

## Models of Health: Yoga, Rehab & Treating the Whole Person – Anji Gopal – Ref224

### Steven Bruce

Good evening and welcome to the Academy of Physical Medicine. Welcome to another 90 minutes. So fantastic CPD. Glad to have you with us. As always, I'm joined in studio by Angie Gopal. Now, if you've been one of our longtime members, then you'll have seen Angie on a number of our shows before we've talked about breathing that was in the middle of the COVID epidemic or the COVID lockdown when it was particularly valued by so many people who were watching, it was so helpful. We've had Angie talking about what you can use yoga for yoga basic practices for now in treating your patients. But we're gonna back in today to talk about treating the whole body and of course we like to think we're holistic, we talk about holism a lot. We think we treat the whole body. There are so many ways we can integrate other therapies, other techniques in with what we do ourselves whether we're chiropractors, osteopaths, physiotherapists, and which will enhance the outcomes for our patients. Why have I got Angie here? Well, Angie is a very well established yoga instructor. She is at teacher and an educator. She teaches at the largest European School of osteopathy and LASIK. With the advent of yoga, the try yoga school, I believe it's gone. And yeah, so she's got a lot to share. And she's great at sharing that information. I tell you what I'm going to say, first of all, what the hell is the difference between a teacher and an educator?

### Anji Gopal

I don't know. I suppose it's the difference between a teacher and a trainer. So a yoga teacher teaches a yoga class. Yeah. And a yoga teacher, educator or trainer teaches other yoga teachers

### Steven Bruce

to teach teachers. So you do know your stuff. I think we've established that anyway. It's been a while. I don't know when you first came on the show, but you're in the studio. First of all, then we think we did a couple with you on online in in that period, I think you've had COVID, you've had an operation, How's life treating you?

### Anji Gopal

It's been a busy busy few years. And for everyone at home, if you haven't been to see the new APM set, I have to say, is absolutely amazing. It's like, it's like being on the property V is really very, very impressive indeed. So well done to you guys.

### Steven Bruce

That's a greater incentive. If you're, if you're around next Wednesday, we've got the APM housewarming party, we've still got spaces for our studio audience to come and join in the

CPD live in the studio and then joining the party afterwards, more of that later anti vaccine. So that

**Anji Gopal**

wasn't primed either. But we got into. So it's been a busy couple of years. I have so since the start of the pandemic, I launched an offering to teach manual therapists yoga based practices that they can use in their clinics, so trained probably 30 Plus osteopath, chiropractors and more in some of these methods, and how they can use them to get better patient outcomes.

**Steven Bruce**

Is this training them to be yoga instructors or simply to use yoga technique

**Anji Gopal**

to use yoga based techniques with a very focused and practical sort of outlook, things for breathing, improving breathing for back pain for stress, so with a, you know, a particular outcome in mind, for those key patient categories that we have coming through the door, so that was launched in lockdown. So that was quite interesting, and great to have worked with some amazing osteopaths, and Chiropractors and other manual therapists, some of whom are still coming to class today and are still using these techniques in their, in their clinics. In terms of the yoga teachers, I had accredited and launched a course for yoga teachers accredited by the British wheel of yoga. So this is the sort of governing body if you like of yoga in the UK, yoga for backcare. So recognising that, as we all know that pain is a huge issue. And we're getting GPS quite often or musculoskeletal therapists saying to their, to their patients, go and try some yoga. I've heard you know, yoga is good for the back

**Steven Bruce**

Clinical Hospital, don't you? Yeah.

**Anji Gopal**

I think so. I haven't you know, as far as I know, I work with patients with persistent low back pain in, in the hospital in London, and I've been running a yoga base clinic for them. We showed some of those methods. I think they're probably still on the website in the very first broadcast. So working with persistent low back pain,

**Steven Bruce**

we I think we've done three sessions with you. One of them's not available as a recording because you prefer that we didn't share that one because it was basically sharing your a lot of your teaching. Just one we're talking about the NHS hospital class that you run or concession service that you run. Is there anything in NICE guidelines that refers to yoga yoga based practice?

**Anji Gopal**

There was in the first iteration of the the NICE guidelines en g 59. For chronic low back pain, they changed it to mind body group practices, because there was a political, you know, question mark over specifying yoga. And I think, probably valid because not all yoga classes are like those of your viewers who've been to see them, you know, some wouldn't be suitable for somebody with back pain. So that was the reason that actually this intervention, this clinic that I run, it's a six week course for outpatients managed to get the NHS funding because those practices are allowed by nice,

**Steven Bruce**

okay, but the reason I ask is because I like to make sure we do some time now let's make sure we refer to the NICE guidelines from the shows whenever we can, because there's limited enough evidence around for physical therapy. So every time we can put in something which gives a little bit more weight to talking to patients talking to the GP or any other medical professional, then we can say Well, the nice guidelines say this.

**Anji Gopal**

Yeah, absolutely. And you know, some of your viewers who've seen me before, know that I really like evidence based practice or evidence informed practice wherever I can. And and what's interesting is actually there's probably a bigger body of work looking at the evidence behind yoga practices than there is certainly for osteopathic treatment, because they've been researchers researching in the US Okay, the States, India, Russia, even, we were just talking about a moment ago, you know, looking at breathing based practices, movement based practices and looking at particular cohorts as well, and how yoga or yoga based practices, I'll explain more about that, in a moment, can be used in these different patient populations. So a lot of what I show you will have some evidence around it.

**Steven Bruce**

So we just come in from Victoria. Is it Yin or restorative yoga that you're suggesting for back pain? We might be early in the discussion for that. But yin and restorative yoga don't really mean much to me, because I'm no expert in these things. Yeah,

**Anji Gopal**

there's, you know, there are a whole myriad of different types of yoga out there, right? If you Google Yoga, you will see everything from people standing on one finger, you know, standing on their head to people lying down in comfortable positions and breathing in hot rooms bouncing up and down in hot rooms. Yeah, not so much of that anymore. But yeah, that still goes on as well. So Yin is a particularly a particular type of practice, it's where you have a long hold, and it seeks to stretch fascial tissue. And restorative is a completely different thing where you Resting, resting yoga, and I've shown some of that restorative practice again, before because it's really helpful for the nervous system to find supportive ways of resting. But in answer to that question, yoga for backcare is not just lying around, because there's a lot of the body of yoga work that it's about strengthening and stretching. And as we all know, our patients with back pain need a whole different range of things.

**Steven Bruce**

And I suppose for the the benefit of what we're doing the scene for the purposes of what we're doing this evening, it doesn't really matter whether what you tell us comes from Yin or restorative, or any of the other types of brands of yoga, what matters is that it's something that a physical therapist who's not trained in the art can actually use the technique of use the skills to improve outcomes.

**Anji Gopal**

Yeah, and remember that, you know, we are as, as musculo, skeletal manual therapists, we are movement specialists. And I think often sometimes we forget about that. And we think more about sort of, as far as the patient's concerned, passive techniques, or things we're doing to them. Whereas we can use our understanding of how the human body works, to switch that into an active technique that they can do for themselves.

**Steven Bruce**

There was a period it seemed to me and I didn't know this when I was training or after I was trained, or whatever else. But it seemed to me that we many people, and I was one of them regarded rehabilitation, treatment therapy, as either you manipulated, or you gave exercises, or you encouraged something else in it. And then there was no overlap, it seemed in my mind, but actually, that the more I've come to understand what we do is, all these things overlap, and it's picking the right mix of those therapies, if you want to get the right outcomes, isn't it? Yeah, very

### **Anji Gopal**

much. So. And I think when, you know, if we look back to when I was back, the first time I was here three years ago, maybe. And, you know, I was working, I had really started to develop an interest in as clinical interest in working with patients with persistent low back pain, which is obviously really different to acute low back pain. And that's where, you know, moving them around me moving them around actually has a limited value. Yeah, because we're looking at changes in the nervous system changes and behaviours, etc, etc. So then moving themselves around, then starts to work on different pathways. So as far as I'm concerned, exactly where you are now, all of those things need to come together in the clinic to get those best outcomes.

### **Steven Bruce**

What, what is nice, well, I've always thought is nice by getting you on these shows is that you may have a spiritual mystical side to you, but you have that scientific evidence based side to you as well. I don't know about the other part. And you don't come here to say waiting when lovely, you're here to say, well, this is what this is what the research, the evidence shows us about how Yoga works. So tell us again, because you've seen it, you've told us in the past, what is the evidence base?

### **Anji Gopal**

Well, the evidence base is let's wind back a little if that's okay, and start with the definitions or some of the definitions of yoga. Okay. And yoga goes back as a science, you know, the practitioners of yoga and I don't mean just the ones working in you know, just the gym type classes where you step forward and step back for an hour and you come out sweaty, and that's it. I mean, you know, people who have seriously thought about yoga and read some of the Scriptures and the study books that are there, you know, the the yogi's go back millennia, and some of these books, you know, sort of 500 BC some of these scriptural texts about yoga, and one of the earliest definitions is yoga chitta vritti nirodha, which I don't expect you to remember, but it may be nirodha they are close. Yoga is the cessation of fluctuations of the mind stuff. Yeah, yoga is the cessation, the stopping of the fluctuations of the mind stuff. So basically calming down the nervous system, right? And in one of these systems of yoga, they start, that's the first definition, right? That's the first second first or second line. That's the whole point, which is about as far from lycra and gymnastics as you can get, right? And when we're thinking in the healthcare hat on, and we're thinking about someone in pain, pain is a fluctuation of the mind stuff, isn't it? We know that now. It's a product of the nervous system. And so yoga is about calming that suffering down. Right. So we start with that. And I'd say, the first sort of research of yoga worthies, probably old, gents who were up mountains in the Himalayas, who spent decades if not longer, you know, practising breathing in and out through one nostril standing on one leg, more of that later asked me about that. And, you know, working out what these different practices did for the nervous system. They made some pretty, you know, dramatic claims. They said, You know, you could levitate, you could fly, you could live forever, I'm not sure that that has quite been borne out yet. But a lot of the small, subtle, energetic sort of practices, having now been

researched, actually, we're starting to see what some of those, how the mechanisms of how some of those work,

### **Steven Bruce**

which is fascinating, because I, personally, I never believe that something just because it was written 2000 years ago, has any weight, any merit simply because it's old and ancient and mystical people wrote it. But it's nice to see that maybe they had an insight into something that which we now understand on a more neurological scientific basis.

### **Anji Gopal**

Yeah. So, you know, they wrote these things down. And like I say, some of the claims are quite fanciful. And yet, we also have anecdotal evidence of people, you know, yoga practitioners, feeling that the yoga practice they were doing was making them feel calmer, more relaxed, etc, etc. And then in the last sort of 4050 years, science is caught up and has come around the back way to say actually, what do these practices do? Number one, what are the outcomes? But number two, what might the mechanisms be for something? So I've mentioned this before, but the you know, the biggest that the initial sort of study, into yoga was in 1972, I think, year I was born in London, cardiac hospital, cardiovascular hospital, and it was cardiovascular doctors, looking at what would happen if they taught their patients who'd had a who had hypertension, how to breathe in and breathe out at the same rate, okay, which is considered to be, you know, really key core practice of yoga breathing. And what they found is that it reduced hypertension and improved heart rate variability. And it was a full scale sort of RCT study. So it was an RCT study done in a hospital by doctors on breathing in and breathing out at the same rate. And so starting from there, we've had a real explosion of research.

### **Steven Bruce**

That does surprise me because conventional medicine is not good at exploring things like that, in my view, if it were, it would probably have looked harder about what chiropractors and osteopaths do, he would have looked harder at perhaps the benefits of nutritional therapy. Because at the moment, the advice you get offered and from a conventional medic is pretty basic and usually wrong. And that's in that on that front. Do you know that you know that I'm going to use terms which only vaguely understand the power of that study? You know, how many people were in that RCT in 1972?

### **Anji Gopal**

I'd have to go back and look at it I would have known few years ago response some interest and interest and, you know, there have been so we've had respiratory consultants looking at breathing based practices, we've had orthopedists looking at movement based practices, where you know, there are studies looking at osteoporosis and patients having a 12 week intervention of doing certain yoga postures and measuring Dexter's pre and post. So you know, all and really probably the biggest area where there's been research has been in mental health, you know, so the breathing based practices that you can say they can come from yoga, or they come from Buddhism, which, you know, sparked mindfulness in a way it doesn't matter, right, it's a universal thing. But you know, looking at those breathing based practices and the impact on sleep on depression and anxiety on you know, general how people deal with pain or medication use, and so you know, these things are They're,

### **Steven Bruce**

sometimes those labels put people off. I think if I if, if I if someone were to say to a patient, I've got a Buddhist technique I'm going to use on your own, that they might immediately



close down. I particularly dislike that term mindfulness. I have no rationale behind that, because I know it's valuable. I know it's useful. I just hate the word mindfulness. It just sounds such a fake word to me, he said, would

**Anji Gopal**

probably been overused a bit. And then if you think, you know, the reason probably that the chaps that, you know, sort of started using mindfulness in a health environment was to take that religious aspects of meditation because meditation take away the idea that people were going to have to do something religious, that would spook them.

**Steven Bruce**

Do you find that with yoga? If you say, yoga is very widely accepted, I know. But equally, there must be people who think No, I didn't do yoga, I don't wear lycra. So I

**Anji Gopal**

have patients in my clinic and we do stretching or strengthening or breathing, all of which are quite trendy in their own ways. I mean, they're practices from yoga. Some of them want to come and do yoga. Some of them really don't. But yeah, quite often I do.

**Steven Bruce**

Shaman sent in a question. Simon's and Ostia clearly is an osteopath. So his question relates to osteopathy, but it's equally applicable to other therapies. He says, How do you get patients to change from a mindset of the Osteopath is going to fix me to a mindset where I'm going to fix myself with guidance from you and your yoga philosophy?

**Anji Gopal**

I tell them on day one, that if they want an osteopath, who's going to fix them, I'm not going to be that person. So I have an associate who works with me and he offers, you know, traditional osteopathy, if you like hands on passive treatment, and the patients that I work with now I'm very, you know, Touchwood, wherever the wood wood is, you know, fortunate that I am able to say to the patients that want to work with me, okay, this is how I work, you're going to have to do some of the work to put yourself you know, to get you, you functioning back at the level that you want to, but and in my experience, it's what works. And particularly for complex, more complex cases, me robbing doesn't really solve anything. Well, that certainly was my experience, which I suppose is sort of what's brought us here today.

**Steven Bruce**

Yeah, Indeed, indeed. Victoria, I just want to turn to you for a second you sent in a lovely comment saying how much you're enjoying what Angie is saying. But you've said that you're already looking at Angie's backcare course well pay attention, look at us not Angie's backcare course. Thank you for that, Victoria. So are you going to share with us as to the specifics of the yoga philosophy or

**Anji Gopal**

so I suppose where I've got to in the last couple of years is that I've been, I've always had an interest in the more complex patient, okay, even when I was at the BSO in, you know, full on mechanical musculo skeletal training, and coming out of that education, and then starting to work in the NHS with more complex patients and patients with persistent pain. And somehow, you know, maybe we just attract the patients that we can deal with, maybe there's an element of that out there in the world. I suppose I'm become more and more interested in

on how we can help or how I can help the whole patient that presents themselves in front of me. And I suppose if I had a frustration with the osteopathic learning that I had, it was very mechanical, right? And I suppose what I see in front of me on the table is not somebody with a sore knee or a sore back, but someone who's suffering, right. And that's a very yogic word, because the Hindus and the Buddhists and the yogi's start from these sorts of points that actually hold all human life is suffering, which sounds a bit depressing, doesn't it? But you know, there's pain involved in the existence of the human. And really, it isn't the knee pain, or the back pain that gets in people's way is it's what that pain stops them being able to do, or how it changes their behaviours, their habits, the way they interact with the world. And I suppose what I'm seeing more and more of not just in the persistent low back pain setting in the NHS, but even in my middle class, middle age, professional clients in clinic is actually after two years of COVID and stress and now cost of income, you know, cost of living crises and a war and all these other factors that are coming all around is actually more of a x. I don't want to say existential, existential suffering. But you know, there's pain in the human existence. And I suppose as an osteopath, I don't always feel equipped to be able to help that person in front of me. And yet with a yoga model, there's a wider opportunity to

### **Steven Bruce**

develop I share that sort of concern. I remember when only when I didn't go through the BSL. I was at the College of Osteopathic. But I remember going through that and we were told consistently throughout this, you know, we aren't, we're not conventional medics, we're holistic. And I still think I was going through this well, actually, you're teaching me how to manipulate a neck or or thoracic or elbow or whatever it might be. And I didn't think there was much of that holistic stuff in there. And I came out thinking, I certainly don't know how to do effective rehab exercises for patients. So it was very much the Osteopath, fix the patient that was fixed in my mind. And yes, I'm very keen to learn even now how much more can be applied to the treatment and make it genuinely holistic?

### **Anji Gopal**

And I do wonder, I know that there are other, you know, there osteopaths out there who do work in a more truly holistic I don't like the word holistic, you don't like mindfulness, but, you know, truly holistic way to look at and feel that their energetic treatments are working on different levels, if that makes sense.

### **Steven Bruce**

I think holistic is one of the most overused bastardised words in the vocabulary, isn't it? Because it's the it now means nothing because everyone who does osteopathy, chiropractic massage, everyone, but there's so many I'm just I'm a Holistic Therapist. But what do you mean by that? Do you do psychological therapy as well? Do you address the mind? Do you address the rehab, all that sort of stuff? We've got an observation here from Wendy just before we move on, Wendy says that finding having her treatments plus doing vinyasa and hatha yoga and hoping I'm pronouncing that correctly, keeps her scoliosis ticking over. One on its own, however, isn't enough. I have no idea what the difference is, but I'm sure you'll tell us. I encourage my patients she says to take up yoga in between their treatments. Yeah, great. What's the difference between vinyasa and hatha yoga? vinyasa

### **Anji Gopal**

is a flowing based practice. So it's more aerobic you sort of continually move all the way through Hafer includes vinyasa, really, traditionally, it's the whole umbrella practice of the yoga that we would see in the West. But I suppose now we might interpret that as a slower

practice, thinking more about the alignment of the body and, and how we were, how we're moving and how we're holding the body.

**Steven Bruce**

Okay. But again, if we think of this as how we, non yoga instructor practitioners are going to use this stuff, we just need to know a few techniques that we can incorporate into our rehab suggestions for our patients, don't we, we don't care whether they're Hatha or vinyasa. You know

**Anji Gopal**

what all movement is universal, it doesn't matter. You know, you could take a Pilates movement, and it's probably mirrored somewhere in yoga, and then I'll watch my teenage son and he's doing something, you know, similar that he's seen on YouTube called functional movement. You know, every, all these movements are universal. I think we're really good at you as humans and sort of labelling things. And I come back to you know, if you've done a four or five year degree in musculoskeletal medicine, we are movement experts, right? So we can put together really anything we need to.

**Steven Bruce**

So what should we talk about on the basis of that? So the first thing that occurs to me is the perennial question is How on earth do you actually get patients to do stuff? for themselves? After they leave the treatment? It comes back to that question that Simon asked, how do they get? How do we create in them the incentive, not just the mindset that they are in charge of their recovery?

**Anji Gopal**

First base, I've moved to a different model. And I know a few of the students who have done the yoga for manual therapist training with me are also doing this now of actually offering separate treatment sessions and separate exercise sessions. Yeah, yeah. Because I have found that tacking on two or three exercises at the end of a treatment session when the patient's all blissed out, they're not listening. They're not paying attention really, to what what you're telling them and they don't want to do them.

**Steven Bruce**

Your patients are blissed out, you obviously don't use your elbows the way my wife.

**Anji Gopal**

But if we can, you know, show them in a proper session where everyone is being mindful and is being aware of what's happening, and they can really understand why they're doing these exercises or these practices, then actually, they've got more chance of adhering to doing them afterwards. And really, I also fundamentally believe that I've want my patients to have the skills to manage their back. And so after a period of time, they don't come back to me. Yeah, yeah. And whereas that model of keeping them coming, you know, them keep coming back every time they hurt themselves. I suppose I get bored. And you know, me I get bored quite easily so I'm always doing something new.

**Steven Bruce**

This this comment took me by surprise, I must say it's come from someone who's been labelled I imagined by the system as muppet. The reason it took me by surprise is that this sounds awful. But we have two robot cleaners. We have a robot vacuum cleaner and robot mop. Yeah. And you're allowed to give them names on the app and the robot vacuum thing



was called Birdie and the other ones called Muppets, so as far as I can tell my robot is telling me a copy. Send me a comment here. Anyway Muppets Nothing says if we look at the origins of osteopathy, we're still talking about finding the health then the Osteopath, who is looking at helping a patient find their health rather than trying to be the fixer is probably more is probably working more in keeping with their roots that didn't flow to everyone I suspect that the comments be

**Anji Gopal**

No, but I understand and I think that's where perhaps I feel as someone who didn't qualify you know, that long ago as an osteopath, that that search for Spirit chewable wellbeing if we want to call it that there's a wider thing in the patient was not in my osteopathic language. Yeah, so And but I was a yoga teacher before I was an osteopath. So it was easy for me to flow back into that into that way of doing things. But certainly I meet osteopaths all the time, and chiropractors and physios who are working on a purely sort of mechanical level. And yes, we sort of pay lip service to the bio psychosocial thing that I was taught, you know, when I was studying, but we don't really know what to do with those other bits like you said yourself and there's even a wider model of health really, which is bio psycho, so show spiritual, right? Because really, you could say that we're only content and not suffering when we have meaning or purpose right as humans and is that a spiritual meaning could be but you know and understand. So we are so I see it as a wider Why am I here? And I really think that at the moment given all this chaos that's going on, and the chaos is going on right at a global levels and a planetary level, international level you know, it's making people question why am I here? What's the point

**Steven Bruce**

everybody must be seeing this excuse me are using a lot of it in your patients and perhaps your your colleagues as well that you know that they're being distracted by whether it's a real possibility or not the threat of war across Europe the the threat of planetary destruction, the threat of economic meltdown in our own country invariably is going to engender that's

**Anji Gopal**

everyone's going to be really really happy now. Now there

**Steven Bruce**

will be sending me in request for that link to where they can get robot vacuum cleaners in some

**Anji Gopal**

way we interact This is not you know, this is not yoga we interact through with the universe and with the world don't we as through our nervous systems. And at the moment, all our nervous systems are jangled. Yeah, we've had a chat with the crew and everybody here today There isn't anyone well, they're not many people in my world that I know that something chaotic hasn't happened right in the last two years or you've been

**Steven Bruce**

seeing what's going on in our gallery they were just

**Anji Gopal**

my roof blew off in the in the storms you know, there's there's always something going on there lots of people we've got parents or loved ones who are poorly. We've got worries about this, that or the other we know this stuff, as you say going on at planetary international

levels, you know, and then if you have pain as well go back to these are all fluctuations of the mind stuff. Right? And everyone is operating at that sort of sympathetic overload.

**Steven Bruce**

So we're ready to fix it.

**Anji Gopal**

Can we have the slides Justin please. And I wanted to show you this is a model of health and hopefully everyone can see this at home called the cautious okay. The Buncher coaches five coaches and I evader is the Indian life science so IR is life and vadose science or study okay. And this is a model that the RU Vedic and you think you've had it Vedic physicians or practitioners or a while ago they use or on the yogi's use it to because yoga is part of our evade or very link to our VEDA. And this is the yoga that, as I said, again, you know, is more deeply rooted in study rather than just wearing lycra and doing moves in the gym. Yep. The point of yoga is to calm the nervous system. And the cautious are five sheaves sheaths out I don't even know how you say that, or five layers that are considered to surround the spirit or the soul, the atman or the you know, whatever you call that seed of life. Okay, cranial osteopaths will think of it as, you know, some sort of spark of life, right. That's a book isn't it? I think I think that's a title. And so these are five layers of the self that go from gross to subtle. Okay. the grossest is called the Annamaya Kosha And this is called the food body. Right? So it's this bit made of food. Yeah, meat and potatoes, literally the physical layer of the self. Okay, the next layer and you can think of it moving outwards or moving inwards, like Russian dolls up to you is the prana. Maya Kosha, the energetic body. Okay, the boundary of that with the physical is the breath. Bear with me, I can see you,

**Steven Bruce**

my friend of mine is something I've heard of a lot more than any of the other names

**Anji Gopal**

and so on a Yama is Prana is vitality or the life force? You might think of it as Qi cranial osteopaths would think of it as vitality, or the energetic sort of feeling of the quality of the person. So then we have so we have the physical body, we have an energetic body. And then we have the mind the lower mind, the emotional body Manomaya Kosha. So the layer of thoughts and feelings and emotions. Yeah, it's part of you is definitely not your physical body. Yeah, it's not your energetic body, I but then we have something called the higher mind via Maya Kosha, the intellect or wisdom, and then bliss, the idea that there is bliss and joy around all of us, okay, you can think of it as a ready brat kid below. Or you can think of it you know, as being inward, a seed inward,

**Steven Bruce**

can you still get ready, break?

**Anji Gopal**

I don't know, it's disgusting. I really don't already

**Steven Bruce**

know most of most of the people watching have no idea what we're talking about, they won't remember those nuclear adverts are the kids of the globe.

**Anji Gopal**

And so this is a way if you you know, as a yoga practitioner, or as a yoga teacher, even as an osteo, in the clinic is another model of health to sort of interrogate the person in front of you. And I'll give you an example of how this might work. So you might come home from work one day, and you'd say, Oh, really tired? Yeah. And actually, we could interrogate that in a different way. Which part of you is tired? Is it your physical body? Is it that you're mentally exhausted? Is it that you have lots of preoccupations? And if we're able to sort of sift in a more granular way like this, okay, I could deal with, I could, you know, have a bath and rest my physical body, right, I could listen to some music or do some breathing that would alter my energetic state. Yeah, I could deal with these preoccupations for keeping me wired, for example. And so this is one way of just the power now I start to look more in a holistic in a holistic way.

**Steven Bruce**

Yeah. That's, that's interesting. I have another question for you. But I'm going to test you first guess who this question is from?

**Anji Gopal**

Does it start with an R is Robin? Yeah, Robin?

**Steven Bruce**

Robin, good evening. And the surprising thing about it, it doesn't mention barefoot shoes at all. So Robin says, this is a very nice comment. He says he was on one of your early courses. And he's found it massively, massively useful. And I'm not surprised but he says particularly for his exercise addicted patients who won't stop the ones who ask if they can go to the gym immediately after being treated for a nine out of 10 impingement injury. And he said, If it gives them something to do that they have to focus on but calms them down. It's really, really helpful in the answer that was saying, Hi, Angie.

**Anji Gopal**

Hey, Robin, we knew you'd be watching.

**Steven Bruce**

He's gonna come back into the room barefoot shoes is much better than Jaeger without

**Anji Gopal**

Oh, noes. Can we just look at a couple of the other slides. So one thing I want to show you. So I've just come back from a retreat in Spain where I was leading a retreat, and I had a group of 20

**Steven Bruce**

introduced me to some Russians. Retreat should be in their vocabulary. I think I'm sorry, I'm getting scuffing before we went on

**Anji Gopal**

to a yoga retreat, and I had a group of 2015 year olds plus. So that's the sort of age groups that I teach. And one of the things to think about in these physical methods is actually your chain you can you check your question, can you change your emotional state by doing a physical practice? Yeah. And so here we have, you know, we really lucky it's a really amazing place that has these ropes on the wall, and then we have a downward dog where people are suspended from the ropes in this very familiar sort of, you know, upward, downward V posture. So we've got a spinal traction going on, but without any weight on the

hands. So from a yoga for backcare point of view, it's everybody there was a certain age there were a lot of aches and pains. I had a back corner and a knee corner and a shoulder corner. But this having the head down, calms the nervous system. And so the yoga postures are with have been considered to have different effects. Now, a calming posture would have the head down or the legs up here, right so lying like This is going to comb that nervous system. And then if you go to the next slide and this is quite, it doesn't, you know, it looks like an extreme thing, but it's fully supported here. Now we have a back bend, so a thoracic extension. And this is going to give actually the nervous system a different sort of input. Right, it's opening, it's enlivening. So whereas there's a calming set of practices, now we have and you know, don't have to do it hanging from the wall. Of course, that's exhilarating. But we have different ways of manipulating and changing the piano. And we'll look at some of that when we when we go and do practice. Thank you.

### **Steven Bruce**

Well, that slide is up on the screen now. The first thing that occurred to me is well I can't do this in my practice, I don't have hooks on the walls and things like this with who you're talking to some other things what is the backcare foundation

### **Anji Gopal**

so that is the brand I suppose and the website that I set up last year to incorporate all the courses that I run so courses for manual therapists courses for yoga teachers, horses for and trainings and finding houses my clinic is less

### **Steven Bruce**

we got a comment here from Sue which again, this foxes me slightly because it says mctimoney chiropractor's Eat your heart out this is right up our street. And it sounds very critical mctimoney chiropractors but I got a feeling Sue isn't maximally chiropractor and she and saying this is great stuff because it's what they do.

### **Anji Gopal**

So I've done a presentation actually to the mctimoney power practice. I was to well to a group of their students they see you're welcome to get in touch with me and say hi, I'm from Abington actually as well, which is where they are Yeah, that's so say so and it fits really well. So I've had a good number of mctimoney chiropractors do these courses because actually this sort of whole person approach fits very well with their outlook.

### **Steven Bruce**

Okay, and they will you can't give you that because I just want to get through a couple of questions I've got on my list here one from Leelee says this is the three pillars of osteopathy laid down by little job mind body spirit, and I remember being told that when I wanted to train it wasn't anything we addressed it particularly well. Lisa is taken away by the modern way of thinking within osteopathy. This is the ultimate balance of yoga and osteopathy. For me it's the ultimate balance within true martial arts yoga teaches us to go back to the first breath has taught in osteopathy. And, and I do apologise if we keep talking about osteopathy. But a lot of the viewers will be osteopath. Of course this all applies to chiropractic and physiotherapy as well. And he says, I don't know who said this looks like Angie is turning your patients into shallow folders in those photographs, great ideas and make patients do something useful in the clinic into what show folders? Yeah, I'm not sure why patients would respond well to being called Shell holders until that was the only useful thing they could do. Right?

**Anji Gopal**

I mean, I'm really interested in those three, going back to Lee's point of the three pillars, and the spirit, you know, please get a guest on to talk to us about how we address the spirit in osteopathy.

**Steven Bruce**

We always call it I think it was called the three legged stool. biological, chemical and psychological the three aspects and the same aspects however you label them.

**Anji Gopal**

Yeah. But you know, we, in the yoga world, we I guess we don't shy away from talking about the spiritual and, you know, really peeling those layers and understanding and so even with my patients, I asked them, you know, what, what's going on? Why are you here? And it's really the back pain.

**Steven Bruce**

Yes, absolutely. And I think that is I could be out of order in saying this. I think that's where we perhaps are worse I'm worst is trying to go beyond the physical it's about the you looking into the psychological aspects. I don't be like asking those questions. It sounds intrusive. It sounds as though I'm string outside my area of competence.

**Anji Gopal**

At the same time, I'm really open with my patients that I'm not a psychotherapist, and if and quite often will insist on so yes, I'm a yoga teacher and I love the flying upside down stuff. Yeah. But you know, if a patient comes in and they've got some sort of mental the appears that there's a mental health sort of element to the presentation, I administer the garden, the pH nine as quick as you like, and send them on, you know, or insists that they get help to deal with that alongside whatever we're doing garden pH nine. Are there the depression and anxiety questionnaires used in NHF?

**Steven Bruce**

Thank you. We're gonna move on in a second. You said when we started. Let's do 20 minutes over there. Let's take 20 minutes practically and we'll come back for some more. And here we are. We're well into this. But I just wanted to say this that cleaners sent in players one of the several people monitoring the chat lines at the moment. She's saying the comments are coming in from both chiropractors and osteopaths and they're just great and they're even talking But with a Steel Empire more actually Yogi's and and so,

**Anji Gopal**

it also is interesting because I spent some time studying with Sue Turner. I got because I graduated as a mature osteopath. I sort of went into osteopathy as a mature student, I suppose I feel the pressure quite acutely that I have to spend time you have to get good quick, right? I needed to get good quick. And so I went and sought out some, you know, even in the yoga world, some of the more senior teachers and people that to learn and I've spent time talking to sue, you know about because the language that still has in some of his texts, and some of those, you know, older founding osteopaths is quite yogic. And, you know, I was interested in whether there had been any crossover of, you know, the, the ideas, because of those sorts of times, the sort of British Empire, people were bringing over some of these yogic ideas that they've seen with these sort of, you know, like I say, yogi's, in loincloths up mountains, and bringing them in and translating it, it was around that time that some of these texts were first translated into English and was sort of shared and they



brought, you know, yogi's and fakers and shaman, from all of these parts of the world out into the environment and took them on tours of the states tours of London tours of Europe. And some of these ideas were already you know, were being sort of switched and unshared at that time. But I haven't got any evidence to show you that still met a yogi yet,

**Steven Bruce**

should we go on a little tour of the studio and see what it's like on the other side? Cool. That's good. So we're gonna go and join Matt over here. Hello, good evening, when you want to stand, then you can stand wherever you like, our cameras will find you

**Anji Gopal**

over that side. Okay. So I suppose I wanted to share a couple of recent cases that I've seen, where on the face of it is just a really mechanical presentation, right? One patient who's got neck pain, and walks like this. And one patient who's got low back pain, right? And you might say, Okay, fine. So far, so simple, the sort of thing we deal with day in, day out. And so what I thought it might be interesting to do, Matt, you're gonna have to pretend to do so roleplay. And just go through some of the practices that that I've done with these patients. And how the body feels and how the the mind the emotional state also feels, if that's okay, yes. Do you have any aches and pains? First of all, have you ever done any yoga before?

**Steven Bruce**

Once you

**Anji Gopal**

don't worry, nothing acrobatic? Why did you start just to save the class, so he never went back again. We're trying to get you get you more interested. So the first patient is one from my NHS clinic. And he is calling Bob. And he's sort of in his 60s, early 60s or late, late 50s, early 60s, and he spent many, many years working at a desk now as a writer. And a few about 20 years ago, he had an accident and he hurt his low back. And as a result, he's got a lack of feeling in one of his legs. Okay, so that's how he ended up in my clinic. Okay, because he's got low back pain and a leg issue. You know, it's a really historic thing. Are we going to get the feeling fully back in his leg? I don't know. But what that's done for this guy is it's made him quite conscious of his body. And so he walked in what I found out, you know, what I saw and it's a group class we've got lots of different people and some people were walking with crutches and you know, it's a really really mixed and diverse group is really noticed on day one that actually just walks like this right really real head for what anterior head position and I don't know if you want to do it and you to Steven and everyone else that's watching at home, how does it make you feel to stand like that? So you can stand or you can see it? But you know, if you just drop your head down, how do you feel uncomfortable? Yeah. What mental state or emotional state might be associated with quite saddle down? Yeah, sad and down. And the

**Steven Bruce**

contrast isn't there if you if you you stand like that. And I get that feeling. I didn't come out of the gym and you and you feel Oh, right. And you feel more alive and you feel more happy? I think

**Anji Gopal**

yeah. It's my vital right and particularly, there's something different so this we've got this this gentleman and he walks around like this all the time, very tall. It's got you know, What if you just walk around for me like that? And tell me what what feels strain we know, as manual

therapists that, you know, there's tightness in the thoracic spine, these pec muscles, you know, feeling a bit tight the head. And you know, if you have your shoulders like this, how easy is it to look ahead? Yeah, not very much you end up with neck pain, right? So as well as his blowback and the things that are going on here. He's been walking around for nearly 20 years like this, right. And so, the exercises, thank you that I started him doing work. First of all, just some very basic shoulder openers. Okay. And I've shown them before, but I'll show them again, because I think we should, you know, in a normal day's clinic, you could probably do this with half your patients, right? So if you're happy, you're comfy sitting there. Yeah. Yep. It's just to roll one shoulder back and then roll the other shoulder back. Right. And, you know, we've all spent, keep going, we've all spent two years sitting at our computers on Zoom, or stressing about the world or watching Netflix, right, me too. And, you know, we've all got tight pecs and, and tight shoulders. And really, you can't stand up straight unless your pec muscles are working, right. So just this action of rolling back, and everything that I teach is in a pain free range. So if you were, you know, in had discomfort in your shoulder, we would stay small and start with small movements. But rolling the shoulders back just starts to give us an opportunity then to actually, I can look, you know, maybe the the upper back is lifted a little.

### **Steven Bruce**

I've used that exercise quite a lot with patients in the past. And I always think to myself, they will feel that this is a non exercise, because they will think, Well, I'm not really doing very much. I'm not doing anything significant. I can't feel a stretch, I can't feel an immediate improvement. What do you say to that?

### **Anji Gopal**

I think we're addicted to this idea that you have to feel something. And I think you have to feel the change. You don't need to feel what you're doing. You need to feel better after you've done what you've done, not just while you're doing it. And so but I wouldn't just give that on its own. So I would make them probably really hunched just like exercise we've just done before. What does it feel like to be like that? And they'll go, oh, this is how I stand all the time. And I'll say Come on, make it worse. And then they'll say, Well, actually, it feels really miserable. Yeah. And Mr. Iyengar who was a very famous yoga teacher, he always said, if you have a closed armpit chest, you will have a tendency for depression. Now, and one of his sort of prescriptions for low mood was to open the armpit chest. Yeah. And I don't know of anyone that you might remember this book. It's by Kelemen, Stanley Kelemen. And so as foolscap size book, the colour of Matt's t shirt, and it's called Emotional anatomy. And it has these different hand drawn, you know, people, what the organs and what the body will be doing in a military position in a, you know, slumped position. I've got two teenage boys, as you know, you know, they walk around like this, right? It's all pelvis. And you know, so their bodies are doing different things. The organs are doing different things on the inside, and the mood and the stance is different. So if you walk around like this, you feel different if you walk. Anyway, I digress. So this gentleman, I've got him doing his shoulder rolls. Okay, so that's number one. And then, what are we doing? Ah, then we are walking. So if you come to standing, and I'm no fan of the royal family, I know we've already done the war and global warming and stuff today. But one thing about the men in the royal family is they walk really tall. Have you noticed and they stand up all day? Right. So even the, you know, Prince Philip, before he passed away, could manage your whole days out and abouting. And if you look at how they walk, they clasp one hand behind them. So could you do that? And then see if you can slump. So that's also a fun thing to do. It's harder, isn't it? Yeah. Yeah. But if you have your and then just now walk around for me go for a little walk away in the right place. Tell me if I'm wander off.

**Steven Bruce**

We'll look we'll look after you with the cameras.

**Anji Gopal**

So you know, all of a sudden, we've got a more upright posture, right? Where are your eyes now compared to where they were when you were somewhere where you can see straight ahead. Yeah. And so now you can start to see the world. Right. And so I've been working with this chap over the so we've got the shoulder rolls starting to open the pecs, we've got this continual sort of clavicle opening, and then holding the hands here. So now, okay, he can walk around and he's looking at a different place in the world that he was before. And slowly over the weeks, he's sort of coming a bit out of his shell in this group. And it's been really interesting to watch and then Because of the low back pain, one of the exercises that I'm giving a lot more now is, are these are these walks, right? They go down really well with the patients. They're much more fun than just doing static exercise. And this one is a heel toe walk. Okay, let's go. So probably work best if we took her shoes off. We could take her shoe, you can slip your shoes off. And please do at home as well. And it's two heel toe. Yeah. The number one we start to notice that we have to look down at our feet for some reason we shouldn't have to because there's really no there's no you're gonna

**Steven Bruce**

stop him doing that. I

**Anji Gopal**

used to say don't look down at your feet, keep walking, and then start to for someone with low back pain. So we're sort of switching to his this gentleman's original complaint. What does it feel like to be in your feet? Yeah. Can you feel your left foot the same as your right foot Kiko? Yeah, yeah, good. Yep. So you've got nothing on your back. So that's good. But and then as you walk, you know, if we think of what's happening through the chain of the body, every time you press your heel down, what are you doing? You working into the glutes? Yeah, every time you lift your knee up, and we'd start to develop more lift through the leg, actually, you're starting to work the abdominals, right? So all of a sudden, you've got a whole lower body and upper body exercise, and something fun, right?

**Steven Bruce**

The obvious question we're going to be asked is, How long are you going to do this for and how frequently?

**Anji Gopal**

Just say, do it a few times around your kitchen while you're waiting for the kettle to boil? Yeah, some patients will need to do it, you know, will want to do have a whole programme written out, or increasingly now I do some online sessions and we record it on Zoom. And so they've got their practice there. They just follow on the video. But for lots of people, I say, Okay, you put the kettle on takes a minute to boil, do a bit of this. Yeah. If you've been sitting down at your desk, roll your shoulders back, stand up tool, go for a little walk. And then if we're just to finish on that, if we three humping books, no, no, no. If we're working with someone who's had low back pain, and there might be some sort of, you know, if they've had an episode of neurological sort of, you know, pain in their legs or whatever, you know, if you could even do backwards, right, walking backwards, to try toe to toe to heel. Yeah, go for it. You know, what are we doing? We rip repatterning the nerves to the feet? Is it easy? Yes, it was okay. Yeah. Does it feel the same in both legs? Yeah. Yeah.

**Steven Bruce**

Yeah, we should have given him some back problems to

**Anji Gopal**

start, we should have done really. So yep. So you know, all of a sudden, now we've got this. So now I've got my gentleman in my class walking, walking up. And he's starting to make eye contact with people in the room. Yeah. And he's understood that actually his spine can be can be straighter, don't get me wrong, it's still hard isn't had a neck after 20 years of walking around like this, you know, want to go but at least we're starting to pattern this understanding of where the spine could be a visual aid, a physical aid, a feeling, right?

**Steven Bruce**

And there's several aspects to the psychological component here. Don't worry, I'm watching this. Because on the one hand, he's understanding, as you said that he can change this pattern, and he's getting a response to the pain, something's changing there. But also that engagement with the wider world is psychologically beneficial for most people out of all,

**Anji Gopal**

absolutely. So there's more coming, because a couple of weeks ago, and you know, he's is a big guy, and he's strong. One of the things that he needs, from a mechanical point of view is more movement in his thorax, so more movement in his upper back, right? He's quite stiff. And so you know, you can give him exercises, but I thought, okay, he's coming out of his shell a bit, let's do something fun. And that is going to be a bit of a same bowl. Okay. There's a lot of archery and warrior symbolism in yoga, because one of the books about yoga is the Bhagavad Gita. And it's set on a battlefield, right? And it's supposed to be really about the battlefield in the mind that we're dealing with all the time, but it's literally set on a battlefield with archers and bows and horses and you know, people killing each other. And so I said, Okay, come on, then we're going to do some archery, so if you want don't mind, standing up and joining me is okay. So drawing one back here, and then drawing the other. And then again, you can do if you don't want to face the camera, you can do it backwards. And we can see here, in fact, if you do it backwards that way, you can see here if you carry on if that's all right, what we've got actually is a mechanical rotation of the thoracic spine. Yeah, and we've got some rhomboid action, right? And you know, the Uppercross pattern or that anterior head pattern. Not only is it the pecs, tight, but it's weak rhomboids right. So all of a sudden, you know, you could do this in the gym when I think what's it called, you would know, like the low cross delt fly thing. All of a sudden, we've got the opportunity to do that here. Yes. So now I've got my chap making eye contact doing this. And I said all last week, I said, okay, the week before I went to Spain, I said, right, what are you shooting arrows. And I was expecting some sort of war reference. And he said, All I want is someone to love me. And he said, I'm shooting an arrow. To Cupid. He said, It's Cupid's arrow. And it was just not what I expected. But all of a sudden, we've got this opportunity for someone, I guess, you see, I cried, I did have a little cry a little tear in my eye, that we've got someone who's spent, you know, and it's his work. I haven't done the work. You know, he's done his practice assiduously week in week out from the videos that I've mentioned, quite unusual. When people connect to something, and they understand that it's making a difference than they, and there's an emotional connection. So it's not just this is your exercise, do it to get rid of your knee pain. It's Oh, okay. Can you see the world differently? How do you feel when you do that? When

**Steven Bruce**

you demonstrated that you were very sort of generalist about doing it like this? You didn't say specifically, right? I want you looking along the bow and drawing the the string back as far as you can? Or anything like that? It was it really was a very loose exercise? Is that how you would expect it to be done? I would, cuz you were looking straight ahead as well, you weren't looking along the

**Anji Gopal**

line? I would, I would start by just can you just work. The exercise at the idea of drawing one back using maybe the fist on this side, because it gives a little stronger action with the grip, and then the reaching. So it's the drawing back and the reaching and then you know what you could make it dancing, you could do whatever you wanted to do. What this is, if you don't mind coming onto all fours on the plinth that would be really helpful. Thank you. Is the really, you might have seen this before, where you put one hand in the middle of the plate that the table and then you draw the other hand up and take it up. And then you slide the other hand in and through. Yeah, yeah. Yeah. And so this is a thoracic rotation. Have you seen this before? Yeah, obviously. Yeah. And it's just more fun to do it thinking that you're sending, you know, you do this weight, you do this weighted as well. Good. Yeah. Can do. Yeah. But actually, when you get it, thank you, when you go all the way up like that, really that end movement, the hand is irrelevant. The action that we want, isn't it as the pecs to draw back and the rhomboids to be more strong?

**Steven Bruce**

Simon Sinek comments a few minutes ago, he said, he calls the muscles of the shoulder girdle the muscles of emotion. And he says it's where we store so much negative energy slumped over keyboards.

**Anji Gopal**

Yeah. Okay, how does that. So all of a sudden we've got this is just one example. Right? But we've got using the body to influence confidence, self belief, connecting with what matters being able to enunciate in the world what it is that you really want. Right? It's a big deal.

**Steven Bruce**

I've been itching to know what's in that little purple bag, and we're going to find

**Anji Gopal**

out Yeah, excellent. It's just beads or seeds or something. It's lavender, but it's what I'll explain that in a minute. Okay, any other questions?

**Steven Bruce**

Melissa says, I don't think we can ignore the spiritual aspect of health aspect of healthcare. Everyone's idea of spirituality is slightly different, but a key pillar of health. But it is a key pillar of health. And she says she's really enjoying the talk, Angie.

**Anji Gopal**

Oh, good. Thank you. One more standing thing before we get you to lie down, if that's all right, so if you can pop back up to standing, I'll show you, I don't think I've shown this to the APM view as before, is just a full spinal movement. Okay, and just this idea, which is easiest, if I show you then I'll talk you through. It's just this idea of rolling down and then rolling up and having a full stretch. Okay, so really, I've found that most patients could do this. So you might want to do it sideways, actually. So either facing this way or that way doesn't matter. But inhaling and the breath being added into things really makes a difference. So inhaling



and just stretching up. Yeah. And then even think and then exhaling, bend your knees engineered really deeply and just dive down and touch the ground. Yeah, and then inhale and roll up again.

**Steven Bruce**

Every so often, I would have thought keeping the knees are straight. Sounds is important.

**Anji Gopal**

Why don't you think most people? How important are your hamstrings?

**Steven Bruce**

Well, in terms of this exercise, not at all, not at all, because you're trying you're trying to mobilise a lumbar spine, you

**Anji Gopal**

know, mobilise the whole spine, so if you carry on going, if you don't mind and then What you could do is let your head roll down. Yeah. So now we've got the whole spine, just a fluid movement in how and reach up. And then if you wanted to make it stronger, press the sky. Yeah, press and reach, because I know you're strong. So you can and then roll down. And then press the earth, presto, presto, bend your knees enough to get your hands flat press good in house stretch up. Yeah, we're stretching that if you're thinking of Anatomy Trains, like fascial things, we're stretching the whole front line. And then if we've pressed them down, we're building strength in the abs as well.

**Steven Bruce**

And this is another kettle boiling exercise.

**Anji Gopal**

This, I feel if you're thinking of if you work with professional patients, you know, what are they what, what's their issue is sitting down all day, working from home, right, my husband is locked in the attic, working at his desk all day. And you know, if he got up once in a while and stretched up and re rolled down. And so it's useful for people that are working, and sitting and stretch, you know, sitting static, but it's also useful for anyone like me, and you who's getting a bit older, to maintain that fluidity.

**Steven Bruce**

But my point was, it's helpful I, as you said earlier on, if you say to patients, when every time you make a cup of tea or coffee, well the kettles boiling do an exercise. And this is when you could do while the kettle is boiling. And that's long enough. Yeah, just as I think one of our previous viewers or previous speakers said, if you want to stretch the hamstrings, it's got to be a long stretch. So you get a stretch board and do it well cleaning your teeth. Yeah, so you're gonna get a good couple of minutes of stretching your hamstrings, your calves rather than the usual terms that we give them.

**Anji Gopal**

Yeah. So just the rolling down, and then the rolling up. And then if you wanted to do it as a cardiovascular exercise, you couldn't really roll down, you can press and then you could even jump. And so I've got 18 year olds in my classes who've jumped and laughed for like that for the first time in ages. So introducing an element of joy is also really important. Because let's face it, therapeutic exercise is really bloody boring. Sorry. Yeah. And that's why no one does it. So if you can think Oh, actually, what am I sending an arrow into heaven

for today? I don't use that word in, in clinical practice. But you know, what I'm asking for you one of my gunning for Yeah, or, you know, just feel like lifting that energy. Yeah, if you're bored and fed up, and you're just feeling a bit glum, just have a few jumps. Thank you very much.

### **Steven Bruce**

We're gonna do that here. Whoever is on duty for making coffee and tea is gonna do these exercises.

### **Anji Gopal**

Okay, can we what I wanted to show is a few breathing techniques. But I think it might be useful as well, just to show a couple of the original backcare things. Okay. Okay. So if you're happy to come back onto all fours on the table. And just remember, particularly, if you're working with patients with persistent pain, the way I work with them is to work in small small movements, without you know, inside the boundary of pain, so totally pain free range. And I guess some of the most common things that I teach in the yoga for backcare in the persistent back pain sort of clinics, if you move your hands a little further forward, is and then if you can just have your knees hip width apart, so sort of really be in like the full point, not quite that far. So underneath your hips I set and then imagine there's a pencil in your belly button, and then just draw a circle on the floor. Circle. Okay. So circling forward, and circling back. Yeah. Pick a direction. Let's go that way. Yeah. Now, you the eagle eyed amongst you will notice that we're not really moving the spine at all. Yes, it's a really good safe exercise to start off your back pain patients with, what are you doing is you're mobilising the hip joints mobile, mobilising the shoulders, and just getting them not scared about moving. Yeah, yeah. And then if you could add, inhaling as you come forward and exhaling as you go back. We're now in that we've got that magic of working with the nervous system and its physiology. I'm doing it now as I'm standing. So yes, everyone, everyone at home as well is rolling around. So we've got this, you know, in a pain free range, and there's some days when you might move that much. And there are other days where you might take your bottom all the way back towards your heels. Yeah, I don't know. Is that your range of movement? Have you got more? Bass? Yeah.

### **Steven Bruce**

Sure. We see moves. Come on.

### **Anji Gopal**

Thank you. And then going the other way? Yeah. And we might notice that one way is really difficult. And one way is, is more, more comfortable. And then again, similarly from here, just moving forward and back. Inhaling forward and exhaling back and you can decide how far back you want to go. What does it feel like? Do you feel a stretch in your back? Yeah. feel a lot more cool. Yeah. In a good way. Yeah. Is that back? Fair enough? Or what does it feel like? How far back? Do you want to go? Yeah. And can you think about keeping your head in line with your spine. So actually lowering so the back of the neck is nice and long. Yeah. So again, really simple exercises, we don't have to take a lot of weight on the hands. You could even do this just in standing, right? If someone doesn't want to be down, but they can do it, people can do embed. So lots of very simple things to do here without any weight bearing. Okay, thank you. Could you then let's sit down. If you sit on the plant, can I show you tell everyone some breathing thing? So the breathing is where you start really to have fun with the prana? Or the energy, right? And that pronoun, Maya Kosha. Do you remember the energetic level that then lives next to the constitute the emotional body. So these breathing techniques, and I think I don't

**Steven Bruce**

remember that I got the name wrong by calling pranayama

**Anji Gopal**

pranayama is breast control. And prana. Maya is the kosher, but it's energetic one. Okay. So we've got techniques that fire things up, and then some of the pictures that we can show later on. But that might be where you pump the belly? Or we could do lion breath. Do we feel like being silly, can I come? I'm gonna come to it next to Matt, because I feel a bit dramatic. For both of you to be seen. I feel bad that Matt's doing it on his own. And this is where we're going to inhale through the nostrils. And then we're going to exhale by sticking the tongue out. Oh, no. It's probably not very COVID safe. That's certainly true.

**Steven Bruce**

We're breathing is only the cameraman, he's gonna get the benefits of this.

**Anji Gopal**

So this is how we're gonna get still. It's called a lion bro. Called a lion breath. Right? So we're going to roar. Okay, why would you do it to build heat, and to build fire is supposed to be really good for the platysma. It's supposed to give you to stop you having a double chin. So who knows whether that's working for me. And it's also if we're thinking about respiratory and lung health, right, it's really going to power out that, push that diaphragm up. Okay. So we're going to inhale. And then we're going to exhale, stick your tongue out and puff your chest, what could come back up. Maybe just chill. And you can keep doing it. And then if you wanted to add the brain function in, you're supposed to look here, your third eye as you do it.

**Steven Bruce**

Good cross-eyed,

**Anji Gopal**

hopefully, everyone. But you can certainly feel though, if you do that, that we've got we're opening the chest, could you feel that you'd have to do you don't need to do sort of five, five rounds, 10 rounds. And you know, you'd be teaching it you wouldn't do it with anyone who had a jaw problem, for example, or things like that. But if you wanted if you had someone who was quite static, and maybe even someone who, you know, didn't breathe, well, these are practices to take up the energy in the breaths, okay. So bear the lifting types of ones. More commonly, I suppose by use for calming ones, right? Because people are coming in at the moment and they're stressed to everyone will remember, everyone that's done a course with me or seen anything is the heartbreak. So you inhale through your nostril, and exhale with a heart. Do a few talks. Inhale through your nostrils. Exhale, ha You can even have a hope everyone's doing it. Don't close your eyes if you've got low blood pressure. You mentioned someone fainted once.

**Steven Bruce**

Okay, yeah. It might have been one of our questions, but none of us want our audience.

**Anji Gopal**

Yeah. So just keep the eyes open. Notice with the heart breath, we're relaxing the jaw. Now and that has all the impact on the neck muscles on your shoulder muscles. And then also, of course, really importantly, the vagus nerve travelling around the neck ear, which is that

mediator of the calming sorts of feelings. So just the heart breath, which I know Robin does all the time. Speaking of. Yeah, probably get colour Robin, we need your comment. On here.

### **Steven Bruce**

Robin. He starts off by I think he said this that he says um he says he's treating a patient. Thank you, Robin, of course for your intelligent input that he's treating you A patient who has just been diagnosed with an anthro lice thesis, it's stable and she's still playing golf until recently has been playing golf recently. Would you need any adaptations do your exercises and techniques she is already in barefoot shoes.

### **Anji Gopal**

It's about finding comfort and working with the patient to explore where that comfort and that boundary is right and as an osteopath, as a amazing osteopath as Robin is connected to the ground and with his amazing hands to have your hands on the patient while they move, right. So you can actually feel and you can patterning that feedback with them, you know, can you feel that, but that's what's happening, right, which is why tacking on to exercises at the end of a treatment session doesn't work, I don't think because we need the patient to explore and to feel what's going on in their body. So I would say Robin, you can call me tomorrow. But you know, pain free range and just explore and think about what you're trying to do. Are you trying to stretch fascia? Are you trying to stretch joints? Are you trying to, you know, influence muscle layers? And work from that point of view? Sure. Yeah. Okay. So then if we wanted to. So this is where you know, you were talking right at the beginning, we talked about breathing, and some of the evidence. In the yoga books, I've always taught him the pranayama books and research and texts that breathing in through one nostril, or breathing in through the other nostril influences how you feel. Have you ever heard that before? The left nostril and the right nostril have different effects?

### **Steven Bruce**

I definitely read it or heard it possibly from you. And I remain sceptical. But

### **Anji Gopal**

yeah, me too. And I'm a real sceptic, right? Those that know me, I'm don't fall for anything very easily. So traditionally, the textbook talks about the left side as being calming, and the right side as being energising. And I found a few bits of research because I thought, hang on, I'm not sure I want to teach this not for today, but you know, a few months ago, let me check out what's going on. And actually, there are research, there is some research quite a quite a few different studies where they've looked at the effects of breathing in through the left nostril, on different parts of the brain. And on that heart rate variability. And so it turns out that there is nascent evidence to show as the yogi's said 1000 years ago, that if you lead with a left nostril breath, it is more stimulating of the parasympathetic. And if you lead with the right, it's more, is it androgenic? Is that the word the fiery up firing up one? So how would we access this, and everyone loves a bit of alternate nostril breathing. So you're going to make this shape with we're going to make this shape with our hands. And we want to do it together against feel bad. And what we're going to do is close the right nostril, right? Oh, yeah. Right. Yeah, sorry. The right nostril. I have in my defence I had COVID last week. So I'm feeling you know, about a week or so I'm still feeling a bit tight. Yes, so if you're going to use your right hand, you decide which hand works, you're going to use, do this with your nostrils. And we're going to inhale through the left nostril to counter five, inhaling 54321 And then exhaling from the right, five, or three to one, and then inhaling left. And exhaling right. And inhaling left, and you just could continue with, say 10 rounds of that. But if you want to calm the nervous system, you would want to lead with the left nostril. So there are these

practices. So in the morning, you're encouraged to do the right nostril, and then the left nostril is called Moon breathing, because it's the nighttime breath to calm you down. So maybe we talk about that in a bit more detail next time.

**Steven Bruce**

Yeah. We've got a few minutes left if you want to do anything like them the

**Anji Gopal**

last thing Yes, the last thing that I wanted to show you and the answer to the purple bag questions so this is a yoga I bag and it is filled with I don't know some sort of beads or seams or something. And again, the yogi's have used these weighted props to calm the nervous system. Okay. And so this would be perfect if you're lying down, on my back. Yeah, on your back with your knees bent. And so this is in the final relaxation, you would take this iBag is clean, and you would put it over your head and eyes like that. Okay, so is it okay, sorry, I didn't ask your permission. How does it feel? Relaxing? Haha, straightaway. Yeah, relaxing.

**Steven Bruce**

So I got to go out and buy a special purple bag for this or can I just make a bag of stuff you can

**Anji Gopal**

make on rice or something or Yeah, rice or

**Steven Bruce**

wheat is not important. It's just that easy as a weight. Yeah.

**Anji Gopal**

And you know, if you go to a well equipped yoga studio, they will have sandbags of 234 or five kilos. And their practices were you put them on the breastbone, you put them on the abdomen, and you put them here, there and everywhere. I was really interested in this. And you know, I am a curious sort of person. And did you know there's something called the aquilo cardiac reflex, everyone that didn't actually can go and look it up. And it was named, it's got a name for some European scientists in 1908. But it's an ancient yoga tradition. Of course, of course, of course. And it is where you apparently where you put pressure on the eyeball. And it can cause up to 20% reduction in the heart rate. And it's a reflex because it works. It's the trigeminal afferent. And then the vagal efferent. Right. So it is actually a thing

**Steven Bruce**

that is gently at home. It's not a finger tech,

**Anji Gopal**

need to press. And it was it's been it was researched originally, because where people have had eye injuries and then they fade. Yeah, yeah. And so and also in children who sometimes have a sort of a knock to this area, and then they'll have that sort of vasovagal vein or drop or syncope,

**Steven Bruce**

we should put a pulse oximeter on Yeah, we could test for the difference before and



**Anji Gopal**

we'll have to do a study. But so you know, something really simple like this. And these I give away now as gifts to patients that are very stressed. Well, you know, if you have a clinic where you sell things, you could sell it iBag why would you use it? When might it be indicated? You know, somebody has trouble going to sleep? Yeah, that you just say to them, try this, but this have have this iBag on for a few moments before you go to sleep, right. Or even you might have a clinic one and you at the end of your treatment, you invite them to lie like this if you have time for one to three minutes. And actually that treatment embeds in the system before they jump up and rush off and go and check their phone. So that was it. That was the purpose for bringing the iBag. Super. Thank you. Leaving you there. Yeah.

**Steven Bruce**

Man, thank you very much. We'll get you back in at some stage in the future. I'm sure I'm going to test you on all these things to make sure you've been doing them regularly. And exactly as Angie is prescribed.

**Anji Gopal**

Thank you so much. No gymnastics, I promise.

**Steven Bruce**

Well, we go down to our final few minutes here, Angie, one of the questions which occurred to me while we were over, there was several times you mentioned videos, you've made videos for your patients, are they accessible to other people do they have to go make their own videos,

**Anji Gopal**

I, the pate, the videos that I make the patients I tend to if we they have a one to one session, and it's on Zoom, I record it. And they have that and that's their resource figure. That's what they paid to have. I teach live classes, details are on the website. And I don't have a library of classes. To be honest, it's more that there's haven't had time

**Steven Bruce**

to everybody everybody's video is of them doing exercise. It's not a generic video of you with a model like Matt doing.

**Anji Gopal**

Sometimes if it's a particularly complicated or complex case, I do a video I record a video of me teaching for them. But it tends to be a patient specific, quite time intensive, tends to be a pain.

**Steven Bruce**

I really don't want to go into any great depth on this on this particular show. But what hoops to jump through to make sure that they're consenting to having their video taken in a clinic environment.

**Anji Gopal**

I asked them and they we sign off on it. And if it's in the clinic, I'd record it on their phone with their permission and then they take the video home. I don't have it at

**Steven Bruce**

all. Glad you said that. Because I think that's absolutely key is and if you do it on their phone, it's their property they know you can't have it because it's on their phone. So and the key thing about this is that it's not something which is stored in your records. That's where the GDPR or any other

**Anji Gopal**

Yeah, I mean with the Zoom recordings now obviously with Zoom, they have to accept that you're recording them. So that also is part of it and then they still so I've changed my practice now that one day a week I work entirely online, right? So I have two days in the clinic and one day online and that started in the pandemic but it's carried on all the way through and I have clients all the way full from all over Europe and people that I haven't met actually in person who come to do exercise based therapy, the you know, this is where it gives more flexibility for those of us that don't want to spend all the time in a in a clinic room. So

**Steven Bruce**

and from that, presumably we can infer that it's effective. Otherwise, you wouldn't have kept doing it.

**Anji Gopal**

Yeah, absolutely not. So it's working. It's working really, really well.

**Steven Bruce**

Victoria says, she noticed that you teach courses, you offer courses for teaching groups, do you offer any one to ones?

**Anji Gopal**

courses? One to One?

**Steven Bruce**

Yeah. For training practitioners?

**Anji Gopal**

I could do I suppose I could do. But you know, if you if anyone's out there, and they want to do a course, and they have two or three friends, you know, these courses work, really they were started in, in the pandemic online. And they work really well online. And I think one of the good things about learning online is that then you have the skills to offer these, you know, these types of these types of practices in the clinic or online.

**Steven Bruce**

Okay, well, there's 370 people on the other end of that lens at the moment who some of whom, at least, will be interested in doing some training with you, I think, quite a lot of them and imagine, what's the answer for that? Just give me the website.

**Anji Gopal**

So first of all, yep, so the website details, I'm sure we can put up there. But anyone is always welcome to a free first class. I teach yoga focused on finding health and well being I'm not particularly interested in the shapes for the sake of shape. So I have a women's health class, I have a backcare class, I have a strengthening class. So if anyone wants to come along, have a look at the website, send me an email. And you know, you're more than welcome.

Any time. I have the the training course, for manual therapists. I don't have a date scheduled at the moment I had in mind, it would be in the autumn. But if you're interested in that, again, send me an email. And you know, we can put a list together and get that, get that out and about.

**Steven Bruce**

Okay, so let's get back to the specifics of what your treatment does before we finally have to sign off because Simon sent in a question ages and ages ago, saying, What would you recommend for a little old lady who's kind of I think it's kyphotic, it might be Kofu, lordotic.

**Anji Gopal**

Okay, shoulder rolls, even if those shoulder rolls are just lifting and lowering the shoulder? Yeah, shaking the hands to whatever level She's able, yeah, just to get this armpit chest area, open, or even something like winding, right, winding the hands to get the levels. To explore, you might start here, if this is all that's available, and then exploring how that works, maybe the royal walk, yet, for someone of that age, if you can't clasp your hands behind your back, then you take a scarf, and you hold the scarf behind you or you hold your T shirt, whatever clothing you're wearing. And these walks really helpful, especially in that sort of age group of keeping the nerves in the feet and the balance, you know, that's what we want to do. So those sorts of things, just to get going.

**Steven Bruce**

A little, little kyphotic. Ladies, one worries a lot about osteoporosis and so on. Any concerns at all in the exercises that you treat that you've I mean,

**Anji Gopal**

you've seen you've seen those ones, we've done all of them today, they would be they would be really well suited. The main things are not to push not to push beyond the ability, right? It's not about the, you know, how many 10s of these can you do it's Can you just open, feel fun, even the rolling up, if they're able to do that in the limited way, and to start with two or three and then to work and keep working with them. But again, you can't show somebody like that the exercises in two minutes at the end of a treatment and then expect them to be able to do it. You might need to record them a five minute video so they can do it with you and play along at home. Yeah.

**Steven Bruce**

So I've just been told that we've had a huge number of people saying how fantastic the show is, which is of course enormous credit to you. We've had that every time you've been on the show, whether it's been on the Zoom calls or or in the studio itself. I still imagine I'd be one of these that there'll be practitioners out there who will be a little bit worried about using the techniques you've described. So think do I understand how to do it properly? Do I Do I really know what I'm getting out of that exercise? Do I need to do more more training on this?

**Anji Gopal**

So if you are a registered manual therapist and you know you so within the sort of physio, Cairo osteo world rehabilitation exercises are part of your registrate your, you know, your your registration is getting tighter, and remit your remains. Yeah, you're allowed. You're allowed to prescribe rehabilitation exercises. Of course, we need to be competently trained and competently understand what we're doing. But I come back to we're movement specialists, right? We're not just specialists of, you know, how to cavitate a spine or whatever else we learn about those movements and what the ranges are before we He got

to that point in the clinic, tutoring sessions, right? And presumably, you know, lots of people do exercises, what exercises do you already do that you think you could use for your patient? So I would say, you know, we know the body really well start with that. And then of course, if you want to come and learn some yoga, come and learn some yoga, but you know, it could be Pilates, it could be Jeremy could be anything.

**Steven Bruce**

Yeah. I've just been told that there was a little bit of freezing towards the end of the demonstration that we did earlier on. Of course, what we did today will have been recorded, and it will go up in its entirety on the website. And that freezing will not be part of the recording, because all that's being recorded in house. So if you did miss out on part of these exercises, then give us a little while to get the recording up, because it has to be edited first, and then it goes up. But you will be able to recap on that. And of course, we're definitely going to get Angie and again so that we can ask her again to demonstrate some of her exercises. So yeah, that kind of brings us to the end. Angie, it's been really great to have you back in again. Thank you for sharing.

**Anji Gopal**

Thank you for having me.

**Steven Bruce**

You're making the trip up here as well, because it's so nice to get you in the studio is so much better than being on the end of a team's or a zoom call.

**Anji Gopal**

Yeah, absolutely. So two things come and see them on Wednesday, because it's really, it's fantastic. And number two, I always forget to do this. But if you are on social media follow me on so bad Instagram would be not so people followed there. And I do post exercises from time to time as well. So thank you for letting me do that plug. And thank you for having me. It's always fun.

**Steven Bruce**

You know, we've always make the point we're not selling on this show at all. But when people come on here, and they've got an expertise, if you're watching you enjoy this, then people should follow you. They should go and see what you're doing and benefit from all that stuff that you check out on social media.

**Anji Gopal**

Thank you also to Matt, thank you so much for being game for a laugh, whatever the phrase is, because that was great. Thank you.

**Steven Bruce**

Yeah. So that brings us to the end of the show

DRAFT TRANSCRIPT