

3. Adho Mukha Savasana – downward facing corpse pose

PROPS: Mat, bolster or blanket for the forehead.

POSITION NOTES: Lie on your abdomen. Rest the forehead on the bolster (3.pranayama-3a). If your shoulders are coming up, roll a blanket for the forehead instead of using the bolster (3.pranayama-3b); be sure that the cervical vertebrae are dipping downward to the floor. Then, release the shoulder blades apart. The hands are on the bolster beside the head with the elbows bent to the sides. Roll the front thighs inward, toes inward, and separate the legs until the heels are to the outer edges of the mat. There should be space between the inner upper thighs. See that the front body is not uneven, crumpled, on the floor. The left chest should go to the left and right chest to the right. The bottom chest moves toward the upper chest, not to the abdomen.

ACTIONS: Let go the whole of the posterior body to the anterior body. Allow the spinal muscles to release downward. Spread the ribs. Feel yourself resting on the fronts of the thighs. Let go the baby toe sides of the feet to the floor. Soften the buttocks downward. Observe the breath: it tends to lift the lumbar and buttocks. Breathe normally, but without disturbing the buttocks and lumbar. Let them also drop to the anterior body. Releasing all the tensions from the spine, both physical and mental, allow it to descend. Free the abdomen upward from the pubis and the anus downward toward the legs. Release the bottom ribs from the abdomen up towards the chest and sideways. Allow the anal mouth to aerate. Even though the breath is normal, observe that the exhalations are longer than the inhalations. As the pose progresses, watch how the back becomes soft.

BENEFITS: *Having practiced savasana regularly, you have observed and learned how to release the front body to the back body. In this variation, it is reversed. With time in the pose, the posterior body will move from a rigid nature to a smooth one. This pose is helpful after maha mudra to release any hardness that was created, as well as to train the back to remain soft for seated practices of pranayama, as there may be a tendency to harden the lumbar and neck excessively. The kidneys and adrenals get especially hard. The intelligence of the smoothness created in the back may be applied to swastikasana for further, seated, pranayama.*



3. pranayama-3a



3. pranayama-3b



The following variations of seated pranayama are practiced with a chair, a chair and trestle, and a bolster and wall, respectively.

4. Upavistha Sthiti – seated steadiness, on chair

PROPS: Chair, one to two blankets for the buttocks

POSITION NOTES: Sit backwards on the seat of the chair with the legs through/underneath the backrest. Be seated with the buttocks at the front edge of the chair, and place the outer edges of the heels on the inside of the chair's back legs. Place the heels of the hands on the sides of the backrest with the fingers pointing forward, and the palms facing each other (3.pranayama-4).

ACTIONS: Have a slight pressure from the outer heels and thighs against the chair to lift the spine up from its base. Pressurize the heels of the hands into the chair to lift the sides of the chest. Move the armpits from back to front and the tops of the shoulders from front to back. Make a complete circle with the upper chest. Lift the sternum from inside the body, from the bottom to the top. Widen the clavicle bones from the center to the sides. Close the eyes, soften the facial muscles, and lift the anterior spine higher while bringing the head down from the nape of the neck. Continue the effort of the legs and arms to lift and open the chest, and keep the spine erect. Soften the skin of the upper back, releasing it down towards the waist. Allow the muscles to follow the skin. Spread the "kidney band" at the waistline by descending the skin of the outer sides of the buttocks to the chair seat. Maintain the frame of the torso and begin to lessen the effort of the arms and legs. With the facial muscles soft, direct the senses of perception towards the center of the chest. Observe the normal breath to bring the senses inward and quiet the mind. When the mind becomes quiet, begin ujjayi and/or viloma to your capacity.

BENEFITS: *Using the chair facilitates optimal opening of the chest, teaching how to lengthen and expand it, to create the shape required for pranayama. It is demanding, but conveys an understanding of what is required for classical seated pranayama. Using the arms and legs in this manner, the frame of the torso is firm from the outside and the inner body is soft. The mind can dwell inside the body, quiet and prepared for the pranayama practice.*



3. pranayama-4



5. Upavistha Sthiti – seated steadiness, with trestle

PROPS: Chair, one to two blankets for the buttocks, and a trestle for supporting the back

POSITION NOTES: Place a chair so it faces the trestle. Sit backwards on the seat of the chair with the legs outside the backrest. Be seated with the buttocks at the front edge of the chair and the sacrum touching the bar of the trestle. Turn the toes forward to align the outer heels with the small toes. Bring the knees in line over the ankles. With the upper back touching the trestle, hook the upper arms over its top. If possible, reach the fingers to the bar. Otherwise, place the hands along the top of the trestle (3.pranayama-5).

ACTIONS: Maintain the toes forward and the knees over the ankles, so that the outer legs and hips move into the body, to lift the spine. Use the leverage of the arms on the trestle to move the shoulders and trapezius down and lift the sides and front of the chest up. Bring the head down from the nape of the neck. Close the eyes and soften the facial muscles, eyes, ears, temples, mouth cavity, and jaw. Relax the root of the tongue. Soften the middle of the tongue so it relaxes to the lower palate. Release the tip of the tongue from the teeth. Allow the mind to penetrate inward and reside in the center of the chest. When the mind is quiet, begin ujjayi and/or viloma.

BENEFITS: *The openness of the legs creates more space in the pelvis and torso. The back and arms fixed on the trestle stabilizes the length of the torso as well as generates an expansion of the chest to the sides. The spine supported at the trestle is good for those with scoliosis and osteoporosis. This is also a great variation for pregnant women, as the heaviness of the abdomen and breasts is relieved. The spine encases the central nervous system, so this support also benefits those who have anxiety or are differently abled mentally. In these cases, pranayama should be practiced under the guidance of a knowledgeable teacher. The head is kept level, in the center, and the eyes are open. Tratakam gazing (looking up to the third eye without lifting the eyebrows) is also advised.*



3. pranayama-5



6. Swastikasana – well-being pose, classic version at wall

PROPS: Wall, sticky mat, bolster, blankets.

POSITION NOTES: Place the short end of the sticky mat folded in half up to the wall. Position the bolster horizontally at the wall on top of the sticky mat. Sit on the bolster, crossing the right leg in first, then the left under the right, with the buttocks/sacrum touching the wall. With the hands, adjust the backs of the inner thighs towards the outer thighs and spread the buttock bones apart. Align inner knees equidistant from the floor, the wall, and the centerline of the body. Use a blanket to adjust the height of the knees so that they are even and fill any gap between the feet and knees. The knees should be level with the hips. If they are higher than the hips, the inner thighs and groins become hard, limiting the breath. In this case, place enough support under the buttocks to bring the knees level to the hips. If the knees are lower than the hips, the energy of the body “spills” out; sit on folded blankets instead of the bolster to lower the hips. To fix the sacrum snugly into the wall, bend forward and place both hands in front of the legs. Then, using the hands one at a time, adjust the buttocks further back into the wall (see Chapter 1, 1.11, page 20). Return both hands in front of the legs with the back concave. Slowly walk the hands towards the body, then onto the thighs. Be centered on the perineum and on the front edges of the buttock bones. Gently adjust the backs of the thighs and buttocks again without allowing the sacrum to slip away from the wall. Bring the outer shoulder corners to the wall, preserving the natural curve of the lumbar away from the wall. Move the upper arms completely to the wall and rest the hands, with the palms facing up, on the thighs. The palms may face down if otherwise tense. Additionally, a blanket may be placed under the hands if the arms are short and unable to rest properly (3.pranayama-6). The sacrum and upper back should remain in solid contact with the wall. Close the eyes and bring the head down from the nape of the neck without any hardness. Eventually, with practice, the chest will expand more, the spine will stay erect, and the head will come down naturally. The trapezius should not climb up—the wall is there to give feedback to keep it down. The leg positions may be alternated between breathing exercises. If the time is short, change the cross for the next day’s practice.

ACTIONS: Pacify the arms. Let go the triceps and biceps to the elbows, and the skin of the forearms to the wrists. Relax the middle of the wrist bone. Soften the palms, fingers, and especially, the base of the thumb. If the thumbs remain tense, you may gently touch the thumbs to the index finger tips to keep them from hardening. Let loose the inner thighs while lifting the anterior spine. The tops of the anterior thoracic spinal vertebrae should lift higher to release the head further down. Release the chin and cheekbones down. Allow the lower jaw to slacken so that the teeth are not touching, but the mouth remains closed. Soften the upper and lower eyelids so they are like blankets gently covering the eyes. Keep the eyes centered, still, and releasing to the back of the head. Remove all the tensions of the eyes and face so the mind becomes quiet to begin the breathing exercises.

BENEFITS: *The use of the wall keeps the body steady and the head cool.*



3. pranayama-6





Chapter 4

Pre-Menstrual Practices

Pre-Menstrual Practices

Given the time frame of pre-menses, menses, and post-menses, it may seem like there is never an opportunity to practice the classical asanas, especially for women with problematic cycles. Nevertheless, a window of time will be available to practice poses in a so-called “stronger way.” During that window, you can take steps forward in your practice. All asana practices are strong, whether active, passive, supported, unsupported, or intermediate stages of classical poses. Asanas are vital and effective on all body systems, inviting attentiveness to link the body, mind, and spirit. Deeper insight into yoga will occur when practice is tailored according to need and invites no harm.

The length and intensity of the pre-menstrual period, the time before commencement of menses, varies among women. The intensity of the pre-menstrual phase ranges from unnoticeable to acute. In some cases, a woman may not sense that her period is imminent. For others, pre-menstrual symptoms can last up to ten days. Symptoms may include bloating of the abdomen and joints, breast tenderness, weight gain, heaviness, backache, headache, fatigue, cramping, mood swings, irritability, lack of self-control, forgetfulness, clumsiness, food craving, and more. For some women, many or all of these symptoms co-exist. The phase before the period may be worse than the actual menses, which can be a relief once it comes. Yoga practices should be adjusted to lessen physical and mental turbulence during this time. For women who have uterine fibroids, ovarian cysts, and/or endometriosis, the increased estrogen leading up to menses may exacerbate symptoms and cause acute pain. Before the period, ovarian cysts, and uterine and breast fibroids can become more tender and noticeable with the bloating that occurs, and may be quite uncomfortable, even throbbing. For extreme conditions, seek an experienced Iyengar Yoga teacher and, if available, undergo diagnostic health care to identify any hormonal or structural imbalances that may be at the root of the problem.

Please note that if chronic low back pain persists, regardless of the time frame of the menstrual cycle, it may be related to a serious condition, such as cancer, involving the reproductive organs. Consult a gynecologist to rule out this possibility, especially if the pain does not subside, despite practicing yoga intelligently to alleviate it.

Correcting, or lessening, a pre-menstrual condition is possible with appropriate asana and pranayama practices throughout the whole cycle. If pre-menstrual symptoms are mild, appropriate yoga practice before the period maintains a healthy reproductive system, prevents future problems and, when the time comes, may ease menopause. Even if the pre-menstrual phase is uneventful, support the asanas in some way for one to two days before the start of the period to keep the body healthy. Poses such as paripurna navasana and balancing poses, such as bakasana, are to be avoided, as they involve abdominal tightening and consume energy. Women with a prolapsed uterus, large uterine fibroids, ovarian cysts, or extensive endometriosis should also avoid poses that put pressure on the abdomen throughout the cycle, such as urdhva prasarita padasana, jathara parivartanasana, dhanurasana, or the final phase of forward bends or twists. An intermediate stage of the latter poses, such as janu sirsasana with concave back (see Chapter 1), or bharadvajasana I without catching the arm or supported by a chair (see Parivrtta Sthiti to follow, as well as Chapter 3), may be practiced as an alternative to the classical postures.



When the period approaches, continue to practice inversions, supported or independent. A regular practice of inversions, especially before and after the period, brings the endocrine system to equilibrium. Inversions are also very helpful during the ovulatory phase, particularly when it is painful. If the period is late, and especially if one is anxious, a practice of inversions and supported, recuperative back extensions can gently encourage its onset. Some women find that *urdhva dhanurasana* and/or *dwi pada viparita dandasana* encourages, even stimulates, the onset of the period. However, these poses should be done with support as depicted later in this chapter. Before the period, it's best not to push yourself: recognize that you are tired, and allow yourself to rest. Young women in their teens, twenties, and early thirties may not feel fatigued during pre-menstruation. However, they should be mindful and, if possible, not overwork before the period.

On a side note, women sometimes have their periods while attending an intensive yoga workshop. They don't want to "miss out" on learning. If the period is not severe, poses may be modified as presented here, except for inversions, backbends, fast jumpings, and abdominal contractions, which are to be avoided. If the workshop session/class consists of only those poses, practice a complete menstrual sequence. The workshop instructor will be able to help you conduct your sequence to the side of the class. Remember that yoga practices are to be adjusted according to your requirements, not your whims. Ongoing study and practice of Iyengar Yoga under the guidance of a qualified teacher will develop your sense of how to practice with respect to maintaining a healthy reproductive system.

Many modifications of the classical asanas are presented in this chapter. They are organized into categories to illustrate and suggest how to modify and support poses for the pre-menstrual phase. For novices, seek a certified Iyengar Yoga teacher to instruct how to sequence poses from the various groupings

The categories of poses also include points on practicing *surya namaskarasana* (sun salutation poses) and *udara akunchana sthiti* (abdominal contraction poses), although, as stated earlier, they are to be avoided pre- and post-menstrually. However, they are depicted here to illustrate their practice with attention to maintaining accurate alignment of the body, so that the abdominal cavity is also properly linked to that alignment, and the health of the reproductive organs is sustained.

Following the categories "surya namaskarasana" and "udara akunchana sthiti," four sequences are presented to address conditions that may require variations other than simple support of regularly practiced poses before menses. The first sequence is for acute abdominal pain before the onset of menses. The second presents recuperative poses with a focus on relaxing the abdominal area and releasing anxiety and/or physical or mental tension. When hormonal imbalance is the root cause of menstrual dysfunction, the third sequence focusing on balancing the hormones is recommended. Last, a sequence to open the pelvis, increasing the circulation to that area and reducing congestion and stagnation (especially for ovarian cysts, uterine fibroids, and/or endometriosis) is given.



Utthistha Sthiti – upright steadiness

This category of postures, commonly known as standing poses, develops balance, good carriage, and stamina. They tone, shape, and strengthen the leg and arm muscles. Stiffness in the legs, hips, and shoulders is decreased; knee, back, and shoulder aches are relieved. Coordinating a balance of strength and flexibility creates true potency of the body. Blood supply to the neck, shoulders, pelvis, and spine is increased. The feet become supple, the ankles are strengthened, and the chest expands fully. The abdominal organs are invigorated, peristaltic activity is increased, and elimination is facilitated. The standing poses develop mental concentration and physical awareness, creating lightness in the body and agility of the mind. Mastery of these poses prepares the student for all other categories of postures. The regular practice of standing poses is similar to playing scales on the piano to keep in tune.

Supported adaptations of utthistha sthiti are numerous. Only some standing poses and their variations will be depicted here. In general, practice what keeps the mind quiet. For mild pre-menstrual symptoms, simply adding a block to support the lower hand, and/or supporting the back foot at the wall, may be sufficient. The support will allow openness and suppleness for correct movement and fluidity of the pose's actions. For more intense symptoms, the whole body can be supported with the aid of a trestle or a kitchen counter. Generally, if backache is present, stand with the back touching the support—this will facilitate better alignment of the musculo/skeletal frame of the body and may ease low back discomfort. For those with fibroids, cysts, or endometriosis, the lateral standing poses (utthita trikonasana, utthita parsvakonasana, ardha chandrasana, and virabhadrasana II) should be practiced facing in to the support of a wall, trestle, or kitchen counter top. This support facilitates awareness of the abdomen, to maintain a soft state there, while lifting it up and into the spine. The swelling before menses may cause growths (uterine fibroids, ovarian cysts, and adhesions of endometriosis) to impinge upon other organs. The lateral standing poses will create more space and softness in the abdominal region to address and relieve this congestion. The revolved standing poses (parivrtta trikonasana, parivrtta parsvakonasana, and parivrtta ardha chandrasana) are to be avoided by women with these conditions before the onset of menses.



Tadasana – *mountain pose*

- feet apart to create space for the pelvis
- arms in urdhva hastasana, upward hand pose, with palms forward to lengthen the front and back body, create more room for the abdominal organs, and decrease heaviness

*Tadasana a. feet apart**Tadasana b. arms in urdhva hastasana***Vrksasana** – *tree pose*

- hand on wall for balance
- knee on wall for stability and opening the pelvis

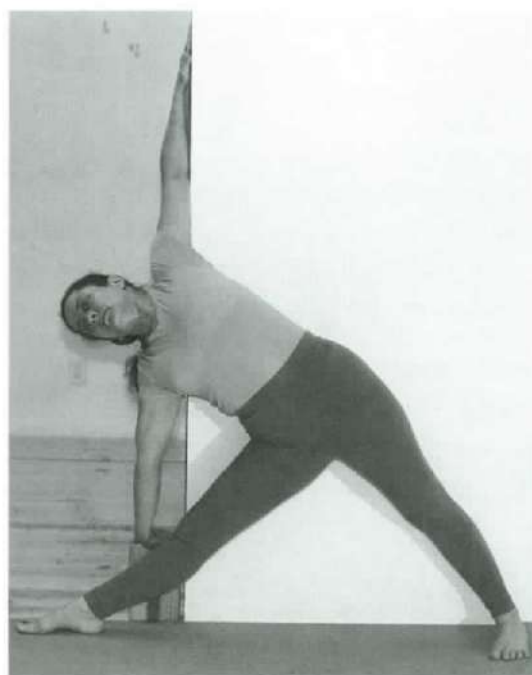
*Vrksasana a. hand on wall**Vrksasana b. knee on wall*

Utthita Trikonasana – *upright triangle pose*

- a. back foot to wall, lower hand to block
- b. raised arm to outer wall corner, lower hand reversed on block for shoulder conditions
- c. facing wall
- d. back to counter top



Utthita Trikonasana a. back foot to wall



Utthita Trikonasana b. raised arm to outer wall corner



Utthita Trikonasana c. facing wall

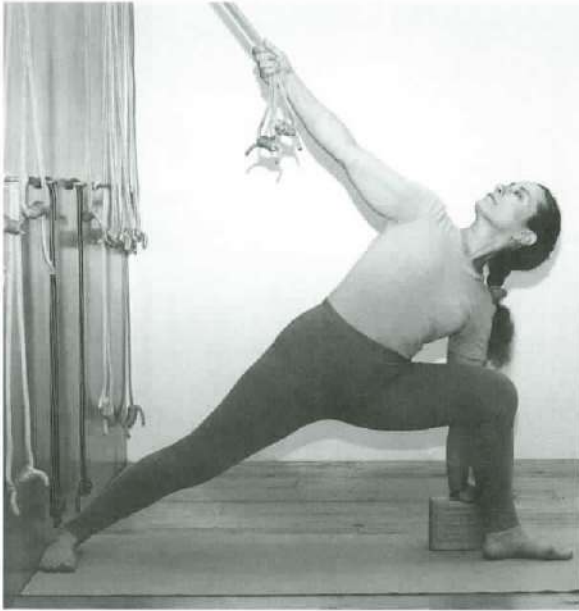


Utthita Trikonasana d. back to counter top



Utthita Parsvakonasana – *upright side angle pose*

- back foot to wall, upper hand to rope, lower hand to block
- raised arm to outer wall corner, lower hand reversed on block
- facing wall
- facing trestle



Utthita Parsvakonasana a. back foot to wall



Utthita Parsvakonasana b. raised arm to outer wall



Utthita Parsvakonasana c. facing wall



Utthita Parsvakonasana d. facing trestle

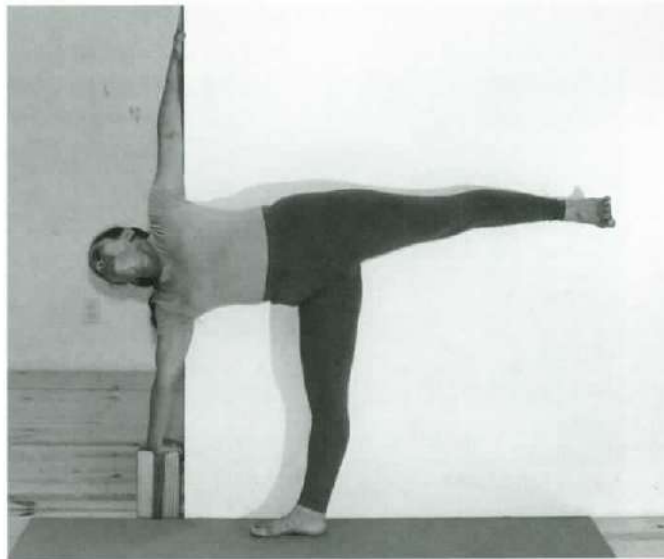


Ardha Chandrasana – *half moon pose*

- a. back foot on the wall, hand to block
- b. raised arm to outer wall corner, hand to block
- c. back to counter top
- d. two stools and wall



Ardha Chandrasana a. back foot on the wall



Ardha Chandrasana b. raised arm to outer wall corner



Ardha Chandrasana c. back to counter top

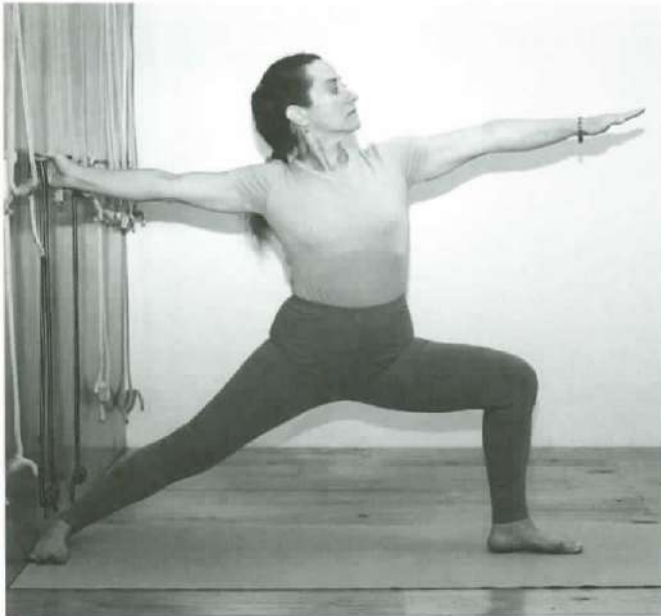


Ardha Chandrasana d. two stools and wall



Virabhadrasana II – warrior pose

- a. back foot to wall, hand holding hook or touching wall
- b. facing trestle

*Virabhadrasana II a. back foot to wall**Virabhadrasana II b. facing trestle***Virabhadrasana I** – warrior pose

- a. torso to outer wall corner
- b. torso to outer counter top

*Virabhadrasana I a. torso to outer wall corner**Virabhadrasana I b. torso to outer counter top*

Virabhadrasana III – warrior pose

- a. abdomen and foot supported on stools, arms and horehead on trestle
- b. torso supported on table, foot on chair, hands on shelf



Virabhadrasana III a. abdomen and foot supported on stools



Virabhadrasana III b. torso supported on table

Parsvottanasana – side intense pose

- a. side body to trestle, hands on blocks
- b. torso on halasana box/blankets



Parsvottanasana a. side body to trestle



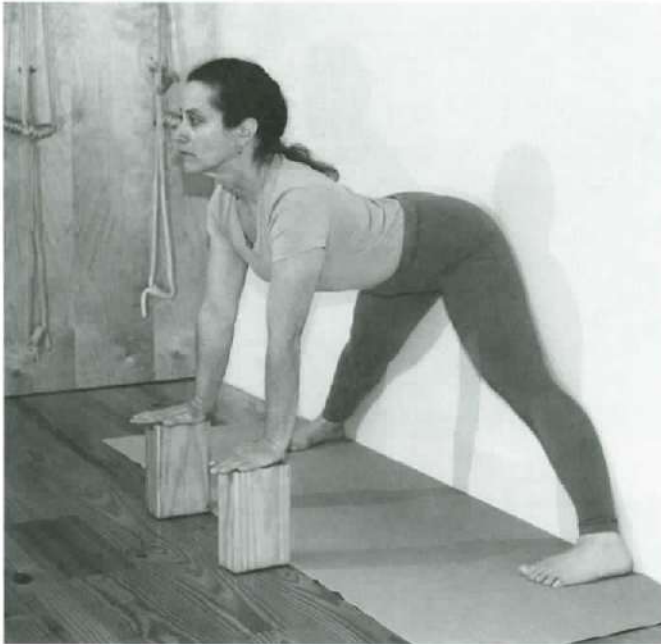
Parsvottanasana b. torso on halasana box



Prasarita Padottanasana I – *spread foot intense pose*

- a. backs of legs to wall, hands on blocks
- b. torso supported on chairs/bolster
- c. pelvis supported on trestle bar

Utthita hasta padangusthasana, adho mukha svanasana, and uttanasana may be supported as depicted in Chapters 1 or 3.



Prasarita Padottanasana I a. backs of legs to wall



Prasarita Padottanasana I b. torso supported on chairs



Prasarita Padottanasana I c. pelvis supported on trestle bar



Viparita Sthiti – reverse steadiness

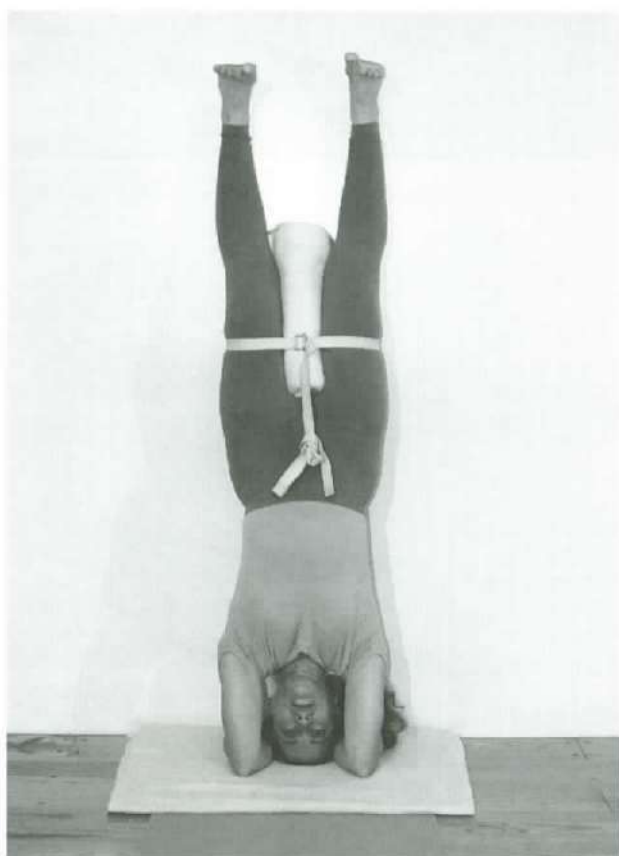
This category entails the inverted poses, which are practiced daily, with the exception of the time of menses. Inversions supply a healthy blood flow around the neck and chest, and to the pituitary and pineal glands of the brain. The endocrine and lymphatic systems are kept healthy. They relieve constipation. Inversions balance the body's metabolism and encourage homeostasis. They improve sleep, memory, and vitality when practiced regularly and correctly, give peace of mind, and lift the spirit.

When ovulation is painful, inverted postures help to alleviate discomfort. Notice that the variations are all with legs apart to intensify the effects of the leg actions: the front thighs turning in, the back thighs strongly turning out, and the buttock bones spreading apart. This softens the abdomen while it is toned towards the spine and creates space in the pelvis, improving circulation to, and decreasing congestion of, that area. With legs apart, the sacrum/coccyx can be elongated and moved into the body. The organs are also aligned with these actions. Swelling of the legs, ankles, and feet is alleviated. An understanding of the alignment and action of the inverted poses develops through practicing with the legs apart.

Many variations of inverted poses may be practiced as depicted in Chapter 3. A few more are shown here.

Salamba Sirsasana I – with support head balance pose

- wall support, legs belted with rolled blanket
- wall rope support, legs hip-width (especially when backache is present)



Salamba Sirsasana I – a. wall support



Salamba Sirsasana I b. wall rope support



Urdhva Dandasana – *upward staff pose*

- a. trestle support
- b. table support



Urdhva Dandasana a. trestle support



Urdhva Dandasana b. table support

Adho Mukha Vrksasana – *downward facing tree pose*

- a. legs hip-width



Adho Mukha Vrksasana a. legs hip-width



Pincha Mayurasana – *one tailed peacock pose*

- a. legs hip-width, belt, block



Pincha Mayurasana a. legs hip-width

Salamba Sarvangasana I – *supported all limbs pose*

- a. legs belted with rolled sticky mat between legs
- b. bent legs over the trestle



Salamba Sarvangasana I a. legs belted



Salamba Sarvangasana I b. bent legs over trestle



Ardha Halasana – *half plough pose*

a. legs on chair



Ardha Halasana a. legs on chair



Purva Pratana Sthiti – eastern extension steadiness

This category encompasses the backbends or backward extensions, and includes poses that lengthen the eastern or anterior side of the body. In backbends the limbs work to lengthen the spine in an arc. They strengthen the arms and wrists and open the shoulders. Backbends tone the spine, increasing its suppleness and strength. The pelvic region and chest are broadened and lengthened and the reproductive and vital organs are kept healthy. The diaphragm and heart are extended, keeping their muscular nature firm and strong. Abdominal skin is made suppler; regular practice may prevent stretch marks from future pregnancy. These postures keep the body alert; create vitality, energy, and lightness; and can bring clarity to the mind. They should not be practiced to overstimulate the body and mind.

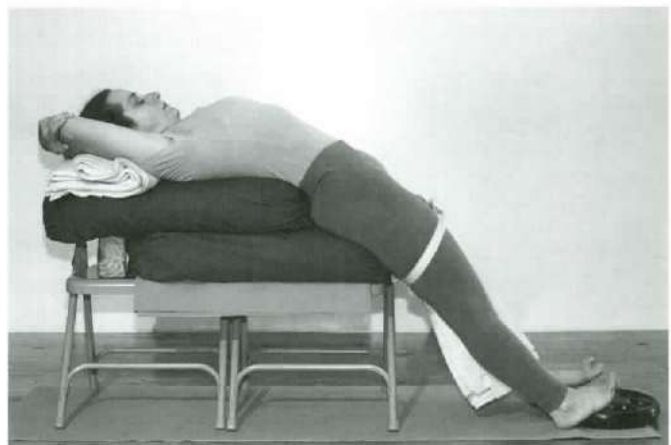
- Back extensions massage the kidneys and adrenal glands, enhancing hormonal balance. Sometimes the period is overdue, which may cause anxiety, further delaying its onset. Supported back extensions (dwi pada viparita dandasana, salamba purvottanasana) and supine postures (supta baddha konasana, supta virasana, matsyasana, supta swastikasana) on a bolster help reduce this anxiety and may encourage the period to begin. Refer to the sequence later in this chapter as well as Chapter 1 for more extensive details on these variations. Urdhva dhanurasana and dwi pada viparita dandasana, as depicted here and elucidated in 4.D10 and 11, page 247, may be practiced with great care. Correct action of the arms and legs, and maintaining a soft abdomen, especially while going into and coming out of the pose, can induce the period if it is late. Incorrect practice, using the lumbar spine and abdomen to lift up into the pose and holding these areas hard while in the pose, may further delay the period. In general, backbends should not be initiated from the spine or abdomen. The hands, arms, feet, and legs initiate, support, and finish the pose. The whole of the posterior body should work to be longer than the anterior body. Repeated hardening of the back of the waist (the region of the kidneys and adrenal glands) and the lower abdomen (the region of the uterus, ovaries, and fallopian tubes) may eventually stress the organs to dysfunction. However, correct practices of back extensions keep the endocrine and reproductive organs healthy. For those with endometriosis, correct practice of backbends may ultimately rectify the problem, not only balancing the endocrine system, but also breaking up abdominal adhesions.

Salamba Purvottanasana – with support eastern intense pose

- a. platform support of torso, feet on simhasana box
- b. 2 chair support, feet to weight, legs belted with blanket
- c. view of props for double-wide 4 chair support (4 bolsters for torso, two wedges for outer hips, foam square for chest, blanket for head, block for supporting back end of bolsters, plate weight for feet)
- d. double-wide 4 chair support with belted thighs
- e. double-wide 4 chair support with hands holding lower wall ropes



Salamba Purvottanasana a. platform support of torso



Salamba Purvottanasana 1 b. 2 chair support





Salamba Purvottanasana c. view of props



Salamba Purvottanasana d. belted thighs



Salamba Purvottanasana e. bands holding lower wall ropes

Supta Baddha Konasana – supine bound angle pose

- a. catching ankles with a belt
- b. catching ankles with hands



Supta Baddha Konasana a. catching ankles with a belt



Supta Baddha Konasana b. catching ankles with hands



Urdhva Mukha Svanasana – *upward facing dog pose*

- a. chair support
- b. platform support
- c. platform support with blocks for hands
- d. stool/bolster support



Urdhva Mukha Svanasana a. chair support



Urdhva Mukha Svanasana b. platform support



Urdhva Mukha Svanasana c. platform support with blocks



Urdhva Mukha Svanasana d. stool/bolster support



Ustrasana – camel pose

- a. hands on blocks
- b. hands on bolster

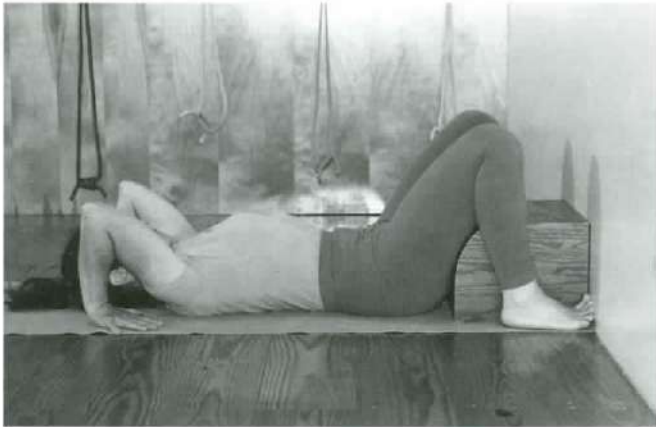
*Ustrasana a. hands on blocks**Ustrasana b. hands on bolster***Urdhva Dhanurasana** – upward bow pose

- a. feet on blocks (stacked 2 x 3 belted together)
- b. hands to viparita dandasana bench (coming up from 2 bolsters)

*Urdhva Dhanurasana a. feet on blocks**Urdhva Dhanurasana b. hands to viparita dandasana bench*

Dwi Pada Viparita Dandasana – two feet reverse staff pose

- a. start with feet on floor to sides of viparita karani box (to get buttocks to touch box)
- b. feet on box, toes up wall
- c. final stage



Dwi Pada Viparita Dandasana a. feet on floor



Dwi Pada Viparita Dandasana b. feet on box



Dwi Pada Viparita Dandasana c. final stage

Setubandha Sarvangasana/Dwi Pada Viparita Dandasana – bridge all limb/two footed reverse staff pose
(cross bolsters)

- a. bottom bolster vertical, top horizontal



Setubandha Sarvangasana/Dwi Pada Viparita Dandasana



Paschima Pratana Sthiti - western extension steadiness

These postures loosen the joints of the upper and lower extremities, and narrow the waist. Forward extensions tone the liver, kidneys, intestines, spleen, adrenal glands, and pancreas, and balance the digestive system. The increased circulation in the pelvis benefits the reproductive organs. The spine is toned and kept healthy. Blood flow to the pituitary, pineal, thyroid, and parathyroid glands is enhanced. Forward bends are soothing, especially to the nervous system, quieting the mind, and reducing mental stress, anxiety, and tension. Fatigue, both mental and physical, is removed.

These poses may be practiced classically, except when there are large fibroids, ovarian cysts, prolapsed uterus, and/or endometriosis.

Constipation, diarrhea, and other intestinal abnormalities require supine back extensions and inversions until the condition abates. Forward extensions keep a healthy digestive system healthy, but are contraindicated when it's not. In these cases, follow the concave back supported variations described in Chapter 1.

Parivrtta Sthiti – twisting steadiness

Twisting, or revolving poses, increase lateral movement of the spine, nourishing the region around the discs with blood. Increasing blood flow around the spine and spinal muscles relieves back, neck, and shoulder aches, tension, and stiffness. Enhanced circulation through the region of the neck and head may provide relief to blockages of the ears, sinus, and nasal cavities. The blood flow to, and lateral movement of, the lower cervical and upper thoracic vertebrae may correct “dowager’s hump,” where poor posture (forward head carriage and stooping chest) has hardened the tissue around those vertebrae and the bone may have begun to lose its mineral strength. Revolving poses also tone the liver, stomach, intestines, kidneys, and adrenal glands. An inward focus on the spine quiets the mind and draws the senses towards the inner body.

For women with uterine fibroids, ovarian cysts, endometriosis, and/or pre-menstrual swelling and bloating, variations depicted below of bharadvajasana I and maricyasana I are the most appropriate twisting poses, as they do not uncomfortably squeeze the abdominal region. Parsva variations of seated poses, turning to the side, are also included in this category for practice before menses. The poses are not done with the head turning with the direction of the twist. Either it turns opposite from the torso or is in line with the sternum. This keeps the head tranquil.



Bharadvajasana – *sage Bharadvaja pose*

- a. chair, seated backwards, with legs inside
- b. chair, seated sideways, bolster/wall support, head turning opposite



Bharadvajasana 1 a. chair, seated backwards



Bharadvajasana 1 b. chair, seated sideways

Marichyasana I – *sage Marichi pose, intermediate stage*

- a. simhasana box support
- b. chair support for buttocks and bent knee foot



Marichyasana 1 a. box support



Marichyasana 1 b. chair support



Parsva Upavistha Konasana – *side seated angle pose*

- a. blanket support for buttocks, block for back hand



Parsva Upavistha Konasana a. blanket support

Parsva Baddha Konasana – *side bound angle pose*

- a. blanket support for buttocks, block for back hand



Parsva Baddha Konasana a. blanket support

Parsva Virasana – *side hero pose*

- a. blanket support for buttocks, block for back hand



Parsva Virasana a. blanket support



Upavistha Sthiti – seated steadiness

Seated postures help the reproductive organs and urinary system maintain health with increased circulation to the pelvis. They may relieve menstrual irregularities, as well as pain in the knee and hip joints and stiffness of the ankles and feet. They silence the mind, and reduce anxiety, tension, and mental stress. When performed at the beginning of a practice, they can prepare you to continue with a quiet focus. In the middle of practice, seated postures, especially *virasana*, relieve muscular tension and reduce lactic acid that may have formed from anaerobic metabolism¹ induced by standing poses worked intensively. At the end of practice, the opening of the pelvis and joints of the legs in these poses is greater than earlier in the sequence. Many of these poses can be practiced as forward extensions, when done with a concave back or seated with the back erect, as depicted in Chapter 1.

Urdhva Hasta Dandasana – upward hand staff pose

- a. chair for buttocks, heels to wall, hands to upper wall ropes



Urdhva Hasta Dandasana a. chair

1. Anaerobic metabolism: Energy production is maintained under anaerobic conditions induced by active skeletal muscle. Lactic acid, formed in the muscle, is taken up by the liver to generate more glucose to be taken up by the skeletal muscle. The metabolic burden of sustained activity is shifted from the muscle to the liver. However, this is short-term and the body must be rested. This is why it is so important to do cooling poses at the end of practice. Supported *setubandha sarvangasana* is helpful to rest the liver after taking on the burden of creating energy for the muscle.



Virasana – *hero pose*

- a. 2 bolsters for shins, 1 bolster for buttocks, halasana box to aid getting in and out of pose



Virasana a. bolster support



Visranta Karaka Sthiti – restorative steadiness

As stated earlier, if the period is late, anxiety may create tension that further delays menstruation. Practice supine poses, such as *supta virasana*, *supta baddha konasana*, *matsyasana*, *supta swastikasana*, and *dwi pada viparita dandasana*, supporting the torso with a bolster. These poses are described fully in Chapter 1, beginning on page 36. A sequence focusing on these poses, plus inversions, is depicted later in this chapter.



Surya Namaskarasana – sun salutation poses

Stringing poses together is invigorating and heating, strengthens the cardiovascular system, creates a feeling of lightness, and when done correctly, lubricates the joints. Normal body weight may be maintained as energy is utilized. Women who have healthy bodies may practice surya namaskarasana regularly. However, avoid moving quickly or jumping vigorously before and after the period. The specific time frame will vary individually. For women with healthy, normal cycles, refraining from jumping one to two days before and after the period should be sufficient caution. For those with problematic periods, avoid fast movements three to five days pre- and post-menses. Be alert should fatigue develop doing surya namaskarasana, because the muscles and bones will weaken, causing misalignment and strain on the joints. Regular occurrence of this strain becomes repetitive stress when moving quickly, which may injure joints over the long term. Start the practice gradually; holding the poses longer and transitioning smoothly between each pose to make sure alignment, balance, and lightness are imprinted. Then, a shorter hold in each asana, and faster action or jumping between poses may be initiated. Those who have been sedentary, older women, or those who have problems in the joints may step between poses as outlined below under surya namaskarasana-simple. Additionally, lengthening the time in adho mukha svanasana and/or uttanasana (with feet apart holding the elbows) may help to recover before continuing with the series.

When fatigue is present, it is appropriate to practice recuperative, supported poses. However, students can get caught up in this practice as the only option, which may promote sluggishness. If this is the case, it may be beneficial to practice surya namaskarasana to encourage activity. Begin with supta baddha konasana supported on a bolster, to get the desired rest. Follow with supta padangusthasana to align and balance the hips, lengthen and widen the leg and spinal muscles, and open and broaden the chest. Then do surya namaskarasana according to your capacity. For some, three to six repetitions are enough; for others, 12 or more may be possible. After having completed the chosen number of cycles of surya namaskarasana, repeat the first two poses, reversing their order. Follow with the inverted postures. This sequence will build up energy and endurance.

Surya Namaskarasana – simple:

Start as below from a through g, then step back to adho mukha svanasana. Keep the toes as they are and come forward to urdhva mukha svanasana with the toes remaining turned under. Continue to chaturanga dandasana, and then come back up to urdhva mukha svanasana, again with the toes under. Lift the backs of the thighs to return to adho mukha svanasana. Step forward to uttanasana and repeat u to z below.



stepping back

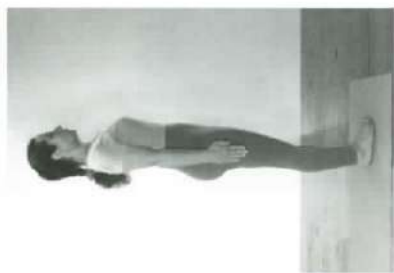


urdhva mukha svanassana - toes turned under

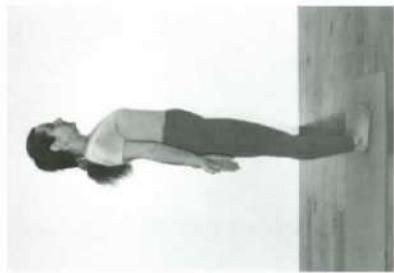
Surya Namaskarasana – challenging:

a. tadasana, b. tadasana with palms turned out, c. tadasana with purvonamaskarasana, d. tadasana with urdhva namaskarasana, e. urdhva hastasana, f. ardha uttanasana, g. uttanasana, h. utkatasana, i. Jumping back, j. chaturanga dandasana, k. urdhva mukha svanasana, l. chaturanga dandasana, m. adho mukha svanasana, n. – r. jumping forward, s. uttanasana, t. utkatasana, u. ardha uttanasana, v. urdhva hastasana, w. tadasana with urdhva namaskarasana, x. tadasana with purvonamaskarasana, y. tadasana, palms turned out, z. tadasana

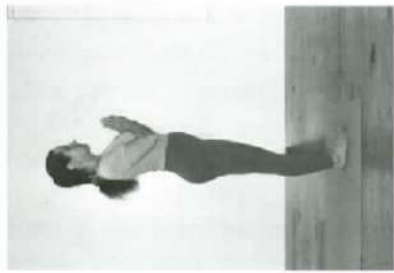




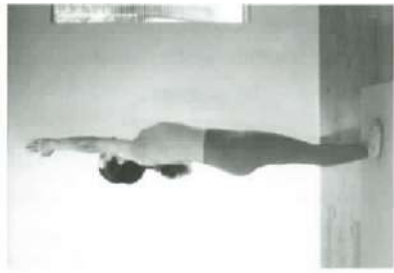
a. tadasana



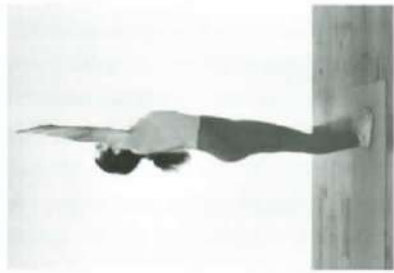
b. tadasana with palms turned out



c. tadasana with purvonomaskarasana



d. tadasana with urdhva namaskarasana



e. urdhva bastasana



f. ardha uttanasana



g. uttanasana



b. utkatasana



i. jumping back



j. chaturanga dandasana



k. urdhva mukha svanasana



l. chaturanga dandasana



m. adho mukha svanasana



n. jumping forward





o. jumping forward



p. jumping forward



q. jumping forward



r. jumping forward



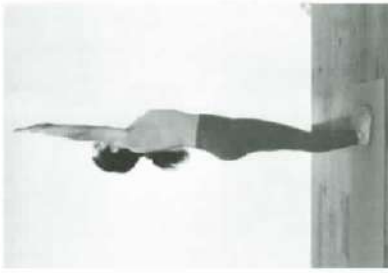
s. uttanasana



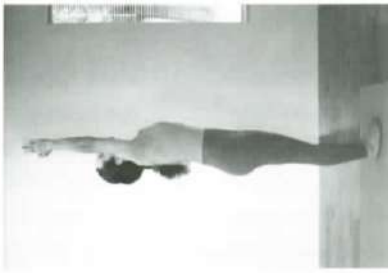
t. utkatasana



u. ardha uttanasana



v. ardha bastasana



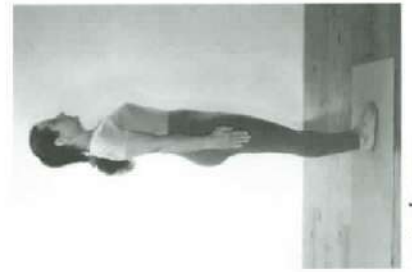
w. tadasana with urdhva namaskarasana



x. tadasana with purvnamaskarasana



y. tadasana, palms turned out



z. tadasana



Udara Akunchana Sthiti - abdominal contracting steadiness

The poses in this category tone the abdominal muscles and strengthen the lumbar spine. Standing poses also strengthen the abdominal muscles, especially the obliques, or muscles of the sides of the abdomen. Avoid abdominal contracting poses during the pre- and post-menstrual phases and when ovulation is painful. Women with prolapsed uterus, uterine fibroids, ovarian cysts, and endometriosis should use caution to practice abdominals, especially prior to the period when experiencing swelling, discomfort, or pain. Avoid these poses completely when the problems persist throughout the cycle. Eliminating these poses until the problems are resolved does not mean that the muscles of the abdomen lose their tone. Unknowingly, the abdomen might be tense all the time, and may be causing or exacerbating the problem. Habitually tensing the neck and head invites hardness to the abdomen. Standing towards the front of the feet brings the thighs forward, hardening them unnaturally, which further contributes to tension of the abdomen. Abdominal contracting poses should be avoided until habitual hardening of the abdomen is addressed. To do this, the practice must focus on aligning, lengthening, broadening, and softening the tensed and hard areas in every asana and bringing this awareness to all daily activities.

In *urdhva prasarita padasana*, upward spread foot pose, the legs are perpendicular from the floor and not brought towards the abdomen (*urdhva prasarita padasana* -view a). The weight of the raised legs should come to the region of the lower back at the sacrum. Extend the lumbar spine so that it is lowered, and not pushed down, towards the floor. The outer sides of the waist descend to the floor when the natural extension of the lumbar is maintained. Notice the diaphragm softens and spreads and the breath is free with these actions. Do not raise the buttocks. The buttock bones should work in three directions: widening apart, descending to the floor, and moving away from the body (*urdhva prasarita padasana* -view b). Open the backs of the inner thighs to the outer thighs. Do not harden the abdomen as this causes the muscles of the abdomen to gather in the center—they should spread. The abdominal muscles should not press upon the abdominal organs. Reaching the arms overhead lengthens the body. Move the trapezius, the muscles of the upper back, to the waist and lift the bottom of the shoulder blades into the back: the chest remains open. Working in this way, the abdomen will be “toned,” and not pushed, to the spine. “Toning” brings firmness, whereas hardening creates rigidity in the abdominal organs, bringing them away from the spine, and often pushing them incorrectly towards the legs. The spine should support the organs, for their optimal functioning. When hardened, the organs act as a support for the spine and become congested, inviting disease.



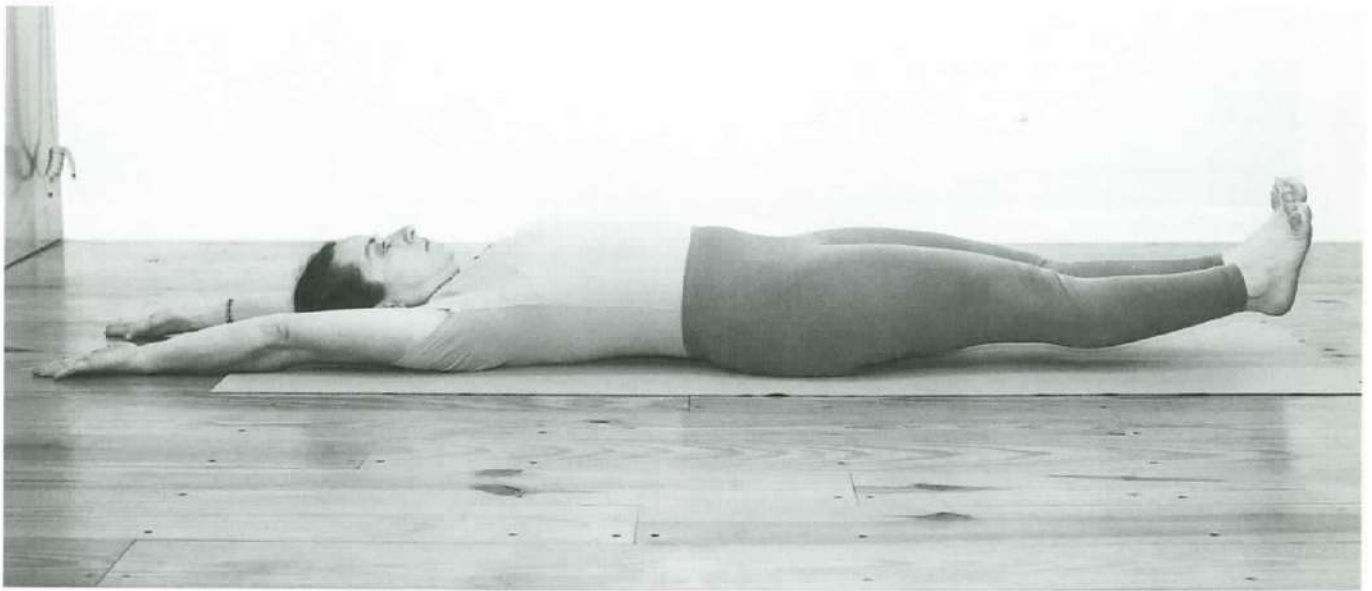
To attempt the classic pose, where the legs are raised up and brought down, first lower the legs to a few inches off the floor. Extend the heels away from you, and extend the buttock bones towards the heels (urdhva prasarita padasana -view c). Observe the abdominal muscles being engaged without pushing the organs towards the legs. Take the legs up and down emphasizing these actions. Do not swing the legs past 90°, towards the abdomen, or the lumbar presses incorrectly and the abdominal organs get pumped. Correct action is challenging and tones the lower abdominal muscles.



Urdhva prasarita padasana view a



Urdhva prasarita padasana view b



Urdhva prasarita padasana view c



In paripurna navasana, full boat pose, support the posture with the heels on the wall and the hands on the floor, fingers pointing toward the wall (paripurna navasana-wall/hand support). Do not lean on the hands: keep them cup-shaped and bend the elbows back. Moving the shoulders down, lift the chest. Draw a line from the anterior sacrum to the posterior sternum, and lift from the sacrum up to the sternum. Create maximum distance between these two points. Extend the heels up the wall. Attempt to take the arms parallel to the floor without sinking the chest or feet (paripurna navasana-wall support with arms in classical position).

This pose may also be practiced independent of the wall, using a belt around the upper back and feet, performing the same actions as described (paripurna navasana-belt/with and without hand support). Here the abdominal organs can remain soft as the abdomen is lengthened upward.

Another variation of paripurna navasana, especially for those with prolapsed uterus, uterine fibroids, ovarian cysts, and/or endometriosis, is to support the back at the wall with the buttocks about a foot away. The hands are supported on blocks and the backs of the legs are supported on the seat of the chair. This variation is depicted in the last sequence of this chapter (page 245) as well as in Chapters 3 (page 174) and 5 (page 319). The sacrum and sternum should lift, while the shoulders and trapezius descend. A rolled blanket or foam roller may be used at the upper back to achieve these actions. The basin of the pelvis should release down. When done correctly, the abdomen should be extremely soft.



Paripurna Navasana – wall/hand support



Paripurna Navasana – wall support with arms in classical position



Paripurna Navasana – belt support



Paripurna Navasana – belt support



Supta pavana muktasana, supine wind release pose, should be done with the facial muscles and neck soft while lifting the shoulders and buttocks from the floor. The arms may be entwined around the shins (supta pavana muktasana-arms entwined) or interlocked behind the head (supta pavana muktasana-hands interlocked). Supta parsva pavana muktasana, side wind release pose, tones the oblique muscles (parsva pavana muktasana – going to the sides). These poses may relieve low backache.



Supta Pavana Muktanasana – arms entwined



Supta Pavana Muktanasana – hands interlocked



Supta Parsva Pavana Muktanasana – going to the sides



A. Practice for Acute Pre-Menstrual Abdominal Pain

Anecdotally, many women report that pre-menstrual and menstrual cramping no longer occurs once they take up daily yoga practice. However, there may be instances when this condition might still occur despite regular practice. Dramatically, I experienced extreme abdominal discomfort while enrolled in a course of study at the institute in Pune, India. However, the pain was unrelated to my period. I had undergone a hysterosalpingogram² and had an allergic reaction to the iodine used in the procedure. My abdominal cavity and organs went into spasm, which caused unbearable pain to the point of emesis. Corrective medication eventually lessened the degree of pain, but I remained bedridden due to extreme discomfort, especially when attempting to walk. Over a day had passed when I agonizingly made my way to Geetaji and explained what had happened; she guided me through the following sequence, immediately after which all pain and symptoms subsided.

Since then, I have successfully applied the logic of this sequence for my students who have had debilitating pre-menstrual abdominal discomfort. Its theoretical basis is to soften and rest the abdominal area while opening the groins and pelvis to optimize circulation to the region. Congestion, pain, and tension of the abdomen are reduced. Then, increasing degrees of pressure, placed directly on the abdomen so that it is “squeezed” (perhaps expelling toxins), compresses the tissue so that unyielding areas are readied to become softer. The abdominal softening poses are repeated to encourage a fresh supply of blood to the released areas. The cycle of poses, depicted below, achieves this.

For women who have extreme pre-menstrual discomfort, seek the advice of a health care practitioner, especially if the practice does not provide relief, as it would indicate a problem that needs medical attention.

4.A1. *Supta Baddha Konasana* – *supine bound angle pose*

Support the thoracic chest on blankets that are stacked step-wise to provide gentle support for the lumbar. Place a blanket under the head. Use two belts, one around each upper thigh and shin. Buckle the belts so that the legs are bound securely, but not strong. Hold the pose for five to ten minutes, according to capacity, while completely resting. Use a head wrap folded over the eyes to quiet the mind.



fig 4.A1

² hysterosalpingogram: an x-ray film of the uterus and the fallopian tubes using gas or a radiopaque substance introduced through the cervix to allow visualization of the cavity of the uterus and the passageway of the tubes. Blockage of a structure is demonstrated on the film when the radiopaque substance cannot pass to the more distal structures and escape from the ends of the tubes into the peritoneal cavity. Serial hysterosalpingograms are useful in the diagnosis of the cause of infertility.



4.A2. Supta Swastikasana – *supine fortunate pose*

Using the same support for the back as above, cross the right leg in first, then the left under the right. Do not have a tight crossing; rather, it is more restful for the groins, thighs, and abdomen to have a loose crossing. Support the outer thighs with blankets so the legs can completely rest. Close the eyes and rest deeply. Change the cross after five to ten minutes, according to capacity.



fig 4.A2

4.A3. Adho Mukha Svanasana – *downward facing dog pose*

Ideally, support the upper thighs with a rope (or belt and doorknob as depicted in Chapter 3, page 13). Have a blanket around the hips and thighs to soften the rope. Support the head on a bolster/blanket, or block. Bring the support up to meet where the head naturally releases down. Do not force the head to come down to the support. Hold for two to five minutes according to capacity.



fig 4.A3



4.A4. Prasarita Padottanasana – *spread foot intense pose*

Support the torso, and, according to ability and level of tolerance, add a rolled blanket to the lower abdomen. The feet should be on the same plane as the hips. Step the feet wider so that the sacrum spreads from the center to the sides. The blanket will go deeper into the abdomen and relieve abdominal cramps. See Chapter 1, page 10, for a full description. Hold for two to five minutes.



fig 4.A4



4.A5. Uttanasana – intense pose, on a stool

Using a tall stool, or similar support, the pose is supported at the abdomen and the torso is in a convex position. Attempt to suspend the abdomen over the support in such a way that it is the apex of the pose. If the diaphragm is pressurized due to the nature of the support and makes the breath shallow, come up and allow the breath to normalize before continuing. In the second attempt, correct the position of the diaphragm by releasing and expanding it to the sides. Do not allow the chest muscles to contract. Several repetitions are possible. Otherwise, hold continuously for two to five minutes.

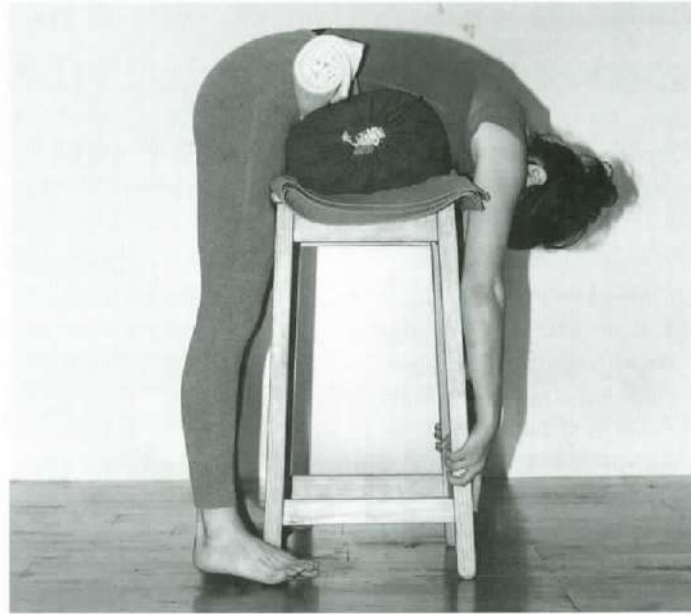


fig 4.A5

4.A6. Uttanasana – intense pose, on a trestle

The above pose may be repeated with increased pressure on the abdomen by complete suspension of the arms and legs if tolerance permits. A trestle, railing, or chair, may be used to support the abdomen. Hold to capacity, with repetitions if the timings are short, for three minutes. After pressurizing the abdomen, open the area in the following variation of *supta baddha konasana*.



fig 4.A6



4.A7. Dwi Pada Viparita Baddha Konasana – two feet reverse bound angle pose

The pelvis is the apex and the abdomen is slightly descending towards the floor in this position. If a viparita dandasana bench is available, support the high end of the bench on two blocks with a sticky mat under the blocks. Place a double-folded sticky mat on top of the bench. Sit on the high part of the bench and take the legs into baddha konasana. Loop a belt around the lower back and attach it to the bench near the feet. Place blankets under each of the outer thighs. Carefully lie back, and/or have a helper support your back and head, as you lower your torso onto the bench. A blanket may be placed behind the head and the hands may rest on the abdomen if the shoulders are stiff. (4.A7a -viparita dandasana bench on blocks, hands on abdomen). The arms may be entwined over the head to lengthen the torso and abdomen (4.A7b -viparita dandasana bench on blocks arms entwined). Stay in this pose for five to ten minutes.

To come out of the pose, have a helper lift the back of the head and upper back to sit up, and then release the legs. When attempted without a helper, slip the feet out of the belt and slide towards the floor with the top of the head reaching first, then coming to the back of the head, the shoulders, and finally the buttocks. After the buttocks are on the floor, turn to the right side to sit.

If a platform is available, the viparita dandasana bench may be placed on top of it with the high end of the bench aligned to the edge of the platform. The legs and thighs are held in place as above. The photo shows how the arms can completely extend overhead. Even better, if an assistant is available, and there are no shoulder conditions, to place a metal rod in the hands. The added weight extends the arms fully and lengthens the torso in a delightful way (4.A7c -viparita dandasana bench on a platform with a metal rod held in the hands).

When a bench is not available, do the pose as shown in Chapter 2, page 79, under heavy bleeding.



fig 4.A7a

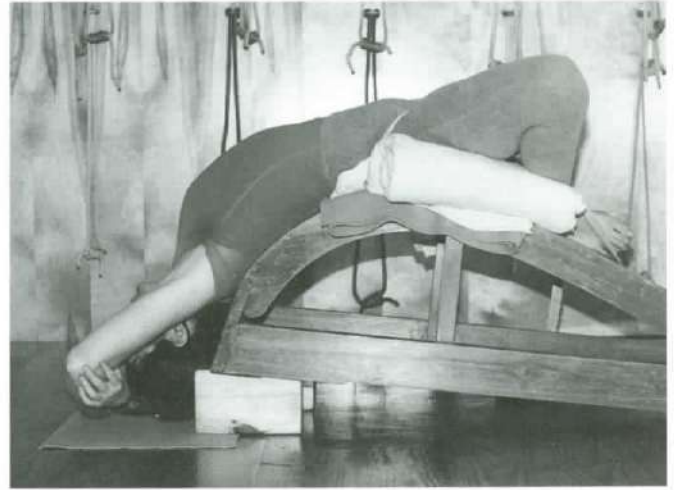


fig 4.A7b



fig 4.A7c



4.A8. Supta Swastikasana – *supine fortunate pose*

Repeat number 4.A2.

4.A9. Supta Baddha Konasana – *supine bound angle pose*

Repeat number 4.A1.

4.A10. Savasana – *corpse pose*

See Chapter 2, page 85, as it is done for heavy bleeding

B. Pre-Menstrual Recuperative Sequence

Anxiety, physical, or emotional tension may inhibit the onset of menses. The deep rest that a recuperative sequence invites will diminish these symptoms and establish a balance and equilibrium to the systems of the body, allowing the period to commence. Many of the poses are described in detail in Chapters 1 and 3. All the poses are to be held from five to ten minutes according to capacity. The supine poses may be practiced with a head wrap folded over the eyes to keep them still and quiet.

4.B1. Salamba Savasana – *supported corpse pose*

Support the torso with a bolster placed vertically for supine relaxation. Align the bottom edge of the bolster with the bottom ribs so that the lumbar spine is not resting on it. This allows the abdomen to release to the spine while the chest is elevated, creating an effect that the chest is “one step up” and the abdomen is “one step down.” The back of the head and neck are supported with a folded blanket. Spread the legs slightly apart until the inner thighs are released. Refer to Chapter 1, page 55, under the pranayama guidelines for further instructions.

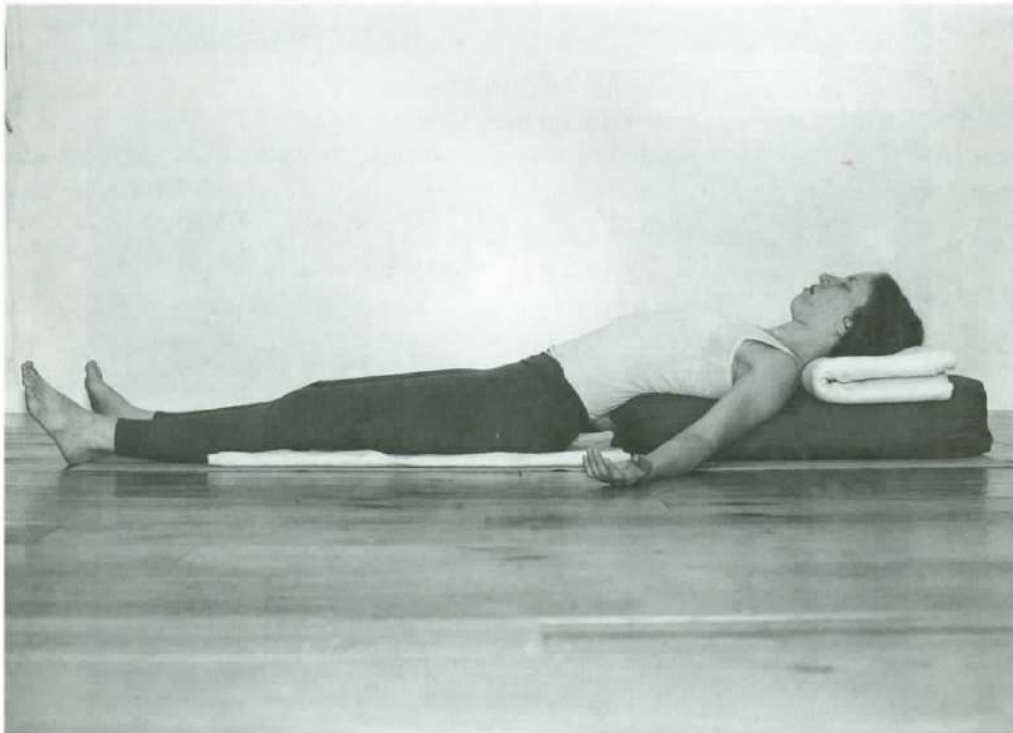


fig 4.B1



4.B2. Setubandha Sarvangasana/Dwi Pada Viparita Dandasana – *bridge all limbs/two-feet reverse staff pose (cross bolsters)*

Place a bolster horizontally across the middle of a sticky mat with a second bolster placed vertically on top. Have a folded blanket to be placed under the head. Sit on the front end of the top bolster, with the knees bent and the feet on the floor. Use the hands behind you to lift the chest and lie back, bringing the back of the head to rest on the blanket. More than one blanket may be necessary, especially if the shoulders and upper chest are stiff. The back of the head should be parallel to the floor, and the chest should be the apex of the pose; don't slip to the head side so much that the chest collapses and the abdomen puffs. If backache is present, elevate the feet onto a bolster or blanket and belt the tops of the thighs.



fig 4.B2

4.B3. Supta Baddha Konasana – *supine bound angle pose*

A variation of this pose is shown with the bolster positioned horizontally across the back. The adrenal glands and kidneys are extended and rested deeply. If backache is present refer to the variation with vertical support in Chapter 1, page 45.



fig 4.B3



4.B4. Supta Virasana – *supine hero pose*

The bolster is placed as in the previous pose. A weight may be placed on the thighs, to soften and release them. Refer to Chapter 1, page 41, for the vertical position of the bolster.



fig 4.B4

4.B5. a. Matsyasana/b. Supta Bhadrasana/c. Supta Swastikasana –

fish/supine auspicious/supine well-being pose

According to the capacity of the legs, do one of these three poses with the bolster in the vertical position. Refer to Chapter 1, page 43, for a full description of all three variations.



fig 4.B5 a.



4.B6. Salamba Sirsasana (rope) – *with support head balance pose*

Refer to Chapter 2, page 95, A.



fig 4.B6

4.B7. Dwi Pada Viparita Dandasana – *two-feet reverse staff pose*

Having three viparita dandasana benches is useful to extend the arms to the sides to widen the chest. If extra benches are not available, bolsters may be used in their place. For details regarding this pose refer to Chapter 1, page 36.



fig 4.B7



4.B8. Ustrasana – camel pose

Use the seat of the chair to support the back as depicted in the photo (4.B8a). Add extra support for the back using blankets to lift the chest and lengthen the spine. An extra chair may be added for those who have a long torso. A halasana box with a bolster may also be used for the back while the front thighs are placed up to the rope wall. The ropes may be held to open the chest (4.B8b). The hands may rest on the abdomen (4.B8c)



fig 4.B8a



fig 4.B8b



fig 4.B8c



4.B9. Kapotasana – pigeon pose

Have a sticky mat on the seat of a chair and a second one over the rungs. Sit backwards in the seat of the chair and place the shins over the back rung and the tops of the feet over the front rung. A bolster may be placed horizontally on the seat of the chair to lift the chest. (4.B9a) One to two bolsters, or a bolster and blanket, in front of the chair to support the top of the head. If the body isn't supple, rest the tops of the feet on the floor (4.B9b). The arms may be folded over the head (4.B9c). Add whatever support is needed so the pose can be held comfortably for five minutes.



fig 4.B9a



fig 4.B9b



fig 4.B9c



4.B10. Salamba Sarvangasana (chair) – with support all limb pose

For added support, the feet may be rested on top of a trestle (4.B10a) or the legs may rest on a bolster placed on the back of the chair (4.B10b).



fig 4.B10a



fig 4.B10b



4.B11. Setubandha Sarvangasana – *bridge all limb pose*

Refer to Chapter 1, page 46.



fig 4.B11

4.B12. Viparita Karani Upavistha Konasana – *going to reverse seated angle pose*

Refer to Chapter 3, page 176.



fig 4.B12

4.B13. Savasana – *corpse pose*

Refer to Chapter 1, page 51, doing the pose with or without a weight across the thighs.



C. Practice for Balancing Hormones

I devised this sequence for a 16-year-old introductory level student who started yoga specifically for her painful periods (not the woman depicted in these photos). Medical diagnostics revealed she had polycystic ovaries, and elevated testosterone and DHEA³ concentrations. She also presented with acne, hirsutism (excessive facial and body hair), and headaches. During her pre-menstrual phase she would be bedridden for days, unable to function, due to severe abdominal cramping; followed by seven days of heavy bleeding. She practiced the following sequence for a few months, after which she had normal periods without cramping. When she had a headache, she followed the sequence in Chapter 2, page 113.

The poses in this sequence are modified for stiffness.

4.C1. *Supta Baddha Konasana* – *supine bound angle pose*

Refer to Chapter 1, page 45.



fig 4.C1

4.C2. *Supta Parsva Padangusthasana* – *side supine foot big toe pose*

The knee is bent when the hips are stiff. A blanket is placed under the buttock of the lateral leg, and weights placed on the hip of the extended leg to further open the pelvis. Refer to Chapter 1, page 12, for complete details.



fig 4.C2

3. DHEA: an abbreviation for dehydroepiandrosterone, a steroid hormone produced mainly in the adrenal glands. An excess amount may produce androgens, male sex hormones that deepen the voice, increase body hair, and cause acne.



4.C3. Utthita Parsva Hasta Padangusthasana – *upright side hand foot big toe pose*

Refer to Chapter 1, page 7.



fig 4.C3

4.C4. Ardha Chandrasana – *half moon pose*

The foot of the raised leg is supported in front of the trestle on a tall stool in the case of inflexibility. Refer to Chapter 1, page 9.



fig 4.C4



4.C5. Uttanasana – *intense pose*

Refer to Chapter 1, pages 5-6.

*fig 4.C5***4.C6. Adho Mukha Svanasana** – *downward facing dog pose*

Refer to Chapter 1, page 3.

*fig 4.C6*

4.C7. Dwi Pada Viparita – *two-feet reverse*

Refer to Chapter 2, page 76, under heavy bleeding.

4.C7a. Upavistha Konasana – *seated angle pose*



fig 4.C7a

4.C7b. Baddha Konasana – *bound angle pose*



fig 4.C7b



4.C8. Setubandha – bridge formation

This pose may be practiced as depicted in Chapter 2, pages 81-84, under heavy bleeding. However, if two narrow setubandha benches are available, they may be positioned horizontally to the body, supporting the buttocks and heels as depicted in the accompanying photos. This horizontal placement provides a stronger support to the kidneys and adrenal glands, and will be more effective in balancing the endocrine system.

4.C8a. Upavistha Konasana – seated angle pose



fig 4.C8a

4.C8b. Baddha Konasana – bound angle pose



fig 4.C8b



4.C9. Parsva Sarvangasana – *side all limbs pose*

Set up the props for setubandha sarvangasana as depicted in Chapter 1, page 46. An assistant is required to move the end of the bench first to the student's right, for one to two minutes, back to center, and then to her left for the same amount of time. This will give full range of movement to the kidneys and adrenal glands as well as arrest the development of ovarian cysts.

If a trestle is available, it is possible to go from side to side by setting up the props, with extra bolsters on each side, underneath the trestle and, holding the bar, move to one side and then the other. Another alternative is to set up in front of the rope wall; using the ropes to move from side to side.



fig 4.C9

4.C10. Savasana – *corpse pose*

Refer to Chapter 1, page 51.



D. Practice for Opening and Softening the Abdomen

This sequence may be practiced not only before the period, but also throughout the cycle, to learn to open the pelvis and make the abdomen soft when problems such as fibroids, ovarian cysts, or endometriosis are present. Many of the poses are described in earlier chapters.

4.D1. Ardha Chandrasana – *half moon pose*

Use the support of a wall, counter top, or trestle (depicted here 4.D1a). An assistant may use a rope around the top of the standing leg buttock to help lengthen the sides of the hips evenly away from the waist (4.D1b). Refer to Chapter 1, page 9, for further details.



fig 4.D1a

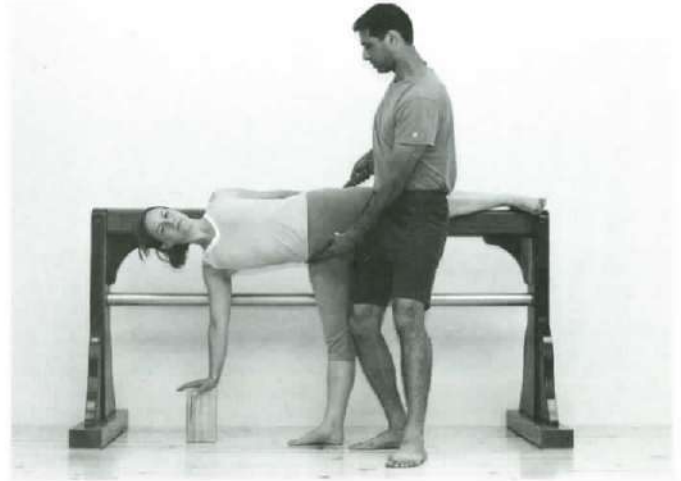


fig 4.D1b

4.D2. Virabhadrasana II – *warrior pose*

Use the support of the wall, trestle (4.D2a), or counter top. The pelvis may be opened more dramatically with the following adjustment. A rope, placed over the head and brought down to the hips, is positioned, at the front, across the pelvis and, from behind, over the top of the buttocks. An assistant holds the rope from underneath the pelvis and places one foot on the forward leg inner thigh and the other foot upon the front thigh on the back leg. The assistant pulls the rope towards him while pressing his feet.



fig 4.D2



fig 4.D2



4.D3. Utthita Parsva Hasta Padnagusthasana – side band foot big toe pose

The pose may be done with the foot supported on the hook of the lower ropes and the hands holding the upper rope behind the head (4.D3a). This creates a greater opening of the torso from the basin of the raised leg pelvis towards the opposite shoulder. Assistants can adjust the standing leg thigh back and the raised leg buttock forward with ropes to further open the pelvis (4.D3b). Refer to Chapter 1, page 7, for details of this pose.



fig 4.D3a

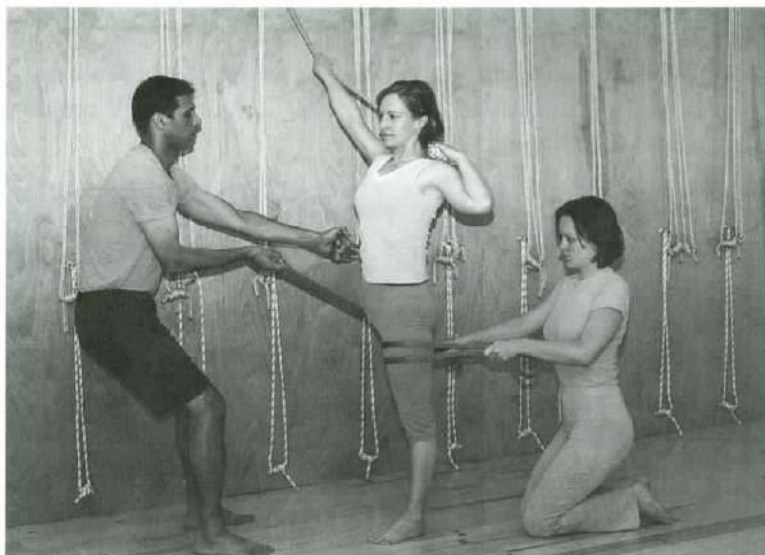


fig 4.D3b

4.D4. Supta Parsva Padangusthasana – side supine foot big toe pose

Similar to the pose as it is practiced in the previous sequence (4.C2), the hip of the extended leg is weighted with sandbags. The hip of the lateral leg is elevated on a plate weight. As this student was more capable in extending her leg, a firmer support was used to intensify the opening of the pelvis. Refer to Chapter 1, page 12, for full details.



fig 4.D4



4.D5. Paripurna Navasana – *full boat pose*

Refer to Chapter 3, page 174.



fig 4.D5

4.D6. Upavistha Konasana – *seated angle pose*

Refer to Chapter 1, page 32. Shown here with the corner of the blanket supporting the buttocks. This variation moves the outer femur heads in and lifts the torso higher



fig 4.D6

4.D7. Baddha Konasana – *bound angle pose*

Refer to Chapter 1, page 34. Shown here with the corner of the blanket supporting the buttocks.



fig 4.D7



4.D8. Adho Mukha Svanasana – *downward facing dog pose*

Refer to Chapter 3, page 124, for the variation with the feet up.

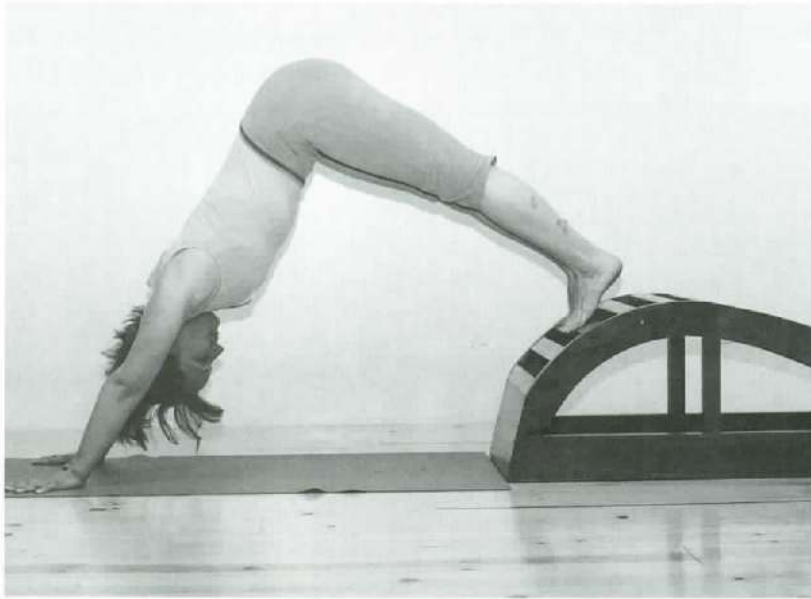


fig 4.D8

4.D9. Uttanasana – *intense pose*

Have a long belt or two short ones buckled together in a big loop. Step the feet hip width on the belt. Bend over to loop the belt around the middle of the sacrum. Place the hands, cup-shaped, on the floor under the shoulders to have a concave position of the back. Use blocks under the hands if the back does not go concave with the hands on the floor. Pressurize the fingertips down to lift through the centers of the palms and up through the arms. Roll the biceps from the inner arms out to widen the clavicles. Extend the sides of the chest forward. Press the outer edges of the feet down while lifting up the inner edges of the feet. Lift the inner ankles to the outer ankles to firm the shinbones. Lift the inner legs up for the outer legs to firm towards the inner legs. Lengthen the skin on the front of the pelvis forward to the waist and the skin on the buttocks back towards the legs. When practiced correctly, the lower abdomen will be pulled towards the spine to create a soothing sensation.



fig 4.D9



4.D10. Urdhva Dhanurasana – upward bow pose

After progress has been made to soften the abdomen, urdhva dhanurasana may be added to the practice. Great care should be taken to refrain from using the abdominal muscles or the lumbar spine to lift the body up into, or to hold, the back bend position. Instead the feet, legs, hands, and arms are engaged to lift into the pose. Once in the pose, they continue to work, along with the side ribs lifting, and maintain their actions to come out of the pose. The abdomen should passively receive the benefits of the anterior extension of the spine and be drawn towards it.

To learn correct action of the legs, while keeping the abdomen quiet, use a viparita karani box, step stool, or six blocks strapped together in a square against a wall (see photos under Purva Pratana Sthiti, page 209). Lie down on the back with the feet on either side of the box/blocks to get the buttocks as close as possible to it. Step the feet up on the support with the front edges of the heels against the edge of the support. Observe how this height of the feet begins to lengthen the buttocks away from the waist. Elevated, the feet and backs of the legs are ready to lift the body into the pose. Before lifting up, roll the backs of the inner heels, calf muscles, and the backs of the thighs from the inside, centerline of the body, to the outside. Move the buttock muscles further away from the waist. Press forward, into the heels, against the edge of the support and lift the toes up to intensify the actions from the backs of the legs. Avoid overdoing from the fronts of the legs; the front thighs should remain elongated, rolling inward.

With the feet elevated, more strength is required for the arms to lift up into the pose. Before coming up, maintaining the actions of the legs, engage the hands, arms, and trapezius. Spread the palms open and press the inner edges of the hands down. Point the outer elbows to the ceiling, and roll the inner upper arms to the outer upper arms. Move the trapezius muscles to the waist. While lifting up, keep the outer elbows pointing forward. Once the arms are straight, lift the sides of the chest without pushing the center of the chest away from the legs. The abdomen, neck, and head should be in a state of savasana, relaxed.

A variation of this pose may also be done on a platform. Start by sitting on the platform and lie back with the knees bent, the upper back to the edge of the platform, and the palms spread on the floor (4.D10a). Come up as described in the previous paragraph (4.D10b), but be aware that with the feet elevated this high, it becomes more difficult. For those unable to lift up, two assistants, each holding a rope to the inner shoulder blade and deltoid, may help. The assistants should be sensitive to the body's capacity to lift, and how much help is needed—they should not pull so strongly that the hands come up off the floor. The legs of the assistants can press the elbows straight. If a third assistant is available, he/she can hold a rope or slanting plank across the middle of the buttocks to lift it up and pull it towards the leg side, in synch with the shoulders being lifted up to the head side (4.D10c, d).

Start with three repetitions, holding for 20 to 30 seconds; gradually build up to six repetitions when the arms and legs learn to work and the abdomen stays soft. The torso will be long instead of compressed at the lumbar. This is a key pose for those with endometriosis; its correct practice will prevent adhesions of endometriosis from developing in the abdominal cavity, and also may shrink ovarian cysts.





fig 4.D10a



ref 4.D10b



fig 4.D10c



fig 4.D10d



4.11. Dwi Pada Viparita Dandasana – two-feet reverse staff pose

Using the same support as in the previous pose, come to *urdhva dhanurasana* with the feet elevated. Keep the back legs lifting while lowering to the top of the head and interlocking the fingers behind the head. Do the intermediate stage of the pose, with bent knees, maintaining the leg actions as in *urdhva dhanurasana*. The pose may be done with the feet up on blocks, a *viparita karani* box (page 210), or again, using the platform (4.D11a). Additionally, a *viparita dandasana* bench may be used for the feet (4.D11b, c). Another option, which helps to stabilize the pose, is to support the elbows as well as the feet. Figure 4.D11d shows a *viparita karani* box used for the feet and a *setubandha* bench on its side for holding the elbows. Assistants may use the same techniques as in *urdhva dhanurasana* to support the shoulders with ropes and the buttocks with a slanting plank. Additionally, the assistants can hold the student's elbows in with their feet (4.D11e). If the elbows are floating off the ground and pointing out, each assistant may place a foot on the outer elbow to support it in and keep it on the ground. Assistants may use ropes as in *urdhva dhanurasana*.

Press the heels while lifting the toes to work from the backs of the legs. Press the little fingers to lift the upper arms, armpits, and back chest. Lift higher and higher, without engaging the abdominal muscles, and attempt to straighten the knees to capacity. Start with three repetitions, gradually building to six, holding to capacity.



fig 4.11a

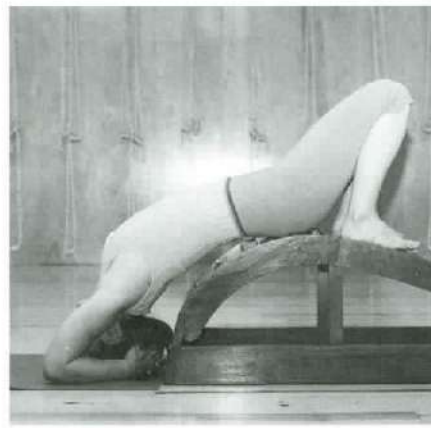


fig .11b



fig 4.11c



fig 4.11d



fig 4.11e



4.D12. Salamba Sirsasana (rope) – *head balance pose*

Refer to Chapter 2, page 97, B.



fig 4.D12

4.D13. Niralamba Sarvangasana – *unsupported all limb pose*

Refer to Chapter 3, page 162.



fig 4.D13



4.D14. Ardha Halasana – *half plough pose*

After coming down from niralamba sarvangasana, place a sticky mat folded in half up to the wall. Ideally, if available, place the sticky mat between a set of wall ropes. Lay a block, flat, horizontal against the wall and the end of the bolster up to it, vertical from the wall. Put a second bolster on top of the first with the end touching the wall. Have a chair approximately two feet away from the bolsters. If the hips and backs of the legs are stiff, a bolster may be placed on top of the chair for added height to support the feet. Lie down on the bolsters with the buttocks to the wall, the hands catching the lower ropes, and the head resting on the lower bolster (4.D14a). Holding the ropes, swing the feet to the seat of the chair, with the legs hip width, the toes turned under, and align the hips over the shoulders (4.D14b). The ropes can be used to climb higher onto the tops of the shoulders and lift the sides of the chest (4.D14c). Otherwise, walk the hands down the back to lift the chest, and then relax the arms to the sides with the elbows bent. Lift the kneecaps and fronts of the thighs to the backs of the legs. Move the buttock bones toward the wall, but roll the buttock flesh toward the feet. When done correctly, the lower abdomen will be pulled back toward the spine.



fig 4.D14a



fig 4.D14b



fig 4.D14c



4.D15. Setubandha Sarvangasana/Viparita Karani – *bridge all limb/going to reverse pose*

This combination of two poses is done on a wide setubandha bench with a halasana box to support the bent legs. The legs are strapped to the box with a belt. The shoulders should not be too far down on the support of the bolster. This positioning allows the abdomen to deeply rest.



fig 4.D15

4.D16. Savasana – *corpse pose*

Refer to Chapter 1, page 51.



Chapter 5

**A Case Study:
Addressing Multiple Problems**

A Case Study: Addressing Multiple Problems

According to Yoga Sutra 1.30 of Patanjali, there are nine obstacles to physical, mental, intellectual, and spiritual health: disease, sluggishness, doubt, inattention, bodily/mental heaviness, hedonism, false views, missing the point, and backsliding. The sutra further relates that the mind oscillates unfavorably under these conditions, leading to mental unsteadiness. Most students enroll in a yoga class because they want to improve some health problem. Despite a paucity of peer-reviewed scientific inquiry into the effects of yoga, anecdotal evidence or, more simply put, “word of mouth,” is quite powerful. Oftentimes, a friend recommends trying yoga because it helped him/her with some ache or pain, suggesting that it might also help you.

The presentation in this chapter is an introduction to understanding modifications of classical asanas to enable a student to practice intelligently when faced with many health issues. In the previous chapters, sequences and adaptations of asanas were presented to achieve correct action(s) throughout the phases of the menstrual cycle. Some sequences were outlined for conditions such as headache and excessive bleeding during menses. However, women may have simultaneous difficulties. To devise practices during different phases of the cycle can be quite complex, especially when one set of symptoms may cancel the ability to practice certain poses for another set of symptoms.

First, the teacher and student must come to thoroughly understand the presentations in the previous chapters by their faithful adherence to them throughout the monthly cycle. The insight gained from following the practices may lead to the ability to develop other sequences when more than one condition is present. How to devise an appropriate program that will make the monthly cycle less troublesome, and hopefully normalize it, should be the aim of the teacher for his/her student. At the very least, practices may be devised so that the student may continue to practice and ease the discomforts, even if her problems are not resolved.

The six primary practices of a woman who had multiple problems involving her monthly cycle are presented here. She also suffered from low back, neck, and shoulder pain. This program is presented to demonstrate how the postures and sequences in the previous chapters may be utilized when conditions co-exist. Additionally, this imparts the methodology of Iyengar Yoga, which may be used by teacher and student, working together, to develop and evolve effective asana practices when several circumstances are present. The six sequences that follow are: Recuperation and Elongation; Alignment and Scar Tissue; Pre-menstrual; Menstrual; Post-menstrual; and Low Back, Neck, and Shoulders.

One program is not automatically suitable for everyone. The teacher must observe the unique circumstances and capacities of individual students. Age; body type (endo-, ecto-, or mesomorph); sedentary or active lifestyle; suppleness; strength; health of the joints; spine, and other systems of the body; posture; alignment; skin tone/pallor; the nature of the eyes; willingness to learn; recent or past surgeries, injuries, or illnesses: all presenting conditions and possible factors help to identify what yoga practices might be appropriate. A student’s experience in classical Iyengar Yoga is another factor to consider. For example, a first-time student, coming for a program to alleviate a condition, should do recuperative poses for some time, not only to rest, but also to build confidence in the yoga itself; while a seasoned practitioner may be able to immediately and intensively address the root cause of the problem, if fatigue is not present.

Once a sequence has been constructed, the teacher must observe the student to determine whether or not the specific poses, and the sequence in general, are having a positive effect. A teacher’s observation skills take time to develop, through the accumulated experience of looking and seeing students’ responses to their poses. Experimentation, trial and error, may be necessary, with assurance from the teacher asking the student whether or not the pose feels good to him/her. Aside from verbal feedback, the teacher should observe the overall appearance of the pose: how the student’s body and mind are responding; the appearance of the facial muscles: tensed or relaxed; the condition of the skin: glowing, patchy, ruddy, or pale; the state of the eyes: calm, watery, glassy, or red; the wholeness of the pose, what is missing, such as a depression of the shape where there should be an expansion; what could be opened further; if the student has a positive nature and the confidence to go deeper in the pose. All these things have to be observed in order to know if the pose and the sequence itself are beneficial. The teacher also should be knowledgeable about what poses may be interchanged within a sequence, or drawn from other sequences, when needed. The teacher must determine when the student is ready for, and open to, more challenging postures that directly address the cause of the condition.



The classical asanas are modified with the use of props. The props support the body to maximize alignment and balance, and to create space and openness in the body, enabling the student to comfortably sustain a length of time in the pose. Beneficial effects are optimized, such as increasing circulation to congested areas. The reader will note that, as in previous chapters, in addition to a basic set-up of props, many of the poses have additional supports. A variation on the basic prop set-up to open an area of tightness or align the body further is not initially introduced, as it may be too strong or overwhelming for the student.

At age 33, Eva-Lynn began attending a weekly introductory asana class. After three months, she joined the continuing-level class for approximately six months. She then began the asana therapy class to learn how best to practice with her problematic cycle, as it was not getting resolved in the general classes. Her menses started with a light, scanty discharge for approximately three days, followed by a relatively normal flow for five days. Then, the light discharge would return for another three to five days. In total, her flow lasted more than ten days. Her periods were without cramps, but were often accompanied by headache. Additionally, the time between her menses was short. The light discharge would begin again in two to three weeks. This pattern had occurred regularly since an ectopic pregnancy that resulted in the rupture of the fallopian tube five years earlier. Eva-Lynn had also had pain in the region of her lower abdomen that may have been due to scar tissue from the surgical procedure for the ectopic pregnancy. She had frequent vaginal yeast infections and allergies as well.

Eva-Lynn is of cheerful disposition with normal body weight. She is tight in the hips, hamstrings, and especially in the quadriceps and shoulders. She has two children, and leads a physically active life that includes bicycling and walking, but she does spend long periods of time sitting in front of a computer as part of her work as a literature professor. She travels regularly for academic conferences. The travel, and subsequent missed practice, exacerbate her abnormal cycle, also resulting in low back, neck, and shoulder pain.

The extent of these pains became more evident after Eva-Lynn joined the therapy class. We initiated resting poses, which included backward extensions, to address the scar tissue and break up the adhesions. The back extensions exacerbated her low back pain. Another sequence was formulated after about two months into her program to alleviate her discomfort and make it possible for her to do the back extensions at a later time. She had gradual success with this, especially when she attended class and practiced regularly. At times when the low back or shoulder pains were alleviated, she worked on the poses that addressed the problems with her cycle. As she progressed in her practice, the time between the cycles lengthened beyond twenty-six days, and the flow would begin in full and last for five days, generally without a headache. However, the cycles would revert to their old pattern when she was traveling and unable to maintain a practice. Despite the periodic regressions, slowly but surely, the pain from the scar tissue lessened significantly until it was no longer an issue and her periods normalized, even after travel. After six months in the therapy class, she had a cycle of thirty-one days, with a normal menstrual flow of only five days.

Eva-Lynn had taken the introductory and continuing-level classes and was practicing regularly, approximately one hour daily. This experience was considered in developing the sequences for Eva-Lynn to learn in the therapy class, described and depicted below. Essentially, six sequences were created. After evaluating what she was experiencing at the moment, and what had occurred between class and practice times, one of the sequences would be chosen during class or practice time. The sequences are listed alphabetically, for convenience. One of the sequences specifically addressed her low back, neck, and shoulder issues after we realized that the back extensions in Sequence A were irritating. The back extensions were initiated to rest the body and mind, open the chest, release the abdomen, rest and gently lengthen the area of the kidneys and adrenal glands for optimal hormone function, as well as to begin breaking up the adhesions of the scar tissue. Many times, back extensions, no matter how minimal the curve, reveal low back and shoulder problems considered insignificant by the student and hence not disclosed to the teacher. Once these structural problems became evident in Eva-Lynn, addressing her menstrual problems had to wait until the back and shoulder pains were resolved. Also, her headaches would sometimes occur from neck and shoulder tension, not just hormonally with the onset of the period. To address her headaches, Eva-Lynn would follow the sequence depicted in Chapter 2, page 113.



With time, the structural problems lessened to the point where she could address her organic concerns. Yet, these problems weren't fully eliminated for nearly a year, especially with her travel and work. Occasionally, some of the poses she used to heal her back and shoulder pains were selected and practiced within the other sequences when back or shoulder aches were present, but not overwhelming. The poses within a sequence were not always strictly followed: permutations and combinations were made based on observing Eva-Lynn's physical and mental states, how she was responding to each pose specifically, and the sequence in general.

A. Recuperation and Elongation Sequence

This sequence was created for Eva-Lynn to initiate resting the body, mind, and abdominal region in general and specifically to gently lengthen and massage the adrenal glands and kidneys. As she had some positive experience with yoga and a willingness to do it, a deeper back extension, *dwi pada viparita dandasana*, was included to break up scar tissue. Inversions were incorporated to bring homeostasis to the body, especially the endocrine system to balance hormone production, and to further align and balance the reproductive organs. This sequence was done when the period was not present.



fig 5.A1a



A1. Supta Baddha Konasana – *supine bound angle pose (T-shape)*

This pose, identified as “T-shape” *supta baddha konasana*, is done with one bolster vertical for the spine and the other horizontal for the feet, making a T-shape of the bolsters.

The legs are belted individually to achieve a stronger action of opening the pelvis. The tails of the belts are oriented towards the torso side of the body to draw the shins closer to the thighs with the buckles between the shins and thighs. This positioning of the belts holds the legs evenly and the buckle does not catch on the cloth or skin. The outer thighs are supported with blankets even if the hips and legs open well. As a general rule, nothing should “hang” free or unsupported. A rolled sticky piece may be placed under the sacrum/coccyx to intensify the effect of aligning the tailbone parallel to the pubis in order to align and rest the uterus (5.A1a). The head is slightly back to lengthen the thyroid glands and create a positive nature of the mind. A rolled blanket may be placed to support and elongate the neck if it is thick or hard (5.A1b). To correctly position the blanket behind the neck, observe that the front of the neck, the region of the thyroid glands, is not puffing up and that the neck has a round, even, tubular shape. The head back also increases the gravitational effect that lengthens the abdominal cavity and organs to generate a soothing and releasing sensation. This pose is also good for yeast infections.



fig 5.A1b



A2. Setubandha Sarvangasana/Dwi Pada Viparita Dandasana – *bridge all limbs pose/two-feet reverse staff pose* (*cross-bolsters*)

Please refer to a complete description of this pose in Chapter 2, page 61, under the sequence for a heavy menstrual flow. Eva-Lynn did both leg variations, upavistha konasana and baddha konasana. A rolled sticky piece may be placed under the sacrum/coccyx, as in the previous pose. Sandbags or weights may be placed on the ends of the bench to support the inner edges of the heels. A long belt is used to hold the feet upright, the distance of upavistha konasana. Adjust the opening of the belt before going into the pose and have it ready on the bench to insert the feet after lying back on the bolsters. A block is placed on the center of the bench for the baddha konasana leg position following this variation. Sit on the rolled sticky piece with the feet on the floor and the hands on the bolster to lift the chest (5.A2a).



fig 5.A2a



fig 5.A2b



Lie back with the chest lifted. Place the feet into the strap wide apart on the bench with the inner heels held in place by the weights (5.A2b). Eva-Lynn's ribcage was tight, with a shallow depression below the collarbones. As she began to develop some elasticity of the intercostal muscles, a slanting plank was added under this depression of the chest to open it more and further recede the abdomen (5.A2c). In baddha konasana, the pelvis was opened more with weights to the inner thighs (5.A2d). Never place weight on the inner thighs without supporting the outer thighs.

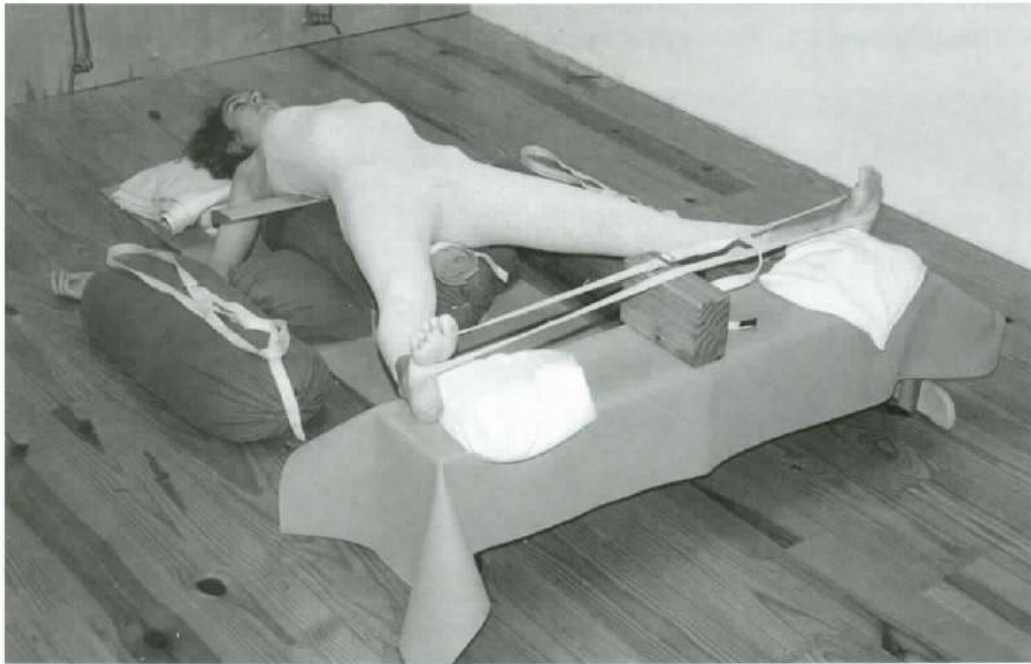


fig 5.A2c



fig 5.A2d



A3. Dwi Pada Viparita Dandasana – two-feet reverse staff pose

This pose is initially done with a chair or viparita dandasana bench, where the feet are lower than the pelvis (shown in Chapter 1, page 36), to begin to open the chest. When the student is ready, the pose is modified to reach, on a deeper level, the kidneys and adrenal glands in order to balance hormone production. In the variation depicted here, the feet are elevated to the level of the pelvis and the head is brought closer to the floor. The area of the kidneys and adrenals is lengthened and narrowed to tone the organs, make them vibrant with circulation, and optimize their functions. The greater inversion of the upper body also balances the pineal and hypothalamus glands. The use of a platform is depicted here. If a platform is not available, two chairs may be used, as shown in Chapter 2, page 90, under the section for the menstrual flow exceeding ten days. However, the platform allows the added benefit of pressurizing the hands on its edge to open the chest and sternum and lengthen the torso, which deepens the traction to, and length of, the abdominal cavity. The total support of the legs by the platform allows for the addition of weights to be placed on the front thighs. Belts are tightened around the upper thighs and ankles before placing the weights. This aligns and firms



fig 5.A3a



fig 5.A3b



the legs and allows the spine and abdomen to fully lengthen, which intensifies the decongestive effects to the organs and breaks up scar tissue (5.A3a). An assistant, using a rope around the upper back, can open the chest further (5.A3b). The student may also learn to work the legs without the weight and go lower to the floor with the head to increase the actions and effects (5.A3c). If the chest is compromised, getting closed when going lower to the head, again an assistant may place a rope around the upper back to help keep the chest open (5.A3d).

This was an important pose for Eva-Lynn to practice in order to break up abdominal adhesions and correct hormonal imbalances. Originally, however, her capacity was limited to rounding the upper back off the edge of the platform, with the head supported higher up from the floor. When she could be more challenged, the waist, around the kidneys and adrenal glands, was brought to the edge. At first, Eva-Lynn would feel her skin stretching at the front of her body, which is normal until the skin becomes more elastic. After some practice sessions, she would no longer feel the skin in that way but would be aware of the adhesions pulling in her abdomen. This began breaking up those adhesions. This pose also checks that the uterus is in its correct position and is especially good for raising a prolapsed uterus.



fig 5.A3c



fig 5.A3d



A4. Salamba Sirsasana (rope) – supported head balance pose

The intensity of the work in the previous pose is relieved with sirsasana, performed with the support of wall ropes, as described at length in Chapter 2, page 97. When the hips are tight, the rope may cut into the inner thighs unbearably. In that case, a blanket is placed between the thighs and the rope to ease the discomfort and allow relaxation in the pose (5.A4a). A block is placed at the tailbone, aligning it to the pubis and increasing the length of the abdominal cavity and organs, to break up adhesions (5.A4b). The endocrine and lymphatic systems are balanced and strengthened.

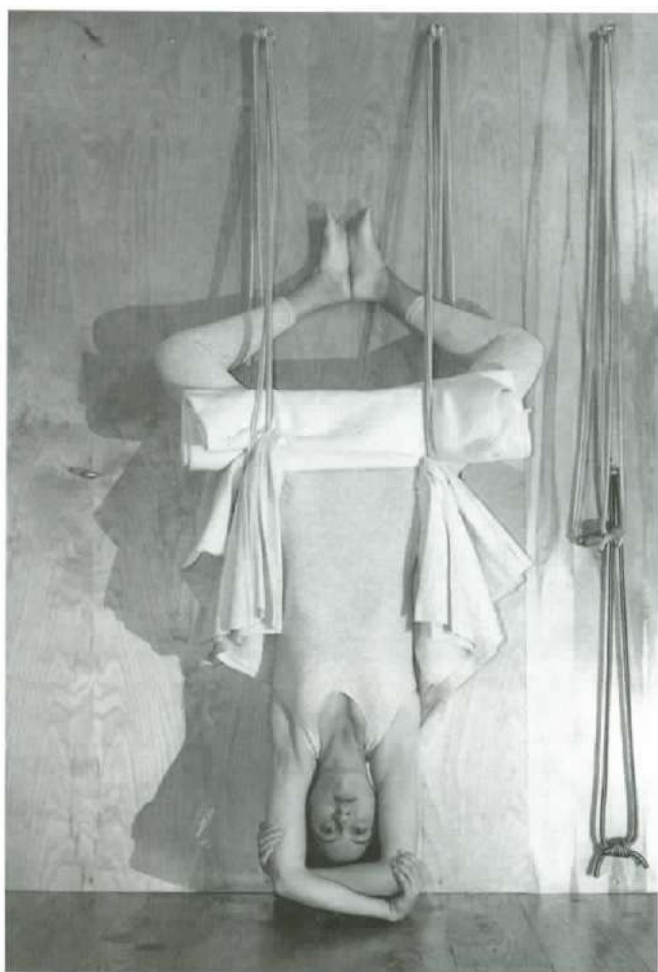


fig 5.A4a

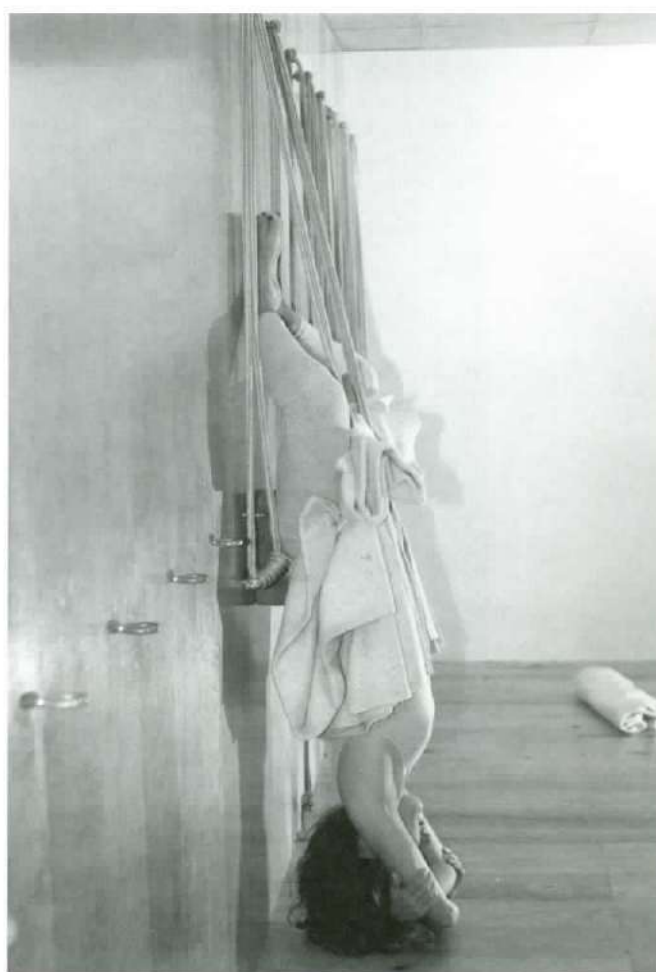


fig 5.A4b



A5. Salamba Sirsasana I – supported head balance pose

A three-folded blanket is placed inside the cup of the hands. A block is placed horizontally, with its narrow width between the upper thighs. A strap is buckled around the thighs, below the block, to hold the block in place. The interlocked hands are placed to the wall (5.A5a). In the case of a student with ample buttocks, the hands should be slightly away from the wall (5.A5b). The head is placed on the edge, the precipice, of the three-folded blanket (5.A5b). An assistant may lift one of the student's legs to bring the feet to the wall, as it is difficult to come up using these props. An assistant may also guide the alignment of the student's elbows, head, torso, hips, and legs so they are straight and not tilting. Stepping back from the student helps the assistant to see the alignment clearly (5.A5c). Using the block aligns the structure and organs, and creates a softening of the abdomen. To do this correctly, the grip on the block comes from the outer femur heads, not the inner thighs. Instead, the inner thighs move back. Roll the front of the thigh muscles on the bones from the outer to the inner thighs. Spread the buttock bones, the backs of the thighs, from inside out. The back inner groins press the block into the tailbone, and the top of the buttocks and waistline lift to the ceiling.



fig 5.A5a



fig 5.A5b

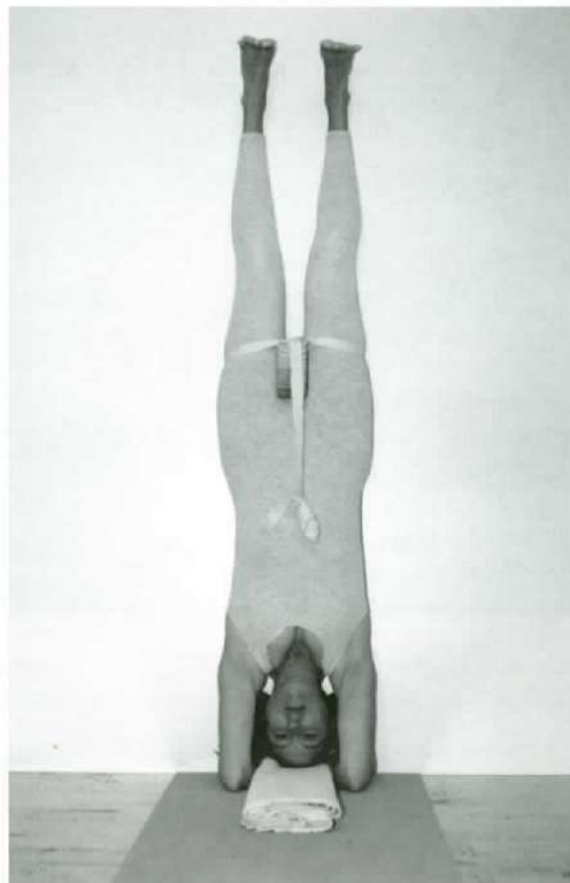


fig 5.A5c



A6. Salamba Adho Mukha Vajrasana – *supported downward facing lightning bolt pose*

This pose, described in Chapter 3, page 136, allows the body and mind to fully rest. The anterior spine becomes longer than the posterior spine for the abdominal organs to get toned to the back body (5.A6).



fig 5.A6



A7. Prasarita Padottanasana – *spread foot intense pose*

The front of the torso and the backs of the legs are supported parallel to, respectively, the floor and wall. The legs actively work toward the wall to create a resistance to lengthen the spine away from the wall. By this action, the organs are toned up toward the spine. A rolled blanket under the abdomen to spread the sacrum reduces backache. The pressure on the abdomen is quite pleasant, while sluggish circulation and toxins are drawn out of the abdominal and reproductive organs. A restful mind ensues (5.A7). Headaches may be reduced or completely eradicated by this pose.



fig 5.A7



A8. Ardha Halasana – *half plough pose*

Refer to Chapter 3, page 150, for a description of supporting the shoulders higher. Additional height allows the shoulders to widen and the chest to get a good lift and expansion. To open the groins and lengthen the inner walls of the vagina, a great effort has to occur in the legs. To facilitate this, actively press the feet into the sides of the chair and extend the backs of the calves to the heels. Lift the front of the thighs to the bones, and firm the kneecaps. However, work more from the backs than the fronts of the legs so that the abdomen doesn't become hard. Turn the back thighs from the inner thigh to the outer thigh. Lift the inner and outer thighs up to the ceiling. Dual action of the chest opening and legwork creates space in the pelvis, softens the abdomen, and tones and aligns the organs. Inversions balance and strengthen the endocrine and lymphatic systems. Despite the effort of the legs and chest lifting, the neck must remain soft for the thyroid glands to bathe in a fresh supply of blood (5.A8).



fig 5.A8



A9. Adho Mukha Virasana – *downward facing hero pose*

The work of halasana is relieved in this pose (5.A9).



fig. 5.A9



A10. Niralamba Sarvangasana – *unsupported all limbs pose*

Refer to Chapter 3, page 162, for a full description of this inverted posture. Balance is brought to the endocrine and lymphatic systems. The reproductive organs are toned and aligned to the back body (5.A10).



fig 5.A10



A11. Viparita Karani Sarvangasana – *going to reverse all limbs pose*

The opening of the chest and the abdomen resting to the back body deeply quiet the mind. Circulation is maximized in the legs and feet due to the return of the venous blood to the heart (5.A11).



fig 5.A11



A12. Urdhva Hasta Dandasana – *upward hand staff pose*

See Chapter 3, page 172, for a full description. Using the leverage of the supports, maximally lift from the base of the sacrum up to the sternum and extend the backs of the legs while bending from the tops of the thighs. The limbs are fully extended and the abdominal organs are toned. The imprint from the work of this pose prepares the body for the next one (5.A12).



fig 5.A12



A13. Paripurna Navasana – *full boat pose (v-shape)*

The shape of the pose is similar to the letter “v” and is known as “v-shape.” See Chapter 3, page 174, for a full description. The sacrum, sternum, and chest must fully lift for the uterus and ovaries to go into their toned, aligned, and balanced positions (5.A13). Acid reflux may be reduced with practice of this pose.



fig 5.A13

A14. Savasana – *corpse pose*

Refer to Chapter 1, page 51.



B. Alignment and Scar Tissue Sequence

This sequence was practiced by Eva-Lynn to align and balance the body for correcting posture and to progressively reach the scar tissue. It was practiced only when she was neither menstruating, nor pre- or post-menstrual. At first, this sequence could not be practiced very often as there was such a small window of time due to her short cycles and because of her low back pain. As Eva-Lynn improved, she was able to work on this sequence more regularly.

B1. Setubandha Sarvangasana/Dwi Pada Viparita Dandasana – *bridge all limb two-feet reverse staff pose (cross-bolsters)*

See Sequence A, number 2, page 258, and the accompanying photo.

B2. Supta Virasana – *supine hero pose (T-shape)*

Initially this pose was very difficult for Eva-Lynn due to her stiffness. With time, she came to enjoy the pose and was eager to do it. Similar to *supta baddha konasana* in Sequence A, the bolsters are placed in a T-shape. The knees are supported on the horizontal bolster, and the buttocks and torso on the vertical one. The thighs and shins are belted together, and when she was in a position to tolerate it, a rolled sticky mat piece was placed under the sacrum/coccyx and a weight was placed on the thighs (5.B2a). To come out of the pose, use the hands to sit up and release the legs, one by one, and stretch them straight in *dandasana* (5.B2b, c, d). A great length is created in the front of the thighs to help release the legs, allowing the abdomen to lengthen and soften. The abdominal organs also get extended, and scar tissue may break apart. The pubis and tailbone are brought parallel to each other, and this alignment corrects any imbalance in the position of the reproductive organs.



fig 5.B2a





fig 5.B2b



fig 5.B2c



fig 5.B2d



B3. Supta Parsva Padangusthasana – *side supine foot big toe pose*

If possible, this pose is done in the corner of a room in order to support both feet. The leg extended on the floor is supported with the foot into the wall and a weight on the pelvis and thigh. A block may be placed under the heel of this foot to bring the front of the thigh more easily to the bone (not depicted). The leg raised to the side is supported with the foot on the wall and a step stool or stacked blocks underneath the foot to keep it from slipping down the wall. A belt, on the foot and brought behind the neck, with the hands holding it, helps extend the leg fully. A blanket may be placed under the head in the case of shoulder stiffness or tension. Circulation is increased into the region of the hips by the length in the inner groins and the broadening of the basin of the pelvis. See Chapter 1, page 12, for a complete description (5.B3).



fig 5.B3



B4. Adho Mukha Svanasana – downward facing dog pose

a. Supported from the upper ropes with belts from the thighs to the ropes. See Chapter 2, page 93, for a complete description (5.B4a). The quadriceps are strengthened. The muscles of the backs of the legs are lengthened as well as broadened. Supporting the hips aligns the pelvis and sacrum. Elongation of the whole spine gives an exhilarating feeling. The chest is opened, and the abdominal organs move towards the spine and are toned. The bladder and uterus are toned and aligned. The head is relaxed, and the brain is made quiet.

b. When the upper rope support is not available, lower ropes may be used to produce the similar actions (5.B4b).



fig 5.B4a



fig 5.B4b



B5. Salamba Sirsasana I – supported head balance pose

As done in Sequence A, number 5, this pose is strategically placed in the sequence after the whole of the body has been aligned, lengthened, broadened, and strengthened, while the abdomen is softened and toned. These elements are to be maintained in the inversion as the tailbone is worked inward to the pubis to align and soften the reproductive organs. See page 263 for a full description.

B6. Supta Baddha Konasana – supine bound angle pose (inclined)

This is a miraculous pose with a very specific prop set-up! A short halasana box, or low stool, supports the legs of one end of a tall, wide, setubandha bench. A double-folded sticky mat is placed on top of the bench with a bolster on top of the sticky mat to support the torso. A blanket on the bolster supports the head. To get into the pose, a rope is placed around the hips with an s-hook looped through both ends of a longer/upper rope. Straddle the bench holding the upper wall rope (5.B6a). Sit on the bench with the soles of the feet joined in baddha konasana and the toes curled onto the wall to open the pelvis (5.B6b). Slip the s-hook into the wall rope hook (5.B6c) and adjust the rope low to the tailbone (5.B6d). Still holding the upper rope, lie back onto the bolster/blanket support. If necessary the outer thighs can be supported with foam squares or blankets (5.B6e). The arms may be entwined over the head. This pose is very beneficial for breaking up scar tissue and correcting cysts on the ovaries, and may be practiced after the backbends, before number 18, instead of after sirasana, to rest.



fig 5.B6a



fig 5.B6b





fig 5.B6c



fig 5.B6d



fig 5.B6e



B7. Utthita Trikonasana – upright triangle pose

The standing poses may be practiced in a variety of ways, depending on the needs of the student at each class session. Initially, Eva-Lynn practiced utthita trikonasana by facing into the trestle, completely flush to it, to learn to soften her abdomen. Working this way at the trestle gives feedback as to whether or not the abdomen is soft while the legs are active. Also, this variation helps the student understand how to work in the plane of the pose by being flush with the trestle; the abdomen is not allowed to puff forward (5.B7a). Later, when Eva-Lynn learned to keep the abdomen soft and the body aligned, the forward foot was elevated on the height of a viparita karani box to adjust the outer femur head in, without allowing the thigh of the back leg to come forward, to rotate the hips from the front leg to the back leg. The forward foot may turn out further than 90° to facilitate this action (5.B7b). This variation also benefits the knees when the forward foot is elevated; the knee is not able to sink down to the floor. Exactly the opposite occurs. A lower height may also be used, but the effect is lessened. However, the experience from the leg supported higher can be actively applied with a lower support (5.B7c).



fig 5.B7a



fig 5.B7b



The pose was also done angularly to the trestle to lengthen the sacrum and adjust the tailbone in to the pubis. The back foot is placed away from the trestle, while the forward foot is toward the trestle to create the angle. The back leg front thigh should move very strongly away from the support, while lifting the inner femur head to the height of the outer. The outer femur head should resist the action of the inner by moving inward to the inner thigh. At the same time, the forward leg inner thigh moves towards the support. The top hand is on the beam of the trestle, and the bottom elbow is on the bar with the hand on the beam: the leverage of the arms and hands helps to rotate the chest and pelvis. The outer thigh of the forward leg has to lift to the opposite hip, and the top of the forward leg buttock has to move away from the waist. This is a very good adjustment for the lower back and may alleviate sciatica (5.B7d).



fig 5.B7c



fig 5.B7d



B8. Utthita Parsvakonasana – *upright side angle pose*

Eva-Lynn practiced this pose following the same variations as *utthita trikonasana* (5.B7). The action of the forward inner knee moving to the outer knee opens the pelvis, providing good circulation to the organs. The side extension of the torso helps to break up scar tissue in the abdomen. The pose is depicted with the body flush to the trestle and forward foot raised on the height of a *viparita karani* box (5.B8).



fig 5.B8



B9. Virabhadrasana II – warrior 2 pose

The pelvis opens, and the sacrum and anterior tailbone are worked toward the trestle. Additionally, the posterior tailbone should work towards the floor. The sides of the pubis, navel, and chest can lift up with the aid of the hands pressing down on the trestle. In addition to the pelvic and abdominal cavity opening, with increased circulation reaching those areas, stamina is built up. The pose is depicted with support of the forward foot on the quarter round (5.B9), but also may be practiced with the forward foot on the viparita karani box or with the body angular to the trestle, as shown in utthita trikonasana (5.B7d).



fig 5.B9



B10. Ardha Chandrasana – *half moon pose*

This pose significantly opens the pelvis and abdomen and allows the abdomen to soften. Initially Eva-Lynn practiced the pose with the foot supported by the trestle (5.B10a). The outer sides of the buttocks must be worked evenly away from the sides of the waist to balance and correct the alignment of the lower back muscles. Later, for deeper length in the abdomen to break up scar tissue and to massage the kidneys and adrenal glands for hormonal balance, the foot was supported a challenging distance away from the trestle (5.10b).

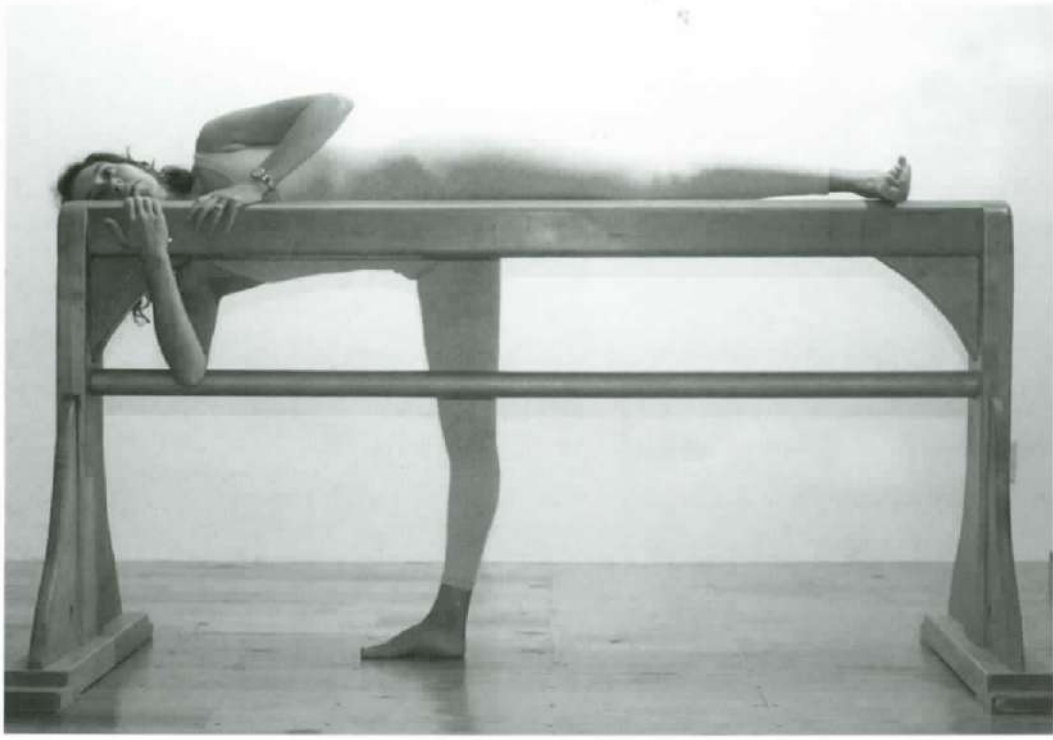


fig 5.B10a



fig 5.B10b



B11. Utthita Padmasana - *upright lotus pose*

As her hips and legs were extremely tight, this pose was used to help Eva-Lynn achieve a better virabhadrasana I. A stool or any height that supports the raised leg in padamasana in line to the hips may be used. The standing leg is perpendicular to the floor. Pressing into the heel, the front of the thigh moves to the back of the thigh and rolls from the outer thigh to the inner thigh. The raised leg is not completely in padmasana; the shin is parallel to the torso (5.B11a). Roll the inner thigh to the outer thigh. If the balance is steady, the hands may be used to aid this action (5.B11b). The buttock corresponding to the raised leg moves in two directions: from the top of the outer buttock to the bottom, and from the sacrum to the side of the hip.



fig 5.B11a



fig 5.B11b



B12. Virabhadrasana I – warrior I pose

This pose was done at the outer corner of a wall (5.B12a) with a rolled bandage placed at the pubic plate (5.B12b). The bottom of the pubis must come forward to the bandage with the sacrum/tailbone going in, to correctly adjust the pelvis for the alignment of the reproductive organs and bladder.



fig 5.B12a

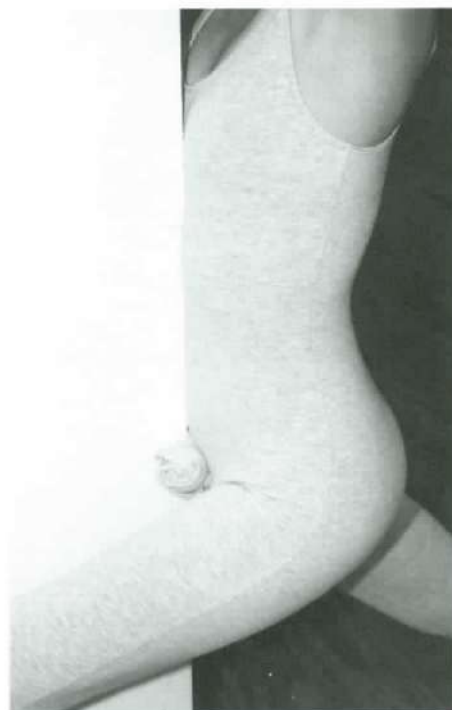


fig 5.B12b



B13. Virabhadrasana III – warrior 3 pose

Two stools support the raised leg foot and abdomen. The trestle supports the arms and head. Here, the sacrum spreads and the abdomen softens and rests as the sides of the torso extend forward (5.B13). The effect is very pleasing on the abdomen and quiets the brain. A knowledgeable teacher may be able to help correct scoliosis in this pose.



fig 5.B13



B14. Prasarita Padottanasana – *spread foot intense pose*

The trestle supports the outer edges of the feet with additional blocks if necessary. The bar of the trestle supports the pelvic bones. Space for, and alignment of, the reproductive organs is enhanced (5.B14).



fig 5.B14



B15. Salamba Purvottanasana – supported front intense pose

The backbends, very important for Eva-Lynn to do, were at first extremely difficult for her. Early in the practice of this series, the trestle was used to open the chest and thoracic spine. A block is placed between the upper thighs, as in salamba sirasana (5.A5), and a belt is buckled tightly around the middle buttocks to support the low back so the muscles don't compress incorrectly into the spine. Instead, the legs get trained to work. The hands are first used as leverage on the trestle to open the chest and sternum (5.B15a). To get a deeper action of opening the shoulders and lengthening the sides of the chest, the arms are extended over the head and held by a belt at the elbows (5.B15b). Thus, the legs and arms are used to access the correct length and opening of the spine and chest. Softness of the abdomen can be achieved while performing a backbend.



fig 5.B15a



fig 5.B15b



B16. Dwi Pada Viparita Dandasana - *two-feet reverse staff pose*

As Eva-Lynn progressed, and her back was in good shape, this variation of the pose was done with the back supported on a tall stool with a bolster on top of it. Her feet were supported on a platform. The hands held the sides of a box for the arms to fully extend and to lengthen the torso (5.B16). By strongly rolling the outer thighs to the inner thighs and spreading the backs of the thighs from inside out, the outer sides of the pelvis can lift up to the ceiling and intensify the length of the abdominal cavity. This is an excellent pose to break up scar tissue, lengthen and tone the abdominal and reproductive organs, and massage the kidneys and adrenal glands.



fig 5.B16

B17. Kapotasana - *pigeon pose*

Refer to Chapter 4, page 234, for details on the two leg positions. With her feet on the front rung, Eva-Lynn needed to support the top of her head on a bolster in order not to irritate her low back. She held her elbows and tried to surrender to the pose by avoiding gripping the thighs and abdomen, allowing them to release (5.B17a). She would open her chest further, pressing her hands on the floor to lift it (5.B17b). Also, she held a strap attached to the chair legs and walked her hands in (5.B17c). These photos, on the left, show the restriction of her pelvic curvature—it's flat. That is why the trunk is "thrown away" from the chair. The photos in the middle (5.B17d, e, f) with her feet on the floor show a greater opening of the pelvis and a better curvature of the trunk. In this case, the head was lower to the floor and only a blanket was needed to support it. Observe the effect of the rolled blanket across the middle buttock in the photos on the far right—the curvature of her torso is optimal (5.B17g, h, i). With this appropriate usage of the props Eva-Lynn is able to take her head to the floor and catch her hands to the legs of the chair (5.B17i).





fig 5.B17g



fig 5.B17b



fig 5.B17i



fig 5.B17d



fig 5.B17e

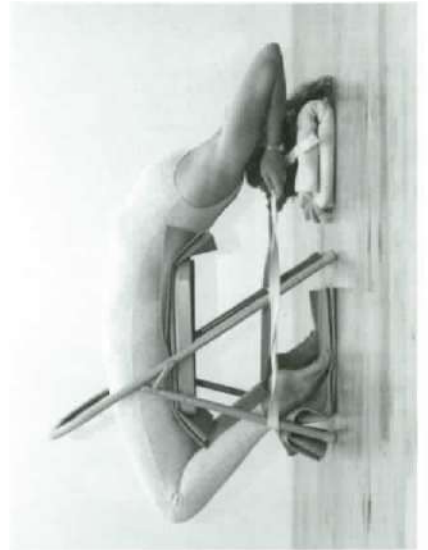


fig 5.B17f

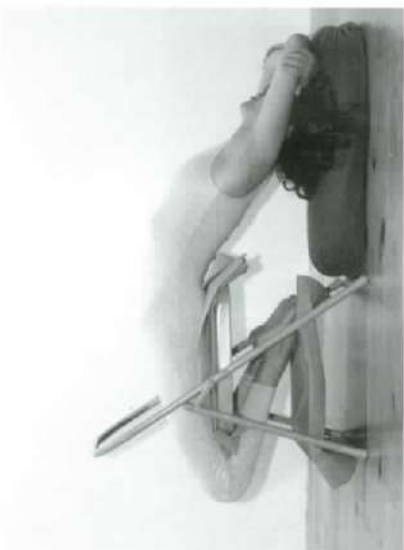


fig 5.B17a



fig 5.B17b

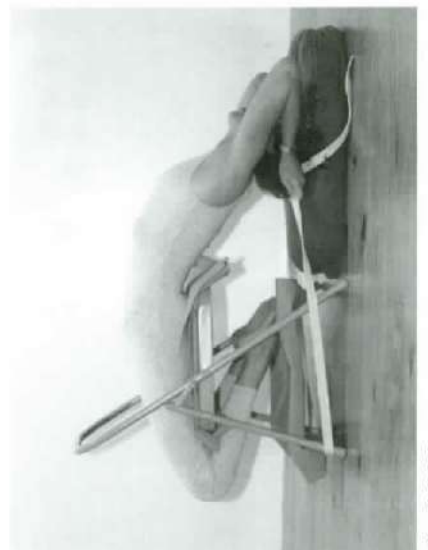


fig 5.B17c



B18. Parsva Sarvangasana - *side all limbs pose*

Eva-Lynn had a rolled blanket between the legs and belts around the upper thighs. The ankles were belted with a blanket under the heels to raise them slightly and protect her lower back. Starting from setubandha sarvangasana on the bench, shown in detail in Chapter 1, page 46, an assistant moves the bench to the side, first to the right, then the left (5.B18a, b). The student should relax completely as the bench is moved. If the torso starts to roll slightly to one side, don't be tempted to correct this shift. Just allow it to be, but don't fall off the bolster! This pose breaks up scar tissue and is very good for the health of the ovaries, kidneys, and adrenal glands. Some conditions of infertility are corrected with this pose, especially those due to cysts or a film covering the ovaries which doesn't allow the follicle to erupt and release an egg.



fig 5.B18a



fig 5.B18b



C. Eva-Lynn's Pre-Menstrual Sequence

The principle of practicing yoga in a supported way before the onset of the menstrual flow, as described in Chapter 4, was applied to Eva-Lynn's program. She practiced a "quiet" series of poses, which began with recuperative back extensions to calm the mind, open the chest, relax the abdomen, and rest. Standing poses were practiced to lengthen the spine and balance the central nervous system, while relaxing, opening, and toning the abdomen. Supported, restful forward extensions followed to quiet the mind deeply. The program also included inversions to bring hormonal balance so that her flow wouldn't start early. The headache she usually encountered before and/or during her period would not occur when she was able to carry out her series of poses. Another benefit was that her period would have a definite beginning and endpoint, without light spotting before or after for several days.

C1. Setubandha Sarvangasana/Dwi Pada Viparita Dandasana – *bridge all limbs/two-feet reverse staff pose* (*cross-bolsters*)

See 5.A2, page 258.

C2. Matsyasana, Supta Bhadrasana, or Supta Swastikasana – *fish, supine auspicious, or supine well-being* *poses (T-shape)*

Similar to 5.A1, the body is supported with bolsters arranged in a T-shape. One of the three leg positions was done according to Eva-Lynn's capacity. This photo depicts her doing bhadrasana, with one leg in padmasana and the other crossed underneath it in swastikasana. To support the legs with a belt, have the belt looped with the buckle facing to the floor side (5.C2a). Place the loop of the belt around the padmasana leg close to the knee and around the swastikasana foot (5.C2b). Twist the belt and place the loop around the opposite thigh in swastikasana and the padmasana foot (5.C2c). The buckle should end up on top in order to tighten the belt (5.C2d). Lie back so the shoulders are off the end of the bolster and the head is on the floor (5.C2e).



fig 5.C2a



fig 5.C2b





fig 5.C2c



fig 5.C2d



fig 5.C2e



C3. Adho Mukha Svanasana – *downward facing dog pose*

This pose is done with the wall ropes as in 5.B4, page 275.

C4. Salamba Sirsasana – *supported head balance pose*

This pose is done with the ropes as in 5.A4, page 262.

C5. Ardha Chandrasana – *half moon pose*

As in 5.B10a, page 282.

C6. Parsvottanasana – *side intense pose*

This pose and the next one are done one after another. The back foot is positioned against the wall, and the tops of the thighs are held with the lower rope. With these supports the legs are firm and the pelvis aligned without a lot of effort. A halasana box with a bolster on top supports the torso. A blanket is under the forearms and head (5.C6). The spinal column can lengthen and the abdomen rests in a toned state. The mind also relaxes. Proceed to the next pose using the same props.



fig 5.C6



C7. Parivrtta Parsvottanasana – *revolved side intense pose*

From the previous pose, the halasana box with a bolster on top of it is placed on the outside of the forward leg. The torso revolves over the box/bolster and rests on it. The spinal muscles of the side of the torso corresponding to the back leg slightly release down towards the floor (5.C7). In addition to the beneficial effects of the previous pose, the kidneys and adrenal glands are revolved and released to keep them healthy and vital.



fig 5.C7



C8. Prasarita Padottanasana – *spread foot intense pose*

See 5.A7, page 265.

C9. Janu Sirsasana – *head of the knee pose*

As Eva-Lynn is very stiff, she used two bolsters and a blanket over the forward leg shin to support her head and arms. A rolled blanket at the abdomen widens the sacrum to prevent or relieve low backache (5.C9). Circulation improves to the pelvis and bloating or congestion is alleviated. The mind becomes meditative, as the consciousness focuses inward and becomes quiet. Leg cramps may be relieved by this pose.



fig 5.C9



C10. Paschimottanasana – western pose

With the feet hip-width apart to create more space in the abdomen, Eva-Lynn used the same support as in janu sirsasana. Additionally, an assistant placed a weight on her upper back to bring the trapezius down and allow the front chest to open (5.C10). The benefits of this pose are similar to janu sirsasana. The centeredness of the pose fixes the consciousness further inwards and a quiet sensation of the body and mind profoundly ensues. When the period is imminent, the flow will begin in earnest.



fig 5.C10



C11. Niralamba Sarvangasana – *unsupported all limbs pose*

See Chapter 3, number 22, page 162, for a full description of this pose (5.C11). After the forward bends, Eva-Lynn really enjoyed this pose as her quietness enabled her to observe the state of the internal organs, whether they were compressed or being given space. She could work her legs and lift her chest more sincerely when she was able to sense any compression on the organs. Adjusting the pose would allow the abdominal organs to move to the spine and be supported in a positive nature.



fig 5.C11



C12. Setubandha Sarvangasana – *bridge formation all limbs pose*

This simple supported variation employs two stacked bolsters to support the torso, a step stool under the feet, and a belt around the outer sides of the feet to keep the legs aligned with the front of the thighs rolling inward. Blankets are placed under the head and shoulders so that they are fully supported (5.C12). The bench may also be used; however, the bolster support may be easier on the stiffness of the body, which tends to intensify before the period.

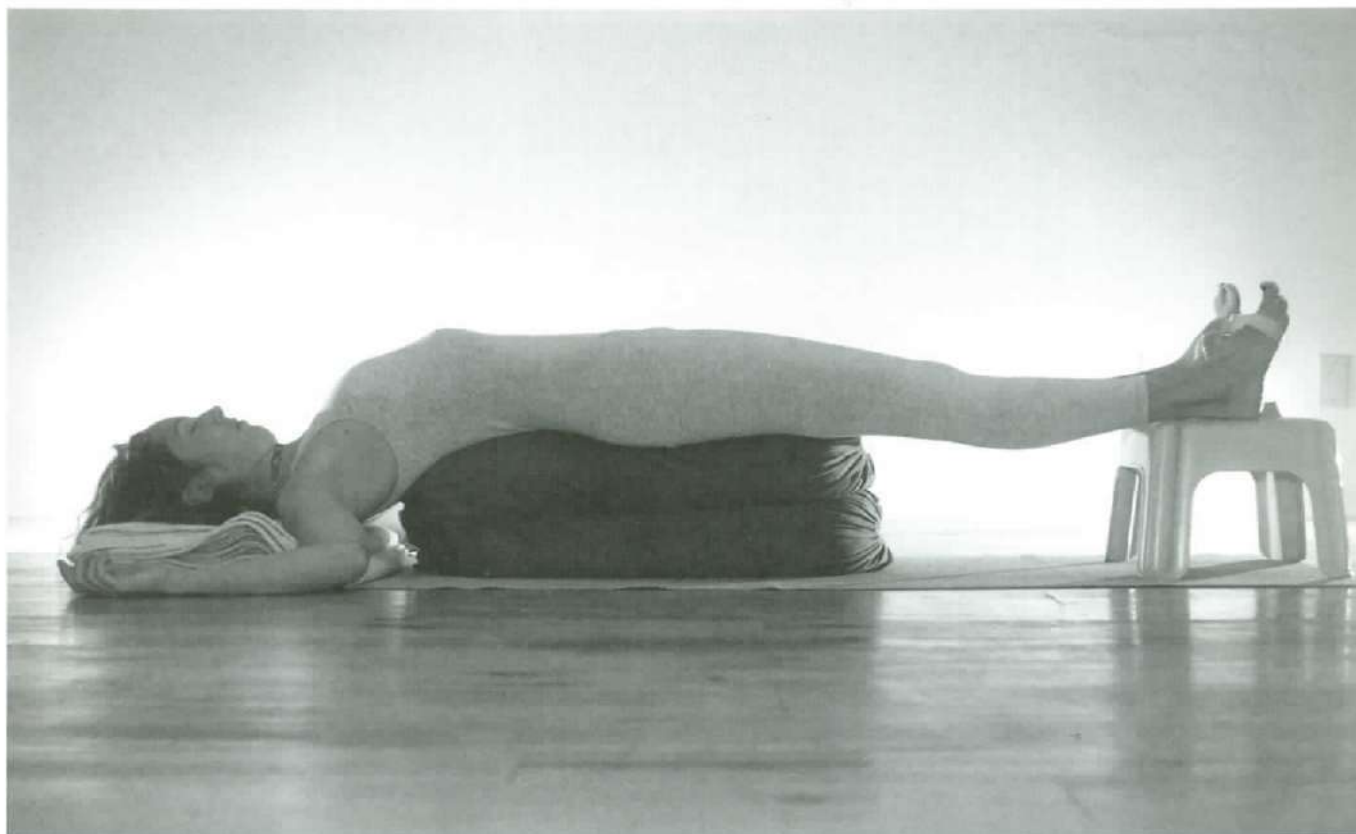


fig 5.C12



D. Eva-Lynn's Menstrual Sequence

The practice during menstruation may affect how much time will elapse before the next menses. In Eva-Lynn's case, she needed to lengthen the time between menses. When her period began she did the following: supine poses, forward bends with concave back, supine poses repeated in reverse order, and ended the practice with setubandha sarvangasana. The initial supine poses rested the body and mind; the concave-back forward bends encouraged the menstrual flow, as it was scanty in the beginning, and reversing the supine poses rested the body again as well as balancing the hormones. For those without issues of heavy bleeding, fibroids, endometriosis, or cysts, the supine poses may be done with one bolster supporting the torso. For Eva-Lynn, to continue encouraging the scar tissue to break up, it was best to use the T-shape support of the bolsters as described in the previous sequences.

D1. Supta Virasana – *supine hero pose (T-shape)*

See 5.B2, page 272.

D2. Matsyasana, Supta Bhadrasana, or Supta Swastikasana

– *fish, supine auspicious, or supine well-being pose (T-shape)*

See 5.C2, page 291.

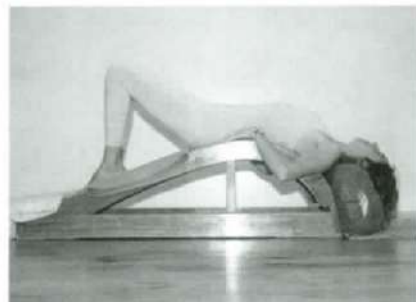
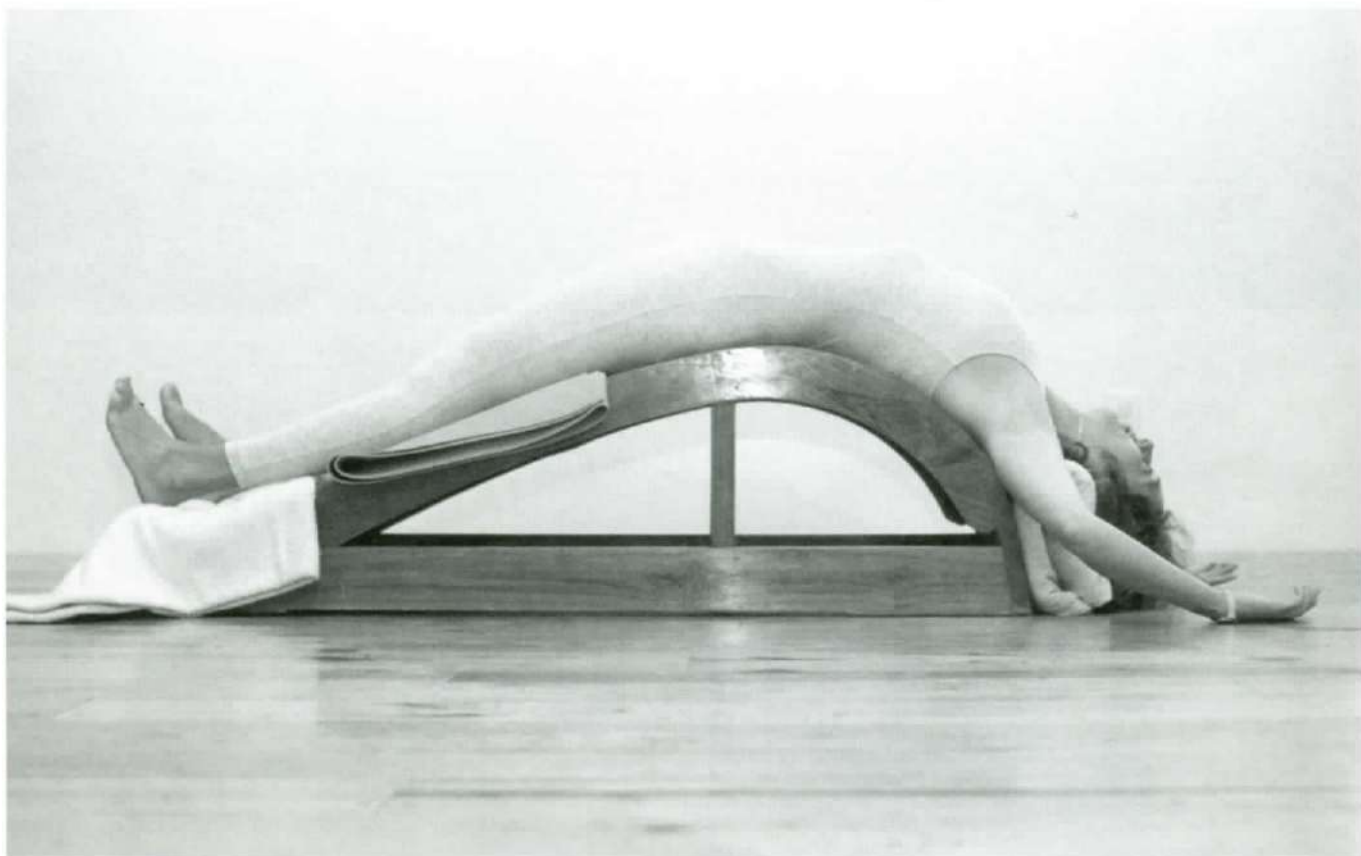
D3. Supta Baddha Konasana – *supine bound angle pose (T-shape)*

See 5.A1, page 256.



D4. Dwi Pada Viparita Dandasana – *two-feet reverse***A. Dandasana** – *staff pose*

Place a folded sticky mat on the bench near the bottom rungs for the feet in the next pose, baddha konasana. Correctly get into the pose by sitting towards the low end of the viparita dandasana bench. Erring towards the low side is preferable, as this avoids going too far to the head side once in position and being unable to climb back up. During menstruation it is very important that the abdomen not be the apex. Starting lower to the foot side of the bench will prevent this from happening. With the knees bent, place the hands behind the torso on the bench to lift the chest (5.D4Aa). Lie back with bent knees (5.D4Ab), and then slowly slide down towards the head side until the head and neck are in a comfortable position and the chest is the apex of the pose (5.D4Ac). Eva-Lynn needed the support of a blanket under her head due to her stiff shoulders. Finally, straighten the legs and extend the arms over the head, holding the elbows or any of the arm positions depicted in Chapter 1, page 36 (5.D4Ad). If the shoulders are too tight, the hands may become numb. Interlock the hands and rest them on the abdomen and they will revive quickly.

*fig 5.D4Aa**fig 5.D4Ab**fig 5.D4Ac**fig 5.D4Ad*

B. Baddha Konasana – *bound angle pose*

From the previous pose, simply bend the knees and take the soles of the feet together to form a bound angle of the legs with the sticky mat underneath the feet to keep them from slipping. Support the outer thighs with blankets (5.D4B).

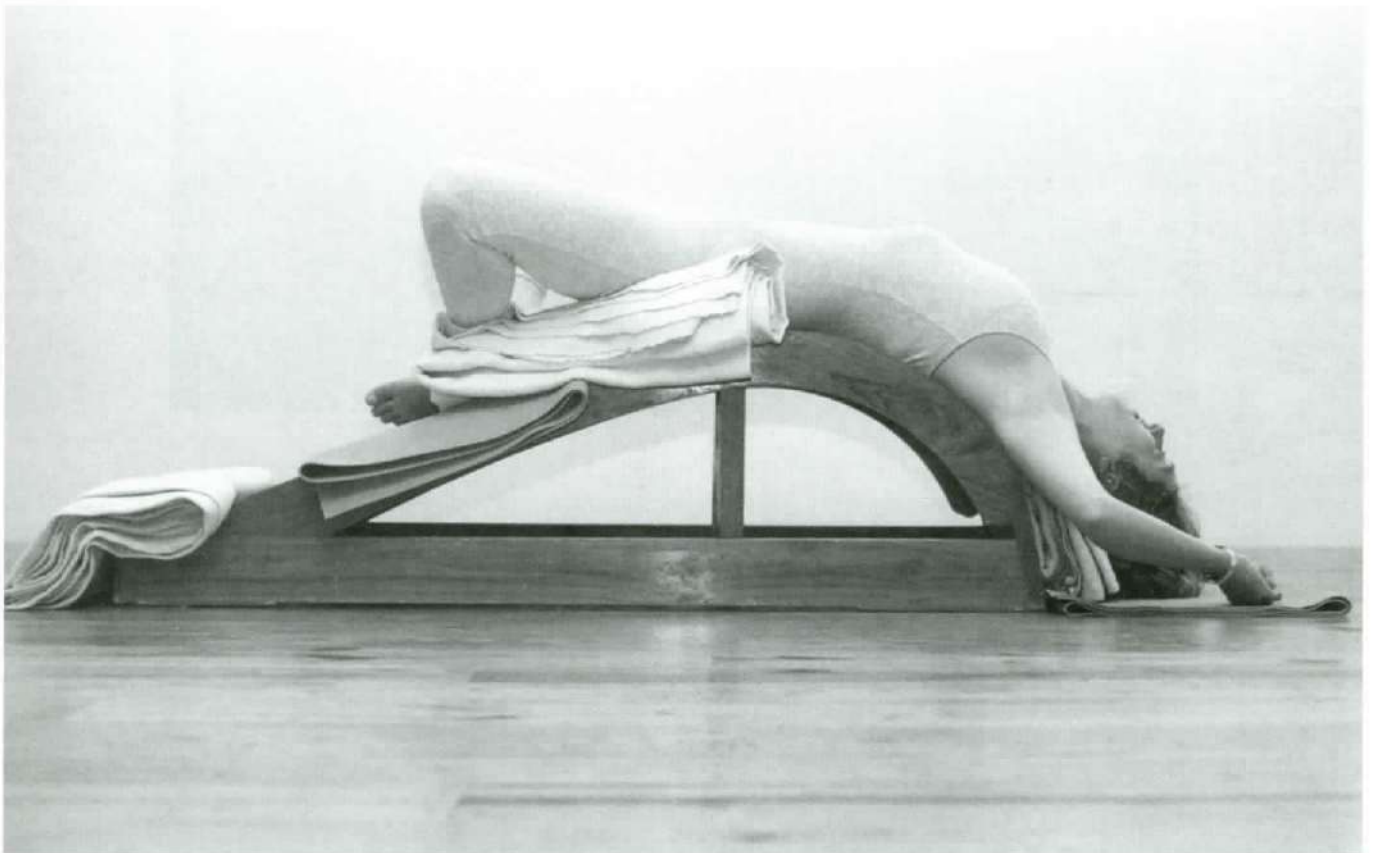


fig 5.D4B



C. Matsyasana, Bhadrasana, or Swastikasana – *fish, auspicious, or well-being pose*

Eva-Lynn was able to take one leg in padmasana and the other leg underneath in swastikasana, known as bhadrasana. See page 39 for placing the belt. The knees and/or thighs are supported with blankets (5.D4Ca, b).



fig 5.D4Ca



fig 5.D4Cb



D5. Janu Sirsasana – *head of the knee pose*

To get a good concave back position, especially if the hips and legs are stiff, sit up on the height of a bolster and use a strap to hold the foot (5.D5). Eva-Lynn used the bolster support for all seated forward bends. In general, despite a student's capacity to bend, more height under the buttocks and holding a strap to the feet allows the greatest possible concavity of the back. This variation is necessary during menstruation for those with short cycles, as the adrenal glands are toned, their vitality strengthened, and hormone production is balanced to allow for a regular time between cycles.



fig 5.D5



D6. Trianga Mukhaikapada Paschimottanasana – *three limbs facing one foot western intense pose*

The bolster is placed under the straight leg buttock to level the hips (5.D6).



fig 5.D6



D7. Ardha Baddha Padma Paschimottanasana – *half bound lotus western intense pose*

Sit higher to lift the sacrum for the padmasana knee to descend (5.D7).



fig 5.D7



D8. Marichyasana I – *sage Marichi pose*

Extend the arm on the inside of the bent leg (5.D8).



fig 5.D8



D9. Paschimottanasana – *western intense pose*

The feet may be placed to the edges of the mat to get a greater opening of the pelvis and a better lift and concavity of the spine (5.D9).



fig 5.D9



D10. Parsva Dandasana – *side stick pose*

As the buttocks are elevated on a bolster, use a block to support the back hand, to facilitate lifting of the side chest. The opposite hand catches the outer thigh to turn the chest (5.D10). This pose laterally extends the kidneys and adrenal glands and further improves their conditioning.



fig 5.D10



D11. Baddha Konasana – *bound angle pose*

Sitting on the bolster to lift the sacrum increases the distance of the hands from the feet. In this case, hold a belt from the hands to the outer sides of the feet to lift the torso and bring the spine into the body (5.D11).



fig 5.D11



D12. Supta Baddha Konasana – *supine bound angle pose (T-shape)*

The supine back extensions are repeated in reverse order, going from the easiest, supta baddha konasana, to the most challenging, supta virasana. The easiest position immediately rests the kidneys and adrenal glands after the effort of lengthening and twisting them (see 5.A1, page 256).

D13. Matsyasana, Supta Bhadrasana, or Supta Swastikasana – *fish, supine auspicious, or supine well-being pose (T-shape)*

See 5.C2, page 291.

D14. Supta Virasana – *supine hero pose (T-shape)*

See 5.B2, page 272.

D15. Setubandha Sarvangasana – *bridge formation all limbs pose*
A. Dandasana – *staff pose*

The legs are belted at the upper thighs and ankles to keep them rolling inward and allow them to rest (5.D15A).



fig 5.D15A



B. Baddha Konasana – *bound angle pose*

Each leg is individually buckled for a deeper effect of opening the basin of the pelvis and allowing the flow to discharge normally. The outer thighs are supported with blankets (5.D15B).



fig 5.D15B

D16. Savasana – *corpse pose*

See Chapter 1, page 51.



E. Eva-Lynn's Post-Menstrual Sequence

Eva-Lynn followed the post-menstrual sequence shown in Chapter 3. A few of her poses are depicted here to demonstrate some variations of props suitable for her.

Adho Mukha Virasana – *downward facing hero pose*

Eva-Lynn needed two bolsters to support her torso.



Adho Mukha Virasana



Adho Mukha Svanasana – *downward facing dog pose*

A viparita karani box was used to support her feet. A belt on the arms at the elbow joint helped to extend her arms straight.



Adho Mukha Svanasana



Uttanasana - *intense pose*

To help her reach the box and get leverage to extend the sides of the torso, a strap was placed around the simhasana box.



Uttanasana



Parsvottanasana – *side intense pose (concave)*

Hands turned out on blocks facilitates rolling the inner arms to the outer arms, widening the clavicles, opening the shoulders and chest, and getting the trapezius to move to the waist.



Parsvottanasana



Parsvottanasana – *side intense pose (convex, hands forward)*

The fingertips are on the floor slightly in front of the sides of the front foot.



Parsvottanasana



Parsvottanasana – *side intense pose (convex, hands back)*

The fingertips are turned towards, and reach towards the back foot to get a complete extension to the sides of the torso.



Parsvottanasana



Supta Konasana – *supine angle pose*

The variation shown here is great for those who are stiff. The extra height gives exceptional lift to the sides of the chest. Bolsters are stacked horizontally, two by two. An assistant sits on the platform. The blocks are for the assistant's feet. To get into the pose, the student holds the assistant's ankles and lifts one leg for the assistant to catch. The other leg follows, separating on top of the assistant's thighs. The assistant, using his/her hands, helps the student to extend the inner heels to facilitate the opening of the legs.

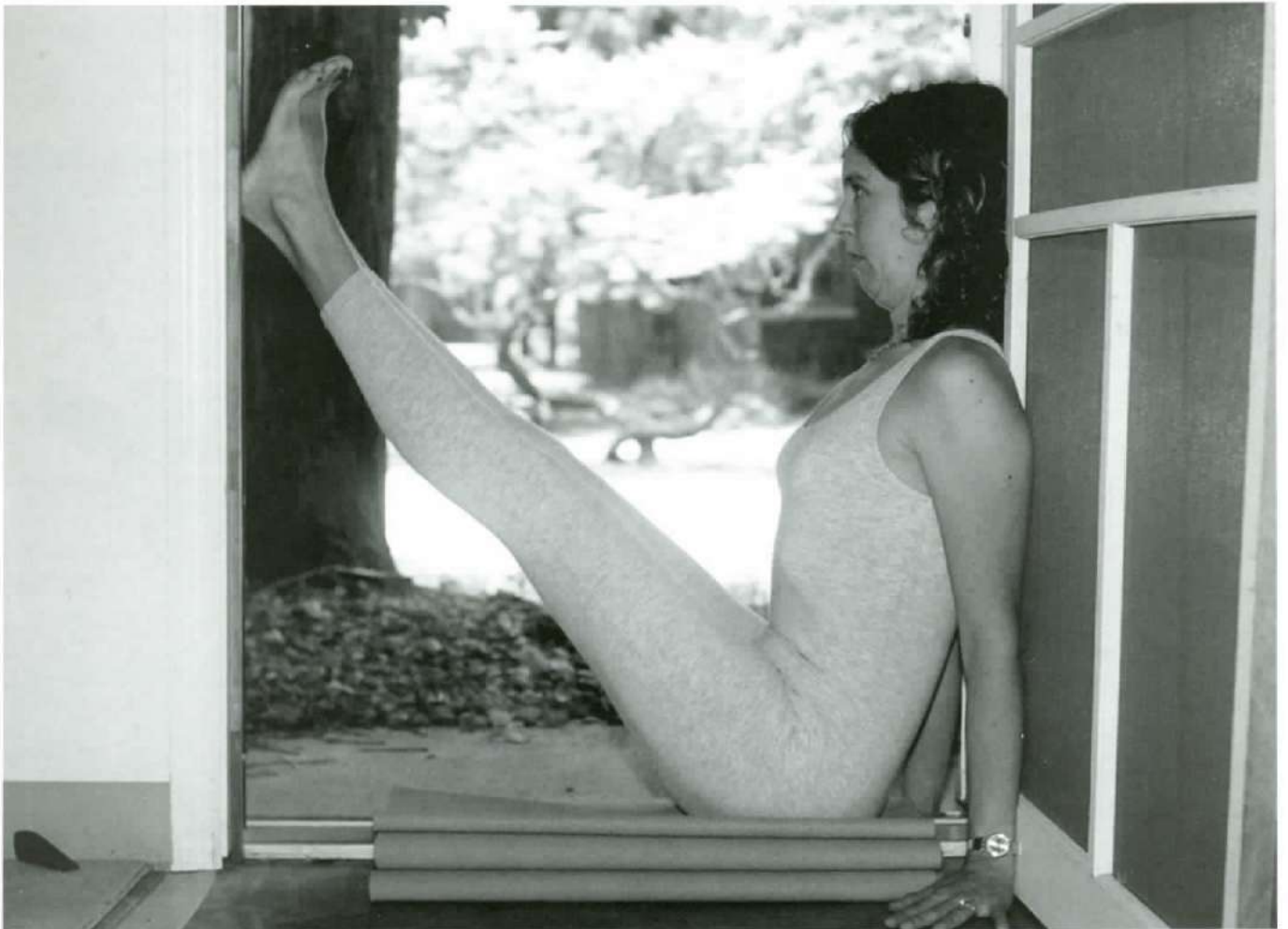


Supta Konasana



Paripurna Navasana – *full boat pose*

A doorway is used to support the feet and back.



Paripurna Navasana



F. Eva-Lynn's Low Back, Neck, and Shoulders Sequence

Quite often in the beginning, and also after having traveled, Eva-Lynn would need to focus solely on her low back and shoulders, regardless of her cycle. If she was menstruating, she did concave back forward bends from her menstrual practice. Additionally, during that time, some asanas from this program were included. Asanas appropriate during the time of menses are indicated below. The props were adjusted for Eva-Lynn and are not uniform for everyone.

F1. Savasana – corpse pose (also called low back and/or neck and shoulder savasana)

An assistant adjusts the student's shoulder blades into the back, turns the arms from inside out, and places 10-pound sand bag weights on the arms. A bolster is placed across the abdomen, and a 25-pound plate weight is placed on the bolster (5.F1). During the time of the period, no weight is placed on the abdomen. The muscles of the low back, neck, and shoulders are released from physical and mental tensions.

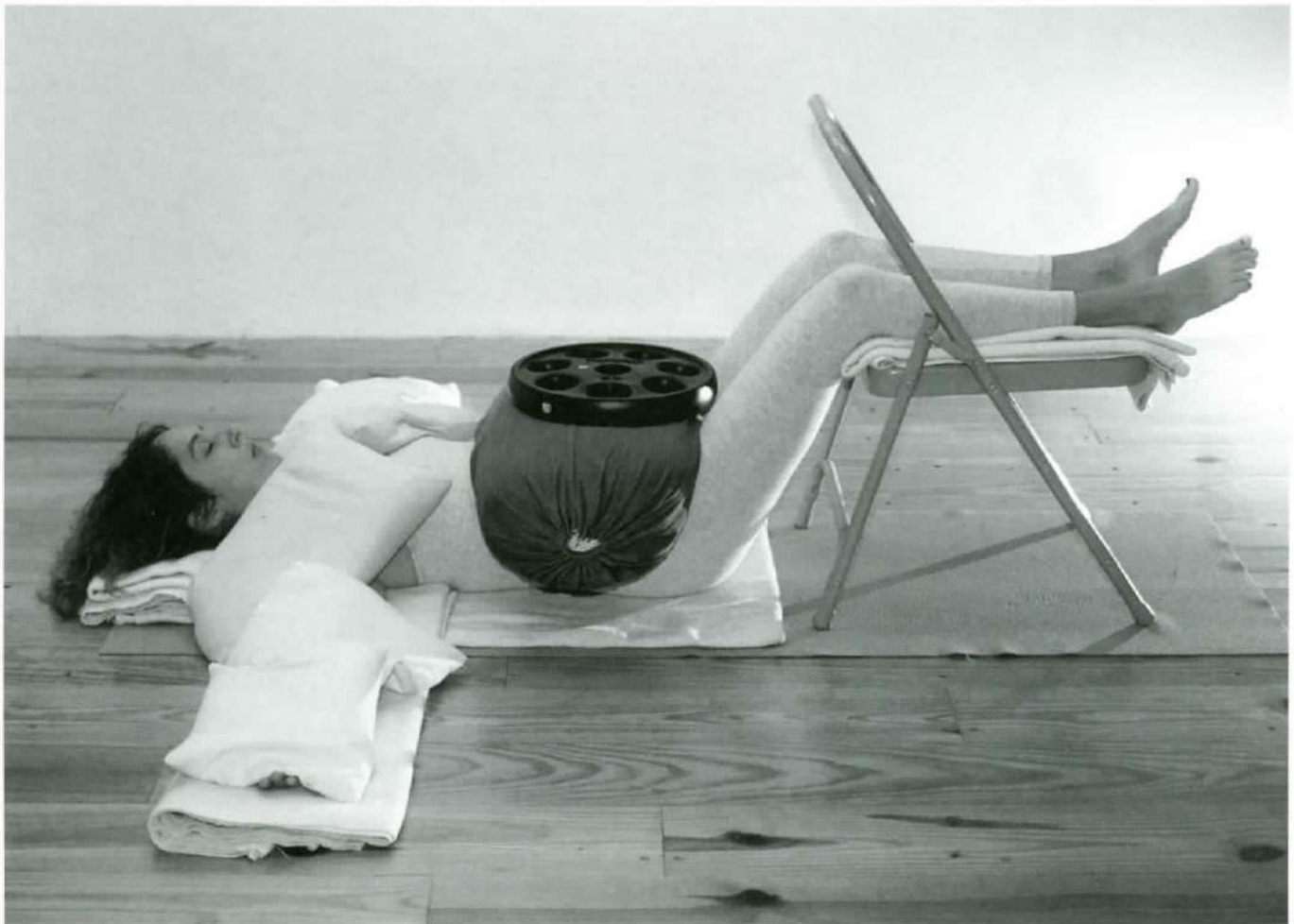


fig 5.F1



F2. Supta Padangusthasana – supine foot big toe pose (prone)

Two bolsters support the bent leg; one is placed at the inner upper thigh so that the inner groin does not get pulled when it is very tight, as in Eva-Lynn's case. The other bolster supports the knee and shin; the shin should be parallel to the opposite leg. Plate weights are placed on the buttocks, oriented so that the muscles are drawn away from the waist. The torso may be angled slightly away from the bent leg for extension (5.F2a), with the arm of the bent knee side extending forward to further lengthen that side of the torso. The opposite hand can press on the floor near the chest to revolve the front body from the bent knee side towards the straight leg side (5.F2b). Eva-Lynn did this pose during menses.



fig 5.F2a



fig 5.F2b



F3. Supta Padangusthasana – *supine foot big toe pose*

While the lower leg foot is pressed into the wall, the trestle supports the raised leg. To help keep the hips even, a belt is looped around the lower leg foot and the raised leg top thigh. The arms may be extended over the head to lengthen the sides of the torso and spine (5.F3). Because the raised leg brings heat to the area of the hips, this pose is inappropriate during menses.

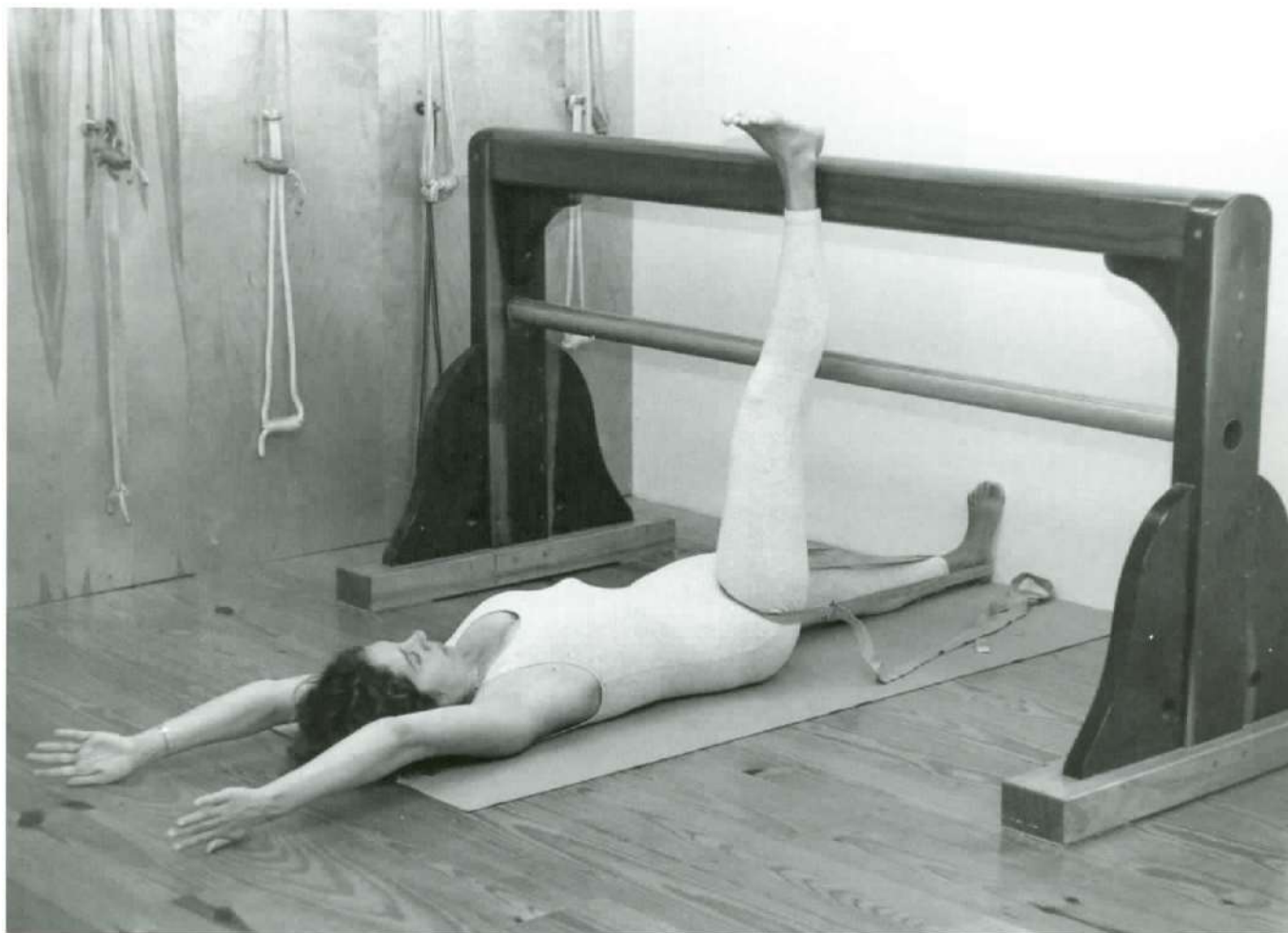


fig. 5.F3



F4. Supta Parsva Padangusthasana – *side supine foot big toe pose*

Using the same props from the previous position to support the legs, a 25-pound plate weight may be placed on the extended leg to keep that leg and hip from flying up from the floor and to open the pelvis more. The arms are to the sides to create more width of the chest (5.F4). This pose can be done during menses.



fig. 5.F4



F5. Utthita Hasta Padangusthasana – *upright hand foot big toe pose*

With the front body parallel to the wall, Eva-Lynn holds the upper wall ropes. Her raised leg foot is supported on the lower hook (5.F5). This pose is not practiced during menses, similar to *supta padangusthasana*, number 3.



fig. 5.F5



F6. Utthita Parsva Hasta Padangusthasana – *upright side hand foot big toe pose*

With the side body parallel to the wall, Eva-Lynn holds the upper wall rope with one hand, while the other is on her hip with the elbow pointing back (5.F6). This pose can be done during menses.

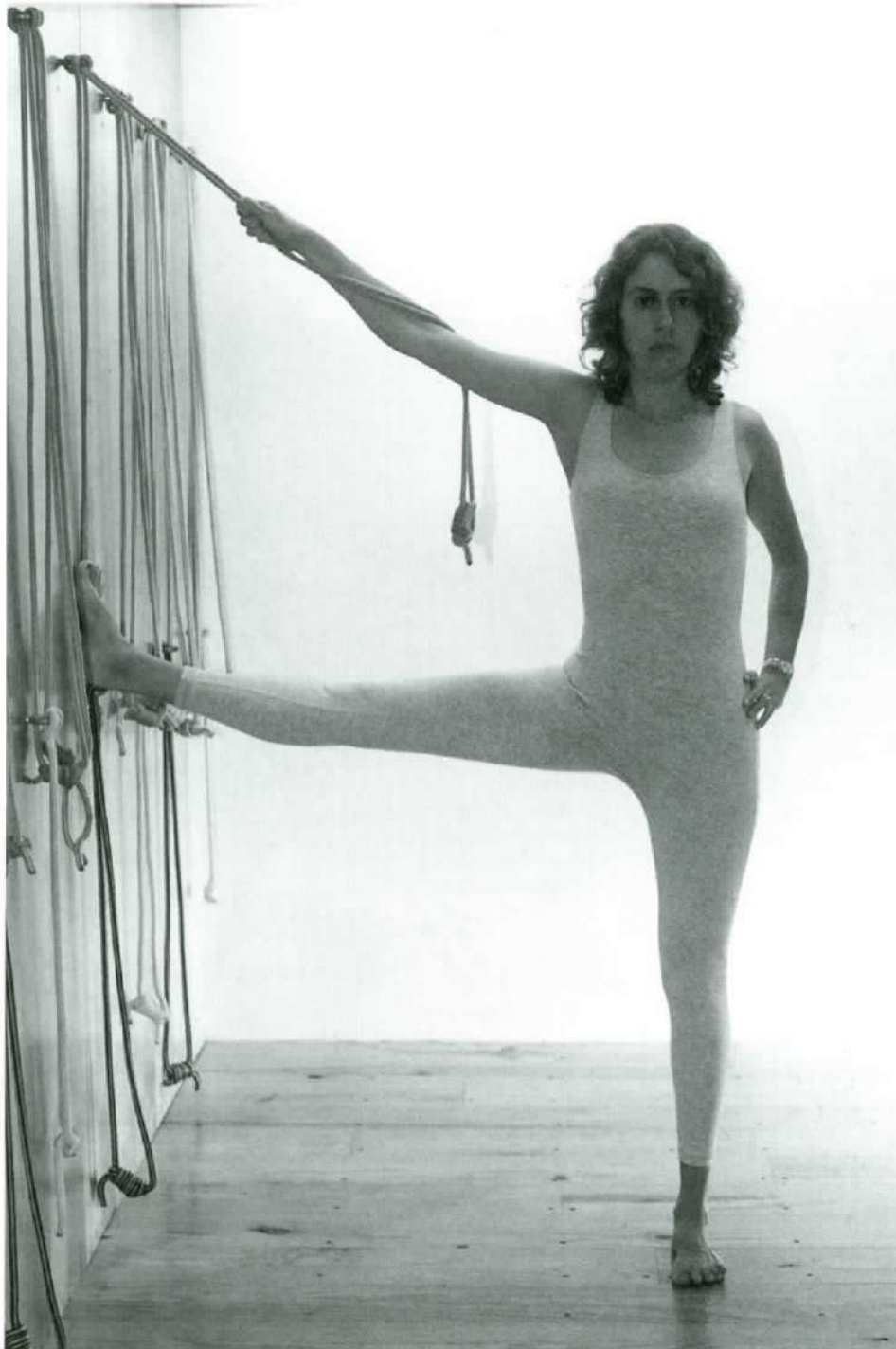


fig. 5.F6



F7. Adho Mukha Svanasana – *downward facing dog pose*

See 5B.4b, page 275.

F8. Ardha Uttanasana – *half intense pose*

The lower rope supports the tops of the thighs. The blanket protects the thighs from cutting in by the rope. With Eva-Lynn's hands interlocked behind her waist, the assistant holds Eva-Lynn's upper arms to roll them from inside out (5.F8).



fig. 5.F8



F9. Bharadvajasana – *sage Bharadvaja pose*

The prop held between Eva-Lynn's knees is a hard plastic pipe encased in foam. This keeps the leg out to the side and helps maintain the outer hip in a downward position while turning away from it in order to turn on the axis of the spine (5.F9). The pelvis and abdomen remain open and are not compressed, so it is appropriate for menses. Circulation is increased to the spine and the spinal muscles are made supple.



fig. 5.F9



F10. Viparita Parsva Hastasana – *reverse side band pose*

Eva-Lynn was able to hold her hand to an outer wall corner at the height of the shoulder. Some students may be able to take the hand slightly higher than the shoulder, while others may only be able to reach back at the height of the hips. Holding the hand at the wall, the heel of the hand has to broaden while the lower and upper arm bones lift up. Maintain the arm and shoulder flush to the wall while the opposite shoulder turns away from the wall. The opposite hand reaches for the wall. Eva-Lynn's stiff shoulders could only turn so much, so she remains perpendicular to the wall, but still actively turning away from it (5.F10).

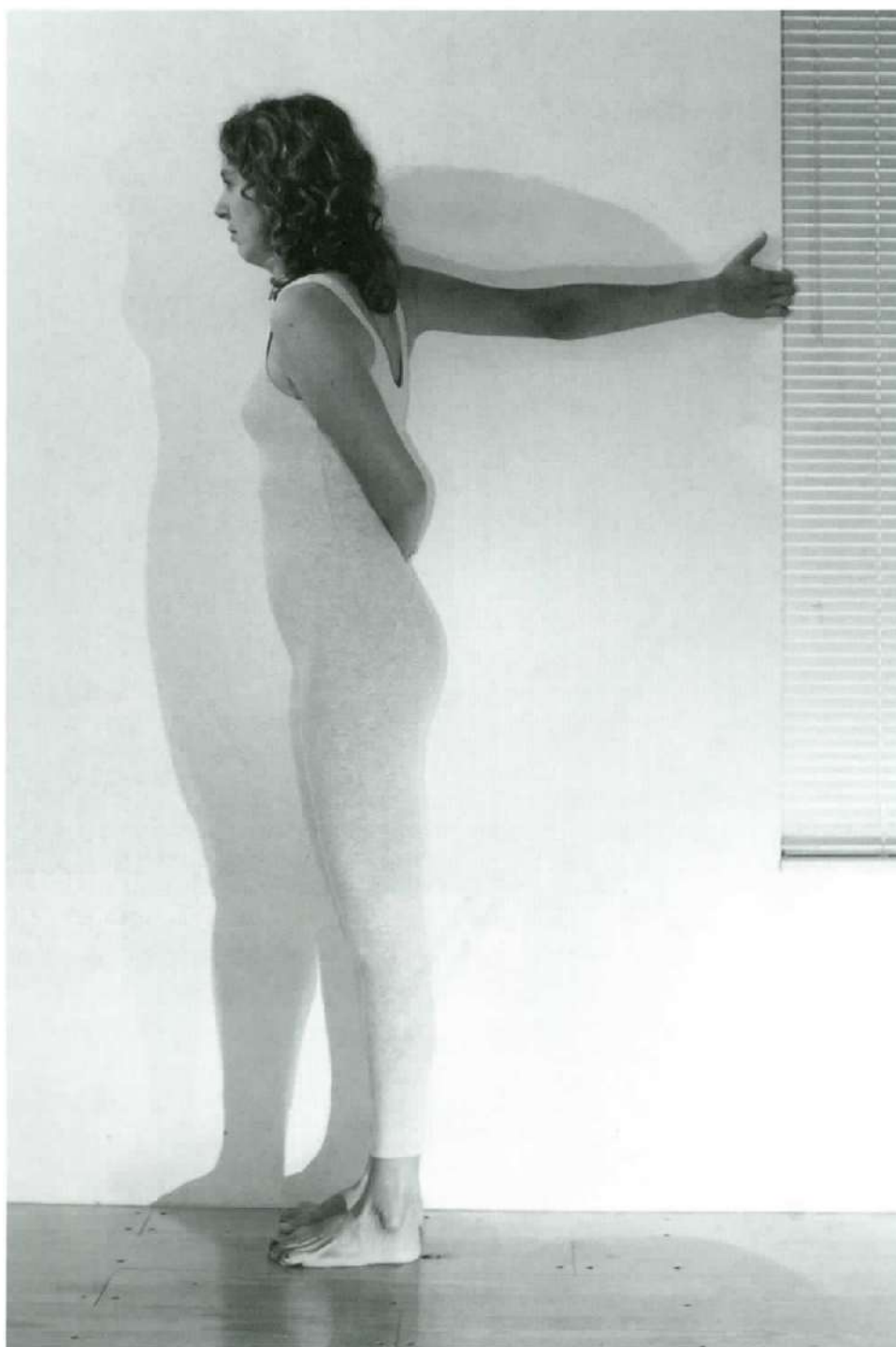


fig. 5.F10



F11. Ardha Parsva Hastasana – half side hand pose

This pose has two parts and looks deceptively simple. Stand sideways to the wall with the feet hip-width. The hand is on the wall at the height of the shoulder with the fingers turned out 90°. All the knuckles of the hand should be working flush to the wall. The arm, extending straight, locking in at the elbow, has to roll from the inner to the outer arm. This is the first part of the pose (5.F11a). The second is turning the hand to point the fingers up to the ceiling, while maintaining the opening of the hand flush on the wall and the inner arm rolling out (5.F11b). The actions of *tadasana* have to be maintained, especially pressing into the heels, keeping the front thighs back. The sides of the chest have to lift and the collarbones widen. The abdomen should not protrude forward.



fig. 5.F11a



fig. 5.F11b



F12. Gomukhasana – *cow's face pose (arms only)*

When the hands cannot catch, a strap may be used. The bottom hand must be centered on the spine (5.F12).



fig. 5.F12



F13. Urdhva Dandasana – upward staff pose

This variation is best done with an assistant. A trestle supports the tops of the thighs so that the torso is suspended down from it. The trestle has to be the correct distance from the wall in order that the feet, placed on the wall, do not slip. An assistant may support the spine, neck, and head into the trestle (5.F13). The heat generated by this pose makes it inappropriate for menses.



fig. 5.F13



F14. Utthita Trikonasana – *upright triangle pose*

See 5.B7, page 278. This pose may be done after ardha chandrasana if the period is present.

F15. Utthita Parsvakonasana – *upright side angle pose*

See 5.B8, page 280. This pose may be done during the period, with the lower hand raised on the highest height of the block.

F16. Ardha Chandrasana – *half moon pose*

See 5.B9, page 282. This pose is best done before utthita trikonasana if the period is present.

F17. Bhekasana – *frog pose*

Two assistants are required. One, at the foot side, rolls the fronts of the thighs in; the other, at the head side, places his/her ankle for Eva-Lynn to catch with her hands (5.F17a). Eva-Lynn must relax the abdomen, buttocks, and thighs completely as the assistants adjust her. The assistant at the head side presses his/her hands at the sacrum to take it away from the waist, as the helper at the foot side tractions the knees back with the use of ropes placed around Eva-Lynn's knees and his/her own ankles. At the same time, that assistant holds the tops of Eva-Lynn's feet to press them to the buttocks and outer thighs in a pumping action (5.F17b). The feet are pressed to the point of resistance and then backed off a little. This helps lengthen and align Eva-Lynn's sacrum and provides tremendous relief from her pain. As the fronts of her thighs are lengthened, she can then sit comfortably in virasana immediately after this pose. The pressure on the





fig. 5.F17a



fig. 5.F17b



F18. Virasana – *hero pose*

Eva-Lynn needs the support of a bolster under her buttocks to sit comfortably, without pain in the knees or ankles (5.F18). She often repeated this pose after baddha konasana (number 20), especially if she was menstruating and unable to do bhikasana.



fig. 5.F18



F19. Upavistha Konasana – *seated angle pose*

A wall or platform supports the back, with the buttocks up on a bolster. Twenty-five pound plate weights are placed on the inner thighs to help open the pelvis (5.F19a). Halfway through the pose, the weights are placed on the tops of the thighs to lengthen the quadriceps down to the backs of the thighs (5.F19b). This is a great pose during menses, even with the weights. The next pose is done immediately after this one.

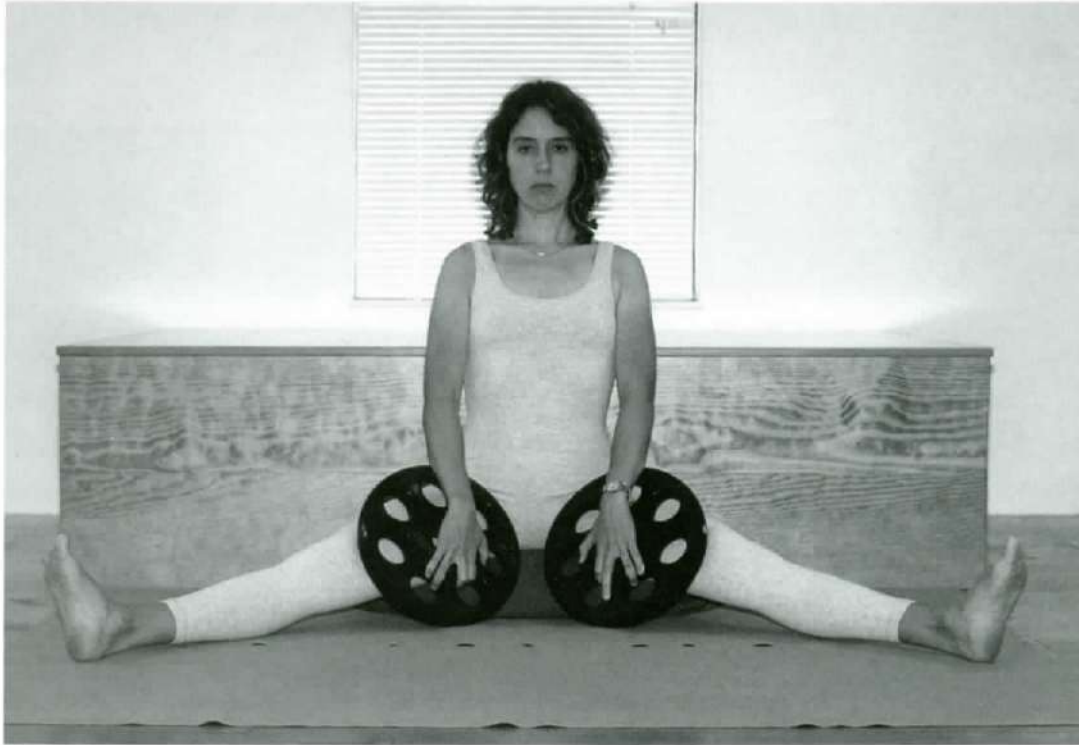


fig 5.F19a

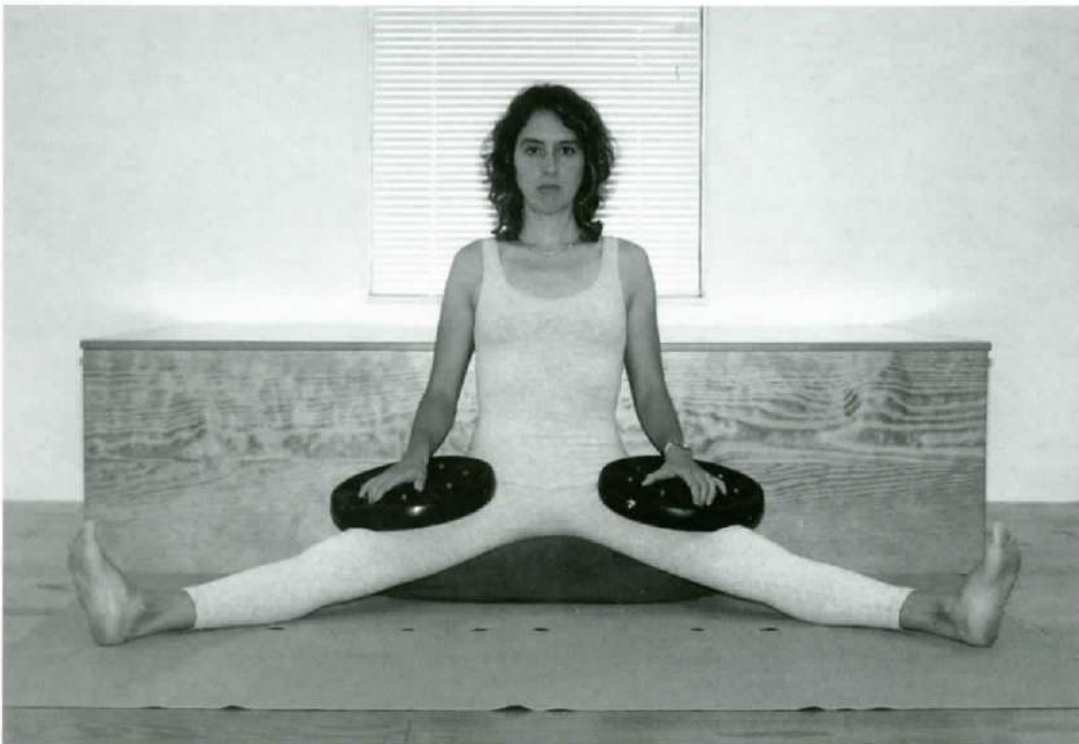


fig 5.F19b



20. Baddha Konasana – *bound angle pose*

The same props are used as in the previous pose. Support the outer thighs with bolsters or blankets and then place the weights on the inner thighs (5.F20). This pose is great during menses. The legs are released to the next pose.



fig. 5.F20



21. Dandasana – *staff pose*

Now using a folded blanket under the buttocks, the legs are extended hip-width (5F21). Sitting lower, the heels and legs can press more strongly to the floor for the spine and chest to lift higher. This pose is appropriate during menses. When cramping or fluid in the legs is present, this pose offers great relief.



fig. 5.F21

In keeping with Yoga Sutra I.33 of Patanjali, the path of yoga develops friendliness, compassion, joy, and detachment from pleasure and sorrow, and from fruitful and demeritorious actions; resulting in the consciousness being favorably disposed, tranquil, and benevolent. Yoga restores the body and mind to good health. Many students pursue yoga to help with physical problems, but as they practice, yoga begins to transform their spirits. As they recognize that yoga itself is joyful, the practice evolves from a focus on physical healing to a broader exploration of the vast science, art, and philosophy of yoga. This happened for Eva-Lynn. She continues to consider her physical needs and/or problems, but they are no longer the focus of her practice. Her initial interest in yoga as a potential solution for physical problems has evolved to a deep commitment to the study of yoga, because of the positive changes it has created not only in her body, but also in her mind, allowing her to find a deeper centeredness and tranquility.





Appendices

Appendix A: A Glossary of Iyengar Yoga Props

The basic tools for home practice are a sticky mat, three to four blankets, a belt, a block, and a bolster. Iyengar Yoga centers are typically equipped with these props, as well as outfitted with wall ropes. It can be costly to furnish a center with all of the equipment listed below. Props are rated here according to relative importance to assist in prioritizing their consideration and purchase. In due course, the center can acquire a full complement of props. The investment will generate a wider range of possibilities for students and teachers.

The pamphlet *Iyengar Yoga Props* (Lozier, 1994) has specifications for their construction. To purchase the pamphlet, and/or props made to order, contact:

Tools for Yoga

PO Box 99

Chatham, NJ 07928

Toll-free in the US 1-888-678-9642

Outside the US: 973-966-5311

<http://www.toolsforyoga.com>

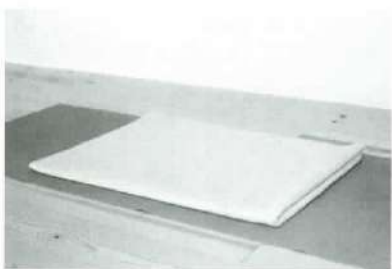
staff@yogapropshop.com

Essential Props:



Belt

Belt – The standard cotton belt from RIMYI measures 6 feet 5 inches in length, 1/2-inch in width, and has a square metal clasp. Longer belts, of the same width, measure 9 feet 5 inches. Many belts fabricated in the US are made of other materials, and may have a plastic quick-release clasp. Wider belts may limit utility in some cases. Avoid belts with a D-ring clasp as they slip with tension.



Blanket

Blanket – The standard natural white cotton blankets from India are ideal as yoga props because they are thin and malleable compared to their wool and Mexican cotton/polyester equivalents. However, they require more maintenance, as they need to be washed in a gentle cycle and air-dried.



Block

Block – The standard, most durable block is constructed of wood. Foam and cork blocks are also satisfactory; while less durable, they have the benefit of being lightweight. The thinner foam square depicted second from right is often used to open the chest in supine poses, as well as having other creative applications.



Bolster – Round bolsters are ideal! The bolster is very “plump” when new, as depicted on the left, but with time flattens to a perfect shape. It may need to be re-stuffed. The best fill is cotton batting. Square-ended bolsters, usually filled with polyester, cut into the back incorrectly for supine poses, and flatten too much for seated poses.



Bolster

Head Wrap – This is actually an ace bandage with an ideal thread count like those made in India. US-made bandages are too thick and uncomfortable for using on the head. The bandage is stored in a roll, and then unraveled to wrap around the head or for use as support for various parts of the body. It may also be folded for placement over the eyes instead of an eye bag. Eye bags/pillows may be too heavy in weight and can blur the vision temporarily, which is not ideal for yoga practice.



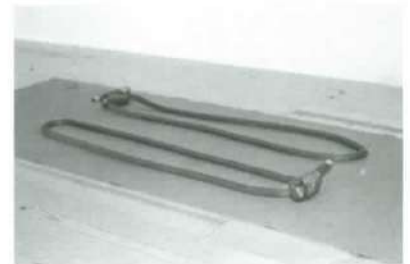
Head Wrap

Platform – The platform depicted here is made from a 4-by-8 by 1/2-inch sheet of plywood and stands 21-inches from the floor. The sides may be left open for storage. While it might seem that a platform will occupy valuable studio space, it actually creates space by its usefulness for supporting poses, as well as enhancing students’ ability to see the teacher and vice-versa.



Platform

Rope – Extra ropes may be made for use other than on the hooks of a rope wall (see below). Ropes that are thicker than 1/2-inch in diameter can be useful behind bent knees in poses such as virasana, padmasana, and vamadevasana, as well as for traction in supta padangusthasana.



Rope

High Priority Props:

Rope Wall/Ropes – Many constructions of the rope wall are designed to be sturdy. One approach secures 2-by-6-inch wood boards running horizontally across a wall at three heights, secured into the wall studs. The lowest of those boards is placed at the level of the floor, a second one at 33 inches, and the last at 78 inches from the floor. 4-by-8 foot sheets of half-inch plywood are secured vertically into the boards and cover the wall. The hooks are 39 and 80 inches from the floor. Hooks may also be placed one inch from the floor (not depicted here). The upper hooks are to have two ropes. However, it is difficult to find a hook with a large enough diameter to accommodate two ropes. In that case, two hooks may be placed side by side. At RIMYI, there are gaps between sets of ropes, which is unnecessary as they may be evenly spaced apart, according to the wall/studio’s limitations. This even spacing accommodates more sets of ropes on the wall, but they should not be closer than 16 inches. The upper ropes should be 11 feet 6 inches in length with a 1/2-inch diameter. The lower ropes should be cut 8 feet 10 inches long and have a 3/8-inch diameter. They are tied with a Jacob’s ladder knot—it takes some practice to get all the ropes even after tying.



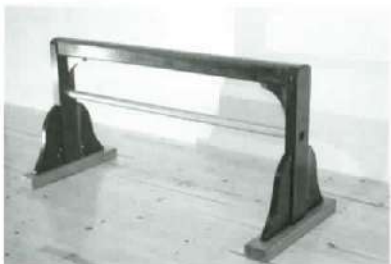
Rope Wall/Ropes





Chair

Chair – Folding metal chairs should have a rung at the front as well as the back for sturdiness and usefulness. The backs should be removed and the remaining metal tube filed smooth.



Trestle

Trestle – When Gururji first settled in Pune he lived near the racetrack, and some of his students were horse trainers. Their trestle used for jumping horses inspired him, seeing its potential as a support for yoga poses. The one depicted here has a pine footing to make the prop a little lighter in weight, but the wood bar across is maple for hardness. Oak, Kentucky Coffee Bean, and many other hard woods may be used. The trestle depicted here was rubbed by hand with tung oil 11 times!



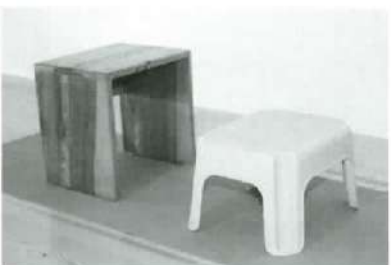
Simhasana Box

Simhasana Box – Also referred to as a heart bench, this frequently employed prop was originally designed to do simhasana, positioning the front of the body on the box with the chest on the upper slant, the pelvis on the horizontal portion, and the legs on the bottom slant. However, it's more commonly used to support supine poses. This box may also be used for a variation of supported setubandha sarvangasana, with the buttocks on the high end of the slant and the shoulders on the level portion of the box. Many incorrect designs have been constructed and limit utility. Obtain one according to the specifications in the Lozier pamphlet.



Viparita Dandasana Bench

Viparita Dandasana Bench – The correct curve is the one designed by Gururji. Incorrect designs were the result of erroneous thinking that Americans were bigger than Indians and needed bigger benches, resulting in a useless prop! Gururji first saw this misconstrued prop at the 1984 San Francisco Iyengar Yoga convention at a prop shop and tried to correct the problem at that time. However, it continues to be made. Follow the specs in the Lozier pamphlet without modification. For relative lightness, pine may be used for the runners and the bottom of the bench, but a sturdier wood, such as oak, should be used for the rungs and the sides.

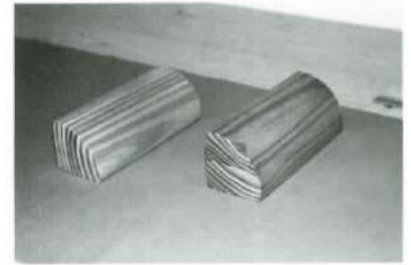


Short Stool

Short Stool – The plastic stool on the right is readily available in general stores. The wood one on the left is of a similar construction to the halasana box (see below). It can be used for supporting the feet in ardha halasana when the student is unable to reach his/her feet to the floor.

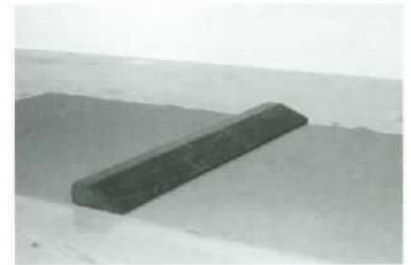


Quarter Round – Wood construction provides the greatest durability.



Quarter Round

Slanting Plank – Those made of wood are best, as their foam counterparts lack sturdiness and are not the correct shape. Many incorrect constructions of the plank have been made, with limited usefulness. Adhere to the specifications in the Lozier pamphlet.



Slanting Plank

Plate Weight – The best plate weights are rubberized, but they are difficult to find. Search for fitness equipment on the Web to locate a distributor. Finding used weights is possible. Pictured from left to right are weights of 25, 10, and 2 lbs.

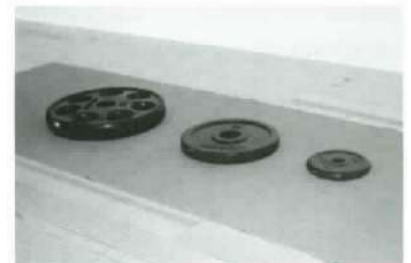


Plate Weight

Sandbag – A square sandbag is more functional than an oblong one as it covers more surface of the body without slipping. Many sizes may be fabricated, starting at 12-by-12-inches, filled with 10 pounds of sand. It gets cumbersome lifting sandbags that weigh more than 20 pounds. Donated scraps of canvas from a futon maker were used to make the one depicted here. Fill with dustless sand sold at pet supply stores (for aquariums) and toy stores (for sand boxes).



Sandbag

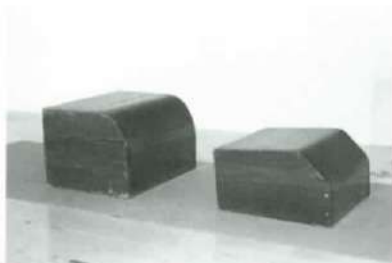
Medium Priority Props:

Setubandha Bench (12 inches) – This narrow width is most common due to storage concerns. Many construction designs are available, and most are good as long as they are sturdy. The bench depicted here easily stands on its end for compact storage, especially beneficial with multiple benches.

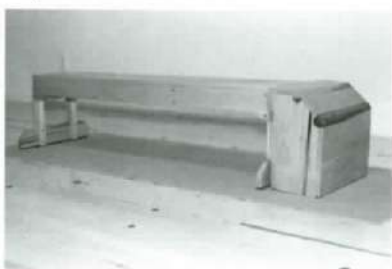


Setubandha Bench (12 inches)





Viparita Karani Box



Viparita Karani Box with Setubandha Bench



Pavana Muktasana Bench



Halasana Box



Tall Stool

Viparita Karani Box – This may be used by itself for viparita karani sarvangasana, as well as for making a more gentle support, combined with the setubandha bench, when doing supported setubandha sarvangasana. The boxes are different sizes, determined according to the size of the matched setubandha bench.

Pavana Muktasana Bench – This bench is approximately double the height of a narrow/standard setubandha bench, and is generally used for supporting various seated and standing poses. If used for supporting setubandha sarvangasana as a last resort (because all of the setubandha benches are already in use), two bolsters, instead of one, should be used for supporting the head and shoulders.

Halasana Box – Three boxes can be constructed to nest for easy storage. Metal brackets on the inside corners of the box and a wood bar across the back increase its sturdiness.

Tall Stool – A bar stool may be used as a substitute, but is not as effective as the standard square stool depicted here.



Low Priority Props:

Setubandha Bench (wide, both standard and tall) – The wider bench is more restful and very effective for heavy bodies. The taller bench on the left is used for slanting *supta baddha konasana* at the rope wall, as well as placed on a platform for *ardha uttanasana*. Because of its height, when used for *setubandha sarvangasana*, two bolsters will be needed for supporting the shoulders and head instead of one.

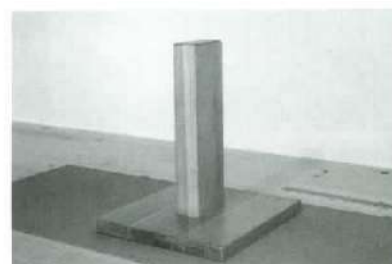


Setubandha Bench (wide, both tall and standard)



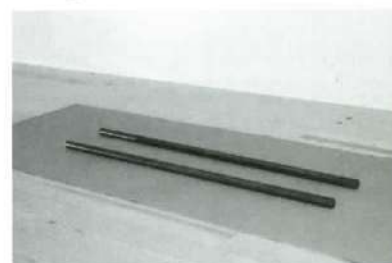
Setubandha Bench with Viparita Karani box

Stump – For optimal use, the height of the stump should match the height of the platform (21 inches).



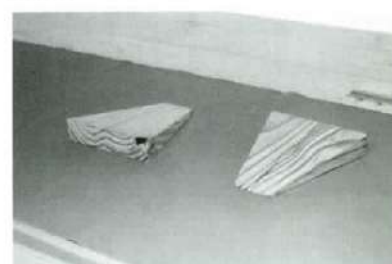
Stump

Metal Bars – These are about 3 and 1/2 feet long and can be purchased at a farm equipment store. They are helpful for lifting the upper arms in *salamba sirasana* and weighting the upper arms in *salamba sarvangasana* and the thighs in *adho mukha virasana*.



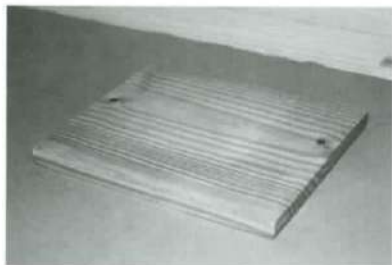
Metal Bars

Wedge – Wood and foam are both good. The wedges help to support the outer sides of the pelvis in supine poses as well as having other inventive uses.



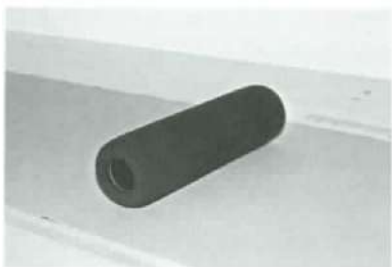
Wedge





Flat Board

Flat Board – A 14-by-11-by-1/2-inch wood board commonly placed across the sacrum in salamba sarvangasana on the chair. This usage aims to spread the sacrum, as its compression in the pose may cause pain.



Roller

Roller – Made from a 2-inch-diameter pipe of PVC (polyvinylchloride) wrapped in 1/2-inch foam, this prop has many uses, including being placed behind the back to open the chest in supported seated and supine poses.



Drum

Drum – This prop is created from particleboard covered in a 1/2-inch layer of foam; the diameter is 14 inches. It is typically used for supporting the back in dwipada viparita dandasana and the upaashrayii and samashrayii variations of upavistha konasasana/baddha konasana/swastikasana/dandasana.



Appendix B: Sequence Lists

Each entry below has the pose number within its sequence, pose name, page number(s), and cross-reference page number(s).

Asana Sequence for Menstruation, 1

- | | |
|---|---|
| 1. Adho mukha svanasana, 3-4 | 20. Adho mukha upavistha konasana
(horizontal support), 31 |
| 2. Uttanasana, 5-6 | 21. Upavistha konasana, 32-33 |
| 3. Utthita parsva hasta padangusthasana, 7-8 | 22. Baddha konasana, 34-35 |
| 4. Ardha chandrasana, 9 | 23. Dwi pada viparita dandasana (bench), 36-37 |
| 5. Prasarita padottanasana, 10-11 | 24. Dwi pada viparita baddha konasana (bench), 38 |
| 6. Supta parsva padangusthasana, 12-13 | 25. Dwi pada viparita padmasana (bench), 39 |
| 7. Adho mukha virasana, 14-15 | 26. or Dwi pada viparita dandasana (chair), 40 |
| 8. Parivrtta adho mukha virasana, 16-17 | 27. Supta virasana, 41-42 |
| 9. Adho mukha swastikasana, 18 | 28. Matsyasana, 43 |
| 10. Parivrtta adho mukha swastikasana, 19 | 29. Supta swastikasana, 44 |
| 11. Parvatasana, 20-21 | 30. Supta baddha konasana, 45 |
| 12. Parvatasana (swastikasana legs), 22 | 31. Setubandha sarvangasana (bench), 46-47 |
| 13. Janu sirsasana, 23-24 | 32. Setubandha baddha konasana, 48 |
| 14. Trianga mukhaikapada paschimottanasana, 25 | 33. Setubandha padmasana, 49 |
| 15. Ardha baddha padma paschimottanasana, 26 | 34. Pavana muktasana, 50 |
| 16. Marichyasana I, 27 | 35. Savasana (plate weight), 51 |
| 17. Paschimottanasana, 28 | |
| 18. Parsva upavistha konasana, 29 | |
| 19. Adho mukha upavistha konasana
(vertical support), 30 | |

Pranayama Guidelines for Menstruation, 54

1. Salamba savasana, 55

Asana Practice for a Light Menstrual Flow, 59

Practice the sequence on page 59 through number 22. Repeat paschimottanasana and end with savasana.

Asana Practice for a Heavy Menstrual Flow, 60

- | | |
|--|---|
| 1. Setubandha sarvangasana/Dwi pada
viparita dandasana, upavistha konasana,
and baddha konasana, 61-69 | 6. Dwi pada viparita upavistha konasana
and baddha konasana (bench/feet
support or three chairs), 76-80 |
| 2. Samaashrayi upavistha konasana, 70-72 | 7. Setubandha upavistha konasana and
baddha konasana (bench), 81-84 |
| 3. Upaashrayi upavistha konasana, 73 | 8. Savasana (two chairs), 85-86 |
| 4. Samaashrayi baddha konasana, 74 | |
| 5. Upaashrayi baddha konasana, 75 | |



Asana Practice for When the Flow Exceeds Ten Days, 87

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. Setubandha sarvangasana/Dwi pada viparita upavistha konasana, baddha konasana, and dandasana, 87-88 (61, 68) 2. Dwi pada viparita upavistha konasana, baddha konasana, and dandasana, 89-90 (76, 79) 3. Samaashrayi dandasana, 91 (73) 4. Upaashrayi dandasana, 92 5. Prasarita padottanasana, 93 (10) 6. Adho mukha svanasana (rope), 93-94 (3) 7. Salamba sirsasana upavistha konasana and baddha konasana (rope), 95-98 | <ol style="list-style-type: none"> 8. Salamba Sirsasana I, 99 9. Ardha supta konasana, 100 10. Salamba sarvangasana baddha konasana, 101-102 11. Salamba sarvangasana (chair), 103-104 12. Setubandha upavistha konasana, baddha konasana, and dandasana, 105 (81, 84) 13. Viparita karani upavistha konasana and baddha konasana, 106-110 14. Savasana (two chairs), 110 (85-86) |
|---|--|

Asana Practice During Menses to Lengthen Short Cycles, 111

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. Supta virasana, 41-42 2. Matsyasana or Supta swastikasana, 43-44 3. Supta baddha konasana, 45 4. Dwi pada viparita baddha konasana or padmasana (bench), 38-39 5. or Dwi pada viparita dandasana (chair), 40 6. Janu sirsasana, 23-24 7. Trianga mukhaikapada paschimottanasana (concave), 25 8. Ardha baddha padma paschimottanasana, 26 | <ol style="list-style-type: none"> 9. Marichyasana I (concave), 27 10. Paschimottanasana (concave), 28 11. Parsva dandasana, photo only, 112 12. Baddha konasana, 34-35 13. Supta baddha konasana, 45 14. Matsyasana or Supta swastikasana, 43-44 15. Supta virasana, 41-42 16. Setubandha sarvangasana, 46-47 17. Savasana, 51 |
|---|--|

Asana Practice for Headache During Menstruation, 114

1. Pavana muktasana (bench/chairs), 114-116
2. Adho mukha svanasana, 3-4
3. Uttanasana, 5-6
4. Adho mukha virasana, 14-15
5. Parivrtta adho mukha virasana, 16-17
6. Janu sirsasana, 23-24
7. Adho mukha upavistha konasana, 30
8. Paschimottanasana, 28
9. Savasana, 51



Asana Sequence for Post-Menstruation, 119

1. Adho mukha virasana, 122
2. Adho mukha svanasana, 123-124
3. Uttanasana, 125-126
4. Parsvottanasana, 127-128
5. Prasarita padottanasana, 129-131
6. Salamba sirasana I (block), 132-134
7. Uttanasana, 135
8. Salamba adho mukha vajrasana (rope), 136-137
9. Salamba uttanasana (rope), 138
10. Prasarita padottanasana, 139
11. Uttanasana, 140-141
12. Parsvottanasana, 142-143
13. Janu sirasana, 144-146
14. Paschimottanasana, 147-149
15. Ardha halasana (bolster/chair), 150-152
16. Niralamba sarvangasana, 153
17. Supta konasana, 154-155
18. Halasana (block/stool), 156-158
19. Salamba sarvangasana I (block), 159
20. Paschimottanasana (concave), 160
21. Janu sirasana (concave), 161
22. Niralamba sarvangasana, 162-163
23. Ardha supta konasana, 164
24. Akunchasana in niralamba sarvangasana, 165
25. Salamba sarvangasana (chair), 166-167
26. Viparita karani sarvangasana, 168
27. Adho mukha swastikasana, 169
28. Bharadvajasana, 170-171
29. Adho mukha paschimottanasana, 172-173
30. Paripurna navasana, 174-175
31. Viparita karani upavistha konasana, 176-178
32. Viparita karani baddha konasana, 179
33. Swastikasana savasana, 180

Pranayama Practices for Post-Menstruation, 183

1. Supta baddha konasana, 183
2. Maha mudra, 184-185
3. Adho mukha savasana, 186
4. Upavistha sthiti (chair), 187
5. Upavistha sthiti (trestle), 188
6. Swastikasana (wall), 189

Practice for Acute Pre-Menstrual Abdominal Pain, 224

1. Supta baddha konasana, 224
2. Supta swastikasana, 225
3. Adho mukha svanasana (rope), 225
4. Prasarita padottanasana (bench), 226
5. Uttanasana (stool), 227
6. Uttanasana (trestle), 227
7. Dwi pada viparita baddha konasana (raised bench), 228
8. Supta swastikasana (repeat no. 2)
9. Supta baddha konasana (repeat no. 1)
10. Savasana (two chairs), 85-86

Pre-Menstrual Recuperative Sequence, 229

1. Salamba savasana (bolsters), 229
2. Setubandha sarvangasana/Dwi pada viparita dandasana, 230
3. Supta baddha konasana (horizontal bolster), 230
4. Supta virasana (horizontal bolster), 231
5. Matsyasana, Supta bhadrasana, or Supta swastikasana, 231 (43)
6. Salamba sirasana upavistha konasana (rope), 232 (95)
7. Dwi pada viparita dandasana (arms to sides), 232 (36)
8. Ustrasana (chair or box), 233
9. Kapotasana (chair/bolster), 234
10. Salamba sarvangasana (chair), 235
11. Setubandha sarvangasana (bench), 236 (46)
12. Viparita karani upavistha konasana, 236 (176-177)
13. Savasana, 236 (51)



Practice for Balancing Hormones, 237

1. Supta baddha konasana, 237 (45)
2. Supta parsva padangusthasana, 237 (12)
3. Utthita parsva hasta padangusthasana (rope), 238 (7)
4. Ardha chandrasana (trestle/stool), 238 (9)
5. Uttanasana (rope), 239 (5-6)
6. Adho mukha svanasana (rope), 239 (3)
7. Dwi pada viparita upavistha konasana and baddha konasana (bench/feet support or three chairs), 240 (76-80)
8. Setubandha upavistha konasana and baddha konasana (bench/feet support), 241 (81-84)
9. Parsva sarvangasana, 242
10. Savasana, 51

Practice for Opening and Softening the Abdomen, 243

1. Ardha chandrasana (trestle), 243 (9)
2. Virabhadrasana II (trestle), 243
3. Utthita parsva hasta padangusthasana (wall), 244 (7-8)
4. Supta parsva padangusthasana, 244 (12)
5. Paripurna navasana, 245 (174)
6. Upavistha konasana (trestle), 245 (32-33)
7. Baddha konasana (trestle), 245 (34-35)
8. Adho mukha svanasana (raised feet), 246 (124)
9. Uttanasana (belt), 246
10. Urdhva dhanurasana (raised feet), 247-248
11. Dwi pada viparita dandasana (raised feet), 249
12. Salamba sirsasana baddha konasana (rope), 250 (97)
13. Niralamba sarvangasana, 250 (162)
14. Ardha halasana (rope/chair), 251
15. Setubandha sarvangasana viparita karani, 252
16. Savasana, 51

Recuperation and Elongation Sequence, 256

1. Supta baddha konasana (T-shape), 257
2. Setubandha sarvangasana/Dwi pada viparita dandasana, upavistha konasana, and baddha konasana, 258-259
3. Dwi pada viparita dandasana (supported), 260-261
4. Salamba sirsasana baddha konasana (rope), 262 (97)
5. Salamba sirsasana I, 263
6. Salamba adho mukha vajrasana (rope/halasana box), 264 (136-137)
7. Prasarita padottanasana (bench/wall), 265
8. Ardha halasana, 266
9. Adho mukha virasana, 267
10. Niralamba sarvangasana, 268
11. Viparita karani sarvangasana, 269
12. Urdhva hasta dandasana, 270
13. Paripurna navasana, 271 (174)
14. Savasana, 51

Alignment and Scar Tissue Sequence, 272

1. Setubandha sarvangasana/Dwi pada viparita dandasana, 258
2. Supta virasana (T-shape), 272-273
3. Supta parsva padangusthasana, 274 (12-13)
4. Adho mukha svanasana (rope), 275 (93-94)
5. Salamba sirsasana I, 263
6. Supta baddha konasana (inclined), 276-277
7. Utthita trikonasana (trestle), 278-279
8. Utthita parsvakonasana (trestle), 280
9. Virabhadrasana II (trestle), 281
10. Ardha chandrasana (trestle), 282
11. Utthita padmasana, 283
12. Virabhadrasana I (corner of wall), 284
13. Virabhadrasana III (trestle/stools), 285
14. Prasarita padottanasana (trestle), 286
15. Salamba purvottanasana (trestle), 287
16. Dwi pada viparita dandasana (stool/bench), 288
17. Kapotasana, 288-289 (234)
18. Parsva sarvangasana (bench), 290



Eva-Lynn's Pre-Menstrual Sequence, 291

1. Setubandha sarvangasana/Dwi pada viparita dandasana, 258
2. Matsyasana, Supta bhadrasana, or Supta swastikasana (T-shape), 291-292
3. Adho mukha svanasana (rope), 275
4. Salamba sirsasana (rope), 262 (97)
5. Ardha chandrasana (trestle), 282
6. Parsvottanasana (rope/halasan box), 293
7. Parivrtta parsvottanasana (rope/halasan box), 294
8. Prasrita padottanasana (bench/wall), 265
9. Janu sirsasana (blanket at abdomen), 295
10. Paschimottanasana (blanket/plate weight), 296
11. Niralamba sarvangasana, 297 (162-163)
12. Setubandha sarvangasana (bolsters/stool), 298

Eva-Lynn's Menstrual Sequence, 299

1. Supta virasana (T-shape), 272
2. Matsyasana, Supta bhadrasana, or Supta swastikasana (T-shape), 291
3. Supta baddha konasana (T-shape), 256
4. Dwi pada viparita dandasana, baddha konasana, and matsyasana/bhadrasana/swastikasana (bench), 300-302
5. Janu sirsasana (concave), 303
6. Trianga mukhaikapada paschimottanasana (concave), 304
7. Ardha baddha padma paschimottanasana (concave), 305
8. Marichyasana I (concave), 306
9. Paschimottanasana (concave/feet apart), 307
10. Parsva dandasana, 308
11. Baddha konasana, 309
12. Supta baddha konasana (T-shape), 310 (256)
13. Matsyasana, Supta bhadrasana, or Supta swastikasana (T-shape), 291
14. Supta virasana (T-shape), 272
15. Setubandha dandasana and baddha konasana (bench), 310-311
16. Savasana, 51

Eva-Lynn's Post-Menstrual Sequence, 312

See "Chapter 3: Sequence for Post-Menstruation." Following are additional variations of some of the poses in that sequence.

- Adho mukha virasana (two bolsters), 312
- Adho mukha svanasana (viparita karani box/belt), 313
- Uttanasana (simhasana box/rope), 314
- Parsvottanasana (concave/blocks), 315
- Parsvottanasana (convex/two hand positions), 316-317
- Supta konasana (supported with assistance), 318
- Paripurna navasana (doorway), 319

Eva-Lynn's Low Back, Neck, and Shoulders Sequence, 320

1. Savasana (chair/plate weight/sandbags), 320
2. Supta padangusthasana (prone), 321
3. Supta padangusthasana (trestle), 322
4. Supta parsva padangusthasana (trestle), 323
5. Utthita hasta padangusthasana, 324
6. Utthita parsva hasta padangusthasana, 325
7. Adho mukha svanasana (rope), 275
8. Ardha uttanasana (rope, with assistance), 326
9. Bharadvajasana (chair, knee prop), 327
10. Viparita parsva hastasana, 328
11. Ardha parsva hastasana, 329
12. Gomukhasana (arms only), 330
13. Urdhva dandasana (trestle), 331
14. Utthita trikonasana (trestle), 278
15. Utthita parsvakonasana (trestle), 280
16. Ardha chandrasana (trestle), 282
17. Bhekasana (with assistance), 332-333
18. Virasana, 334
19. Upavistha konasana (plate weights), 335
20. Baddha konasana (plate weights), 336
21. Dandasana (back support/feet hip-width), 337



Appendix C: Asanas List

- Adho mukha paschimottanasana**
in Sequence for Post-Menstruation 172-173
- Adho mukha savasana**
in Pranayama Practices for Post-Menstruation 186
- Adho mukha svanasana**
in Sequence for Menstruation 3-4
in Sequence for Post-Menstruation 123-124
in Practice for When the Flow Exceeds Ten Days 93-94
in Surya namaskarasana 218-219
in Practice for Acute Pre-Menstrual Abdominal Pain 225
in Practice for Balancing Hormones 239
in Practice for Opening and Softening the Abdomen 246
in Alignment and Scar Tissue Sequence 275
in Eva-Lynn's Post-Menstrual Sequence 313
- Adho mukha swastikasana**
in Sequence for Menstruation 18
in Sequence for Post-Menstruation 169
- Adho mukha upavistha konasana**
in Sequence for Menstruation 30-31
- Adho mukha virasana**
in Sequence for Menstruation 14-15
in Sequence for Post-Menstruation 122
in Recuperation and Elongation Sequence 267
in Eva-Lynn's Post-Menstrual Sequence 312
- Adho mukha vrksasana**
in Viparita Sthiti/Asana with Support for Pre-Menstrual Practice 203
- Akunchasana in niralamba sarvangasana**
in Sequence for Post-Menstruation 165
- Ardha baddha padma paschimottanasana**
in Sequence for Menstruation 26
in Eva-Lynn's Menstrual Sequence 305
- Ardha chandrasana**
in Sequence for Menstruation 9
in Utthistha Sthiti/Asana with Support for Pre-Menstrual Practice 198
in Practice for Balancing Hormones 238
in Practice for Opening and Softening the Abdomen 243
in Alignment and Scar Tissue Sequence 282
- Ardha halasana**
in Sequence for Post-Menstruation 150-152
- Viparita Sthiti/Asana with Support for Pre-Menstrual Practice 205**
in Practice for Opening and Softening the Abdomen 251
in Recuperation and Elongation Sequence 266
- Ardha parsva hastasana**
in Eva-Lynn's Low Back, Neck, and Shoulders Sequence 329
- Ardha supta konasana**
in Practice for When the Flow Exceeds Ten Days 100
in Sequence for Post-Menstruation 162-163
- Ardha uttananasana**
in Surya namaskarasana 218-219
in Eva-Lynn's Low Back, Neck, and Shoulders Sequence 326
- Baddha konasana**
in Sequence for Menstruation 34-35
in Eva-Lynn's Menstrual Sequence 309
in Eva-Lynn's Low Back, Neck, and Shoulders Sequence 336
- Bhadrasana (as alternative to Matsyasana)**
in Sequence for Menstruation 43
in Eva-Lynn's Menstrual Sequence 302
- Bharadvajasana**
in Sequence for Post-Menstruation 170-171
in Parivrtta Sthiti/Asana with Support for Pre-Menstrual Practice 212
in Eva-Lynn's Low Back, Neck, and Shoulders Sequence 327
- Bhekasana**
in Eva-Lynn's Low Back, Neck, and Shoulders Sequence 332-333
- Chaturanga dandasana**
in Surya namaskarasana 218-219
- Dandasana**
in Eva-Lynn's Low Back, Neck, and Shoulders Sequence 337
- Dwi pada viparita baddha konasana**
in Sequence for Menstruation 38
in Practice for Acute Pre-Menstrual Abdominal Pain 228
- Dwi pada viparita dandasana**
in Sequence for Menstruation 36-37, 40
in Purva Pratana Sthiti/Asana with Support for Pre-Menstrual Practice 210
in Pre-Menstrual Recuperative Sequence 232
in Practice for Opening and Softening the Abdomen 249
in Recuperation and Elongation Sequence 260-261
in Alignment and Scar Tissue Sequence 288
- Dwi pada viparita dandasana, baddha konasana, and matsyasana/bhadrasana/swastikasana**
in Eva-Lynn's Menstrual Sequence 300-302
- Dwi pada viparita padmasana**
in Sequence for Menstruation 39



- Dwi pada viparita upavistha konasana and baddha konasana**
 in Practice for a Heavy Menstrual Flow 76-80
 in Practice for Balancing Hormones 240
- Dwi pada viparita upavistha konasana, baddha konasana, and dandasana**
 in Practice for When the Flow Exceeds Ten Days 89-90
- Gomukhasana (arms)**
 in Eva-Lynn's Low Back, Neck, and Shoulders Sequence 330
- Halasana**
 in Sequence for Post-Menstruation 156-158
- Janu sirsasana**
 in Sequence for Menstruation 23-24
 in Sequence for Post-Menstruation 144-146, 161
 in Eva-Lynn's Pre-Menstrual Sequence 295
 in Eva-Lynn's Menstrual Sequence 303
- Kapotasana**
 in Pre-Menstrual Recuperative Sequence 234
 in Alignment and Scar Tissue Sequence 288-289
- Maha Mudra**
 in Pranayama Practices for Post-Menstruation 184-185
- Marichyasana I**
 in Sequence for Menstruation 27
 in Parivrtta Sthiti/Asana with Support for Pre-Menstrual Practice 212
 in Eva-Lynn's Menstrual Sequence 306
- Matsyasana**
 in Sequence for Menstruation 43
 in Pre-Menstrual Recuperative Sequence 231
- Matsyasana, supta bhadrasana, or supta swastikasana**
 in Eva-Lynn's Pre-Menstrual Sequence 291-292
- Niralamba sarvangasana**
 in Sequence for Post-Menstruation 153, 162-163
 in Practice for Opening and Softening the Abdomen 250
 in Recuperation and Elongation Sequence 268
 in Eva-Lynn's Pre-Menstrual Sequence 297
- Paripurna navasana**
 in Sequence for Post-Menstruation 174-175
 in Udara Akunchana Sthiti/Asana with Support for Pre-Menstrual Practice 222
 in Practice for Opening and Softening the Abdomen 245
 in Recuperation and Elongation Sequence 271
 in Eva-Lynn's Post-Menstrual Sequence 319
- Parivrtta adho mukha swastikasana**
 in Sequence for Menstruation 19
- Parivrtta adho mukha virasana**
 in Sequence for Menstruation 16-17
- Parivrtta parsvottanasana**
 in Eva-Lynn's Pre-Menstrual Sequence 293
- Parsva baddha konasana**
 in Parivrtta Sthiti/Asana with Support for Pre-Menstrual Practice 213
- Parsva dandasana**
 in Practice During Menses to Lengthen Short Cycles 112
 in Eva-Lynn's Menstrual Sequence 308
- Parsva sarvangasana**
 in Practice for Balancing Hormones 242
 in Alignment and Scar Tissue Sequence 290
- Parsva upavistha konasana**
 in Sequence for Menstruation 29
 in Parivrtta Sthiti/Asana with Support for Pre-Menstrual Practice 213
- Parsva virasana**
 in Parivrtta Sthiti/Asana with Support for Pre-Menstrual Practice 213
- Parsvottanasana**
 in Sequence for Post-Menstruation 129-131, 142-143
 in Utthistha Sthiti/Asana with Support for Pre-Menstrual Practice 200
 in Eva-Lynn's Pre-Menstrual Sequence 293
 in Eva-Lynn's Post-Menstrual Sequence 315-317
- Parvatasana**
 in Sequence for Menstruation 20-22
- Paschimottanasana**
 in Sequence for Menstruation 28
 in Sequence for Post-Menstruation 147-149, 160
 in Eva-Lynn's Pre-Menstrual Sequence 296
 in Eva-Lynn's Menstrual Sequence 307
- Pavana muktasana**
 in Sequence for Menstruation 50
 in Practice for Headache During Menstruation 114-116
- Pincha mayurasana**
 in Viparita Sthiti/Asana with Support for Pre-Menstrual Practice 204
- Prasarita padottanasana**
 in Sequence for Menstruation 10-11
 in Sequence for Post-Menstruation 129-131, 139
 in Practice for When the Flow Exceeds Ten Days 93
 in Utthistha Sthiti/Asana with Support for Pre-Menstrual Practice 201
 in Practice for Acute Pre-Menstrual Abdominal Pain 226
 in Recuperation and Elongation Sequence 265
 in Alignment and Scar Tissue Sequence 286
- Purvonomaskarasana**
 in Surya namaskarasana 218-219



Salamba purvottanasana

- in Purva Pratana Sthiti/Asana with Support for Pre-Menstrual Practice 206-207
- in Alignment and Scar Tissue Sequence 287

Salamba sarvangasana I

- in Sequence for Post-Menstruation 159
- in Viparita Sthiti/Asana with Support for Pre-Menstrual Practice 204

Salamba sarvangasana (chair)

- in Practice for When the Flow Exceeds Ten Days 103-104
- in Sequence for Post-Menstruation 166-167
- in Pre-Menstrual Recuperative Sequence 235

Salamba sarvangasana baddha konasana

- in Practice for When the Flow Exceeds Ten Days 101-102

Salamba savasana

- In Pre-Menstrual Recuperative Sequence 229

Salamba sirasana I

- in Practice for When the Flow Exceeds Ten Days 99
- in Sequence for Post-Menstruation 132-134
- in Viparita Sthiti/Asana with Support for Pre-Menstrual Practice 202
- in Recuperation and Elongation Sequence 263

Salamba sirasana (rope)

- in Practice for When the Flow Exceeds Ten Days 95-98
- in Viparita Sthiti/Asana with Support for Pre-Menstrual Practice 202
- in Pre-Menstrual Recuperative Sequence 232
- in Practice for Opening and Softening the Abdomen 250
- in Recuperation and Elongation Sequence 262

Samaashrayi baddha konasana

- in Practice for a Heavy Menstrual Flow 74

Samaashrayi dandasana

- in Practice for When the Flow Exceeds Ten Days 91

Samaashrayi upavistha konasana

- in Practice for a Heavy Menstrual Flow 70-72

Savasana

- in Sequence for Menstruation 51
- in Practice for a Heavy Menstrual Flow 85-86
- in Practice for When the Flow Exceeds Ten Days 110
- in Pre-Menstrual Recuperative Sequence 236
- in Eva-Lynn's Low Back, Neck, and Shoulders Sequence 320

Setubandha baddha konasana

- in Sequence for Menstruation 48

Setubandha dandasana and baddha konasana

- in Eva-Lynn's Menstrual Sequence 310-311

Setubandha padmasana

- in Sequence for Menstruation 49

Setubandha sarvangasana

- in Sequence for Menstruation 46-47
- in Practice for When the Flow Exceeds Ten Days 105
- in Pre-Menstrual Recuperative Sequence 236
- in Eva-Lynn's Pre-Menstrual Sequence 298

Setubandha sarvangasana/Dwi**pada viparita dandasana**

- in Purva Pratana Sthiti/Asana with Support for Pre-Menstrual Practice 210
- in Pre-Menstrual Recuperative Sequence 230
- in Alignment and Scar Tissue Sequence 258

Setubandha sarvangasana/Dwi pada viparita dandasana, upavistha konasana, and baddha konasana

- in Practice for a Heavy Menstrual flow 61-69
- in Practice for When the Flow Exceeds Ten Days 87-88
- in Recuperation and Elongation Sequence 258-259

Setubandha sarvangasana viparita karani

- in Practice for Opening and Softening the Abdomen 252

Setubandha upavistha konasana and baddha konasana

- in Practice for a Heavy Menstrual Flow 81-84
- in Practice for When the Flow Exceeds Ten Days 105
- in Practice for Balancing Hormones 241

Supta baddha konasana

- in Sequence for Menstruation 45
- in Pranayama Practices for Post-Menstruation 183
- in Purva Pratana Sthiti/Asana with Support for Pre-Menstrual Practice 207
- in Practice for Acute Pre-Menstrual Abdominal Pain 224
- in Pre-Menstrual Recuperative Sequence 230
- in Practice for Balancing Hormones 237
- in Recuperation and Elongation Sequence 257
- in Alignment and Scar Tissue Sequence (inclined) 276-277
- in Eva-Lynn's Menstrual Sequence 310

Supta konasana

- in Sequence for Post-Menstruation 154-155
- in Eva-Lynn's Post-Menstrual Sequence 318

Supta padangusthasana

- in Eva-Lynn's Low Back, Neck, and Shoulders Sequence 322

Supta padangusthasana (prone)

- in Eva-Lynn's Low Back, Neck, and Shoulders Sequence 321



- Supta parsva padangusthasana**
 in Sequence for Menstruation 12-13
 in Practice for Balancing Hormones 237
 in Practice for Opening and Softening the Abdomen 244
 in Alignment and Scar Tissue Sequence 274
 in Eva-Lynn's Low Back, Neck, and Shoulders Sequence 323
- Supta parsva pavana muktasana**
 in Udara Akunchana Sthiti/Asana with Support for Pre-Menstrual Practice 223
- Supta pavana muktasana**
 in Udara Akunchana Sthiti/Asana with Support for Pre-Menstrual Practice 223
- Supta swastikasana**
 in Sequence for Menstruation 44
 in Practice for Acute Pre-Menstrual Abdominal Pain 224
- Supta virasana**
 in Sequence for Menstruation 41-42
 in Pre-Menstrual Recuperative Sequence 231
 in Alignment and Scar Tissue Sequence 272-273
- Swastikasana**
 in Pranayama Practices for Post-Menstruation 189
- Swastikasana savasana**
 in Sequence for Post-Menstruation 180
- Tadasana**
 in Utthista Sthiti/Asana with Support for Pre-Menstrual Practice 195
 in Surya namaskarasana 218-219
- Trianga mukhaikapada paschimottanasana**
 in Sequence for Menstruation 25
 in Eva-Lynn's Menstrual Sequence 304
- Upaashrayi baddha konasana**
 in Practice for a Heavy Menstrual Flow 75
- Upaashrayi dandasana**
 in Practice for When the Flow Exceeds Ten Days 92
- Upaashrayi upavistha konasana**
 in Practice for a Heavy Menstrual Flow 73
- Upavistha konasana**
 in Sequence for Menstruation 32-33
 in Practice for Opening and Softening the Abdomen 245
 in Eva-Lynn's Low Back, Neck, and Shoulders Sequence 335
- Upavistha sthiti (chair)**
 in Pranayama Practices for Post-Menstruation 187
- Upavistha sthiti (trestle)**
 in Pranayama Practices for Post-Menstruation 188
- Urdhva dandasana**
 in Eva-Lynn's Low Back, Neck, and Shoulders Sequence 331
 in Viparita Sthiti/Asana with Support for Pre-Menstrual Practice 203
- Urdhva dhanurasana**
 in Purva Pratana Sthiti/Asana with Support for Pre-Menstrual Practice 209
 in Practice for Opening and Softening the Abdomen 247-248
- Urdhva hasta dandasana**
 in Upavistha Sthiti/Asana with Support for Pre-Menstrual Practice 214
 in Recuperation and Elongation Sequence 270
- Urdhva hastasana**
 in Surya namaskarasana 218-219
- Urdhva mukha svanasana**
 in Purva Pratana Sthiti/Asana with Support for Pre-Menstrual Practice 208
 in Surya namaskarasana 218-219
- Urdhva namaskarasana**
 in Surya namaskarasana 218-219
- Urdhva prasarita padasana**
 in Udara Akunchana Sthiti/Asana with Support for Pre-Menstrual Practice 221
- Ustrasana**
 in Purva Pratana Sthiti/Asana with Support for Pre-Menstrual Practice 209
 in Pre-Menstrual Recuperative Sequence 233
- Utkatasana**
 in Surya namaskarasana 218-219
- Uttanasana**
 in Sequence for Menstruation 5-6
 in Sequence for Post-Menstruation 125-126, 135
 in Surya namaskarasana 218-219
 in Practice for Acute Pre-Menstrual Abdominal Pain 227
 in Practice for Balancing Hormones 239
 in Practice for Opening and Softening the Abdomen 246
 in Eva-Lynn's Post-Menstrual Sequence 314
- Utthita hasta padangusthasana**
 in Eva-Lynn's Low Back, Neck, and Shoulders Sequence 324
- Utthita padmasana**
 in Alignment and Scar Tissue Sequence 283
- Utthita parsva hasta padangusthasana**
 in Sequence for Menstruation 7-8
 in Practice for Balancing Hormones 238
 in Practice for Opening and Softening the Abdomen 244
 in Eva-Lynn's Low Back, Neck, and Shoulders Sequence 325



Utthita parsvakonasana

- in Utthistha Sthiti/Asana with Support for Pre-Menstrual Practice 197
- in Alignment and Scar Tissue Sequence 280

Utthita trikonasana

- in Utthistha Sthiti/Asana with Support for Pre-Menstrual Practice 196
- in Alignment and Scar Tissue Sequence 278-279

Viparita karani sarvangasana

- in Sequence for Post-Menstruation 168
- in Recuperation and Elongation Sequence 269

Viparita karani upavistha konasana

- in Pre-Menstrual Recuperative Sequence 236

Viparita karani upavistha konasana**and baddha konasana**

- in Practice for When the Flow Exceeds Ten Days 106-110
- in Sequence for Post-Menstruation 176-179

Viparita parsva hastasana

- in Eva-Lynn's Low Back, Neck, and Shoulders Sequence 328

Virabhadrasana I

- in Utthistha Sthiti/Asana with Support for Pre-Menstrual Practice 199
- in Alignment and Scar Tissue Sequence 284

Virabhadrasana II

- in Utthistha Sthiti/Asana with Support for Pre-Menstrual Practice 199
- in Practice for Opening and Softening the Abdomen 243
- in Alignment and Scar Tissue Sequence 281

Virabhadrasana III

- in Utthistha Sthiti/Asana with Support for Pre-Menstrual Practice 200
- in Alignment and Scar Tissue Sequence 285

Virasana

- in Upavistha Sthiti/Asana with Support for Pre-Menstrual Practice 215
- in Eva-Lynn's Low Back, Neck, and Shoulders Sequence 334

Vrksasana

- in Utthistha Sthiti/Asana with Support for Pre-Menstrual Practice 195



Index

Index

Asanas in the Guide are indexed in alphabetical order in Appendix C.

Sequences and practices in the Guide are indexed in chronological order in the Table of Contents and summarized in Appendix B.

Abdomen

- cramps in 42, 224
- muscles of 220, 221
- organs of 220, 275
- pressurizing of 227
- scar tissue. *See* Scar tissue
- softening of 120
- toning versus hardening of 220

Acid reflux 271

Adhesions 206, 261, 262

Adrenal glands

- adho mukha savasana and 186
- forward extensions and 211
- janu sirsasana (concave) and 303
- lateral extension of 308
- lengthening and massaging of 165, 206, 256, 282, 288
- parsva sarvangasana and 242, 290
- paschimottanasana (concave) to lift 160
- pavana muktasana for 50, 116
- resting of 230, 310
- revolving and releasing of 294
- setubandha padmasana for 49
- setubandha support for 241
- supta baddha konasana and 230, 310
- twists and 211
- upaashrayi upavistha konasana for 73

Amenorrhea 59

Anaerobic metabolism 214

Anemia 59

Anxiety

- head wrap and 36
- props to reduce 60
- seated poses and 214
- upavistha sthiti for 188

Asthma 42

Back pain, low

- adho mukha svanasana variation for 94
- assisted bhekasana to relieve 332
- case study and 254
- chronic 192
- pavana muktasana to relieve 50
- supta pavana muktasana for 223

Backache

- adho mukha svanasana variation for 3
- baddha konasana variation for 34
- concave back position for 128
- dwi pada viparita variation for 36, 40
- eliminating pose for 17
- setubandha sarvangasana/dwi pada viparita dandasana variation for 230
- standing poses support for 194
- upavistha konasana variation for 32
- utthita hasta parsva padangusthasana variation for 7

Bahya. *See* Ujjayi and Viloma

Bandage. *See* Head wrap

Bladder

- adho mukha svanasana variation for 275
- ardha supta konasana for 164
- incontinence of 94, 124, 185
- upaashrayi upavistha konasana for 73

Bloating 67, 68, 211

Blood clots, discharge of 75, 78

Breast fibroids 192

Circulation

- in abdominal organs 175
- enhancement of 126
- in hip region/pelvis 149, 274
- after inverting 135
- of legs and feet 25, 29, 92, 128
- in spine 171, 327

Colitis 60

Constipation 100, 164

Cramps

- abdominal 42, 224
- leg 295
- menstrual 7, 8, 13, 39

Crohn's disease 60

Cysts. *See* Ovarian cysts

Depression

- abatement of in uttanasana 141
- chin support in uttanasana for 5, 125
- chin support in prasarita padottanasana for 10
- dwi pada viparita dandasana variation for 36
- eyes open for 67, 83
- forward bends variation for 14, 23
- setubandha variation for 46-47
- supine poses variation for 41



- DHEA (dehydroepiandrosterone) 237
- Diarrhea 60
- Digestive system
forward bends and 211
- Diverticulitis 60
- Dowager's hump 211
- Dysmenorrhea 59
- Ears
congested 158
twisting for blockage of 211
- Emotional instability 47
- Endocrine system 262, 266, 268
balancing 241
niralamba sarvangasana for 162-163
- Endometriosis
abdominal contracting poses and 220
asana practice for 192, 193, 194
back extensions and 206
dwi pada viparita padmasana for 39
forward extensions and 211
opening and softening the abdomen and 243
salamba sarvangasana for 104
twists and 211
urdhva dhanurasana for 247
- Eva-Lynn (Case Study)
need to combine practices for 320
problems of 255
progress of 255, 291
- Eye bags 55
- Eyes open
for anxiety or mental condition 188
for depression or thyroid dysfunction 65, 67, 83
- Fatigue
forward bends and 211
pre-menstrual 193
- Fibroids. *See* Breast fibroids and Uterine fibroids
- Gall bladder 73
- Headache
bharadvajasana for 171
Eva-Lynn and 255
head wrap for 113
during menstruation 113
pavana muktasana for 50, 116
poses to avoid during 5
upaashrayi upavistha konasana for 73
- Head wrap 55, 113
in supine poses for anxiety/tension 36
- Heat in the body 73, 77, 83, 96, 97
- Heavy menstrual flow
props beneficial for 60
supported back extensions and 60
- Hemorrhoids 60
- Hernia, hiatal 73
- High blood pressure 65, 66, 77
- Hormonal balance
back extensions and 206
- Hot flashes
head support for 36, 65, 77
pavana muktasana for 116
salamba sirsasana upavistha konasana and 96
setubandha upavistha konasana
head position and 83
- Hyperactivity 141
- Hypermenorrhea. *See* Menorrhagia
- Hypothalamus 261
- Hysterosalpingogram 224
- Illness, recovery from 167
- Incontinence. *See* Bladder
- Infertility
correcting some conditions of 290
- Intestinal problems
forward bends and 211
- Intestines
marichyasana I for 27
- Inversions, benefits of 120
- Irritable bowel syndrome 60
- Iyengar, B.K.S. i, iv, 47
- Iyengar, Geeta S. i, ii-iii, iv-v, 60, 134
- Iyengar, Prashant S. i
- Kidneys
adho mukha savasana and 186
forward extensions and 211
lateral extension of 308
lengthening and massaging of
165, 206, 256, 282, 288
pavana muktasana to lengthen 50
parsva sarvangasana and 242, 290
paschimottanasana (concave) to lift 160
resting of 230, 310
revolving and releasing of 294
setubandha padmasana for 49
setubandha support for 241
supta baddha konasana and 230, 310
twists and 211
upaashrayi upavistha konasana for 73
- Knee pain
forward bends variation for 23
padmasana variation for 26
- Lactic acid 214
- Light menstrual flow
forward bends for 59
poses to skip for 59
- Liver 211
- Low energy 47
- Lymphatic system 202, 262, 266, 268
- Menorrhagia 59



- Menstrual cramps. *See* Cramps
- Menstrual cycle, short
estrogen and 111
- Menstrual flow
belts for in *supta baddha konasana* 311
concave-back forward bends and 299, 303, 307
- Menstrual flow, heavy. *See* Heavy menstrual flow
- Menstrual flow, lengthy
inversions for 87
- Menstrual flow, light. *See* Light menstrual flow
- Menstrual period
ardha chandrasana during 332
encouraging onset of 229
lateness of 193, 206, 214
workshops during 193
- Menstruation
contraindications for practicing asana for 2
hormones and 58
irregular 58-59
teaching of asana sequence for 2
- Morning sickness 73
- Nausea 59, 73
- Neck discomfort 169
- Nervous system
forward bends and 211
head-down position for 143
niralamba sarvangasana for 162-163
props and 60
salamba adho mukha vajrasana for 136-137
- Oblique muscles 223
- Oligomenorrhea 59
- Osteoporosis 188
- Otitis media 16
- Ovarian cysts
abdominal contraction poses and 220
arresting development of 242
dwi pada viparita padmasana for 39
estrogen and 192
forward bends practice and 211
lateral pose support for 194
opening and softening the abdomen and 193, 243
salamba sarvangasana and 104
setubandha padmasana for 49
supta baddha konasana for 276
twists and 211
urdhva dhanurasana for 247
- Ovaries
parsva sarvangasana for 290
student with polycystic 237
- Ovulation 193
painful 73, 202
- Pancreas 211
- Patanjali
Yoga sutra of 254, 337
- Period. *See* Menstrual period
- Pineal gland 202, 261
blood flow to 211
- Pituitary gland 202
blood flow to 211
- Plantar fasciitis 173
- Polymenorrhea 59
- Posture, correcting 211, 272
- Post-menstrual period
inversions, importance of 120
- Post-partum 124
- Pranayama
and asana 54
during menstruation 54-56
during post-menstruation 183-189
See also Ujjayi and Viloma
- Pregnancy 188
- Pre-menstrual period
backache during 194
bloating during 211
duration of 192
supported asanas during 192
surya namaskarasana and 217
symptoms of 192, 194
- Prolapsed uterus
abdominal contraction poses and 220
adho mukha svanasana variation for 94, 124
ardha supta konasana for 100, 164
forward bends and 211
maha mudra for 185
paripurna navasana for 175
and poses to avoid 192
prasrita padottanasana for 139
salamba sarvangasana baddha konasana for 102
salamba sirsasana (rope) for 96, 98
salamba sirsasana I for 99
swastikasana savasana and 180
- Props
use of 60
See also Appendix A
- Prostate 60, 73, 100
- Respiratory conditions 73
- ringing in the ear. *See* Otitis media
- Samaashrayi (def.) 59
- Sarvangasana, body in 120
- Scar tissue
ardha chandrasana variation for 282
deep back extension for 256
dwi pada viparita padmasana for 39
Eva-Lynn's, progressively reaching 272
parsva sarvangasana for 290



- setubandha padmasana for 49
 - side extension and 280
 - supta baddha konasana for 276
 - T-shape bolsters for 299
- Sciatica 279
- Scoliosis 188, 285
- Sinus cavities
 - blockage of 158, 171
 - twisting for blockage of 211
- Sirsasana, body in 120
- “Sister poses” 60
- Sleep 168, 202
- Spleen 211
- Stiffness
 - before menstruation 298
 - of shoulders in viparita parsva hastasana 318
 - supta konasana variation for 318
 - twisting and 211
- Surgery
 - post-caesarian 104
 - recovery from 92
- Tension 36, 214, 229
- Testicles 60, 73
- Testosterone, elevated 237
- Thyroid glands
 - ardha halasana for 266
 - blood flow to 211
 - conditions of 5, 36, 65, 83
 - head back and 67
 - stretching of throat for 128
 - upaashrayi upavistha konasana for 73
- Tratakam gazing 188
- Twists
 - direction of head in 211
- Ujjayi
 - exhalations (bahya) 54
 - inhalations 183
 - in upavistha sthiti 187, 188
- Upaashrayi (def.) 59
- Uterine fibroids
 - abdominal contraction poses and 220
 - asana practice for 192, 193, 194
 - opening and softening the abdomen and 243
 - setubandha sarvangasana/dwi pada
 - viparita dandasana variation for 88
 - twists and 211
- Uterus
 - adho mukha svanasana variation for 275
 - prolapse of. *See* Prolapsed uterus
 - retroversion of 180
- Vagina
 - air in 134, 153, 155, 158
 - burning sensation of 75
 - dryness of 59, 149
- Viloma
 - exhalations (bahya) 54
 - inhalations 183
 - in upavistha sthiti 187, 188
- Yoga, Iyengar iv
 - foundational books on v
- Yoga sutra. *See* Patanjali



In Gratitude

I would like to express my thanks to my teachers, B.K.S. Iyengar, Geeta S. Iyengar, and Prashant S. Iyengar. Their dedication, devotion, and hard work in their practice and teaching of yoga are unsurpassed. They have uplifted thousands of yoga practitioners through their generosity in sharing their genius in the art and science of yoga. I am grateful to be one of their students.

I want to express my thanks to some other pretty remarkable and special people. In producing this book, it is noteworthy that everyone who contributed is a dedicated Iyengar Yoga practitioner. The book would not have come to fruition in the manner it did if this were not the case.

Not unlike the teachings of the Iyengars, my editor-in-chief, Bob Whittinghill, went beyond the call of duty in getting the words clear, precise, and accurate. I appreciate his dedication to and the time and energy spent on this work. I am very grateful. I also would like to thank Bob for his admirable integrity, something I learn from and aspire to. Ezzealdin Alhilou was very important in taking most of the photos. I tried a few professional photographers, but they didn't have the eye for yoga. Ezze, whose father once owned a camera shop, serendipitously learned to shoot with my nearly 30-year old camera; at the same time, offering feedback on the pose being photographed and how it might be improved. Don Gura's kindness and patience gave me confidence that I could self-publish this book. Kristine Vesley was a stroke of luck to become part of the team towards the end of this project. Her critical eye, valuable suggestions, and perseverance improved this work for its final copy. I would also like to thank the Earl Girls, Cherie and Tracey, as well as Sara Devine and Supriya for contributing their time for the photo shoot and especially, Eva-Lynn Jagoe, who was the best of the best. Thanks go to Shaw-Jiun Chalitios-Wang, Todd Howell, and Juliette Dade for being there when I needed them. I would also like to thank Emily Laugesen and Matt Mitchell for their editing skills in the early drafts of the manuscript. Morton Dorothy is credited with advising, thinking, and planning. I would like to thank Gary Magee for his help when I needed it. Acknowledgments to my angels and kindred spirits Stephanie Quirk, Karen Lena Ufer, and David Ufer for their support on all planes, physically, emotionally, and spiritually.



My Blessings and Good Wishes

I am happy to go through the book by Dr. Lois Steinberg on menstruation and its monthly cycle.

Lois Steinberg has not written on an imaginative theory or analytical thinking. The book does convey clearly experiential experiment with knowledge and understanding of the physical, physiological and emotional states that a woman undergoes in her pre-menstrual, menstrual and post-menstrual periods.

Having gone through the manuscript, I say with gladness that she has presented, as far as possible, accurately, the sequencing of āsanās to overcome the individual disturbances and imbalances that one undergoes at the time of pre-menstrual, menstrual and post-menstrual periods, irrespective of age factor.

In presenting this work, Lois has done a yeoman service to her fellow sisters for keeping themselves in a state of good conditioning, not only their physical and physiological health, but also mental poise and cool composure.

It is a book to be possessed by one and all who value life as a God's gift to maintain with honor and dignity.

I wish Lois Steinberg all success in her endeavors for the health of women who are the wealth on this planet Earth.

— B. K. S. Iyengar

ISBN 097785850-2



9 780977 858507