing' applications of Modern Yoga. Such applications are in fact often recommended as efficient tools for preventive care and therapy by certain Modern Yoga schools and, albeit informally, by an increasing number of GPs. Blank's paper on Heart Rate and Oxygen Uptake Responses to Yoga Asanas was a splendid example of what a step in such a process could look like. Even more exciting was the ensuing discussion: some of the participants coming from the humanities and social sciences had to perform a degree of mental acrobatics to grasp the basic aims of the experiment described and the attendant methodology. Participating scientists, for their part, saw some of their basic assumptions - assumptions that underlay and partly shaped the experiment's design - radically and, it appears, rightly challenged. What seemed to transpire, at least in the writers' view, was that a suitably interdisciplinary kind of expertise would be needed in order not only to achieve optimal experiment design, but also to draw up what all participants agreed would be highly desirable to formulate: a research protocol for the study of Modern Yoga and Yoga Therapy applications.

The last paper, Raman's submission, presented interesting challenges but could not be treated as comprehensively as it deserved due to the author's absence. The concluding discussion on the way forward and on how to structure and orient the 2002 Conference was enjoyably heated, as all the key and at times unresolved issues raised during the Workshop were brought forward again. This session drew to a close on the shared understanding that the task ahead was well worth pursuing, and that further exchanges, reflections and recommendations (including Conference feedback) would be shared via an e-list which would keep the group's dialogue alive, and possibly integrate the contributions of new participants.

Endnotes:

1. The Health and Medicine Research Programme includes the 2001 Workshop, the 2002 Conference and the Scientific Evaluation of Perinatal Yoga (SEPY) Project.
2. Respectively Fr Joe Pereira, Dr Krishna Raman M.D., Prof. Sally Blank, Prof. Joseph Alter, Dr Martina Bley, Dr Otto Brusis M.D., Dr Elizabeth De Michelis, Dr Francoise Barbira Freedman, Dr Robin Monro, Prof. Kenneth Zysk.
3. Respectively Ms Dorothy Grosvenor, Dr Julius Lipner, Mr Craig Jamieson, Dr Fraser Watts, Ms Tiffany Schofield, Dr Charity Scott Stokes, Dr Ruth Gilmore, Lady Diana Dunrossil, Mrs Lorraine Williams. Mrs Rajashree Dhanaraj, DHIIR's Secretary-Coordinator ensured the smooth running of the proceedings.

4. As defined in the foundational texts (Caraka Samhita, Susruta Samhita, etc.) and as taught in Indian Government-sponsored Ayurvedic colleges.
5. For example asthma, lower back pain, hypertension and arteriosclerosis.
6. Most Modern Yoga forms are based on a strong and rather exclusivistic experiential epistemology, usually antagonistic in its discourses to any but the most elementary forms of intellectual endeavour. The development of this ideological trend can be traced all the way back to the third quarter of the 19th century.
7. We quote from the submission's abstract: 'In 1990 Ornish et al. published the one year results of the San Francisco Lifestyle Heart Trial and showed that adherence to a comprehensive multifactorial programme not only reduced cardiovascular risk factors and symptoms, but also increased well-being and caused regression of coronary sclerosis - the 5-year follow-up confirmed the initial findings'.