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### ***Restless Legs Syndrome***

Restless Legs Syndrome (RLS) is a common condition affecting approximately 10% of the population ([www.helpguide.org](http://www.helpguide.org), 2007). People experiencing this syndrome will often describe a tingling, prickly and/or painful sensation in their legs that creates an overwhelming need to move. Most often the sensations occur in the calf, however they can be felt anywhere in one or both legs ([www.postgradmed.com](http://www.postgradmed.com), 2007). It is not uncommon for symptoms to be worse at night and during periods of rest. As a result, many people experiencing RLS have difficulty falling asleep, or are jolted awake by the periodic jerking (also known as Periodic Limb Movements in Sleep or PLMS) thus significantly disturbing their quality of sleep.

Generally, the cause of RLS is unknown. It doesn't seem to be linked to genetics, increasing a person's iron, folate and/or magnesium levels can help in some cases, sometimes the symptoms are experienced in conjunction with chronic illness (like kidney failure, rheumatoid arthritis, and diabetes) and symptoms can also be worsened by certain medications (some antidepressant and anticonvulsant medications, some cold and flu tablets etc). In some cases it is believed to be linked to anxiety and nervous tension (and the hyper-arousal this creates within the nervous system). So if a client presents with symptoms akin to RLS it's important they've had a full medical check-up to explore other conditions and to find out what medication they may be taking.

### **Yoga Therapy Program:**

Initially I would encourage a client to keep a "sleep diary" for the period leading up to their first appointment (or between the first and second). This way we can develop a curiosity about what is happening by tracking the client's experiences and the practises that may help to alleviate the symptoms. The sorts of things I would encourage them record would be: The sensations they experience, and at what Times of day, what Relieves them, whether the symptoms worsen during rest or activity (and what kind of activity), whether the sensations interfere with Sleep in anyway (onset or returning to), what the daytime Consequences may be (fatigue, confusion, lack of attention etc), and lastly, making a note of any changes -whether they be to diet, lifestyle or sleep habits. (Refer Appendix A for sample)

### *Asana Recommendations*

The asanas selected would target the major muscle groups of the legs, gently stretching and strengthening the muscles as well as increasing circulation.

- Calf stretches – in cat pose, alternately lengthening each leg back behind you, gently encouraging the heel to the floor to stretch out the calves.
- From a kneeling lunge position, gently lifting the back foot up and directing it back towards the buttocks. This stretches out the quadriceps muscles
- Then coming back into a cat position and rolling over the toes, gently coming into uttanasana (with the knees bent) to gently stretch out the hamstrings.
- From Uttanasana, bending the knees deeply and lower the tailbone back towards the floor to come into Malasana. This pose simultaneously stretches and strengthens the leg muscles.
- Finally, bring the hands to the floor and release into Child's pose. A wonderful pose to calm both the body and the mind, whilst the weight of the upper body helps to stretch out the calves.

### *Pranayama Recommendations*

Depending on the client's level of sleep disruption, a gentle breathing practice like the 4:4:4:4 breath, or focussing on lengthening the exhalation may help ease any tension or frustration (about not being able to get to sleep or being woken up), bringing the mind and body to a greater sense of rest.

### *Other Advice:*

- o Creating good sleep habits by doing activities that encourage winding down at the end of the day (including relaxation, elevating the legs on a cushion, using heating pads on the legs, a warm bath), and then listening to those signs that the body is starting to fatigue. Staying awake beyond that, can, for many people trigger RLS once they do go to sleep.
- o Ensuring adequate hydration can also help to alleviate RLS symptoms.
- o Clients with RLS may be sensitive to soda, caffeine, cigarettes and alcohol, so avoiding these substances may be of benefit – particularly in the evenings.
- o Likewise exploring any offending medications and the possibility of discontinuing these (depending on whether the benefits outweigh the negatives – as in the case of antidepressant or anticonvulsant medications).
- o For clients with low iron levels or anaemia, increasing their iron intake can alleviate the condition.
- o Likewise, for clients who experience high levels of nervous tension or have a highly active lifestyle (both of which lead to muscle fatigue) including a magnesium supplement can be of huge benefit.
- o For some people a calcium supplement can be of benefit
- o Making a referral for regular massage (acupressure or otherwise)

### *References:*

<http://parents.berkeley.edu/advice/health/restless.html>. 06/06/2007

[http://www.helpguide.org/life/restless\\_leg\\_syndrome\\_rls.htm](http://www.helpguide.org/life/restless_leg_syndrome_rls.htm). 06/06/2007

[http://www.postgradmed.com/issues/1999/03\\_99/evidente.htm](http://www.postgradmed.com/issues/1999/03_99/evidente.htm). 06/06/2007

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## *Endometriosis*

During a healthy menstrual cycle, hormones are released which regulate the production of endometrial tissue, the tissue that lines the uterus in preparation for a fertilised egg to be implanted. This lining is then shed in the event that no fertilised egg is implanted – otherwise known as menstruation (Martini, 1998). Endometriosis is a condition in which this endometrial tissue is found in places other than the uterus. For example, the ovaries, fallopian tubes, pelvic lining, pelvic ligaments, and in some cases (but less frequently so), the lining of the bowel or intestines. How this occurs exactly is still unclear, one hypothesis suggests that either the lymphatic or circulatory systems transport the cells to other places ([www.merck.com](http://www.merck.com), 2007). Despite the dysfunctional location of this tissue, it is still regulated by the reproductive hormones, and will build up and shed cyclically, just like the endometrial tissue in the uterus ([www.endometriosis.org](http://www.endometriosis.org), 2007). This monthly cycle of bleeding can lead to the development of cysts, scar tissue, adhesions and areas of inflammation. Endometriosis then, is often a chronic and painful condition.

For many women, the most striking symptom may be severe abdominal pain (usually in the week leading up to menstruation); however it is not uncommon for women to experience pain in their pelvis and/or back, or in some cases during sexual intercourse, urination or with bowel movements (depending on where the tissue has spread to). In other women there may not be any obvious symptoms, but they may find it difficult to get pregnant - Endometriosis is one of the leading causes of infertility in women. Diagnosis of Endometriosis is via laparoscopy (the insertion of a fibre-optic tube into the upper abdomen) ([www.endometriosis.org](http://www.endometriosis.org), 2007)).

Once a diagnosis has been made, numerous treatment options exist, however most treatments under the medical model include drugs to suppress ovarian function and endometrial tissue growth, and in moderate to severe cases surgery to remove the implants is advised. A hysterectomy is reserved for clients experiencing “intractable pelvic pain and who have completed childbearing” ([www.merck.com](http://www.merck.com), 2007). There are many natural therapies available that can help support women’s management and be of significant benefit to improving their quality of life, yoga being one of them, however it is important that a student presenting to yoga therapy with suspected or diagnosed endometriosis be receiving medical support also.

### *Yoga Therapy Program*

The cyclical nature of endometriosis means the client is likely to move into and out of more acute phases of pain. Therefore the practise design needs to be flexible enough to support the person’s needs at any time.

During the more acute phases the focus would need to be on resting and nurturing – aiming to ease the pain and discomfort (annamaya kosha).

- Gentle and supported back bends (like bridge, supta baddha konasana and supta virasana) to stretch out the abdominal and lower back muscles, open the abdomen and loosen and relax the pelvic muscles.
- Perhaps even a few gentle cat curls to ease the tension, alleviate cramps and begin to move the energy
- Apanasana (preferably linked with the breath to encourage energy flow) to again relieve pressure in the abdomen and also to encourage apana vayu.
- Lying Twist
- A relaxation practise would be of huge benefit here to counter the physical and emotional stress and frustration that debilitating pain can bring. It would be important then to spend time exploring and creating a comfortable, nurturing space (whether that be through creating a “nest”, with lots of bolsters and cushions, gentle music and minimal distractions or perhaps even viparita karani might be more comfortable, or the flapping fish pose often taught during pregnancy). Whilst in this pose, the student might like to practise a gentle pranayama (whereby the exhalation is lengthened, or full yogic breathing) – which would not only help to relax the mind and body, but if used as part of a mindfulness practise, it can also provide a useful tool for noticing the sensations (including pain) and learning not to necessarily attach to them.

At other times, when the client may feel stronger the following practises may be of benefit:

- *Self Awareness* - A number of physicians and healers believe that Endometriosis can be a “wake up call” for women who’s “emotional needs are in direct conflict with what the world is demanding of her” ([www.yogajournal.com](http://www.yogajournal.com), 2007). Likewise, focus groups with women experiencing Endometriosis have shown that this is a condition of multiple losses – relationships, career, and often a sense of self worth (Cox, Henderson, Wood and Cagliarni, 2003). Thus, for many women, yoga therapy may really need to emphasise the reconnection with self, encouraging a curiosity and exploration about identifying and honouring one’s needs, and grieving any sense of loss as they may be recognised.
- *Asana* – At other times, when the pain is not so acute, the client may like to practise other asanas. Included in Appendix B is a “Monthly Moon Sequence” written by Leanne Clancy, which has a few stronger poses, but all of which have the focus of stretching the abdominal and lower back muscles, and creating space and openness in the pelvis.
- *Pranayama* - Continuing full yogic breathing but including mula bandha after the exhalation can help encourage Samana vayu and Apana vayu to increase and help eliminate more thoroughly ([www.yogaforums.com](http://www.yogaforums.com), 2007).

*Other Advice:*

- Warm Baths or hot water bottles/heat packs can be a wonderfully relaxing way to ease pain and cramping.
- Changes to diet can be beneficial. Some studies have shown increasing *Calcium* and *Vitamin D* can ease symptoms. Likewise following a diet rich in fibre (eases pressure on the abdomen and digestive systems), essential fatty

- acids (which can help to reduce certain inflammatory processes associated with endometriosis).
- Referrals to other practitioners: Herbal therapy, Pain Treatment Services, Acupuncture, Chinese medicine, Homeopathy and Counselling can all be of benefit for different people.

*Contraindications:*

As the focus of the yoga therapy program is on relieving tension and pain, conserving energy and vitality whilst simultaneously increasing the flow of energy through the abdomen, in particular apana vayu, it would be important the student avoided those practises that are physically demanding, that create restriction through the abdomen and pelvis, and also inversions (as we are trying to cultivate apana vayu).

**References:**

Cox H, Henderson L, Wood R and Cagliarni G. Learning to take charge: women's experiences of living with endometriosis. *Complementary Therapies Nursing Midwifery*. 2003 May 9(2):62-8.

Martini. *Fundamentals of Anatomy and Physiology*, 4<sup>th</sup> Ed.

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