

# Medi Yoga – Yoga Therapy Treatment of Asthma and Respiratory Ailments According to the Principles of Vijnana Yoga by Edna Davidson

## Introduction

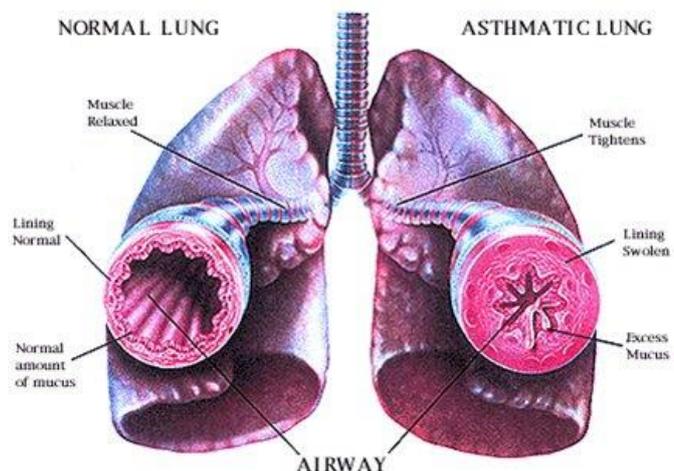
This article will first examine asthma from a western perspective and then from the perspective of Ayurveda, the Indian medical science. I will review the factors, causes, processes and symptoms associated with asthma mainly from an Ayurvedic point of view, as a basis for understanding the physical processes which I treated using the Vijnana Yoga principles. Yoga as a therapeutic tool appears in Ayurveda and is included in the "Vihar" = lifestyle recommendations. Yoga is recommended along with additional tools such as Ahar = food/ nutrition, Dravya= medicines made of herbs, minerals and metals, and Body Treatments = touch, sweating and various cleansing techniques.

In Ayurveda, it is customary to practice differential diagnosis of the disease and its origins. For example, the root cause of asthma can be an excess of mucus and yeast in the digestive system or it can be a deficiency that is expressed in dryness. The source of asthma differs from person to person, therefore first we need to diagnose and then match the exact treatment to each individual, according to the diagnosis.

Vijnana Yoga also refers in this way to each practitioner. Through the teacher's observation of the student and diagnosis of the Kleshas (obstacles), the most appropriate practice will be adapted to him. This approach, which in my eyes is more precise, is the great advantage of Vijnana in treating diseases and medical conditions.

## Definition of asthma according to Western medicine

Asthma is a Greek word meaning heavy breathing, also called bronchial asthma. It is a chronic obstructive disease with seizure, characterized by obstruction of the airways, and is derived from a chronic inflammation of the upper respiratory tract. Seizures are usually caused by allergy. The trachea is blocked by sticky mucus secreted from it, making it difficult to exhale. Asthma is a very common disease, and it is estimated that 10% of adults and 15% of children suffer from it.



## Clinical symptoms

An asthma attack produces symptoms such as wheezing, coughing, shortness of breath, difficulty "filling the lungs" and difficulty getting rid of mucus. Auxiliary muscles in the shoulders, neck and shoulder blades get used for breathing. The disease is accompanied by strong coughing fits. Asthma sufferers complain of heavy breathing, shortness of breath, poor cardiovascular endurance and fatigue.

## Causes of asthma

Asthma is a heterogeneous disease, having a number of different causes including environmental and genetic factors. It can be accompanied by various other allergic conditions. Most patients also suffer from other atopic diseases (atopy from Greek *ἀτοπία*, meaning unusual, extraordinary), such as chronic rhinitis (80%) and atopic dermatitis with dry and irritated skin (also called asthma of the skin – the third lung). Some patients have digestive problems such as stomach bloating, weak digestion, borborygmus (rumbling, gurgling noises from digestive system), diarrhea and intestinal candiditis. Some of these problems may be caused by excessive medication (e.g. antibiotics taken over a long period of time). Other exacerbating factors are extreme physical exertion, including sexual activity, a cold, dry climate, air pollution or hormonal changes.

## Pathophysiology

What happens during an asthma attack – The flow of air to the lungs is obstructed by edemas and congestion in the respiratory tracts, narrowing the pathways. As a result, the patient's ability to exhale the requisite volume of air is reduced. In more serious conditions air gets trapped in the lungs, with the volume of residual air preventing fresh air from entering during inhalation. The mucus that coats the airways is inflamed and thick and so narrows them and the bronchioles.

Muscle cells around the airways can also become enlarged (hypertrophy) and cause the respiratory tracts to narrow. The diaphragm and intercostal muscles weaken while the shoulder muscles, the abduction scapula muscle and the approximating scapula muscle and neck muscles become stiff.

## Definition of Asthma According to Ayurveda

In Ayurveda, asthma is called "*Sawaasa*", and belongs to the same family as coughing, hiccups and other diseases characterized by the obstruction of prana (life force) where it is difficult or impossible to get air into the lungs. Ayurvedic theory holds it to be life threatening when prana cannot enter the body, provoking great fear, anxiety and even fear of death.

The "**Charaka Samhita**", one of the main ancient Ayurvedic texts, says<sup>1</sup>: “There are many fatal diseases but they do not take away life so quickly as hiccup and laboured breathing (dyspnoea)” (Chap.17 phr.3-7).

The "**Charaka Samhita**" also specifies the multi-systemic aspects of the disease: “The two are predominant in kapha and vata, arise from the seat of pitta and dry up the heart and the dhatu (tissues) such as rasa "(Chap.17 phr.7-9). It is ruled by *Kapha* (among other things: body phlegm) and *Vata* (air and ether that are responsible for the movement of prana in our body) and appears from the seat of *Pitta* (fire, responsible for all physical and mental processes), which dries the heart and tissue like *Rasa* (plasma and other body fluids).

The book gives an accurate description of the phenomenon “When vayu is preceded by kapha obstructing the passages and itself being obstructed moves here and there, it produces *Sawaasa*.”(Ibid. phr. 45-51) “The patient takes the breath off but does not bring it in, has mouth and passages covered with phlegm, is afflicted by vitiated vayu ... due to vitiation of expiration, the inspiration is impeded ...”(ibid.)

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<sup>1</sup> Quotations from "**Charaka Samhita**" are from the translation by P.V.Sharma (Chaukhambha Orientalia, Varanasi).

This text describes causes for asthma similar to the causes described by Western medicine. **Environmental factors:** dust, smoke, wind, cold air or water; factors arising from **Lifestyle:** physical exertion which exhausts the system, consumption of coarse, inappropriate or badly cooked food, disorderly eating, weak digestion, failure to meet bodily needs. All these create toxins in the digestive system that transfer to the respiratory system with an upward movement of Vayu, meaning that Prana Vayu and Apana Vayu are not moving in the right direction.

The book mentions further factors related to nutrition giving a list of foods that create excess *Kapha* in the body, from inappropriate preparation (e.g. drinking uncooked milk) or excess consumption of fats and other foods that obstruct the physical and energetic channels, in turn causing airway obstruction.

In "**Ashtaanga Hridayam**", another ancient text later than "**Charaka Samhita**", the description of the disease is similar, adding that the *Vata*, moving upward, is imprisoned in the breathing channels and causes headache and pain in the neck, chest and shoulder blades that originates in toxins from the digestive system and polluting environmental conditions.

The texts specify different types of the disease, for example, "*Urdhva Sawas*" in which the patient has difficulty bringing air into the lungs for various reasons: a weakened gastrointestinal tract may be causing congestion; weakened respiratory muscles may restrict exhalation; and also anxiety about breathing out may arise, for fear of being unable to breathe in again.

In conclusion, we see that Ayurveda views asthma as a multi-systemic disease that includes a weakened digestive system, creating toxins that spread from the gastrointestinal tract to the lungs and respiratory tracts in the form of thick mucus. According to Ayurveda, there is a differential diagnosis between asthma controlled by *Kappa*, which has sticky, inflamed mucus and respiratory infections, where the patient will usually be characterized by a thick body and a swollen belly, and asthma controlled by *Vatta*, which will be expressed through a dry cough and dry phlegm, with the patient characterized by a slim, deficient build.

The patient's struggle to breathe, making use of other muscles unrelated to the breathing mechanism, mainly in the neck, upper back (trapezius, rhomboids) and shoulders, creates stiffness and tension in these muscles. On the emotional-psychological level, the patient experiences anxiety and fear of suffocation. On the conscious level, awareness is concentrated in the upper region of the body.

## Therapeutic strategy

This approach is based on my experience as a therapist of Ayurveda, Chinese medicine, herbal medicine and aromatherapy combined with yoga and yoga therapy.

1. Avoid external environmental factors such as dust, smoke, air pollution, cold, and dryness.
2. Follow recommendations for appropriate nutrition. A week of mono fasting, designed and monitored by a professional Ayurvedic healer is advisable.
3. Use herbal medicine including bronchodilators, moisturizing, anti-inflammatory, and adaptogenic immune system fortifiers.
4. **Practice yoga** including all the elements:

**Shatkarma (Shatkriya)** – 6 cleanings: (1) **Neti Kriya** (techniques of cleansing the nasal passages), (2) **Kunjla kriya** (self-induced vomiting), (3) **Kapalabhati**, (4) **Vastra** (5) **Dhauti**, (6) **Shanka-prakshalan** (cleaning the digestive tract). These techniques are most important for asthma sufferers because they help improve their condition very quickly, but this is an extensive subject that lies beyond the scope of this essay.

**Asana** for relaxation of stiff and rigid areas (neck, back, ribcage): movement, strengthening (mostly upper body), leading the awareness downward, strengthening and grounding the lower part.

**Pranayama** (including the Vayus) in order to bring the prana downward: cultivating Apana Vayu, Samana Vayu and Prana Vayu; developing respiratory capacity by moving the diaphragm and strengthening it and increasing the volume of air sacs in the lungs; increasing the flexibility of lung tissue, lung pleura and trachea.

**Sitting** Its main role is in relaxation, contemplation and cultivating quietness: Ayurvedic non-action in order to experience that certain things are done on their own.

## Vijnana Yoga to assist asthma sufferers

It is important to note when treating an asthma patient that treatment is a matter of process, and needs to be adjusted not only according to the overall diagnosis of his condition, but also according to a daily diagnosis before each practice.

I have discovered that starting with the patient's weak spot, namely respiration, and immediately offering pranayama exercises is not an effective strategy. This approach stirs up anxiety and frustration. In the Yogic literature asanas such as backbends are recommended to open the chest. Pranayama and inverted poses, especially shoulder-stand, with and without support, are also recommended (see bibliography). As general advice this is correct and sensible, but in my experience I have found that asthma sufferers, especially a sick adult or a younger patient that has been sick for a long time, and has never been treated with yoga or any other physical activity, cannot put

these recommendations into effect and will end up feeling frustrated with no improvement in their condition. The Vijnana approach offers a more practical solution.



## Case Study

I chose this case from among many I have treated, because it is complex and multi-systemic. A 70-year-old woman diagnosed at the age of 55 as suffering from asthma, or to be more accurate, COAD Chronic Obstructive Pulmonary Disease. She fervently believes only in solutions offered by conventional medicine. Since her teens she has been suffering from gastrointestinal disorders (probably a sensitive digestive system or Crohn's disease) and allergies. She underwent gastrointestinal surgery when she was young, and also had sinus surgery and a procedure of septum repair around age 50, to no avail. She is on various medications: cortisone in varying doses according to the severity of her symptoms, chemotherapy injections every few weeks, inhalers, bronchodilators, phlegm softeners and lots of antibiotics.

None of these conventional treatments cures her, they merely alleviate her condition and over time larger doses or stronger medication is required. However, constant use of steroids weakens her tissues, making her skin so thin and delicate that any small graze or bruise ends in injury and a wound that heals only slowly and disrupts her normal life. Osteoporosis and osteoarthritis are also disrupting her quality of life with constant pain. Severe coughing fits put her in danger of broken ribs and vertebrae and she has a long list of other side effects. Her respiratory distress causes many nights of insomnia. She suffers from a dry mouth and fatigue during the day. Her digestive system is weak and cannot cope with most foods as a result of taking antibiotics for many years, and in addition she suffers from the side effect of intestinal candida.

## Yoga Therapy

**The purpose of the practice** is to improve the quality of her life and strengthen her body systems so they do not collapse and are able to absorb the medication.

NB the patient does not normally feel comfortable lying down, so I had to find standing or sitting versions for some of the postures, the breathing practice and sitting.

Differential diagnosis: *Kapha* (mucus) *Dosha* in excess in the digestive system and as a result, in the respiratory system. *Pitta* (inflammation with yellow discharge). Her respiratory tracts are chronically inflamed and so is the mucus.

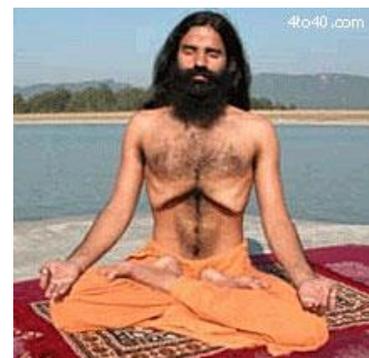
**Strategy** The practice will be partly dynamic, to move the *Kapha* using *Vayus*, and *Vatta* (energy that moves), increase *Agni*, more specifically *Jater Agni* (*Agni* = *Pitta* = processes) and partly relaxing, to learn to BE, to relax and feel the peace and the inner processes happening on their own.

## Practice sequence

**Uddiyana Bandha and gentle Agni Sara** to strengthen the diaphragm and abdominal muscles and to stimulate and motivate the digestive tract.

**Abdominal exercises** while sitting. Boat posture, the knees drawn up to the abdomen and feet touching the floor. Leg lifts in the boat posture as well.

**Standing Meditation** with or without the *Vayus*. (According to Qigong, this position cures one hundred (all) diseases).



**Practice of Vayus** – We started practicing the External Vayus to experience expansion. Later we practiced the Internal Vayus, starting with the lower, Apana, Samana, Prana, and over time we got to Udana Vayu. Udana Vayu brought relief to her stiff neck. Now we practice entering Jalandhara Bandha from Vajrasana.

**Pranayama** – Natural breathing, chanting the syllables a, u, i, m – on exhalation. Despite feeling embarrassed, she "opened", her respiratory capacity increased and over time, her voice, previously very weak, became stronger.

Here I would like to emphasize that the self-paced practices, with or without a metronome, do a wonderful job and bring calm and relaxation to the practitioner. Sometimes you need the metronome to give a framework, to focus the mind and not let it wander off. It also provides a tool to evaluate the change taking place in respiration. But sometimes, you have to allow the practitioner the freedom to work with his own internal rhythm.

**Ujjayi and Nadi Shodhana** – When the practice described above became comfortable and was understood, we moved on to practicing with placing of my hands, and slowly the results appeared. I am strict about this practice especially in times of congestion or seizures. My impression is that my resting hands are calming and help in directing and regulating the breath.

**Kapalabhati** – is an important asset in the treatment of asthma as it strengthens the diaphragm, nurturing the ability to exhale without fear and strengthening confidence that new air will enter effortlessly. This practice was introduced into the sequence only after a year, once anxiety and fear had lessened. Now it is a regular part of the practice at the beginning of pranayama or at the end, according to the patient's condition.

Every two or three months I do a test, which serves as a milestone, to check if a change has occurred. The test consists of an aerobic cardiovascular practice either on a rowing machine or an elliptical trainer, or walking outdoors. Here too, there is a distinct improvement in the ability to stay for longer and to do the practice even with a seizure.

## **Asana**

**Standing poses** using leg weights. This practice brings the mind downwards and also addresses the patient's osteoporosis. Initially, without using the arms or placing hands on the chest and sacrum, it gave a sense of relaxation in the chest. Later we added the arms, and we are now practicing sometimes with arms and sometimes without.

The progress and change in the warrior pose (virabhadrasana) are very significant. There is a significant strengthening of the limbs, a good understanding of a quiet back with a pleasant feeling of expansion of the back and ribs, in addition to a great awareness of the feet.

**Back bends** near a wall or against a wall.

**Downward-facing Dog and Upward-facing Dog** done against a wall or with a bench, done dynamically (continuously from one position to another several times). After a few times staying in Adho Mukha to relax and lengthen the back and front of the body with an emphasis on relaxing the neck until we get a light Jalandhara Bandha that gathers the front ribs a little and fills and extends the back.

**Ashwini Mudra** practice, Apana, Samana and Prana Vayus to protect and strengthen the pelvic floor muscles. This way we prevented surgery for a prolapsed uterus. Done in meditation, standing, dog pose and sitting.

Recently, because deformity of the big toes (hallux valgus) caused a problem with her feet, the patient consented to use toe extenders. She still feels pain that discourages her from using them, but there is a significant improvement that persuades her to persevere and her feet are now much in evidence in the practice.

**Forward bends** mainly on the physio (stability) ball, to understand that the root of moving begins from activating the feet and lengthening the legs backwards. The lower abdomen is gathered in, the groins deepen and we feel the connection to the center from the feet, instead of the conventional perception that we need to extend the back and work out of the upper body. I have no words to describe the joy and liberation that the patient experiences, which stem from the discovery of a peaceful and light back. A significant improvement in flexibility and strength in the muscles of the back and chest, the inter-costal muscles and diaphragm, was both observed and experienced.

**Sitting** was the last part of the practice to be introduced and we dealt with it in small doses. The student now sits for about 15 minutes, and reports that it lowers stress levels that she did not even know existed, so much was stress a part of her life.

To summarize this case study, I want to clarify that there has been a vast improvement in the student's quality of life. Anxiety levels dropped altogether and she feels stronger. In my opinion, treatment with nutrition and herbal medicine, which do not harm the body's systems as chemical drugs do, would dramatically improve her condition. Yoga therapy has done wonders, but so far has not given complete healing, but then nor has conventional medicine. She can at least now maintain her quality of life and manage demanding activities like everyone else.

### **Summary of the principles Vijnana Yoga in the treatment of asthma**

Although we practice many asanas, we approach them from basic principles (see below) that clarify and inform this great variety. I start from the bottom, driving awareness down to the base of the body and activating it from there. Breath too, I route to the abdomen so that the practitioner will stop thinking in terms of "lungs" and "chest ". It is useful to demonstrate pouring water into a container. The water is indeed poured into the narrow spout at the top, but the bottle is filled from the bottom up. With this demonstration everyone, especially the asthma patient, can see the physiology of breathing. If the container is flexible, we can also show that pushing the bottom of the container up makes the water come out of the spout. All components of our practice are included: sitting, pranayama, asana and study of some texts used as reference to the process, but not necessarily in that order.

## The Principles and their application to the practice of asthma sufferers

In Yoga practice for asthma patients the principles are significant.

**Quieting the mind** when the target is "Just Sitting" or "Just Standing" at the beginning of practice, without any guidelines or other requirements.

**Intent** – Directing the mind to the practice, dedication to sitting, posture and relaxation, activating only what is necessary. I have found that practicing hands-modes of standing poses as a sequence (discussed below) and a number of simple mudras convinces the practitioner of his power to create intent. It is important for everyone, but for those who suffer from a medical condition such as asthma, it is very helpful to orient them to a practice that takes them away from the center of their anxiety.



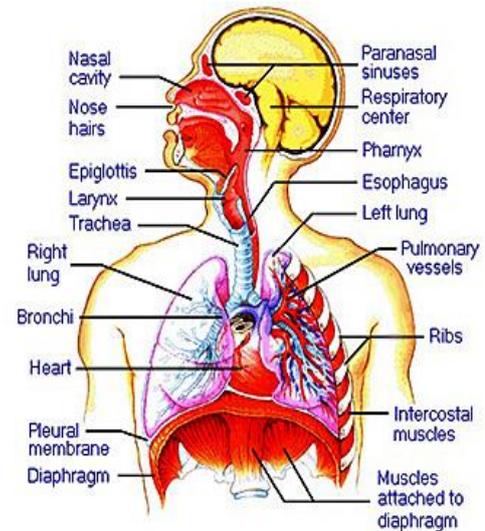
**Rooting** – The purpose is to move the mind downward to create a base and feel the outcome of rooting that will "flood" the body from the bottom up. When understanding deepens, the practitioner knows from the inside what body part to activate. It may be a small movement, yet made from the right place it will get the right result. So the process of "training from within" begins, and experiences of change or transformation become tangible. This change increases trust and sows the seeds of persistence over time.

**Connection and elongation** – from the periphery to the center, which is just below the navel (Samana Vayu). The rebound force, the result of rooting, will be felt in the center of the body. The chest is not the center. Now, the respiratory function takes on a different meaning than just survival.

**Relaxation** – of every body part that doesn't need to be activated in a particular state, posture, breathing or sitting. The difference between relaxation and slackness is not obvious. It is important to emphasize relaxation with an asthma sufferer who constantly uses all the upper muscles.

**Breathing** – Accepting the natural respiratory condition as it is at a certain point in time, without criticism and without fear, as "*that's what there is – now.*" On this basis, constructing breathing. Breaking respiration down into the 4 parts of the respiratory cycle (inhalation – retention – exhalation – retention). Recognizing that not all parts of his breath are good or comfortable for him. Becoming aware of both the comfortable part and the part where he feels difficulty or discomfort. When this difficult area is found, learning practices and techniques to change, improve and expand it. Clarifying changes in breathing, deep, shallow, short, relaxed and stable. Developing confidence that any form of breathing can be right for a specific time or state, and that this form will change by itself when it needs to. Later, introducing the practitioner to the psychological-emotional aspects of breathing: inhale – acceptance, introspection; exhale – giving, connecting to the outside; retention – non-action, quieting the mind. Within the training, coming to understand breathing as a technique of Elongation (inhalation), Rooting (exhalation) and Connecting (from the center to the edges and from the edges to the center).

1. **Practice of the Vayus** – As mentioned at the beginning of the sequence. At an advanced stage or as part of practicing relaxing the neck, adding Udana Vayu and finally Prana Vayu, very gently. Once a certain mastery of these is achieved, Vyana Vayu with visualization of the ability to contract and expand in all directions. Remember that the diaphragm of an asthma patient has weakened over time from insufficient use or overuse (in which case we will see a kind of hypertrophy). Practice of the Vayus helps to strengthen the sphincter muscles and those used for breathing, and also focuses observation of the process in each area.



2. **Breathing with syllables chanted on exhalation: a, e, i, u, ha** – After this, to tune the mind, the teacher places her hands on the patient's back in different areas, initially on the lower ribs and the kidney area. The kidneys are a problematic area in asthma since their energy, which is supposed to pull the air down from the lungs, is weakened. It is therefore advisable to concentrate on this area. In general, patients with asthma or other respiratory diseases breathe with the top and front parts of the thorax, and push the abdomen out in exhalation. In yoga we try to change this pattern. Hand contact and tuning brought a feeling of relaxation for the practitioners, and placing of the hands helped them to collaborate and experience breathing without distress. When they had a day of wheezing, I asked them to ignore it, and they reported that they managed to do so. Then wheezing did not cause the usual embarrassment that results in shallow breathing, hence shortness of breath.
3. **Nadi Shodhana, Ujjayi, Anuloma Viloma** – Directing awareness to the back ribs, with or without placing the teacher's hands. Using a metronome to give an external beat, or doing without, in order to focus the mind on counting and not on fear of the practice. Placing of hands is very relaxing for the asthmatic practitioner and very efficient in directing the mind to the specific area. Viloma pranayama (gradual exhalation), both in Ujjayi and Nadi Shodhana is effective for developing the ability to exhale, in time adding Kumbhakas that are comfortable for the practitioner. Then comes the **great discovery** that in fact only about a quarter of our breathing time is spent taking air in, and the rest of the time we don't take air in at all. This discovery instills great confidence in an asthmatic.
4. **Kapalabhati** – I recommend teaching it when it seems appropriate, not necessarily at the beginning. This is an excellent way to strengthen the diaphragm and practice exhalation. It also creates spontaneous inhalation, but it is better to wait until the practitioner feels confident exhaling and is not anxious about asphyxia.

## Sitting

This is one of the most difficult steps for an asthmatic since he is alone with himself and his anxieties. He hears each wheeze and feels every difficulty. He is embarrassed at being too "noisy" and afraid that an attack will occur at just that moment.

The teacher needs to emphasize the legitimacy of not doing, just reflecting, and to underline that everything that happens or comes up while sitting is O.K. I found that at first some students recoil from it, so the sitting lasted a short time, even 5 minutes.

I feel that sitting is a very private and personal matter, so there are no instructions other than basic guidance on a comfortable position and directing the attention to the practice of non-craving.

## Summary

The experience of "giving a new life" to a person who despairs of any improvement in his condition is very uplifting. For me, applying the principles so that my understanding of them is deepened is very moving.

I have had this experience when using other Yoga therapy treatments too: a woman of 60 with a severe scoliosis whose significant improvement was documented in an X-ray taken after two years of practice; a boy with ADHD who was shown ways to practice, and today stopped taking Ritalin; a man suffering from terrible knee pain and facing surgery whose pain after three months treatment has now stopped completely. In this last case, the rapid healing was the result of the patient's full cooperation with whatever he was asked to do (changes in diet, daily practice, daily self-massage, etc.). I could give many examples to emphasize the power of yoga, especially Vijnana Yoga, to make a difference. However, I must also stress the importance of diagnosis. Accurate diagnosis focuses the direction of practice and the selection of the most effective tools.

Usually people do not practice at home alone, but a daily practice is the basis of creating change. Therefore, it is better to give a little "homework", choosing the most effective poses and the patient's favorites.

Ayurveda, which stresses the importance of lifestyle and nutrition, also gives simple but very effective tools for the healing process. Ayurvedic writings also declare that there are: "Four limbs of treatment: The physician, the attendant (nurse) the drug and the patient are the four limbs of treatment; each one has four (good) qualities" (Astaanga Hridayam 1.27)<sup>2</sup>. In our case the drug, the medicine, is the Yoga practice.

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<sup>2</sup> Quotations from **Astaanga Hridayam** are from the translation of Prof. K. R. Srikantha Murthy, Chowkhamba Krishnadas Academy, Varanasi

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## **About the author**

Edna Davidson, an MA in Humanities, has been practicing yoga since childhood and in the last 20 years deepened her interest in the field. She is certified as a senior yoga teacher through a long and thorough training path. She is a graduate of yoga courses in different approaches from which she chose to focus on the approach of Vijnana.

**Vijnana Yoga** guided by Orit Sen-Gupta at the College of Physical Education at the Wingate Institute.

**Viniyoga** Therapeutic yoga guided by Rachel Solberg at the Wingate Institute.

**Sivananda** Yoga according the method of Swami Sivananda at the Sivananda centers in the Bahamas and Canada.

**Ashtanga Vinyasa** Guided by David Swenson, USA.

Edna continues to deepen her practice and participates in various seminars. For the past 15 years she has been a regular participant in training seminars for teachers by Orit Sen-Gupta.

Edna specializes in medical rehabilitative yoga for skeletal problems, osteoporosis, digestive and breathing problems. She is a Senior Therapist in Ayurveda, Tui Na, Shiatsu and Nuad (Thai Yoga therapy), Qigong, aromatherapy and Clinical Herbal Medicine (CIH).

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