



TIMOTHY McCALL, MD
author of *Yoga as Medicine*

SAVING MY NECK

A DOCTOR'S EAST/WEST
JOURNEY THROUGH CANCER

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— Lorenzo Cohen, PhD, Professor and Director, Integrative Medicine Program, MD Anderson Cancer Center; co-author, *Anti-Cancer Living*

In 1997, Timothy McCall, MD left a successful medical career to become a yoga therapist. Twenty years later, diagnosed with metastatic cancer, he returned his focus to the practice of medicine, this time as a patient. He would need all he had learned in both healing worlds...



Dr. McCall, *Yoga Journal's* medical editor and author of the Amazon #1 Bestseller *Yoga As Medicine*, leads us on a surprise-filled journey from South India to the US and back, from banana, jackfruit and coconut groves to sterile hospital wards. Part memoir and part meditation on holistic healing, ***Saving My Neck: A Doctor's East/West Journey through Cancer*** is for yogis and non- yogis alike. It's for healthcare professionals, holistic healers and those facing health challenges — and anyone who loves a good story.

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Please accept as our gift the first chapter of Dr. Timothy McCall's 2019 book, ***Saving My Neck: A Doctor's East/West Journey through Cancer***. This chapter appears exactly as it does in the Hardcover version of the book, including photos Timothy took in India.



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“The part can never be well
unless the whole is well.”

— Plato

SOME OF THE PARTS

Wearing only a muslin loincloth, I lie on a hardwood table. Its legs are still the original color, but the surface is stained dark from years of oil massages. A warm breeze stirs the sun-bleached crimson sari that separates the treatment room from the garden and the coconut palms outside. Krishna Dasan, the Ayurvedic therapist working on me, glides a warm, oil-infused bag in long firm strokes from my chest down the tops of my legs, and then back up. The bag is a handkerchief-sized square of cotton that has been stuffed with freshly-cut leaves, garlic, and lemon, and whose four corners have been tied into an elaborate knot which Krishna uses as a handle.

When he detects tightness in my body, Krishna moves back and forth over that spot with short staccato strokes, before resuming longer ones. When the bag cools, Krishna hands it to his assistant, Shashi, who puts it back into the turmeric-infused oil that bubbles on a single-burner gas flame, and hands Krishna a hot replacement. After pounding it once or twice on the table, to take the edge off the heat and remove excess oil, Krishna goes back to

work on me. The air is fragrant with a smell more like food than medicine, something like homemade pea soup.

This is a treatment called Ela Kizhi, pronounced EE-lah KEE-ree. That means “leaf poultice” in Malayalam, the native tongue here in Kerala, the state at India’s southwest tip. Systematically, Krishna massages my entire body, first with me lying on my back, then on my belly. Sometimes he has me turn onto my side with my top knee bent.

Though he isn’t tall, Krishna is strong, with muscular shoulders and pecs. “I am never going to the gym,” he says. He performs massage the way a dancer, martial artist, or yogi might. As he leans his torso to one side, he stays rooted in his feet, keeping him balanced. And although the massage is firm, the strength comes from his whole body and not just his arms.

When he was about nine years old, Krishna recalls, his father had about 100 banana trees. Krishna’s assignment was to lug mud pots, each holding 20 liters of water, from the well to the trees. He estimates he walked five kilometers back and forth each day. The pots had no handles, so he would grip the inside edges of the rims with the fingers on either hand. As long as he was balanced, with one on each side, he was fine. This was when his muscles started to grow.

Because he is worried that the hot oil might cause the metastatic cancer cells in the lymph nodes of my neck to spread, he massages that area only lightly. A few days before we’d begun these treatments, his guru, the elderly Ayurvedic physician Chandukutty Vaidyar (“Vaidyar” being the Malayalam word for doctor), had warned him to be careful. Normally Chandukutty would not have approved of using Ayurvedic treatments for a condition like metastatic cancer, because he is not sure it can help. But I had

been Chandukutty’s student for years, so he made an exception for me. Krishna seems reassured when I explain that I am not expecting Ayurveda to cure my cancer — oropharyngeal squamous cell carcinoma caused by the human papillomavirus (HPV). I tell him, “I just want to get as rested and balanced as I can be before I undergo chemo and radiation treatments next month back in the States.”

I hadn’t expected to be able to come to India before my cancer treatment began. But the medical center where I would be getting my treatment was not in New York, where I was living at the time of my diagnosis, and my health insurance only covered treatment in my home state. So, I had to change my insurance, but it wouldn’t take effect until after the first of the year. This meant I suddenly had a month free. On just a few days’ notice, I planned this whole trip in late November of 2016 and arrived in India at the beginning of December.

In deciding to go to India for Ayurvedic care before beginning chemoradiation, I remembered something I had learned in medical school: cancer is potentially life-threatening, but in most circumstances, it is not an emergency. That’s why I shudder when people hurry into treatments before they’ve had a chance to consider their options carefully.

The standard measure of cancer’s growth rate is known as its “doubling time.” For example, a slower-growing tumor might take eight months to go from one million cells to two million cells. Doubling every eight months would also mean it takes the same slower-growing tumor eight months to go from one cell to two cells, two cells to four, and four cells to eight. A rapidly growing tumor might double in size in 60 days. It’s only at

around a million cells — which roughly corresponds to one cubic centimeter in size — that tumors in some locations, like the breast, may be big enough to detect via X-rays or by touch.

It may take years, even decades, before a tumor is large enough to be detected. This is why a few weeks' delay — unless there is a critical situation like a tumor obstructing the breathing tube or compromising another vital structure — usually won't matter much. What's crucial to me is to get the best care possible, not, as I've heard patients say, to "get the cancer out of me as soon as possible." I had the luxury of not being in an emergency, so I was able to use the time to do extensive research, talk with loved ones, consult colleagues, get second opinions from other health care professionals, and come to India for Ayurvedic treatments — whose benefits I have been enjoying and studying for years.

It's around dinnertime on my first full day at Krishna's house in Kerala, a place I have been many times before. Krishna's phone rings. It's Chandukutty. He's across the paddy from the house. Krishna goes to fetch him.

Chandukutty greets me warmly when he arrives. "I am happy, very happy," he says, wrapping his hands around mine. He asks me to sit beside him and we exchange small talk. Our conversations are cordial, but for reasons I don't fully understand, they are never intimate. Maybe it's because his age, his culture, and his native tongue are all different from mine.

Bindu, Krishna's wife, serves Chandukutty rice and curry, while one of their daughters draws hot water upstairs so he can take a bucket bath. Krishna brings a fresh white dhoti for him to change into afterwards. Chandukutty has just been released from the hospital with, as best I can determine, the elderly equivalent of

what in children is called "failure to thrive." Nonetheless, his gaze is strong and his skin is soft, moist and, except around his mouth and the corners of his eyes, unlined. Someone decades younger would be happy to have such youthful skin. This is the result of regular massages with healing oils for eight-and-a-half decades.

The three days Chandukutty spends at Krishna's house provide an unexpected opportunity for me to spend time with him. I'd called Krishna from the States to plan this trip and he'd informed Chandukutty of my diagnosis, so now I fill in some of the details for him. But part of me knows he doesn't need any of this information. Just laying eyes on me, he would have figured it all out.

In the years I've been with Chandukutty, I've repeatedly seen him show knowledge of things that no one has told him. When I first met him 12 years ago, he spotted my spinal condition in under a minute, even though all my medical-school professors, including orthopedists and rheumatologists as well as all my primary care physicians, had missed it. I myself had only learned of it three years earlier. Shadowing him as he evaluated new patients, time and again I saw him intuit the correct diagnosis for patients he had just met, whether it was back pain or diabetes or unspoken psychological problems, without an interview or physical exam. I have no idea how he does this.

Chandukutty loves taking the cases in which the conventional medical doctors have thrown up their hands, saying there's nothing more they can do. Nothing seemed to tickle him more than curing those people. The first week I shadowed him at his clinic, back in 2007, I saw him work some magic on a 20-something woman with sad eyes and a striking toothy smile. She had rheumatoid arthritis, a painfully destructive inflammatory joint

disease. Despite high-dose Prednisone and methotrexate, big-gun western meds used to calm this autoimmune condition, she was bedridden.

Her family had carried her up the stairs to Chandukutty's clinic, which occupied a ward in an allopathic hospital in Calicut. At his direction, the female therapists gave her massages with medicated oils, infused with dozens of herbs. Herbal plasters were placed on her knees and other inflamed joints. Within one day, she was up walking with a cane. Within three days, she was walking without one. I sat in as he met with her during the second week of treatment.

Chandukutty asked her how much she was walking. She said half an hour a day. He told her he didn't believe her, but she insisted. Later that day, I checked with Krishna, who was at the clinic the whole time. He confirmed that she had not been telling the truth. Somehow, Chandukutty knew.

There is a way, though, that Chandukutty doesn't know how to teach me, and I don't know how to be his student. He understands how to raise a four-year-old to be like him. But he's not sure how to interact with an allopathic physician from another culture. I watch him carefully and ask questions, and I've learned tons from him, but none of it allows me to do what he does.

In Chandukutty Vaidyar's presence I get to witness Ayurveda as it's been practiced for hundreds if not thousands of years — undiluted — an experience not available in Ayurvedic medical colleges in the US or India. Everything he does is in the traditional way, except in cases where, say, a plant needed for a specific preparation is no longer available. Though he knows Ayurvedic theory, he is to his core a clinician. He sees the patient and he knows what to do, but can't necessarily explain it. I feel less like

his protégé and more like one of those fortunate 20th century anthropologists who happened upon the last hunter-gatherer tribes unsullied by the modern world.

Chandukutty is a master of three different disciplines: Ayurveda; another ancient medical system called Siddha, from the neighboring state of Tamil Nadu; and Kalaripayattu, Kerala's indigenous martial art, which he practiced from early childhood. The last is said to be the historical precursor to Kung Fu and other Asian martial arts, first brought to the Shaolin temple by the monk Bodhidharma in either the 5th or 6th century. About a decade ago, Krishna tells me, a young thief tried to tear off Chandukutty's gold chain in a public bathroom. Chandukutty came down with his elbow on top of the man's head, knocking him out.

Back when Chandukutty was a boy, with the country under British control and Kerala ruled by the King of Malabar, there were no local police, and in most areas, no roads. Kalari masters were the de facto leaders. This didn't mean they had any more wealth than those they led — everyone was poor. The only cash was coconuts.

A few years ago, while I was staying at his house, I asked Chandukutty to demonstrate some Kalari. Despite his growing frailty, he moved quickly and gracefully, turning my wrist away with one hand and feigning blows to my torso with the other. I remember thinking: *This is a guy you would not want to mess with.*

I have been coming to India for 16 years, and in that time I have spent probably a couple of years here in total, most of it in this rural area along the coastal Malabar region of Kerala. The nearest city, Kozhikode, with half a million residents, is small by Indian standards, and off

the tourist trail. Most locals still call it by the name the British used, Calicut.

If you've been to any of the large Indian cities, or even if you've just watched documentaries or read travelogues, you're familiar with the India of teeming metropolises, stunning colors in the markets, and air so polluted from auto fumes, industrial waste, and burning fields that it is dangerous just to breathe. You may conjure up visions of fabulous wealth and abject poverty side-by-side, shanty towns abutting gleaming high rises, shops and street food stalls emanating exotic smells, streets clogged with cars, auto-rickshaws, beggars, and skeletal cows that stop traffic. This place is nothing like that.

For one thing, it has so few tourists that every time I go for a stroll in the neighborhood, I am an event. School children stare at me with smiling eyes as they walk past. Men on motorbikes stop and offer rides. Children call out from houses: "Good morning" or "Where are you going?" Passengers on passing motorbikes and girls in matching uniforms, bunched together in auto-rickshaws, wave at me.

Some people — particularly older, more traditionally dressed folks — avert their eyes. But more common are greetings, usually in English. With a few people I have longer conversations. They ask, "What is your good name?" and "Which is your place?" I tell them and they smile and say, "Ah MAY rick ah."

Unlike other places I've been in this country, the prevalence of Christians in Kerala means that people usually aren't perplexed by biblical names like Timothy. Although it's been offered to me, I've never taken a Sanskrit name the way many western yogis do. But when asked, I sometimes say that the Indian people themselves have given me a spiritual name. Sometimes after

I've introduced myself, people have scrunched their faces, tipped their heads, and asked, "Trimurti?" After the first few times, deciding to go with the flow, I started to nod, "Yes, Trimurti." I'm told this is a most auspicious name. It signifies the trinity of three gods ("Murti" means god in Sanskrit), and refers to Hinduism's central male deities, Brahma, the creator; Vishnu, the sustainer; and Shiva, the destroyer.

Here, as in all of Kerala, the climate is semi-tropical. Abounding with inland waterways, it's lushier than most other areas of the country. Coconut palms and banana trees are everywhere. Houses are modest, often single-story structures made of bricks and mud, containing just a few rooms. Cows, chickens, goats, and sheep are as common as people. The air is clean. In recent years, concrete roofs have replaced thatched palm leaves, though the occasional house in Krishna's neighborhood has little more than a plastic tarp to keep out the rain.

By comparison with many of his neighbors, Krishna is doing well. Like many Keralite men seeking better pay, he spent several years as a young man working in the Middle East. With the money he sent home, his father and brother built this house. Five years ago, he was able to add a second floor, including a large indoor bathroom with western-style plumbing and two nice bedrooms, one of which I'm now staying in. As with the first floor, they built the addition on a shoestring, with a lot of sweat equity. A couple of years ago, they erected a corrugated steel roof, deeply pitched for monsoon rains, over an area of uncovered porch upstairs, which is now the treatment room.

More recently, Krishna's brother Manoj was able to build another house on the same land, which was divided among the two brothers and two sisters after their father's

death. I've watched his house slowly take shape year by year. A concrete roof is in place but the red clay shingles haven't been laid yet. They sit, piled in rows in the yard, just as they were the last time I was here. They were bought used for a fraction of the cost of new ones. This was doubly smart since the old ones are of better quality than the ones now being sold. Even though the work on the house isn't finished, Manoj, his wife Poppi, and their two sons, Kanaan and Appu, have long since moved there from Krishna's place.

This area of Kerala has become a home away from home for me. I first stayed with Krishna and Bindu for a brief visit a dozen years ago. They've welcomed me back repeatedly since then, often for a month or two at a time. I've watched their three daughters grow up. Twenty-year-old Ashwadhi is already off at an Ayurvedic medical college in a neighboring state. This is an opportunity that even well-to-do women of previous generations didn't have — let alone those from poor families — and a big step up from the poverty that her father knew as a child. When Krishna was a boy, it took him two hours to walk the eight kilometers (five miles) uphill to school every morning. He often spent the day hungry, since his family couldn't afford to buy a midday meal. On a good day, as he walked home, he might find a coconut on the ground to snack on. Dinner was often kanji, a rice gruel, basically a way to stretch a small amount of grain. Or if he was lucky, they would have fish with tapioca, a starchy tuber that his father grew. Some days there was no food, especially in the spring once the year's tapioca had run out.

Krishna and Bindu's other two daughters, Aiswarya, the 17-year-old middle child, and Amrutha, the baby, are still at home with them and attending school. Aiswarya, now in her final year of secondary school, has announced

that she's thinking of either studying Ayurveda like her sister or becoming a chartered accountant. The latter is a well-respected and well-paid job here, but somehow, it doesn't seem like a good fit for her.

Amrutha, now 14, is a tiny thing who only weighs about 60 pounds, but her personal power is palpable. Nobody has any idea what's going to become of this girl. Krishna has tried to steer her, but since she was a toddler, she's been impossible to control. She doesn't get into trouble but has a mind of her own. "Don't expect anything of me," she once told Krishna. He chuckles when he tells this story but says he doesn't know exactly what she meant, and hasn't asked.

As I eat breakfast, Aiswarya stands behind Amrutha at the table and runs a curved-handle comb through her sister's hair, parting it in the middle. After poofing her sister's hair in the front, Aiswarya bends forward and brings her nose down to the top of Amrutha's head. A few minutes later as the styling continues, Ashwadhi, who is home on a brief break from college, walks into the room and brings her face to Amrutha's scalp. *What is going on?* Perhaps Amrutha had put some coconut oil in her hair, commonly done by women here, and her sisters are inhaling the pleasing aroma.

"Why did you smell her hair?" I ask.

"Yesterday I bought a packet of shampoo," Aiswarya says, "and I could smell it in her hair." Single serving pouches of detergent and shampoo, selling for a few rupees, are displayed on counter-top racks in local stores.

"No," Amrutha protests, "I didn't take a bath yesterday," implying that it couldn't possibly have been her who had pilfered the shampoo.

I look into Amrutha's mischievous eyes, remembering that they'd been to a Christmas party at the house of some Christian relatives the day before. "So, you are saying that you did not take a bath before going to your family's party? That's rude."

"No!!!" she steams.

Everyone laughs. Krishna tips his head and looks at her with love in his eyes and a smile on his face, which I take to mean *I think he's got you there*.



Although there is zero scientific evidence to support the idea, I have a hunch that the oil massages and herbal remedies that form the basis of the Ayurvedic treatments here might do more than simply balance and relax me. They might even increase my odds of getting cured. This hope isn't entirely crazy. It finds support in studies like those done by Dr. Raghavendra Rao and colleagues in association with Bangalore's Swami Vivekananda Yoga Research Foundation. The researchers found that when women with breast cancer added a gentle daily yoga practice to conventional medical treatments, they developed fewer side effects (fatigue, depression, anxiety, nausea, vomiting, etc.). When chemotherapy and radiation cause side effects that patients find hard to bear, oncologists often respond by reducing doses. Lower doses mean a greater chance that treatment will fail. For this reason, anything that lessens the side effects can increase the odds of a successful treatment. I didn't know for sure, but I was convinced that this Ayurvedic pre-treatment — a retreat in nature, where I could rest and practice loads of yoga — would reduce my side effects during chemoradiation. I remembered Chandukutty had said that the benefits of the oil massages continued to accrue for months afterward.

For most westerners, yoga is nothing more than the physical poses. But the breast cancer yoga program used in Dr. Raghavendra's studies added breathing exercises, chanting, and meditation, which are all components of traditional yoga. The women ate healthy vegetarian food and heard lectures on elements of yoga philosophy that are believed to foster healing. My teachers in India and in the States have taught me that yoga is a complete system whose components support each other. Even a short daily

practice, if sustained for a long time, can be remarkably powerful. In a well-designed yoga practice, every aspect of body, mind, and spirit is addressed — this is the true meaning of “holistic.”

The word “holism” is often misunderstood or used imprecisely. It does not mean natural, alternative, complementary, integrative, or spiritual — although holistic medicine might include approaches that fit any or all of these labels. Its main distinguishing characteristic is that it looks at the whole context — mind, body, and spirit, as well as environment, culture, and everything else that might affect a person.

As helpful as holistic measures can be, by themselves they may not be enough to cure some diseases for which modern medicine is more effective. Indeed, a recent study suggested that cancer patients who used only alternative treatments on average died sooner — and two-and-a-half times more often — than those who used both conventional and alternative approaches. This was true even though those who opted to employ only alternative therapies tended to be younger, more educated, and had higher incomes, all factors which would normally lead to better survival rates.

One aspect of the best holistic care, in my opinion, is that it welcomes treatments like drugs and surgery when they seem like they could help. From my experience as a practicing physician, however, I will say that aggressive chemotherapy and other cancer treatments are sometimes overused. For many malignancies, including mine, I believe the best results come from a combined approach. Such an approach takes full advantage of modern scientific medicine, while using holistic treatments to address the many areas of mind, body, and spirit that conventional medicine neglects.

Conventional medicine handles disease the way conventional agriculture handles crop pests: excise and poison the invaders until they’ve been killed off. Holistic medicine, on the other hand, resembles organic gardening: nurture the soil in which your plants grow, and your plants will be healthy. I’m using both of these approaches: the cancer is being dosed with toxic chemicals and radiation, while the soil of my body is cared for with healthy whole foods, deep relaxation and herbs.

Ayurveda is India’s ancient holistic medical system. It’s a natural complement to yoga, since both come out of the same philosophical system known as Sankya. The word Ayurveda can be translated as the “science of life” or “knowledge of longevity.” For thousands of years, Ayurvedic doctors like Chandukutty Vaidyar have studied the effects of different foods, sleeping habits, climatic conditions, styles of exercise, and a host of other factors that contribute to, or harm, health and well-being.

I was initially skeptical of Ayurveda, which reminded me of ancient Greek medicine, but experience has won me over. Watching Chandukutty practice his medicine has also been persuasive. Now in his 80s, he is a living master, one of the last of a dying breed whose entire life has been dedicated to the pursuit of this discipline. In the evenings, he still reads ancient Ayurvedic texts.

Chandukutty is part of a long family lineage of Ayurvedic practitioners. His first exposure to Ayurveda would have come before he was even born. While she was pregnant, his mother would have received regular Ayurvedic massages, the oil and herbs making their way to her bloodstream and via the placenta to the fetus. She would have chanted Sanskrit mantras, the vibrations of

which would have resonated through the amniotic fluid. After birth, he would have received daily massages and other Ayurvedic treatments. His apprenticeship with his father and grandfather began when he was still a toddler.

While I am still very much a believer in western medical science and chose to undergo conventional cancer treatment when I returned to the States, I can no longer look at health and healing without using the lens of Ayurveda. It is my hope and my belief that by adding its holistic perspective and its many tools, I may do more than just improve my chance of being cured. I may also be able to minimize the immediate side effects of radiation and chemotherapy, as well as some of the potential long-term aftereffects.

Ayurveda isn't the only holistic tool I've been using. Just after the cancer was diagnosed, days before I came to India, I had begun practicing chi gung visualization. I took the step on the advice of my medical school classmate, Srijan, a practicing family doc who's been studying this Chinese healing modality for decades. Several times per day, sitting with my eyes closed, I inhale and visualize that the tumor on my cancerous tonsil, and the three metastases on the other side of my neck, are burning brightly, flames rising from a white-hot core. Each time I exhale, I visualize gray smoke leaving my body, and the tumors glowing orange like fanned embers.

Although there is scientific evidence that visualization can work, I didn't look at any of it before I added the practice. I just figured the practice might help and couldn't hurt, so why not? I am surprised, though, that within days the tonsil, which pokes up half an inch above the back of my tongue, looks smaller, and the nodes that sit between the corner of my jaw and the collarbone feel smaller to the touch. In all my years of practicing medicine, I never saw

a cancer shrink without medical treatments.

My Ayurvedic treatments appear to be having an effect, too. A few days after starting them, I notice that my tonsil is no longer covered with a grayish film, but is now shiny pink and looks even smaller in the mirror. When I move my fingers across the lymph nodes in my neck, as I've done thousands of times with patients, it feels like they are also shrinking. Krishna agrees. This trend continues over the next couple of weeks, with a palpable and visible decrease in the size of the tumors.

One brief interruption to the trend occurred halfway through my stay. Krishna and I had to travel by train to Kochi, five hours each way. That meant no massage, and a very long day. A hot one too, with Kochi's blazing noonday sun. Not ideal for an Ayurvedic patient — peak sun exposure should be avoided during treatment. The next morning Krishna and I noticed that the tonsil and nodes both appeared to have increased in size. After a few days of daily treatments and rest, they began to shrink again. I was amazed by how quickly the cancer seemed to respond to the changing conditions. And I felt encouraged to find that at least some of this appeared to be under my control. I had never expected that holistic treatment alone would suffice to eradicate the cancer, so I was still planning conventional cancer treatment upon my return to the States. Even so, these results told me that what I was doing had already made a difference.

So that you can understand the medical decisions I made, I need to explain more about the philosophy of holistic healing. Holistic healers don't diagnose and target specific diseases as conventional MDs do. They attempt to detoxify, strengthen, and balance the individual in

ways that cause most medical conditions to improve. For example, in my yoga therapy work, I might use poses to improve a client's slumping posture, but not so much for esthetic reasons. Yoga teaches that poor posture can contribute to a host of ills: back pain, depression, carpal tunnel syndrome, and so on. If anxiety or insomnia is bothering the client, and if I notice that her breathing is choppy, I might teach her to slow and even out her breath. This can alter the balance of the sympathetic "fight or flight" and the parasympathetic "rest and digest" nervous systems, shifting her into a more restful, relaxed state.

It is because of this whole-person approach that holistically-minded healers are often more effective than conventional doctors in treating vague symptoms, undiagnosed conditions, and many chronic illnesses. And it is why adding holistic tools to the mix can both boost the effectiveness of conventional medical approaches and simultaneously lessen their side effects.

In conventional medicine, each diagnosis has its own treatment. Without a diagnosis, doctors don't know what to do. Symptomatic treatment may be possible, but that doesn't get at the underlying cause. In holistic medicine, it is the person that is treated, not the disease per se. This means that no western diagnosis is needed, and that treatment can always be given — even to those who are not sick, but who wish to improve their overall health and well-being.

Given the natural synergy between many holistic tools, combining several can make a big difference, and sometimes an enormous one. That's the way holism works. The more factors you align in the direction of better health and balance, the more a wide variety of symptoms — not just those related to the primary diagnosis — tend to lessen. Thus, to complement my conventional cancer

care, I intended to use a multi-faceted approach, using as many tools as my time and energy allowed.

Yoga has been instrumental in helping me understand holistic health and healing; Ayurveda no less so. The yoga therapy work I do always incorporates an Ayurvedic point of view. This system, which dates back thousands of years, divides people and even animals into three major types based on observable characteristics, what scientists call phenotypes. Your genotype determines what your genes code for, and the phenotype is what results.

The three phenotypes, called doshas in Ayurveda, are vata, pitta, and kapha. Everyone has some mix of all three, and that mixture is their constitution, or "nature."



It is said that people in whom two out of the three doshas are about equally strong are more common than people with a single dominant dosha. People with all three in equal measure, so-called “tridoshics,” are rarest of all.

Pittas, or fire types, tend to be intense, driven, and smart; they can be prone to frustration and anger, especially if they get out of balance. Ferocious tigers are a classic example. Pittas get inflammatory conditions like heart attacks, skin rashes, and ulcers. I remember seeing a photo of a three-year-old taken at Fenway Park, home of the Boston Red Sox, which captured pitta perfectly. Freckly, strawberry blond, his contorted face crimson with rage, the boy held his tiny middle finger high, saluting the ump who had just made a call that displeased him. Like increases like, according to Ayurveda, and a few hours in the sun-drenched bleachers would have stoked his fire. In Ayurvedic pulse examination, it is the middle finger with which the physician assesses the level of pitta.

In the Ayurvedic metaphor, kapha is made up of the elements of earth and water. People of this nature tend to be steady, stable, loving, and bigger-boned but, when imbalanced, prone to laziness, weight gain, and sadness. Elephants, said never to forget, typify kapha nature. Kaphas develop Type 2 diabetes and depression, and various diseases associated with swelling or excessive production of phlegm. Family and relationships are paramount to them. On pulse examination, Ayurvedic practitioners assess the level of this dosha with the finger that holds the wedding band.

Vata is like air and space. People of this constitution tend to be in constant motion, creative, enthusiastic, and, when imbalanced, impulsive and prone to anxiety. Animal examples are hummingbirds and bumblebees. Unlike

pittas, with their sharply defined muscles, and kaphas with big, soft ones, people of vata nature, even if they lift weights, have trouble bulking up. They're susceptible to degenerative diseases of the joints and nervous system. Vatas are quick to understand and quick to forget, and their attention is easily distracted. The index finger, which like the mind can point in any direction, is used to assess vata in pulse diagnosis.

One day when I arrive in Krishna's treatment room, he and his brother Manoj, who resemble each other, are standing side by side.

“How come your hair is almost white and Manoj's is black?” I ask.

“This is the gift of my profession.”

What Krishna means is that most of the treatments he administers, especially the hot ones like Ela Kizhi, warm the therapist's body. Ayurveda would say that the boiling oil is of the same nature as the fire of pitta, and would tend to increase that dosha. And pitta in Ayurvedic phenotyping is associated with premature graying.

If we were to liken the doshas to music, kaphas are the bass, vatas flutes and violins, and pittas an emphatic trumpet.

Rather than treating conditions like cancer directly, Ayurveda seeks to bring balance to the doshas. Doing so can help improve a wide variety of diseases and symptoms.

The opposite of holism is reductionism. Want to give a reductionism a try? Take any complex real-world phenomenon, and cut away everything except the one part you want to focus on. Most conventional medicine is built on this kind of thinking. That's true in the west and here

in India as well, where “English medicine” now dominates. Reductionism also provides the theoretical underpinning for most modern science.

The idea is simple. Rather than looking at an entire organism, a reductionist studies the parts that comprise it. In medicine, for example, the heart is viewed as a collection of parts, each of which is studied in detail. Each of these parts is in turn broken down into its own constituent parts. In the case of the heart, reductionists examine the chambers, the valves, the coronary arteries, and every other part that can be identified. This process continues at ever-finer levels of organization, down to nuclei and mitochondria, hormones and neurotransmitters.

Reductionist thinking in medicine has saved millions of lives. Consider antibiotics, insulin, and the polio vaccine — even hand-washing. But, unfortunately, some physicians take a good thing too far. They put so much trust in the power of reductionism that they feel no need to consider the full humanity of their patients. When this attitude is taken to its extreme, the patient is seen as the sum of her lab tests and imaging studies. She becomes little more than a machine, some of whose parts can be fixed, others replaced.

The problem is that single-cause explanations of disease are oversimplifications. They contain truth, but they are not the whole truth. They fail to consider the whole context in which disease occurs — mind, body, spirit, and environment. Why do some people exposed to the same bug get sick, while others do not? Why do some victims of a disease survive years beyond the rosier prognosis, while others are dead within months?

After a lifetime immersed in the field, I believe that we as a society have accepted a flawed understanding of health care. According to this understanding, there are

two systems: modern medicine, and CAM (complementary and alternative medicine). The former is “real” medicine, grounded in hard data drawn from rigorous studies. The latter is fuzzy and unscientific, or so the claim goes.

Over the last 25 years, I’ve come to believe that this division of health care doesn’t make sense. It is often arbitrary whether a treatment is placed on a pedestal as “scientific” or shunted to the sidelines as “unconventional.” What’s been accepted into the mainstream, and what hasn’t, is as much a function of historical flukes, financial incentives, ideological biases, and intellectual blind spots as it is of truth or therapeutic effectiveness.

If an osteopathic physician adjusts your back, it’s conventional medicine. If a chiropractor does it, it’s CAM. You need a prescription for estrogen and insulin, but other human hormones, like melatonin and DHEA, are on the shelves in health food stores. Homeopathy was a much-respected part of conventional medicine in the 19th century; there were even homeopathic hospitals and medical schools across the United States, but then, in the early 20th century, the homeopaths were expelled from the AMA.

Some skeptics of CAM like to say that there are two types of medicine: one supported by evidence, and one not. By this standard, most surgeries for low back pain — which are not backed by randomized, controlled trials (RCTs), the so-called “gold standard” of proof — are alternative medicine. By the same standard, yoga, whose efficacy in treating back pain is now supported by more than a dozen RCTs, is conventional medicine. Try telling that to your insurance company.

If the lines are as blurred as these examples suggest, then perhaps we’re asking the wrong questions. Maybe the whole CAM/scientific medicine divide is a red herring. Maybe there’s something more basic that we’re missing.

Around 1998, a year after I'd quit medicine, it started to dawn on me. The yoga that I was doing was healing me, but somehow it was doing it differently than the conventional medicine I knew so well. What made yoga so different?

Back then, I used to listen to a song called, "Love is the Drug." If my new love, yoga, was a drug, it was a gentler, slower-acting drug than the ones I knew. It didn't interact negatively with other treatments I used. Its side effects were sleeping better, having more energy, and feeling less back pain. The longer I did it, the stronger its effect. The drugs I'd prescribed, on the other hand, often became less effective over time.

Rather than attack a specific biochemical target, as drugs do, yoga addresses any number of factors simultaneously, nudging all of them towards health. When you do that — and especially when you keep doing that — the whole gets better. In contrast, with drugs, one factor moves in the desired direction, but, usually, other factors move in an unhealthy direction. That's what causes side effects.

Imagine that health is on a continuum, from -100 to +100, where zero represents nothing more than the absence of sickness. In conventional medicine, zero is the goal. Yoga aims much higher. No matter how healthy you are, you can always become healthier. That's what holistic healing aims for.

This, I realized, was the true divide: holism and reductionism. It's a fundamental philosophical difference. As an example, consider chelation therapy. It's a CAM treatment for heart disease, but in conventional medicine it's used in heavy metal poisoning. But no matter which category you put it in, the infusion of a synthetic chemical into a vein is reductionism. You're either aiming to affect a part, like a particular biochemical pathway, or you're

aiming at strengthening and balancing the whole being. No amount of lobbying by interest groups can make a reductionist treatment holistic. A treatment is not going to be holistic this year, and reductionist two years down the road.

I also started to appreciate that holism isn't limited to alternative medicine. Good nursing is holistic. Conventional doctors who spend time getting to know their patients, and who use that information to inform the care they prescribe, are practicing more holistically. Perhaps the best example in modern medicine is hospice and other forms of palliative care. They employ a wide variety of measures — from the physical to the spiritual — to relieve the suffering of those facing serious illness or death.

Conversely, I realized that a high percentage of CAM practices are examples of what I now call "alternative reductionism." Consider vitamins. Even natural substances, benign when taken as food, can pose risks if concentrated and given in large amounts. For example, taking vitamin E pills has been found to raise the risk of lung cancer in smokers.

Some herbs that have been used safely in a holistic way for a long time can be harmful when a single component is extracted and used as a treatment — this is classic reductionism. Consider the herb *ma huang*, used safely in Chinese medicine for thousands of years. One of its ingredients, concentrated in pill form, became the supplement ephedra, which made headlines after it caused several deaths. Soon after, it was pulled from the market. The people who died from taking ephedra supplements were using enormous doses of these amphetamine-like pills — either to get high or to rev up their metabolism in an attempt to lose weight.

In general, whole herbs, used in a traditional way, are safe, whereas concentrated components in high doses should be approached with care. Failing to understand the difference between the safe, holistic use of *ma huang* and the dangerous use of its high-dose, reductionist spawn ephedra, US government officials issued a blanket restriction on both.

From what I've seen, little harm comes from traditional Ayurveda, Chinese medicine, bodywork, meditation, and other holistic approaches. I'm not saying no harm, but very low numbers considering the tens of millions of people who use them. Injuries may be common in strenuous yoga classes, but they're rare in yoga therapy, which is, by definition, tailored to the individual.

I suspect that the vast majority of the deaths and serious damage caused by CAM comes from alternative reductionist approaches. But because safer, and generally more effective, holistic approaches have been lumped into the same category as alternative reductionist ones, they suffer guilt by association. Another consequence of this dubious lumping together is that people who've benefited from yoga and acupuncture and therapeutic bodywork often come to believe that "natural" vitamins and dietary supplements — even in huge doses — are more benign than they truly are.

My medical school professors talked about using chemical substances in "pharmacological doses." The implication was that it is the dose, not the substance itself, that makes a drug a drug. Although dietary supplements and mega-dose vitamins contain different chemicals than those in "drugs," the idea is the same: Find a target in the body and hit it with a biochemical hammer.

This is not to say that alternative reductionism has no place. It can bring benefits. Dietary supplements, even

those with the potential to cause harm, appear to cause much less of it than drugs. Ephedra is estimated to have caused 17 deaths in the United States. In contrast, the



drug Vioxx is estimated to have caused 60,000 deaths. Still, reductionist approaches, including common alternative ones, cause more side effects than holistic approaches. They are also more likely to interact with other treatments, particularly other reductionist treatments. This is the reason that I generally frown on using too many alternative reductionist products at a time, or using a raft of them in combination with drug therapy. Nobody knows how they'll all interact.

That's why I hoped, as much as possible, to steer clear of alternative reductionist approaches during my cancer care. There's some evidence, for example, that antioxidant supplements can interfere with chemotherapy drugs, making the drugs less effective. If you're dealing with cancer, that kind of drug-supplement interaction could cost you your life. There are loads of cancer drugs, and an even greater number of possible combinations of cancer drugs. And there are hundreds of antioxidant supplements. Few of their potential interactions with chemotherapy have been studied, so nobody knows for sure how safe they are.

Reductionist treatments typically act faster and, in the short-term, are often more effective than holistic approaches. But that changes over time: at first one pain pill works, then you need two; the antidepressant helps for a while, then doesn't. Reductionist treatments are generally cursed by diminishing returns; holistic approaches are blessed with ever-accumulating benefits.

The longer you take a pill, the more likely it is to lose effectiveness (there is one important exception to this rule: when you take just enough of a vitamin, mineral, or hormone to correct a deficiency, ongoing supplementation

continues to work). When you attempt to change your body's biochemistry with drugs or supplements, the body adapts to compensate for any effects that it perceives as undesirable. When you take an antidepressant pill that raises serotonin level, the body responds by reducing the number of serotonin receptors — and that renders the same dose of the drug less effective over time.

Holistic treatments generally become more effective the longer you use them — slowly building like a savings account with compound interest. The idea is to change the organism from the inside out. Often, sustained effort is required, and learning is the outcome. Progress can continue for decades. In reductionism, by contrast, an outside force is used to change some aspect of your inner functioning: a drug lowers cholesterol levels, an angioplasty opens a blocked artery. All the heavy lifting is done for you — there's nothing to be done, nothing to be learned.

But that's not all. Holistic approaches are sometimes *more effective* than well-accepted, conventional reductionist medicine. Dr. Dean Ornish's program for heart disease is a perfect example. He employs a multi-pronged, holistic regimen that includes a whole-food, low-fat, vegetarian diet; smoking cessation; group meetings; exercise; and yoga, including poses, breathing exercises, and meditation.

The Ornish program has been shown to halt, and even reverse, blockages in coronary arteries. When Ornish's original study began in 1984, some subjects had chest pain and shortness of breath so severe that their doctors had recommended immediate bypass surgery. Yet without surgery — and without the statins and other cholesterol-lowering medications that many patients in the control group took — the patients' symptoms improved almost

immediately, and they did better than the controls over the long haul.

Ornish's research also provides evidence that holistic approaches may help delay cellular aging, thereby increasing longevity. The ends of chromosomes contain what are known as telomeres. These DNA segments gradually shorten over the lifetime of the cell. When the telomere is reduced to a nub, the cell is unable to reproduce, and eventually dies. Ornish's program was able to achieve what no drug has ever been shown to do: increase the levels of the enzyme telomerase, which increases the length of telomeres.

More recently, Ornish has extended his program to men with prostate cancer. One study found that his regimen lowered prostate-specific antigen (PSA) levels, reflecting a reduction in the tumor size. The control group's PSA rose. The holistic approach also appeared to help the patients fight the cancer: their prostate-cancer cell growth was inhibited by 70 percent. In the control group, it was only nine percent.



Another study, perhaps more relevant to my case, found that the Ornish program could cause changes in gene expression — this included a number of oncogenes (cancer-causing genes). Even if you have an oncogene, as long as it's in the “off” position, no harm can come from it. The participants had turned on hundreds of healthy genes, while simultaneously turning off dozens of cancer genes. No reductionist therapy has ever been shown to do that.

Drugs and surgery typically come out of the starting block faster than something like yoga or dietary changes. But a broad-based holistic approach can be the tortoise that wins the marathon of a long, healthy life. Yet despite all this evidence, conventional doctors continue to be skeptical of holistic healing.

Devastated by her unexpected defeat in the US presidential election, Hillary Clinton used a yoga breathing technique to help quell her anxiety. She happily demonstrated the practice, called “alternate nostril breathing,” in an interview on the cable news station CNN as part of a book tour. Her claim caught the critical eye of James Hamblin, MD, a senior editor at the venerable *Atlantic*, who rejected it.

That alternate nostril breathing could actually have helped Clinton sounded impossible to Hamblin. “I tried breathing through only one nostril at a time,” he wrote. “I couldn't do it.” Then he figured out that Clinton used her fingers to alternately block each nostril. Hamblin wondered why the practice could possibly be calming. According to Hamblin, “Inducing partial suffocation isn't the most intuitive anti-anxiety ritual.”

Hilary Clinton's claim that breathing through one

nostril stimulates the opposite hemisphere of the brain was ridiculed by Dr. Hamblin, mockery being one of the favorite tactics of conventional medical attacks on holistic healing. I've fought this my entire career in yoga. Too often doctors — as well as some health care journalists — look for the stupidest thing that's ever been said about some practice, and hold that up as evidence that the practice shouldn't be taken seriously.

Clinton had written in her book: "The way it's been explained to me, this allows oxygen to activate both the right side of the brain — which is the source of your creativity and imagination — and the left side — which controls reason and logic." Her explanation was mostly accurate, but she got one key detail wrong — the effects don't appear to be caused by oxygen.

Hamblin pounced. He gleefully responded that given the stress she was under, "she has more pressing concerns than considering how inhaled air goes down into the lungs, where oxygen is transferred to capillaries filled with blood that then go to the heart. The heart has a single left ventricle, and it shoots blood up to the head, oxygenating the brain's hemispheres with the same blood."

Hamblin dismissed the various "studies" cited by CNN, using scare quotes to emphasize their dubious nature. These trials had small numbers of participants, he complained, or were published in journals like *The International Journal of Yoga*, which, he wrote, "conceivably has some degree of pro-yoga bias."

Physicians criticizing holistic medical practices often have little knowledge or direct experience of the modalities they are discussing, yet they would like you to believe that, since they are scientists, they should be the arbiters of what works and what doesn't. If a practice sounds fanciful to a doctor, as alternate nostril breathing did to

Hamblin, then that's the end of the discussion. This is a phenomenon known as "proof by authority." Another way of saying this is, "Trust me, I'm a doctor."

Dr. Hamblin ended up writing off Clinton's experience with alternate nostril breathing as nothing more than a placebo response — that is, no more effective than a sugar pill. This is the favorite argument that skeptical physicians use to explain away any positive result from a treatment they doubt works. The attitude seems to be that because it can't possibly work, therefore it doesn't work, even when (as in this case) the available science suggests it does work.

It's not my aim to single out Dr. Hamblin here. It's just that his article is a typical example of the way medical experts seek to delegitimize holistic healing. Their arguments may seem persuasive to those who don't notice the bias and the faulty logic. In the pages that follow, I'll examine Dr. Hamblin's analysis from several angles. And, I should probably mention that I've got a personal stake in this discussion — I've done alternate nostril breathing daily for 18 years, and have found that it balances my nervous system and calms my mind. When I follow it with meditation, as I do every day, that meditation is more focused than it otherwise would be. And, over the years, alternate nostril breathing has gradually allowed me to bring much more air into the side of my nose blocked by a deviated septum.

Many holistic modalities like yoga therapy, osteopathic manipulative medicine, myofascial release, and craniosacral therapy were invented by masters who have spent many years refining their perceptive abilities. These treatments require heightened sensibilities on the part of

the practitioner, too. And from what I've observed, these modalities can be even more powerful when the patients have also cultivated their inner awareness.

Many scientists have not cultivated their powers of perception, and when they investigate these modalities, they may come to incorrect conclusions. This is what I believe happened when Dr. Hamblin considered alternate nostril breathing. He analyzed it only by thinking about it, not by learning to do the practice correctly, trying it for a while, and then seeing what he thought. Rational thought is important, but it's not the only way to discern the truth. When divorced from embodied experience, it sometimes misleads.

Recently, a 30-year-old woman with a skin disease died after receiving treatment from a naturopathic physician. He had given her an intravenous infusion containing massive amounts of curcumin, a concentrated extract derived from turmeric. This use was not in line with traditional practice: rather than using the whole root of the plant, one of its components was used as a drug. Reductionism strikes again. The spice turmeric, commonly used in curry, has anti-inflammatory and anti-cancer properties, and may well be responsible for the low cancer rates here in India. It is safely consumed by hundreds of millions every day.

Real food is the ultimate example of holism; processed junk is pure reductionism. Although some scientists and nutritionists like to pretend that they know the "active ingredient" in carrots is beta-carotene, and in tomatoes is lycopene, these are at best partial truths. These two plant pigments are part of a large group known as carotenoids — powerful antioxidants that give fruits and

vegetables their vibrant colors. But every food that contains carotenoids also contains thousands of other constituents, most of which have never even been identified, much less studied. And the ways in which all these different chemicals interact with each other is beyond reductionist science's ability to fathom.

Doctors told us for years that antioxidants like beta-carotene, and vitamins C and E, might help prevent heart disease and cancer. On that basis millions of people, including me, took them as supplements for years (I stopped years ago — maybe I'm getting smarter as I age). More recently, lycopene has been recommended to lower the risk of prostate cancer.

But actually, what the studies had found was that people eating *diets* high in these chemicals had benefitted. In other words, those who ate lots of marinara sauce were judged to have consumed high quantities of lycopene. The latter was then presumed to be responsible for the health benefits observed. Controlled studies of such chemicals in pill form aren't always conducted, but when they are, they almost never confirm the benefits suggested by the studies of people who eat the whole food.

As I sit on the edge of the treatment table awaiting my massage, I tell Krishna how happy I am that we were able to squeeze this trip in. I feel like I'm going back to the States in much better shape. As we speak, Krishna holds in his hand the bottle containing the fragrant oil that he applies to my head at the beginning of most of my treatments.

This high-quality translucent blue container is familiar to me. It's the very same one that I brought to India, how many years ago I don't remember. It originally

contained sesame oil. It's made of thicker plastic than the bottles found in India, and it has a snap-up nozzle that allows a more precise flow of oil. In richer countries, that bottle would have been thrown out or recycled years ago, but here everything is reused.

Krishna tips the container and pours a puddle of char-treuse liquid into the center of his cupped right hand. Then in a well-choreographed move, he lifts the hand to the crown of my head, turns it over, and places his palm on my scalp, not losing a drop along the way. As soon as I smell the oil, a wave of relaxation passes through me.

Because this fragrant oil, the smell of which I can never get enough of, has been poured on my head thousands of times, the relaxation is by now a conditioned habit. After spreading the oil around my scalp, he'll scrub the skin, creating heat. Then he'll work it around the backs of my ears as if he were massaging a dog.

This year, he's added a new technique: With the pad of his thumb, he scours the midline of my skull starting between my eyebrows and then all the way to the back of my head. I find it delectable. He slaps the top and sides of my head with flat hands, then for a couple of minutes taps my scalp with his fingertips, like the flourish Indian barbers use at the end of haircuts. He tops it off by bringing his fist down on his own hand placed on the crown of my head, with a loud clap. The blow is surprisingly hard, yet pleasant.

Then I lie back for the massage.

Afterwards, I retire to my upstairs bedroom to do my homework. I've brought dozens of scientific papers from the States on the treatment of oropharyngeal squamous cell carcinoma caused by the human papillomavirus (HPV). In them, I repeatedly come across a word I haven't heard since the waning days of the Vietnam war: de-escalation.

In my mind, I hear it in the baritone of CBS news anchor Walter Cronkite, whom my father watched every night, with its percussive first syllable: DEE-es-kah-lay-shun. In the papers I'm reading, the word refers to the practice of reducing doses of chemotherapy and/or radiation.

Why is de-escalation a trending term? Radiation and chemotherapy work as cancer treatments because they destroy cancerous tissue. Inevitably, non-cancerous tissues are also damaged. In the case of oral cancer, such tissues as the salivary glands, the thyroid, and the esophagus are in the line of fire. Patients with HPV oral cancer are often in their 50s, and otherwise healthy. If they are cured, they may have to endure aftereffects for the remaining decades of their lives: salivary glands may no longer work, leading to a persistently dry mouth; swallowing may be painful or difficult. Food may taste unappetizing. Doctors are experimenting with de-escalation in the hope of sparing patients some of these nasty aftereffects. I read a survey that reported that four out of five patients said they would accept a marginally lower cure rate if it meant fewer long-term symptoms. This is exactly how I feel.

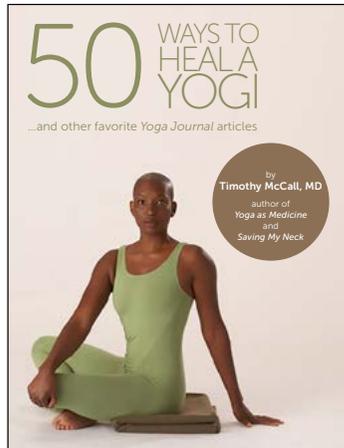
De-escalation studies are underway, testing lower doses of radiation and chemotherapy to see if they can achieve similar cures rates, with better post-treatment quality of life. But there's a problem. Since the higher doses have become the standard of care, outside of a clinical trial like the ones I've been reading about, practicing oncologists are reluctant to prescribe anything less than the standard dose.

I am not going to let that stop me.

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FOUR Ayurveda and Yoga Therapy

Knowledge of Ayurveda can add stability to your yoga teaching and yoga practice. Learn the basic characteristics of the Ayurvedic constitutions and how they bring balance to each.

According to Ayurveda, India's traditional medical system, each one of us has a unique constitution, or prakriti, that shapes our bodies, minds, and predilections. Yoga teachers know at least a little about Ayurveda and have some notion of its constitutional types (doshas) of kapha, pitta, and vata. According to the Ayurvedic Practitioner Swami Shrivandana, the Sanskrit word "dosha" literally means "that which becomes imbalanced." This reflects the Ayurvedic belief that people of different constitutions, left to their own devices, often make lifestyle decisions—and choose practices—that tend to put them further out of balance. Ayurveda also holds that different constitutions are prone to diseases that reflect the ways the doshas become imbalanced.

The Stable Kapha
In Ayurveda thinking, kapha is associated with the earth and water elements, and stable Kaphas tend to be strong, with tremendous endurance, but they also

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SEVEN Using Yogic Awareness to Deepen

How you can use yogic awareness to maximize the effects of every oil therapy and massage to myofascial release and relaxation.

At the beginning of my second session of myofascial release—a type that involves coaxing connective tissues to open—it got to talking with the Rachel Berger of Brookline, Massachusetts, as she worked on me. We dove 20 minutes later, I did what I'd done during my first visit: I closed in to my body and breath. As Rachel lifted my neck, I focused on the slow, deep breathing to help release my muscles.

Later, she told me that until we had stopped talking, my body hadn't let her in the first visit, when we both were quiet and which we thought had in that first session, I felt like I had been facilitating her subtle work of awareness to the treatment table. It turned out my intuition had been

In fact, I'd wound up in Rachel's office due to the awakening of finding my body that I link to yoga. In a recent practice session, I'd become a would call an "energetic blockage" in the area connecting my right up to

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EIGHT

Yoga When You're Under the Weather

It's cold season. If you start to feel achy, run down or develop a stuffy nose you may wonder if you should attempt your regular yoga practice or just give up and go to bed? What about the hundreds of drugs, vitamins, herbs and supplements designed to fight the symptoms?

Here's what I suggest:

- **ADJUST YOUR YOGA PRACTICE BASED ON HOW YOU FEEL.** If you are run-down, you're not going to risk making things worse by logging through your normal yoga practice. It's better to listen to your body and do a gentle or restorative session practice. Also slip strong breathing techniques like Kapalabhati and Bhastrika. Once your energy levels have improved, it's fine to gradually return to a more vigorous practice even if you continue to have symptoms like nasal congestion or a cough. If you feel worse after practicing, however, it's a sign you've probably done too much.

• **USE CONVENTIONAL AND ALTERNATIVE MEASURES TO TREAT SYMPTOMS.** AS NEEDED! Antibiotics are worthless for colds and over-the-counter multi-symptom cold remedies might contain few drugs when all you need is one or two. It makes much

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