Yoga and Pulmonary Conditions

Pulmonary conditions are those that involve the lungs. Lung diseases (not including lung cancer) caused 121,000 deaths in 2006. Chronic obstructive pulmonary disease, one of the most common categories of lung disease, is the fourth leading cause of death in the United States. Because of yoga’s ability to improve stress management and increase lung space and breathing capacity, it can greatly impact quality of life for the client with lung disease.

Contraindications

- Dizziness
- Weakness
- Heart palpitations
- Extreme shortness of breath
- Pain
- Resting SBP>180 mmHg or resting DBP > 110
- Uncontrolled low blood pressure with fainting or dizziness
- Heart rate is below 50 or above 120 beats per minute while at rest. If this is the case, send the patient to their doctor!
- Avoid holding the breath.

Physiological Approach

Always have your client get clearance from her physician before beginning.

- Assess the client’s breath pattern as outlined in The Breathing Book and follow the guidelines and asana for correcting the breath pattern.
- Incorporate pranayama, asana, and mudra to balance the appropriate dosha.
- Warm up well.
- Remind the patient to breathe as she may tend to hold her breath during exercise.
- Make sure the client can carry on a conversation during exertion.
- Gradually increase holding time for asana with patient’s tolerance.
- Allow rest between each exercise – have a chair handy.
- Cool down well.
- Clients may get short of breath when lying flat - may need to lie on an incline.

General Goals

- Open up the lung space to improve breath capacity.
- Improve posture, stamina, strength, balance, and flexibility.
- Improve stress management, patient’s quality of life, and greater ability to engage in activities of daily living.
Chakra Approach
Balance 1 and 4. Assess all for the full picture.

Meridian Approach
Lung, Large Intestine, Stomach, Spleen, Heart, Kidney, Triple Warmer.

Ayurvedic Approach
The dosha involved varies with each condition.

Chronic Obstructive Pulmonary Disease (COPD)

Description
- The most common of the lung diseases and the 4th leading cause of death in the United States.
- Involves damage and weakening of the alveoli, the small air sacs found at the end of the lung branches that transport oxygen.
- This weakening inhibits adequate oxygen flow, causing constant shortness of breath.
- Includes emphysema and chronic bronchitis.
- Usually have other medical problems in addition to COPD, including high blood pressure, heart disease, osteoporosis, arthritis, GERD (Gastro-esophageal Reflux Disease), sinus disease, sleep apnea, weight loss, muscle weakness, depression.
- Because COPD affects the whole body, it can lead to a great sense of loss, hopelessness, anger and frustration.

Things to keep in mind with COPD
- The COPD patient may not be able to get onto the floor (or off!)
- She may have kyphosis and a forward head. This means she will need lots of support in a lying down position. Have the support ready, especially head support, before you get her on the floor.
- She may also become short of breath when lying flat; you may need to support her back at an incline.
- She may have learned pursed lip breathing (breathing in through the nose and out through pursed lips). I recommend starting with this breath and gradually introduce other easy pranayama as her ability improves.
- Those with COPD typically have trouble with pacing. Insist on resting between poses until you know how the client tolerates the practice.
- Though classic inversions are wonderful for those with breathing problems, these positions may be nearly impossible to get into for your elderly COPD client.
• COPD patients tend to be preoccupied with just trying to breathe. All poses should be simple and easy to get into.
• Because the COPD client usually has multiple medical issues, be sure and incorporate the guidelines and contraindications for their co-conditions into the practice. Gathering as much information as possible before you meet with the client will allow you to research and prepare ahead of time.

**Yoga Approach**

- **Assess and correct breath pattern** - First, assess the client’s breath pattern and apply the approaches from *The Breathing Book* to address those patterns. Most likely the pattern you will find is chest breathing and hyperventilation.
- **Extend the exhale** - Use purse lip breathing to help the client begin to extend the exhale slightly longer than the inhale. This should be done gradually to avoid any straining in the breath at all.
- **Encourage belly breathing** - The COPD client will tend to pump her shoulders up and down as she breathes. Have her practice *not* doing this during her breathing practice. As she gets better at this, teach her to engage the lower bandhas as she breathes, which actually deepens the breath in the belly (see the step-by-step guide below). For emphysema refer to your Mudra Handout for mudras to balance Vata. For bronchitis, use mudras to balance Kapha.
- **Open the heart and shoulders** - Because of shallow breathing the COPD client will hold a lot of tension in the chest, neck and shoulders, and the chest may be caved in slightly. Heart and shoulder openers within the patient’s capacity is essential.
- **Practice relaxation** - Because it is extremely difficult for the COPD client to calm down and relax, this is a major goal of yoga therapy. Encourage them to do a short 5-minute relaxation exercise several times a day and a longer 15-minute exercise once a day.
- **Regulate breathing during exertion** - Because the COPD patient tends to get breathless on exertion, encourage her to regulate her breath during all yoga activities. Teach her how to get into postures as efficiently as possible. Be very patient as this will not be easy for this client. One method may be to show her a posture and ask her to visualize breathing easily while performing the posture. Then ask her to do the posture with the breathing she visualized.
- **Regulate breathing to mitigate negative emotions** - The COPD patient has a tendency toward negative emotions and her breathing pattern may reinforce this pattern. Basically the breathing pattern and the negative emotions mutually reinforce each other! To break this cycle, teach her to regulate her breath, extending the exhale, when she experiences an emotional upset which will break this cycle and have mitigating effect on the negative emotions.
• **Encourage monitoring of breathing** – Because of her difficulty with breathing the COPD client will tend to want to ignore it and focus on something else. The problem is that failing to monitor subtle changes in the breath often leads to a full-on breath crisis. Teach the client to monitor her breath all the time so that she can intervene and regulate her breath at the first sign of disturbance. Teach her to monitor and manage her breath all the time to avoid extreme shortness of breath.

• **Incorporate systematic breath training**, such as following the step-by-step guide presented by Vijai P. Sharma, PhD in *Mind Publications*. This is part of a yoga-based program developed by a team of people with COPD, yoga teachers, pulmonary physicians, respiratory therapists, physical therapists, nurses with respiratory focus, and self-care advocates.
  1. **“Drop the neck and collarbone breathing.”** Learn to relax and disengage the already tightened muscles in the throat below the chin and the upper chest during breathing. "Drop" the breath from the neck and upper chest down into the lower chest and abdomen. For that objective, learn how to relax your breathing and the torso muscles.
  2. **Learn to do diaphragmatic breathing correctly.** Some people have an incorrect understanding of diaphragmatic breathing. When asked to do diaphragmatic breathing, they merely expand and contract the front of the abdomen without engaging the lower side ribs. In such a case, their lower side ribs stand still as they do "belly puffing." Correct diaphragmatic breathing involves contraction and expansion of the lower ribs in an outward motion below your armpits.
  3. **Practice abdominal and lower ribs breathing.** It is helpful to learn both types of diaphragmatic breathing, namely, "abdominal breathing" and "lower ribs breathing."* You can learn these techniques by paying ATTENTION to the movement of breath through specific maneuvers and identifying the LOCATION (the abdomen and mid-lower ribs), discerning wherein the diaphragmatic action takes place. These patterns can be relatively easily identified through yoga postures such as the "Cobra" or the "Crocodile."
  4. **Engage pelvic muscles during breathing.** When you can habitually maintain the breathing action in the lower chest and the abdomen, and you got the diaphragmatic breathing down pat, you may then, deliberately start engaging the lower pelvis and the pelvic floor during exhalation. If you have COPD, focus on and breathe from the midsection and below, which would get you out of the upper-chest breathing pattern? While inhaling, allow the side ribs to expand. You simply focus on side rib expansion rather than on abdominal expansion. Front of the abdomen will expand naturally as a result of side rib expansion. Begin your exhalation by slightly pulling in (squeezing) the pelvis area and move up
progressively contracting the abdomen. Just bringing your mind to
the above stated areas and imagining the above-specified
movements can assist you in breathing correctly.

5. **Practice the "full breath" technique.** Having mastered the
diaphragmatic breathing and pelvic-abdominal exhalation, some of
you may want to practice the "full breath" techniques. Full breath is
a yoga breathing technique which involves "pelvis breathing," "abdominal breathing," "lower ribs breathing" and "chest breathing.
For that purpose, while breathing, engage muscles in the pelvis,
abdomen, lower ribs (mid-thoracic side ribs) and the chest* but not
engage the neck and collar area. A relatively easier way to learn
the full breath is to practice systematically isolating the breath
movement in pelvis, abdomen, lower side ribs and the chest. Make
sure you don't engage the neck and collarbone area, which are
"secondary breathing muscles," and should be left except in an
emergency.

6. **Track inhalation and exhalation systematically.** While
EXHALING, gently press/pull in the area from bottom to below the
navel and progressively pulling/pressing in the navel area, gently
squeezing the side ribs and solar plexus and up to the breastbone
tip (the Xiphoid Process) where the ribs join. It is important to relax
and passively empty the lungs. If necessary, make only minimal
and gentle effort to empty the lungs. While INHALING, keep the
throat and collarbone relaxed. Remember the advice against using
the secondary breathing muscles! Allow the chest to expand down
to the breastbone. Progressively move the attention downward
towards the lower side ribs, relaxing and let the abdomen and lower
ribs movement flow naturally all the way down to the pelvis and
pubic bone. In summary, while inhaling, your attention moves
downward and while exhaling attention moves upward. Don't worry
if the muscles initially do not contract or release as you would like
them to perform. However, just forming the intention of doing so
and moving your attention upward and downward is a significant
start. Form the habit of taking a few full and deep breaths every
day.

7. **[Add Retention]** Practice conscious and deliberate brief pause
after inhalation and/or exhalation. Practice holding the breath after
inhalation and/or exhalation consciously for a few seconds,
perhaps, two or three seconds initially or even up to ten or more
seconds with some exercises. However, stay within your
"comfortable zone". Staying in your "comfortable zone" means that
you hold your breath without stressing or straining your system and
start breathing at the first desire to breathe. If you feel desperate or
rush to take the next breath, it would indicate that you held the
breath a little longer than you should have. Therefore, pauses
should be according to your comfortable zone THAT DAY. With
practice, over a period of time, you can gradually increase the
duration of the pause.”

- **Eventually incorporate poses from the YTT and TPM that balance the correct dosha.** In the case of emphysema balance Vata. For chronic bronchitis, balance Kapha. Keep in mind that any pose done on the belly may require a blanket under the belly and any pose on the back may require propping up the back, supporting the head, and propping the knees.

- **Incorporate poses that move the spine in all of its intended directions.** Flexion, extension, lateral flexion, twists. Each direction encourages breath in different parts of the lungs. The overall effect is to improve the lung space and breath capacity.

- **Teach the client to correctly pair breath with movement.** The following are guidelines offered by Vijai P. Sharma, PhD in *Mind Publications* as part of a yoga-based program developed by a team of people with COPD, yoga teachers, pulmonary physicians, respiratory therapists, physical therapists, nurses with respiratory focus, and self-care advocates.

  1. “Dominant and exertion movement normally done on inhale are usually better done on exhale (e.g. getting up from a chair).
  2. Movement normally done on exhale shouldn't be done on inhale (e.g. a forward bend should not be done on inhale).
  3. When making the whole body or body parts shorter (contracting/folding) - exhale.
  4. When making the whole body or body parts taller (stretching/extending) - inhale.
  5. When shortening the distance between torso and limbs - exhale.
  6. When increasing the distance between torso and limbs - inhale.”

  “When primary movement involves

  1. Chest opening/shoulder girdle/arms expansion exercises preferably on inhale in order to strengthen inhalation muscles (If doable).
  2. Abdomen/Pelvic girdle/legs squeezing (contraction) exercises on exhale in order to strengthen the exhalation muscles. “

Practice the above principles as a best-case scenario. However, you may need to adapt these principles for the COPD client according to the guidelines below.

1. “Whenever, a movement such as going into a pose or coming out of a pose feels harder or more demanding perform on exhalation.
2. To prevent or reduce Shortness of Breath (S.O.B.) or other breath irregularity, do slow, soft and continuous breathing with or without Pursed Lip Breathing....
3. While exercising, if you prefer to do continuous slow and soft [pursed lip breathing] over linking the breath and movement, please do so. Most important thing is that you don't hold your breath while exercising. Make sure that you breathe continuously while exercising. “

(COPD) Emphysema

Description

- A common form of COPD.
- Occurs when the air sacs at the ends of your smallest air passages (bronchioles) are gradually destroyed.
- As it progresses, it results in the air sacs developing gaping holes in the inner walls.
- This diminishes the number of functioning air sacs so less oxygen reaches your bloodstream.
- The elastic fibers that hold hope the small airways leading to the air sacs are also destroyed preventing a full and complete exhale.
- The process can be slowed down but not reversed.

Symptoms

Progressive worsening of the following symptoms

- Shortness of breath
- Wheezing
- Chest tightness
- Reduced capacity for physical activity
- Chronic coughing, which could also indicate chronic bronchitis
- Loss of appetite and weight
- Fatigue

Causes

- An inherited deficiency of a protein called AAt, which protects the elastic structures in the lungs.
- Smoking.

Mind-Body Connection

According to Shapiro the lungs are a symbol of first independence. If there is trauma associated with a baby’s first breath after separation from the mother it may influence how she meets future transitional points in life. Someone with emphysema may

- Be depressed.
- Not feel worthy of living life fully.
- Have difficulty relaxing and breathing into change.
- Feel ambivalent about taking life in versus wanting to push it away.
• Feel conflicted about living life her way versus letting someone else have control or power over her.

Mind-Body Approach
Incorporate themes around accepting and embracing change, relaxing and breathing into change, taking life in, living her own life.

AffORMations may include

• Why am I able to relax and breathe into change?
• Why do I fully take life in?
• Why do I live my own life?
• Why am I so powerful?
• Why do I deserve to live life fully?
• Why am I under the power of only myself?

Ayurvedic Approach
Balance Vata

(COPD) Chronic Bronchitis

Description

• Chronic Bronchitis is a form of COPD involving constant inflammation of the lining of the bronchial tubes, which carry air to and from the lungs.
• Treatment for bronchitis focuses on relieving symptoms and easing breathing.

Symptoms

• Cough that's worse in the mornings and in damp weather.
• Coughing most days for at least three months a year for two consecutive years.
• Production of mucus (sputum), either clear or white or yellowish-gray or green in color.
• Shortness of breath, made worse by mild exertion.
• Wheezing.
• Fatigue.
• Slight fever and chills.
• Chest discomfort.
• Frequent respiratory infections (such as colds or the flu) with a worsening productive cough.
• Vulnerability to catching both viral and bacterial acute bronchitis.
**Causes**

- Smoking.
- Air pollution.
- Dust.
- Toxic Gases.

**Mind-Body Connection**

According to Shapiro the bronchi are in a manner of speaking mediators between the inner and outer world. In her view someone with bronchitis may indicate

- Difficulty in sharing what she is really feeling.
- Struggle with issues of becoming independent or separating from a close, perhaps codependent, relationship.
- Difficulty “getting things off her chest.”
- Trouble letting go of issues.
- Feeling smothered by someone.
- A need to externalize something irritating or painful.
- Regret over something she has said.
- Feeling overwhelmed.
- Difficulty maintaining individuality.

**Mind-Body Approach**

Incorporate themes around sharing feelings, asserting independence, getting things off her chest, release what no longer serves her, freedom and space, externalizing internal irritants, letting go of the past, having an imaginary conversation between her highest self and the highest self of the other person in a difficult relationship, being easily able to handle her life’s responsibilities, embracing individuality.

**AfFORMations may include**

- Why is it safe for me to share my feelings?
- Why do I release what no longer serves my highest good?
- Why do I create freedom and space in my life?
- Why do I release what is irritating me on the inside?
- Why am I able to let go of the past, including mistakes I may have made?
- Why do I so I easily handle all aspects of my life?
- Why is it ok to be me, just the way I really am?

**Ayurvedic Approach**

Balance Kapha.

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**Acute Bronchitis**
Description

• Acute bronchitis develops from a cold or other respiratory infection and is temporary.
• The cough may continue for weeks after the infection is gone.
• Treatment focuses on treating the infection and symptoms.

Symptoms

• Cough.
• Production of mucus (sputum), either clear or white or yellowish-gray or green in color.
• Shortness of breath, made worse by mild exertion.
• Wheezing.
• Fatigue.
• Slight fever and chills.
• Chest discomfort.

Causes

• The same viruses that cause colds.
• Smoking and exposure to second-hand smoke.
• Exposure to pollutants, including cleaning products and smog, dust, or fumes.
• GERD.

Mind-Body Connection

According to Shapiro the bronchi are in a manner of speaking mediators between the inner and outer world. In her view someone with bronchitis may indicate

• Difficulty in sharing what she is really feeling.
• Struggle with issues of becoming independent or separating from a close, perhaps codependent, relationship.
• Difficulty “getting things off her chest.”
• Trouble letting go of issues.
• Feeling smothered by someone.
• A need to externalize something irritating or painful.
• Regret over something she has said.
• Feeling overwhelmed.
• Difficulty maintaining individuality
**Mind-Body Approach**
Incorporate themes around sharing feelings, asserting independence, getting things off her chest, release what no longer serves her, freedom and space, externalizing internal irritants, letting go of the past, having an imaginary conversation between her highest self and the highest self of the other person in a difficult relationship, being easily able to handle her life’s responsibilities, embracing individuality.

AfFORMations may include:

- Why is it safe to share my feelings?
- Why is it safe for me to be independent?
- Why do I get things off my chest when I need to?
- Why do I speak my truth as soon as I am aware of it?
- Why do I let go what no longer serves me?
- Why do I feel free?
- Why do I release the things that irritate me?
- Why do I release the past?
- Why do I hand life’s responsibilities with ease?

**Ayurvedic Approach**
Balance Kapha.

**Sample Yoga Class**

- Waterfall (TPM and The Breathing Book)
- Inverted Staff Pose (TPM)
- Downward Facing Dog with Supported Head (YTT)
- Head Stand
- Shoulder Stand on Chairs (TPM)
- Camel or Supported Camel (YTT or TPM)
- Rabbit (YTT)
- Supported Shoulder Stand (TPM)
- Supported Plough (TPM)
- Reclining Hero or Supported Reclining Hero (YTT or TPM)
- Supported Legs Up the Wall (TPM)
- Cat on a Branch (TPM)
- Supported Savasana (TPM)
- Mudras that balance Kapha.
Pulmonary Hypertension

Description

- High blood pressure affecting the arteries of the lungs and the right side of the heart.
- The pulmonary arteries and capillaries in the lungs narrow or become blocked or damaged, which constricts the amount of blood that reaches the lungs.
- This increases the blood pressure in these arteries making the right side of the heart have to work harder to pump blood through the lungs.
- This can eventually cause right-sided heart failure, blood clots, arrhythmias, or bleeding in the lungs.
- Treatments help lessen symptoms and improve quality of life.

Symptoms

May be asymptomatic for months or years. As it progresses, pulmonary hypertension symptoms include:

- Shortness of breath (dyspnea), initially while exercising and eventually while at rest
- Fatigue
- Dizziness or fainting spells (syncope)
- Chest pressure or pain
- Swelling (edema) in your ankles, legs and eventually in your abdomen (ascites)
- Bluish color to your lips and skin (cyanosis)
- Racing pulse or heart palpitations

Causes

In Idiopathic pulmonary hypertension no cause can be found. Secondary pulmonary hypertension is more common and is caused by another medical problem, such as

- Blood clots in the lungs (pulmonary emboli)
- Chronic obstructive pulmonary diseases, such as emphysema
- Connective tissue disorders, such as scleroderma or lupus
- Sleep apnea and other sleep disorders
- Congenital heart disease
- Sickle cell anemia
- Chronic liver disease (cirrhosis)
- AIDS
- Lung diseases such as pulmonary fibrosis, a condition that causes scarring in the tissue between the lungs' air sacs (interstitium)
- Left-sided heart failure
• Living at altitudes higher than 8,000 feet (2,438 meters)
• Climbing or hiking to altitudes higher than 8,000 feet (2,438 meters) without acclimating first
• Use of certain stimulant drugs, such as cocaine

Mind-Body Connection
According to Shapiro the lungs are a symbol of first independence. If there is trauma associated with a baby’s first breath after separation from the mother it may influence how she meets future transitional points in life. Someone with emphysema may

• Be depressed.
• Not feel worthy of living life fully.
• Have difficulty relaxing and breathing into change.
• Feel ambivalent about taking life in versus wanting to push it away.
• Feel conflicted about living life her way versus letting someone else have control or power over her.

Mind-Body Approach
Incorporate themes around accepting and embracing change, relaxing and breathing into change, taking life in, living her own life.

AffORMations may include

• Why am I able to relax and breathe into change?
• Why do I fully take life in?
• Why do I live my own life?
• Why am I so powerful?
• Why do I deserve to live life fully?
• Why am I under the power of only myself?

Ayurvedic Approach.
Pulmonary hypertension does not clearly fall under any one dosha. In this case doing an Ayurvedic diagnosis (which will be addressed by Denise O’Dunn later in the course). Even though it does not fall neatly into one category the symptoms suggest Vata imbalance (especially if they have underlying emphysema) so start there.

Yoga Approach
If the patient is debilitated, follow the guidelines for COPD, including assessing and correcting any dysfunctional breathing patterns. Regardless of fitness level, you can incorporate the progressive breath training included under COPD and work to balance Vata. If the patient is relatively young and able-bodied, you can incorporate a more vigorous practice to balance Vata such as the following:
• Mountain with arms overhead. (YTT 13A)
• Mountain with namaste hands behind the back. (YTT 13)
• Downward facing dog with head supported (YTT 26)
• Balancing Half Moon (77)
• Triangle Pose (YTT 18)
• Lateral Angle Pose (20)
• Standing Forward Bend with head supported (YTT 73)
• Any of the shoulder openers from the TPM
• Inverted Staff Pose (TPM)
• Reclining Hero or Supported Reclining Hero (YTT 58 or TPM)
• Reclining Bound Angle (YTT 34C)
• Camel or supported Camel (YTT 57 or TPM)
• Supported Shoulder Stand (TPM)
• Supported Plough (TPM)
• Head Stand (87)
• Shoulder Stand on Chairs (TPM)
• Head to Knee (YTT 68)
• Supported Forward Fold (YTT 69 over a bolster)
• Supported Legs Up the Wall (YTT 86C)
• Ujjayi Pranayama
• Mudras to balance Vata, then Pitta for your Ayurvedic Mudra Handout
• Supported Savasana (TPM)

**Interstitial Lung Diseases**

**Description**

• A group of disorders causing progressive and irreversible scarring of interstitial tissue in the lining of the lungs.
• The scarring causes Inflammation and limits the ability of the lungs to absorb oxygen.
• Eventually this makes it difficult to breathe and get enough oxygen into the bloodstream.

**Symptoms**

• Breathlessness (dyspnea), especially during or after physical activity
• Dry cough
• Wheezing
• Chest pain
• Fingernails that curve over the tops of your fingertips (clubbing)
**Causes**

- Environmental pollutants, including silica dust, asbestos fibers, hard metal dust, chemical fumes, ammonia, and chlorine gases.
- Chronic exposure to organic matter like grain, sugar cane, dust from bird and animal droppings, or moldy hay.
- Bacterial or fungal overgrowth in poorly maintained humidifiers and hot tubs.
- Injury to lung tissues caused by trauma or infections.
- Infections from cytomegalovirus, bacteria, fungus, or parasites.
- Radiation (i.e. for lung cancer)
- Chemotherapy, arrhythmia, psychiatric, and some antibiotic drugs.
- Complications from lupus, scleroderma, rheumatoid arthritis, dermatomyositis, polymyositis, Sjogrens syndrome, sarcoidosis, or GERD.

**Mind-Body Connection**

According to Shapiro the lungs are a symbol of first independence. If there is trauma associated with a baby’s first breath after separation from the mother it may influence how she meets future transitional points in life. Someone with emphysema may

- Be depressed.
- Not feel worthy of living life fully.
- Have difficulty relaxing and breathing into change.
- Feel ambivalent about taking life in versus wanting to push it away.
- Feel conflicted about living life her way versus letting someone else have control or power over her.

**Mind-Body Approach**

Incorporate themes around accepting and embracing change, relaxing and breathing into change, taking life in, living her own life.

**AfFORMations may include**

- Why am I able to relax and breathe into change?
- Why do I fully take life in?
- Why do I live my own life?
- Why am I so powerful?
- Why do I deserve to live life fully?
- Why am I under the power of only myself?

**Ayurvedic Approach**

Balance Vata symptoms, then balance Pitta if inflammation continues to be present.
**Yoga Approach**

If the patient is debilitated, follow the guidelines for COPD, including assessing and correcting any dysfunctional breathing patterns. Regardless of fitness level, you can incorporate the progressive breath training included under COPD and work to balance Vata. If the patient is relatively young and able-bodied, you can incorporate a more vigorous practice to balance Vata such as the following:

- Mountain with arms overhead. (YTT 13A)
- Mountain with namaste hands behind the back. (YTT 13)
- Downward facing dog with head supported (YTT 26)
- Balancing Half Moon (77)
- Triangle Pose (YTT 18)
- Lateral Angle Pose (20)
- Standing Forward Bend with head supported (YTT 73)
- Any of the shoulder openers from the TPM
- Inverted Staff Pose (TPM)
- Reclining Hero or Supported Reclining Hero (YTT 58 or TPM)
- Reclining Bound Angle (YTT 34C)
- Camel or supported Camel (YTT 57 or TPM)
- Supported Shoulder Stand (TPM)
- Supported Plough (TPM)
- Head Stand (87)
- Shoulder Stand on Chairs (TPM)
- Head to Knee (YTT 68)
- Supported Forward Fold (YTT 69 over a bolster)
- Supported Legs Up the Wall (YTT 86C)
- Ujjayi Pranayama
- Mudras to balance Vata, then Pitta for your Ayurvedic Mudra Handout
- Supported Savasana (TPM)

**Cystic Fibrosis**

**Description**

- A life-threatening hereditary lung condition in which the lungs absorb excessive amounts of water and sodium.
- This causes a buildup of fluids in the lungs that decreases their ability to get enough oxygen for optimal function.
- It also affects cells that produce mucous, sweat, and digestive juices causing these substances to be thicker and stickier than they should be.
- These secretions plug up tubes, ducts, and passageways, especially in the pancreas and lungs, which affects nutritional absorption as well as breathing.
- This condition gradually worsens as lung cells experience increasing damage and die.
Over time the life expectancy for people with this disease has increased from teens to 50s and beyond.

**Symptoms**

- Vary from person to person.
- Improve and worsen intermittently over time.
- Sometimes begin during infancy and sometimes in adolescence or adulthood.
- Excessively salty taste to the skin.
- Persistent cough
- Wheezing
- Repeated lung infections
- Repeated sinus infections
- Foul-smelling, greasy stools
- Poor weight gain and growth
- Distended abdomen from constipation
- Intestinal blockage, particularly in newborns

**Causes**

- A defective gene that alters a protein that regulates the normal movement of salt in and out of cells.
- This gene is recessive and is therefore inherited from both parents.
- If a child inherits only one gene they will not develop the disease but may pass the gene onto their own children.

**Mind-Body Connection**

According to Shapiro the lungs are a symbol of first independence. If there is trauma associated with a baby’s first breath after separation from the mother it may influence how she meets future transitional points in life. Someone with emphysema may

- Be depressed.
- Not feel worthy of living life fully.
- Have difficulty relaxing and breathing into change.
- Feel ambivalent about taking life in versus wanting to push it away.
- Feel conflicted about living life her way versus letting someone else have control or power over her.

**Mind-Body Approach**

Incorporate themes around accepting and embracing change, relaxing and breathing into change, taking life in, living her own life.
AfFORMations may include

- Why am I able to relax and breathe into change?
- Why do I fully take life in?
- Why do I live my own life?
- Why am I so powerful?
- Why do I deserve to live life fully?
- Why am I under the power of only myself?

Ayurvedic Approach
Balance Vata. If there is an infection, balance Pitta.

Yoga Approach
If the patient is debilitated, follow the guidelines for COPD, including assessing and correcting any dysfunctional breathing patterns. Regardless of fitness level, you can incorporate the progressive breath training included under COPD and work to balance Vata. If the patient is relatively young and able-bodied, you can incorporate a more vigorous practice to balance Vata such as the following:

- Mountain with arms overhead. (YTT 13A)
- Mountain with namaste hands behind the back. (YTT 13)
- Downward facing dog with head supported (YTT 26)
- Balancing Half Moon (77)
- Triangle Pose (YTT 18)
- Lateral Angle Pose (20)
- Standing Forward Bend with head supported (YTT 73)
- Any of the shoulder openers from the TPM
- Inverted Staff Pose (TPM)
- Reclining Hero or Supported Reclining Hero (YTT 58 or TPM)
- Reclining Bound Angle (YTT 34C)
- Camel or supported Camel (YTT 57 or TPM)
- Supported Shoulder Stand (TPM)
- Supported Plough (TPM)
- Head Stand (87)
- Shoulder Stand on Chairs (TPM)
- Head to Knee (YTT 68)
- Supported Forward Fold (YTT 69 over a bolster)
- Supported Legs Up the Wall (YTT 86C)
- Ujjayi Pranayama
- Mudras to balance Vata, then Pitta for your Ayurvedic Mudra Handout
- Supported Savasana (TPM)
Asthma

Description
- A lung condition in which the airways narrow, swell, and produce extra mucus, making breathing difficult, especially breathing out.
- Symptoms can be mild or seriously interfere with one’s daily life.
- Symptoms are controlled by avoiding triggers, using preventative medication, or using an inhaler once symptoms begin.

Symptoms
Symptoms may be mild to severe, frequent or infrequent, and absent completely between flare-ups. Symptoms may include:
- Shortness of breath
- Chest tightness or pain
- Trouble sleeping caused by shortness of breath, coughing or wheezing
- An audible whistling or wheezing sound when exhaling (wheezing is a common sign of asthma in children)
- Bouts of coughing or wheezing that are worsened by a respiratory virus such as a cold or the flu

Causes
Asthma is likely from a combination of environmental and inherited factors. Triggers may include:
- Airborne allergens, such as pollen, animal dander, mold, cockroaches and dust mites
- Respiratory infections, such as the common cold
- Physical activity (exercise-induced asthma)
- Cold air
- Air pollutants and irritants, such as smoke
- Certain medications, including beta blockers, aspirin and other nonsteroidal anti-inflammatory drugs
- Strong emotions and stress
- Sulfites, preservatives added to some types of foods and beverages
- Gastroesophageal reflux disease (GERD), a condition in which stomach acids back up into your throat
- Menstrual cycle in some women
- Allergic reactions to some foods, such as peanuts or shellfish

Mind-Body Connection
According to Shapiro, in addition to the general issues associated with the lungs, a person with asthma may have the following characteristics
• May have had to become independent at a very young age.
• Is emotionally insecure.
• Has fear of the future.
• Has blurred boundaries and a repressed dependence on her mother.
• May feel smothered by a person, responsibilities, or demands.
• Has a desire to express herself but feels unable to.
• Has repressed feelings or depression.
• Is overly stressed when she feels misunderstood.
• Has a tendency to overreact.
• Has a lack of trust that she will receive the love she needs.

**Mind-Body Approach**
Introduce themes around being safe, embracing the future, healthy boundaries, individuating from those she is codependent with, becoming aware of and expressing feelings, empowerment, standing strong in herself, developing witness consciousness, trusting she will always have everything she needs.

**AfFORMations may include:**

- Why am I happy to be such an independent person?
- Why is everything I have experienced exactly what I needed?
- Why am I safe?
- Why do I face the future with courage?
- Why do I stand strong in who I am?
- Why is it safe to express my feelings?
- Why am I so powerful?
- Why do I trust that I will always have everything I need?

**Ayurvedic Approach**
Balance Kapha.

**Yoga Approach**
Incorporate any pose from the YTT or TPM that balances Kapha. A sample class for asthma might include:

- Sun Salutations or Moon Salutation
- Downward facing dog with head supported (YTT 26)
- Balancing Half Moon (77)
- Triangle Pose (YTT 18)
- Lateral Angle Pose (20)
- Standing Forward Bend with head supported (YTT 73)
- Any of the shoulder openers from the TPM
- Inverted Staff Pose (TPM)
- Reclining Hero or Supported Reclining Hero (YTT 58 or TPM)
- Reclining Bound Angle (YTT 34C)
- Camel or supported Camel (YTT 57 or TPM)
• Supine Hand to Toe (YTT 22) or Doorway Stretches (TPM)
• Supported Shoulder Stand (TPM)
• Supported Plough (TPM)
• Head Stand (87)
• Shoulder Stand on Chairs (TPM)
• Head to Knee (YTT 68)
• Supported Forward Fold (YTT 69 over a bolster)
• Supported Legs Up the Wall (YTT 86C)
• Ujjayi Pranayama
• Mudras to balance Kapha from your Ayurvedic Mudra Handout
• Supported Savasana (TPM)

**Pulmonary Sarcoidosis**

**Description**

- Small areas of inflamed cells on the lungs’ air sacs (alveoli), breathing tubes (bronchioles) or lymph nodes cause the lungs to become stiff.
- The lungs then may not be able to hold as much air as healthy lungs.
- Can cause scar tissue in the lungs (like in interstitial lung disease), which can affect the lungs' ability to move oxygen into the bloodstream.
- Usually improves without treatment, though sometimes physicians treat the symptoms.

**Causes**

It is unknown what causes the inflammation, although it is suspected to be an autoimmune disease.

**Symptoms**

When sarcoidosis appears in the lungs—called "pulmonary sarcoidosis"—you may have:

- Dry cough
- Shortness of breath
- Mild chest pain
- Fatigue
- Weakness
- Fever
- Weight loss.
**Mind-Body Connection**
According to Shapiro the lungs are a symbol of first independence. If there is trauma associated with a baby’s first breath after separation from the mother it may influence how she meets future transitional points in life. Someone with emphysema may

- Be depressed.
- Not feel worthy of living life fully.
- Have difficulty relaxing and breathing into change.
- Feel ambivalent about taking life in versus wanting to push it away.
- Feel conflicted about living life her way versus letting someone else have control or power over her.

In addition, the inflammation in pulmonary sarcoidosis suggests a strong passion or anger or a war going on inside. Someone with inflammation may be at war within about

- What is acceptable and what isn’t.
- What is right and what is wrong.
- Her own beliefs versus the beliefs of someone else.

**Mind-Body Approach**
Incorporate themes around channeling passion in a way the benefits the highest good of all, releasing anger, cooling, clarity about what she really believes is right, knowing her own truth and speaking it without fear, accepting and embracing change, relaxing and breathing into change, taking life in, living her own life.

AfFORMations may include:

- Why do my passions benefit the highest good of all?
- Why do I release my anger now?
- Why do I feel cool and calm throughout my body?
- Why am I clear about what is right for me?
- Why is my truth so clear to me?
- Why do I express and live my truth without fear?
- Why am I able to relax and breathe into change?
- Why do I fully take life in?
- Why do I live my own life?
- Why am I so powerful?
- Why do I deserve to live life fully?
- Why am I under the power of only myself?
**Ayurvedic Approach**
The inflammation that causes this disease process suggests a pitta imbalance, but the dry cough indicates that vata needs to be addressed as well. As always, balance Vata first, then Pitta.

**Yoga Approach**
Assess and correct any dysfunctional breathing patterns. You can also incorporate the progressive breath training included under COPD and work to balance Vata. In addition, the following sample class, focusing on balancing Vata, would be appropriate:

- Mountain with arms overhead. (YTT 13A)
- Mountain with namaste hands behind the back. (YTT 13)
- Downward facing dog with head supported (YTT 26)
- Balancing Half Moon (77)
- Triangle Pose (YTT 18)
- Lateral Angle Pose (20)
- Standing Forward Bend with head supported (YTT 73)
- Any of the shoulder openers from the TPM
- Inverted Staff Pose (TPM)
- Reclining Hero or Supported Reclining Hero (YTT 58 or TPM)
- Reclining Bound Angle (YTT 34C)
- Camel or supported Camel (YTT 57 or TPM)
- Supported Shoulder Stand (TPM)
- Supported Plough (TPM)
- Head Stand (87)
- Shoulder Stand on Chairs (TPM)
- Head to Knee (YTT 68)
- Supported Forward Fold (YTT 69 over a bolster)
- Supported Legs Up the Wall (YTT 86C)
- Ujjayi Pranayama
- Mudras to balance Vata, then Pitta for your Ayurvedic Mudra Handout
- Supported Savasana (TPM)
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