

Chapter 13

Clinicians Applying Yoga Principles and Practices in Pain Care: An Evidence–Informed Approach

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ABSTRACT

This chapter provides a practical introduction and guidelines for clinicians and researchers to appreciate the relationship between two enormous topics: pain and yoga. The emphasis is on practicality for both audiences with frequent citation to recent related publications and their deeper citations. The intention to fuel the imaginations of both clinicians and researchers occurs with a foundational understanding of how yoga, pain, and pain care are related. The authors' experience in the clinic using yoga for people with pain and future areas for clinical and research inquiry are included. A list of techniques for the clinic, their clinical rationale, and two case reports ground the material and invite additional reflection for the psychophysiological applications of yoga in pain care.

INTRODUCTION

The current global pain crisis is in urgent need of an integrative pain care strategy (Foreman, 2014). While pharmacology will always be a part of care, might there be more cost effective, empowering and accessible technologies with fewer adverse side effects that can play an important role? The practices and principles of yoga and its psychophysiology are an important component of just such an integrative approach.

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This chapter consolidates the perspectives and current research evidence from the recent white paper on yoga therapy and pain by the International Association of Yoga Therapists (IAYT) (Pearson et al., 2020), as well as the published textbook *Yoga and Science in Pain Care* (Pearson et al., 2019). Other chapters in this book provide thorough descriptions of the psychophysiology that is mentioned in this chapter. This chapter focuses on providing clinicians and researchers perspectives informed by published evidence and clinical mastery for current and possible future applications of yoga in pain care. Therefore, where citations are available, they will be offered. When assertions are made without citation, they are the clinical expertise of the authors.

The objectives of this chapter are to:

1. Offer an introduction and guidelines for appreciating the relationship between pain and yoga.
2. Describe the evidence base, emphasizing practicality and relevance for clinicians and researchers.
3. Demonstrate applications from the authors' clinical experience.
4. Fuel the reader's imagination from a foundational understanding of the relationship for future areas for clinical and research inquiry.

BACKGROUND

Yoga, and its subset, yoga therapy, can be part of addressing the shortage of integrative solutions to the current public health pain crisis. The problems offered below are not so much a criticism of current care, but set the context and orientation to describe the opportunities available for yoga therapy to complement and augment pain care. An applicable list of the current limitations in pain care relevant to yoga and the pain crisis are (Pearson et al., 2020):

1. *Root causes often not addressed:* The primary problem of the pain crisis is often misrepresented as an “opioid/addiction/drug” issue. The complex, emergent phenomenon of pain defies simple, single issue categorization (Foreman, 2014). Rather, it should be asked, “What are the root causes of chronic pain and suffering, and how do we address and prevent them?”
2. *Limited attention to prevention of persistent pain:* When people in primary care present with pain, thorough and comprehensive management is required (Gewandter et al., 2015). Effective pain care includes prevention of persistent or chronic pain (ibid).
3. *Lack of comprehensive and effective long-term management and self-management:* There is a need for effective pain care/comprehensive management approaches for people in pain (Clauw et al., 2019). The bias in the U.S. is for single intervention solutions that tend to be high cost, of very limited efficacy, and relatively high risk while also failing to address social, behavioral and spiritual determinants, as well as the structural/cultural barriers to care. Most approaches are not patient-centered, nor do they provide simple, effective long-term management and self-management options (ibid).
4. *Lack of options for vulnerable populations:* A large portion of those in pain crisis are in vulnerable populations without adequate care and support for their diverse needs (Simon, 2012).
5. *Lack of pain literacy:* Weak or no pain literacy by stakeholders (consumers, providers, legislators, insurers, and governments) who have not or can not keep up with the rapid advancements in pain science (Louw et al., 2011 & 2019; Blickenstaff et al., 2016).

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