



Models of Health - Ref224

with Anji Gopal

6th April 2022

TRANSCRIPT

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Steven Bruce

Great to have you with us as always, I am joined in the studio by Anji Gopal. Now, if you've been one of our longterm members, then you will have seen Anji 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 are watching, it was so helpful. We've had Anji talking about what you can use yoga for, yoga-based practices for now in treating your patients. But we're going to 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, physiotherapist, and which will enhance the outcomes for our patients. Why have I got Anji here? Well, Anji is a very well-established yoga instructor. She's a teacher and an educator. She teaches at the largest European School of of yoga, the Try Yoga School, I believe it's called Anji. And yeah, so she's got a lot to share. And she's great at sharing that information. I said, 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. And a yoga educator or trainer teaches other yoga teachers. So I do both.

Steven Bruce

You do know your stuff. I think we've established that anyway. It's been a while; I don't know when he first came on the show. But you were in the studio first of all, then I think we did a couple of with you online. 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, congratulations, it's absolutely amazing. But it's like being on the proper TV. It's really very, very impressive indeed. So well done to you guys.

Steven Bruce

That's a greater incentive. If you're around next Wednesday, we've got the APM housewarming party, we've still got spaces for our studio audience to come in and join in the CPD live in the studio and then joining the party afterwards. More of that later. Anji, back to you.

Anji Gopal

So that wasn't primed either. But we got that 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 clinic. So trained probably 30 plus osteopaths, 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 are simply to use yoga-based techniques?

Anji Gopal

No, 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 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 back care, so recognising that as we all know, back pain is a huge issue. And we're getting GPs quite often or muscular skeletal therapists saying to their patients, go and try some yoga. I've heard you know, yoga is good for the back.

Steven Bruce

You actually have a clinic in an NHS hospital, don't you? Is it the only one in the country?

Anji Gopal

I think so, as far as I know, I work with patients with persistent low back pain in the hospital in London, and I've been running a yoga-based 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

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

Anji Gopal

There was in the first iteration of the NICE guidelines NG 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, doing for some time now, I'd like to 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 your 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 have seen me before, know that I really like evidence-based practice or evidence informed practice, wherever I can. 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 there've been researchers researching in the UK, the States, India, Russia, even, we were just talking about that 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

Something has 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 on these things.

Anji Gopal

Yeah, 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.

Steven Bruce

Or in hot rooms bouncing up and down.

Anji Gopal

In hot rooms. Yeah, not so much of that anymore. But yeah, that still goes on as well. So Yin is 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're 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 back care is not just lying around, because there's a lot of the body of yoga work that is about strengthening and stretching. And as we all know, our patients with back pain, need a whole, you know, different range of things to help them.

Steven Bruce

And I suppose for the benefit of what we're doing this evening, for 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, 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 skills to improve outcomes.

Anji Gopal

Yeah, and remember that, you know, we are as muscular 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 is concerned, passive techniques, i.e. 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 seems to me that 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. And there was no overlap, it seemed in my mind, but actually, 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 outcome, isn't it?

Anji Gopal

Yeah, very 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 I was working, I had really started to develop an interest, a 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, moving them around, me moving them around actually has limited value. Yeah, because we're looking at changes in the nervous system, changes in behaviours, etc, etc. So them 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 is nice, what I've always thought is nice about getting you on the 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. And you don't come here to say when it's all woo and lovely. You're here to say, well, this is what the research, the evidence shows us about how Yoga works. So tell us again, because 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 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 yogis 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 Yogas Chitta Vritti Nirodha, which I don't expect you to remember. 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, that's the first definition, right? That's the 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 with 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 practising breathing in and out through one nostril standing on one leg, more of that later, ask me about that. And, you know, working out what these different practices did for the nervous system. They made some pretty dramatic claims. They said 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, the mechanisms of how some of those work.

Steven Bruce

Which is fascinating, because, personally, I never believed 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 or scientific basis.

Anji Gopal

Yeah. So, 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, 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 40, 50 years science has 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 some of them? So I've mentioned this before, but the biggest, the initial sort of study into yoga was in 1972, I think. The year I was born, in a London cardiac hospital, cardiovascular hospital, and it was cardiovascular doctors, looking at what would happen if they taught their patients who had had, who had hypertension, how to breathe in and breathe out at the same rate, okay, which is considered to be a really key core practice of yoga breathing. And what they found is that it reduced hypertension, and it 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 at what chiropractors and osteopaths do, it 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 on that front. I'm going to use terms which only vaguely understand, the power of that study, do you know how many people were in the RCT in 1972?

Anji Gopal

I'd have to go back and look at it, I would have known a few years ago.

Steven Bruce

At least it sparked some interest.

Anji Gopal

It sparked interest and, you know, so we've had respiratory consultants looking at breathing based practices, we've had orthopedists looking at movement-based practices, there are studies looking at osteoporosis and patients having a 12-week intervention of doing certain yoga postures and measuring Dexas pre and post. So you know, and really probably the biggest area where there's been research has been in mental health, so the breathing based practices that you can say they come from yoga, or they

come from Buddhism, which spark mindfulness, in a way doesn't matter, right, it's a universal thing. But looking at those breathing based practices, and the impact on sleep, on depression, on anxiety, on how people deal with pain or medication use. And so you know, these things are there.

Steven Bruce

Sometimes those labels put people off, I think, if someone were to say to a patient, I got a Buddhist technique I'm going to use on you, they might immediately close down. I particularly dislike that 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. Don't use that word.

Anji Gopal

It's probably been overused a bit. But if you think you know, the reason probably that the chaps that, you know, sort of started using mindfulness in a healthy environment was to take that religious aspect out of it. To take away that idea that people were going to have to do something religious, that would spook them.

Steven Bruce

Do you find that with yoga? 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.

Anji Gopal

So I 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 quite often I do similar things.

Steven Bruce

Simon sent in a question. Simon 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 traditional osteopathy, if you like, hands on passive treatment, and the patients that I work with now I'm very, touchwood, wherever the woods with is, 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 get you functioning back at the level that you want to, and in my experience, it's what works. And particularly for more complex cases, me rubbing 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, yeah, indeed. Indeed. Victoria, I just want to turn to you for a second, you've sent in a lovely comment saying how much you're enjoying what Anji is saying. But you've said that you're already looking

at Anji's back care course, well pay attention, look at us not Anji's back care course. Thank you for that, Victoria, that's very kind of you. So are you going to share with us a sort of 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 always had an interest in the more complex patient, 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, 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've become more and more interested 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 it's someone who's suffering, right. And that's a very yogic word because the Hindus and the Buddhists and the yogis start from these sorts of points that actually 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 ways, 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, cost of living crises, and a war and all these other factors that are coming around, is actually more of a, I don't want to say 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 influence it.

Steven Bruce

I think I share that sort of concern. I remember when I went, I didn't go through the BSL, I was at the College of Osteopaths, 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 know we're going through this well actually, you're teaching me how to manipulate a neck or thoracic, 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 to make it genuinely holistic.

Anji Gopal

And I do wonder, I know that there are other osteopaths out there who do work in a more truly holistic, I don't like the word holistic, you don't like mindfulness, but truly holistic way to look at and feel that the 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 chamber, isn't it? Because it now means nothing because everyone who does osteopathy, chiropractics, massage, everyone, but it's so many. So 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 having her treatments plus doing vinyasa and Hatha Yoga, I'm 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.

Anji Gopal

Yeah, great.

Steven Bruce

What's the difference between vinyasa and hatha yoga?

Anji Gopal

Vinyasa is a flowing based practice. So it's more aerobic, you sort of continually move all the way through, hatha 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 how we work, 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.

Anji Gopal

You know what, all movement is universal, it doesn't matter. 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 similar that he's seen on YouTube called functional movement. All these movements are universal. I think we're really good as humans at sort of labelling things. And I come back to, 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? I mean, the first thing that occurs to me is the perennial question, which is, how on earth do you actually get patients to do stuff for themselves after they leave the treatment. And it comes back to that question that Simon asked, how do we create in them the incentive, not just the mindset that they are in charge of their recovery?

Anji Gopal

Well, I suppose I've moved to a different model. And I know a few of the students who have done the yoga for manual therapists training with me are also doing this now of actually offering separate treatment sessions and separate exercise sessions. Yeah. Because I've 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 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 does, that's for sure.

Anji Gopal

But if we can show them 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 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 keep coming back every time they hurt themselves. I suppose I get a bit bored. And you know me, I get bored quite easily so I'm always doing something new.

Steven Bruce

This comment took me by surprise, I must say, it's come from someone who's been labelled, I imagine 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 a robot mop. And you're allowed to give them names on the app and the robot vacuum cleaner is called Bertie and the other one is called Muppet. So as far as I can tell my robot mop is sending me a comment here. Anyway, Muppet says, if we look at the origins of osteopathy, where it's still talked about finding the health and then the osteopath who is looking at helping a patient find their health rather than trying to be the fixer is probably working more in keeping with their roots. That didn't flow to everyone I suspect.

Anji Gopal

No, but I understand, and I think that's where, perhaps I feel, as someone who didn't qualify that long ago as an osteopath, that that search for spiritual wellbeing, if we want to call it that, there's a wider thing in the patient was not in my osteopathic language. But I was a yoga teacher before I was an osteopath. So it was easy for me to flow back 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-socio-spiritual, right? Because really, you could say that we're only content and not suffering when we have meaning or purpose as humans? And is that a spiritual meaning, could be, but you know, and understand who 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 level, isn't it, 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 saying this. Are you seeing a lot of it in your patients and perhaps your colleagues as well, that they're being distracted by whether it's a real possibility or not, the threat of war across Europe, the threat of planetary destruction, the threat of economic meltdown in our own countries.

Anji Gopal

Invariably, it's going to, isn't it?

Steven Bruce

I'm not trying to engender that.

Anji Gopal

Everyone's going to be really, really happy now at home.

Steven Bruce

There'll be someone in sending me requests for that link to where they can get robot vacuum cleaners.

Anji Gopal

We interact, this is not yoga, we interact with the universe and with the world, don't we, 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 in the last two years.

Steven Bruce

You've been seeing what's going on in our gallery with Justin, there's lots of chaos in there.

Anji Gopal

My roof blew off in the storms, you know, there's always something going on, there re 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 there's stuff, as you say, going on at planetary, international levels, 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 how are we going 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 Koshas. The Pancha Koshas, five Koshas and ayurveda is the Indian life science. So ayur is life and veda is science or study. And this is a model that the ayurvedic, and I think you've had ayurvedic physicians or practitioners maybe on before a while ago?

Steven Bruce

Long ago I think we did, yeah.

Anji Gopal

They use or the yogis use it too, because yoga is part of ayurveda or very linked to ayurveda. And this is the yoga that, as I said, again, is more deeply rooted in study, rather than just wearing lycra and doing moves in the gym. The point of yoga is to calm the nervous system. And the Koshas are five sheaths, I don't even know how you say that, or five layers that are considered to surround the spirit or the soul or the atman or the, whatever you call that seed of life. Cranial osteopaths will think of it as some sort of spark of life. Right? That's a book, isn't it? I think it was 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 Pranamaya Kosha, the energetic body. Okay, the boundary of that with the physical is the breath. Bear with me, I can see you.

Steven Bruce

No no, I was just thinking that Pranamaya is something I've heard of a lot more than any of the other names I can see on the slide.

Anji Gopal

Pranayama is what you've heard of. Pranayama is vitality or the life force, you might think of it as chi. Cranial osteopaths will think of it as vitality or the energetic sort of feeling of the quality of the person. 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, it's definitely not your physical body. It's not your energetic body either. Then we have something called the higher mind, Vignamaya Kosha, the intellect or wisdom, and then bliss, the idea that there is bliss and joy around all of us. You can think of it as a ready-brek kid glow. Or you can think of it you know, as being inward, a seed inward.

Steven Bruce

Can you still get ready-brek.

Anji Gopal

I don't know, it was disgusting. I really don't like ready brek.

Steven Bruce

Most of the people watching I have no idea what we're talking about, they won't remember those nuclear adverts of the kids with 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 osteopath, or 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, I'm 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. I could deal with these preoccupations that are keeping me wired, for example. And so this is one way of just of how now I start to look more in a holistic way.

Steven Bruce

That's interesting. I have another question for you. But I'm gonna test you first, guess who this question is from.

Anji Gopal

Does it start with an R?

Steven Bruce

It's Robin, yes.

Anji Gopal

Hey, Robin.

Steven Bruce

Robin, good evening.

Anji Gopal

Hello.

Steven Bruce

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 said it's 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 that if he gives them something to do that they have to focus on but calms them down. It's really, really helpful. And the answer that we're saying, hi, Anji.

Anji Gopal

Hi Robin, we knew you'd be watching.

Steven Bruce

The answer will come back in in a minute. But yoga and barefoot shoes is much better than yoga without.

Anji Gopal

Who knows. 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 people.

Steven Bruce

Could you speak to some Russians? I mean, retreat should be in their vocabulary. I think, sorry. We're getting off topic we were discussing before we went on.

Anji Gopal

To a yoga retreat, and I had a group of 20 50 year-olds plus. So that's the sort of age group that I teach. And one of the things to think about in these physical methods is, actually question, can you change an emotional state by doing a physical practice? Yeah. And so here we have, you know, we are 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, 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 always have been considered to have different effects. Yeah, a calming posture would have the head down, or the legs up here, right. So lying like this is going to calm that nervous system. And then if you go to the next slide, and this is quite, 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, you 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 prana. And we'll look at some of that when we go and do practice. Thank you.

Steven Bruce

Well, that slide is up on the screen there, 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, but you'll talk us through some other things. What is the back care 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 and trainings, and Finding Health is my clinic business.

Steven Bruce

We got a comment here from Sue which foxes me slightly because it says Mctimoney chiropractors eat your heart out. This is right up our street. And it sounds very critical of Mctimoney chiropractors, but I got a feeling Sue is a Mctimoney chiropractor and she is saying this is great stuff because it's what they do.

Anji Gopal

So I've done a presentation actually to the Mctimoney chiropractors, sometime last year, I was to a group of their students, so Sue, you're welcome to get in touch with me and say, hi, I'm from Abingdon, actually as well, which is where they are. Yeah, that's where I grew up. So, yeah, and it fits really well. So we'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, I mean, you can't go yet, because I just want to get through a couple of questions I've got on my list here. One from Lee. Lee says, this is the three pillars of osteopathy laid down by Little John mind, body, spirit, and I remember being told that when I was under training, I didn't think we addressed it particularly well. Lee says, 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 as taught in osteopathy. And yeah, 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 here it says, I don't who said this, looks like Anji is turning her patients into shelf holders in those photographs, great idea to make patients do something useful in the clinic.

Anji Gopal

Into what?

Steven Bruce

Shelf holders. Yeah, I'm not sure our patients would respond well to being called shelf 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. And you know, please get a guest on to talk to us about how we address the spirit in osteopathy.

Steven Bruce

Yeah, well, we always call it, I think it was called the three-legged stool. It was biological, chemical and psychological, the three aspects and they're the same aspects however you label them.

Anji Gopal

But you know, we, in the yoga world, I guess we don't shy away from talking about the spiritual and really peeling those layers and understanding and so even with my patients, I ask them, what was going on? Why are you here? And it's rarely 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 the worst, I'm worst, is trying to go beyond the physical. It's about looking into the psychological aspects. I don't like asking those questions. It sounds intrusive. It sounds as though I'm straying outside my area of competence.

Anji Gopal

At the same time, I'm really open with my patients. I'm not a psychotherapist and I quite often will insist on. So yes, I'm a yoga teacher and I love the flying upside down stuff. But you know, if a patient comes in and it appears that there's a mental health sort of element to their presentation, I administer the pH nine as quick as you like, and send them on, you know, or insist that they get help to deal with that alongside whatever we're doing.

Steven Bruce

Gadden pH nine?

Anji Gopal

They're the depression and anxiety questionnaires used in NHS.

Steven Bruce

Thank you. We're going to move on in a second. You said when we started, let's do 20 minutes over there. Let's do 20 minutes practically, we'll come back for some more. And here we are. We're well into this. But I just wanted to say this that Claire has sent in and Claire is 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, they're even talking about whether Still and Parma were actually yogis and so on.

Anji Gopal

Well, so it's interesting because I spent some time studying with Sue Turner. Because I graduated as a mature osteopath or sort of went into osteopathy as a mature student, I suppose I feel the pressure quite acutely that I 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 there to learn and I've spent time talking to Sue about, because the language that Still has in some of his texts, and some of those older founding osteopaths is quite yogic. I was interested in whether there had been any crossover of the ideas because at those sorts of times, the sort of British Empire people were bringing over some of these yogic ideas that they'd seen with these sort of, you know, like I say, yogis in loincloths up mountains, and bringing them in and translating, it was around that time that some of these texts were first translated into English, and was sort of shared and they brought yogis and fakirs 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, were being sort of switched and shared at that time. But I haven't got any evidence to show 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.

Anji Gopal

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, you're going to have to pretend, do some roleplay, if that's all right, and just go through some of the practices that I've done with these patients. And how the body feels and how the mind, the emotional state also feels, if that's okay. Do you have any aches and pains first of all? Have you ever done any yoga before?

Matt

Once, years and years ago.

Anji Gopal

Don't worry, nothing acrobatic.

Steven Bruce

Why did you stop?

Matt

It was just a taster class.

Anji Gopal

You never went back again. We'll try and get you more interested. So the first patient is one from my NHS clinic. And he is, we'll call him Bob. And he's sort of in his early 60s or late 50s, early 60s, and he spent many, many years working at a desk and as a writer. And about 20 years ago, he had an accident and he hurt his lower 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, what I saw and it's a group class so we've got lots of different people and some people are walking with crutches and you know, it's a really, really mixed and diverse group, is really noticed on day one that actually he just walks like this. Really head forward, anterior head position and I don't know if you want to do it and you too, 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 sit, but you know, if you just drop your head down, how do you feel?

Matt

Uncomfortable?

Anji Gopal

Yeah. What mental state or emotional state might be associated with it?

Matt

Quite sad or down.

Anji Gopal

Yeah, sad and down.

Steven Bruce

The contrast isn't there if you stand like that and I get that feeling, I don't know about you, you come out of the gym and you feel upright, and you feel more alive and you feel more happy, I think

Anji Gopal

Well, vital, right, energetically, there's something different. So this, we've got this gentleman and he walks around like this all the time, very tall. He's got, you know, if you just walk around for me like that and tell me what feels strain. We know, as manual therapists that there's tightness in the thoracic spine, these pec muscles are 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 low back 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, were, 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, are you comfy sitting there?

Matt

Yeah.

Anji Gopal

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, 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, have 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, ah, actually, I can look, you know, maybe 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 that 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 hunch just that exercise we've just done before. What does it feel like to be like that? And they'll go, oh, well, 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. And one of his sort of prescriptions for low mood was to open the armpit chest. Yeah. And I don't know if anyone, you might remember this book. It's by Kelemen, Stanley Kelemen. So it's 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 slumped position. I've got two teenage boys and they walk around like this, right? So 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 to if you walk around. 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 Prince Philip, before he passed away, could manage a whole day's 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? And then just, now walk around for me, go for a little walk, am I in the right place? Tell me if I wander off.

Steven Bruce

We'll look after you with the cameras, don't worry.

Anji Gopal

So you know, all of a sudden we've got a more upright posture. Where are your eyes now compared to where they were when you were slumping?

Anji Gopal

You can see straight ahead.

Matt

More upright, looking straight ahead.

Anji Gopal

And so now you can start to see the world. And so I've been working with this chap, so we've got the shoulder roll 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 are these walks. 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 have a go. So probably works better if we took her shoes off, slip your shoes off. And please do it at home as well. And it's to heel toe. Yeah. And number one, we start to notice that we have to look down at our feet for some reason, we shouldn't have to because we know there's no...

Steven Bruce

You're going to stop him doing, aren't you?

Anji Gopal

I'm going 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 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? Keep going.

Matt

Yeah, yeah.

Anji Gopal

So you've got nothing wrong with 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're working into the glutes. 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. So all of a sudden, you've got a whole lower body and upper body exercise, and something fun.

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. Some patients will need to do it, you know, will want to 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 a lot 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 tall, go for a little walk. And then if we're, and just to finish on that, sorry, I'm being bossy, 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 pain in their legs or whatever, you know, if you could even do backwards, right, walking backwards, toe to heel. Yeah, go for it. You know, what are we doing? We're repatterning the nerves to the feet. Is it easy?

Matt

Yes, feels okay.

Anji Gopal

Yeah. Does it feel the same in both legs?

Matt

Yeah.

Steven Bruce

We should have given him some back problems.

Anji Gopal

We should have done, really. So yeah. So all of a sudden now we've got this. So now I've got my gentleman in my class 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 straighter, don't get me wrong, it's still hard, his head and neck after 20 years of walking around like this 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 the time. 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 I would have thought.

Anji Gopal

Absolutely. So there's more coming, because a couple of weeks ago, and you know, he's 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. He's quite stiff. And so 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, you're going to do a bit of Usain Bolt. 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 all dealing with all the time, but it's literally set on a battlefield with archers and bows and horses and people killing each other. And so I said, okay, come on then, we're going to do some archery. If you don't mind standing up and joining me, it's okay. So drawing one back, yeah, and then drawing the other back. And then again, you can do it. 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. And we've got some rhomboid action. And you know, the upper cross pattern or that anterior head pattern, not only is it the pecs that are tight, but it's weak rhomboids. 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. So now I've got my chap making eye contact, doing this. And I said oh, last week, I said, okay, the week before I went to Spain, I said, right, what are you shooting arrows at? 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 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, he's done his practice assiduously week in week out from the videos that I made.

Steven Bruce

That makes him quite unusual.

Anji Gopal

When people connect to something, and they understand that it's making a difference then 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?

Steven Bruce

When 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 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? Because you were looking straight ahead as well, you weren't looking along the line.

Anji Gopal

I would start by just, can you just work the exercise, 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. You might have seen this before, where you put one hand in the middle of the table, and then you draw the other hand up and take it up. And then you slide the other hand in and through. And so this is a thoracic rotate. Have you seen this before? Yeah. And it's just more fun to do it thinking that you're sending, you know, and you can do this with weight. You can do this weighted as well. But actually, when you go, 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, is the pecs to draw back and the rhomboids to be more strong.

Steven Bruce

Simon sent in a comment 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. So all of a sudden we've got, this is just one example. 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. It's a big deal to do that.

Steven Bruce

I've been itching to know what's in that little purple bag, are going to find out?

Anji Gopal

Yeah we are, don't worry.

Steven Bruce

Excellent.

Anji Gopal

It's just beads or seeds or something. It's called lavender. But it's well, 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 care. 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, Anji.

Anji Gopal

Oh, good. Thank you. One last 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 viewers before, is just a full spinal movement. Okay, and just this idea, it's easiest if I show you then I'll talk you through. There's just this idea of rolling down and then rolling up and having a full stretch. Okay, so and really, I've found that most patients can 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 exhaling, bend your knees, bend your knees really deeply, and just dive down and touch the ground. Yeah. And then inhale and roll up again.

Steven Bruce

So often I would have thought keeping the knees as straight as possible to stretch the hamstrings 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, because you're trying to mobilise the lumbar spine you said.

Anji Gopal

Well, 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 and a fluid movement inhale 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, press down, bend your knees enough to get your hands flat, press, good. Inhale, stretch up. Yeah, we're stretching that if you're thinking of anatomy training, like fascial things, we're stretching the whole front line. And then if we've pressed down, we're building strength in the abs as well.

Steven Bruce

And this is another kettle boiling exercise.

Anji Gopal

Yeah, if you're thinking of, if you work with professional patients, you know, 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 rolled down. And so it's useful for people that are working, and 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 as you said earlier on, if you say to patients, when every time you make a cup of tea or coffee, while the kettle is 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 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 while you're cleaning your teeth. Yeah, so you're going to get a good couple of minutes of stretching your hamstrings or your calves rather than the usual couple of seconds that we give them.

Anji Gopal

So just the rolling down, and then the rolling up. And then if you wanted to do it as a cardiovascular exercise, you can really roll down, you can press and then you could even jump. And so I've got 80 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 clinical practice. But, you know, what am I asking for? What am I gunning for? Yeah, or, you know, just feel like lifting that energy. Yeah. So 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 going to do that here. Whoever is on duty for making coffee and tea is going to have to do these exercises.

Anji Gopal

Okay, 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 back care things. 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, inside the boundary of pain, so totally a pain free range. And I guess some of the most common things that I teach in the yoga for back care 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 like the full point, not quite that far. So underneath your hips, that's it, and then imagine there's a pencil in your belly button, and then just draw a circle on the floor. So circling forward, and circling back. Yeah. Pick a direction. Let's go that way. Yeah. Now, 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, mobilising the shoulders, and just getting them not scared about moving. 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.

Steven Bruce

I'm doing it now as I'm standing.

Anji Gopal

Everyone at home as well. It's rolling round. 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 space here?

Matt

I could probably do a bit more.

Steven Bruce

Show us your moves, come on, Matt.

Anji Gopal

Thank you. And then going the other way. And we might notice that one way is really difficult. And one way is 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?

Matt

I feel a lot in my core.

Anji Gopal

Yeah. In a good way.

Matt

Yeah. Is that back far enough?

Anji Gopal

What does it feel like? How far back do you want to go?

Matt

Probably that far.

Anji Gopal

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 it in bed. 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 plinth, can I show everyone some breathing things?

Matt

Of course.

Anji Gopal

So the breathing is where you start really to have fun with the prana, or the energy. And that pranamaya kosha. Do you remember the energetic level that then lies next to the emotional body. So these breathing techniques, and I think, I don't know...

Steven Bruce

I remember that one because I got the name wrong. I called it pranayama.

Anji Gopal

Pranayama is breath control. And pranamaya is the kosha, but it's the energetic one. Okay. So we've got techniques that fire things up, and there are 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, I'm going to come do it next to Matt, because I feel a bit bad.

Steven Bruce

I'm very happy for both of you to be silly.

Anji Gopal

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. It's probably not very COVID safe. That's certainly true.

Steven Bruce

It's only the cameraman, who's going to get the benefits of it. I hope we're going to get a still of this.

Anji Gopal

It's called a lion breath, right. So we're going to rawr, 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 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 aimed 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, good. Inhale, come back up. And you can keep doing it. And then if you wanted to, add the brain function in, you're supposed to look here at your third eye as you do it.

Steven Bruce

I'm going cross-eyed.

Anji Gopal

So hopefully, everyone is having fun. So you can certainly feel though, if you do that, that we're opening the chest, could you feel that?

Matt

Yeah.

Anji Gopal

You'd have to do, you don't need to do those sort of 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 had someone who was quite static, and maybe even someone who, you know, didn't breathe well, these are practices to up the energy in the breath. Okay, so they're the lifting types of ones. More commonly, I suppose I use the calming ones, right? Because people are coming in at the moment, and they're stressed. Everyone will remember because everyone that's done a course with me or seen anything is the ha breath. So you inhale through your nostril, and exhale with a ha. Do it a few times. Inhale through your nostrils. Exhale, ha. I hope everyone's doing it at home. Don't close your eyes if you've got low blood pressure. You mentioned someone fainted once.

Steven Bruce

Did I?

Anji Gopal

Yeah.

Steven Bruce

I think it might have been one of our questions, one of our audience.

Anji Gopal

Yeah, so just keep the eyes open. Notice with the ha breath, we're relaxing the jaw. Yeah, 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 here, which is that mediator of the calming sorts of feelings. So just the ha breath, which I know Robin does all the time.

Steven Bruce

Speaking of whom.

Anji Gopal

Yeah, Robin, we need your comment.

Steven Bruce

Robin, he starts off by I think he says, om, he says he's treating a patient. Thank you, Robin, of course, for your intelligent input there. He's treating a patient who has just been diagnosed with an anterolisthesis, it's stable, and she's still playing golf until recently, has been playing golf until recently. Would he need any adaptations to 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. And as an osteopath, as an amazing osteopath, as Robin is, connected to the ground and with his amazing hands to have your hands on the patient while they move. So you can actually feel and you can keep patterning that feedback with them. You know, can you feel that, that 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? 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, they've always talked in 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? That 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 skeptical.

Anji Gopal

Yeah, me too. And I'm a real sceptic. Those that know me, I don't fall for anything very easily. So traditionally, the texts have talked 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 is some research, 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 yogis 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 androgenic. Is that the word? The firing up one. So how would we access this? And everyone loves a bit of alternate nostril breathing. So we're going to make this shape with our hands. And we're going to do it together against, cause I feel bad. And what we're going to do is close the right nostril. Oh, yeah. Yeah. Sorry. The right nostril with that right. Production. I had in my defense I had COVID last week. So I'm feeling you know, about a week or so, I'm still feeling a bit tired. Yes, so if you're going to use your right hand,

you decide which hand works, you're going to do this with your nostrils. And we're going to inhale through the left nostril to a count of five, inhaling, 5,4,3,2,1. And then exhaling from the right, 5,4,3,2,1 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 are encouraged to do the right nostril and then the left nostril, it's called moon breathing because it's the night time breath to calm you down, so maybe we talk about that in a bit more detail next time.

Steven Bruce

We've got a few minutes left if you want to do anything...

Anji Gopal

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

Matt

Relaxing.

Anji Gopal

Uh, huh. Straight away. Yeah, relaxing.

Steven Bruce

Now I gotta go out and buy a special purple bag for this or can I just make a bag and stuff it with millet?

Anji Gopal

You can make one and fill it with rice or something? Rice or millet.

Steven Bruce

The weight is not important. It's just that it is a weight.

Anji Gopal

Yeah. And you know, if you go to a well-equipped yoga studio, they will have sandbags of 2,3,4 or five kilos. And there are practices where you put them on the breastbone, you put them on the abdomen, 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 oculo cardiac reflex?

Steven Bruce

I've never heard of that, you made that up.

Anji Gopal

I didn't, actually, you can go and look it up. And it was named, it's got a name for some European scientist in 1908. But it's an ancient yoga tradition, of course. And it is 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.

Steven Bruce

Right.

Anji Gopal

So it is actually a thing.

Steven Bruce

Do this gently at home.

Anji Gopal

And it was researched originally, because where people have had eye injuries, and then they faint. And so also in children who sometimes have a sort of a knock to this area, and then they'll have that sort of vaso vagal faint or drop or syncope.

Steven Bruce

We should put a pulse oximeter on it and we could test what the difference is before and after.

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. Or if you have a clinic where you sell things, you could sell an eye bag. Why would you use it? Or when might it be indicated, you know, somebody has trouble going to sleep. Yeah, that you just say to them, try this, have this eye bag 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, two, 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 eye bag.

Steven Bruce

Super.

Anji Gopal

Thank you, are we leaving you there?

Steven Bruce

Matt, thank you very much.

Matt

No problem.

Steven Bruce

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 Anji has prescribed.

Anji Gopal

Thank you so much. No gymnastics, I promise.

Steven Bruce

And 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? Or do they have to go make their own videos?

Anji Gopal

The videos that I make, the patients I tend to if we have a one-to-one session, and it's on Zoom, I record it and they have that and that's their resource. I figure that's what they've 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 I haven't had time.

Steven Bruce

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

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 patient specific, it's quite time intensive.

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 ask them and 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 all.

Steven Bruce

Glad you said that. Because I think that's absolutely key, isn't it? 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 all of this is that it's not something which is stored in your records.

Anji Gopal

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.

Steven Bruce

Do you do a lot through Zoom still?

Anji Gopal

So I've changed my practice now that one day a week, I work entirely online. 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 from all over Europe and people that I haven't met, actually in person who come to do exercise-based therapy. So 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.

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. 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. Training practitioners.

Anji Gopal

I could do, I suppose. But you know, 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 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 types of practices in your 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 it I imagine, what's the answer for that, just give them 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 shapes. 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 anytime. I have 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, I think it's kyphotic, it might be kypho 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, just to get this armpit chest area open, or even something like winding the hands.

Steven Bruce

Winding at different levels?

Anji Gopal

Yeah, to explore, you might start here if this is all that's available, and then exploring how that works. Maybe the royal walk, yeah, 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 or 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

Little old kyphotic ladies, one worries a lot about osteoporosis and so on and any concerns at all in the exercises that you treat?

Anji Gopal

I mean, you've seen those ones we've done all of them today, they would be really well suited. The main things are not to push beyond the ability. It's not about the, you know, how many 10s of these can you do? It's, can you just open, 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 could do it with you and play along at home.

Steven Bruce

Yeah. 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 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, cause I think, do I understand how to do it properly? Do I really know what I'm getting out of that exercise? Do I need to do more training on this?

Anji Gopal

So if you are a registered manual therapist and you know, within the sort of physio, chiro, osteo world, rehabilitation exercises are part of your registration, your remit. You are 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. 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 got to that point in the clinic tutoring sessions. And presumably, what exercises do you already do that you think you could use for your patients? So I would say, 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 gym, it could be anything.

Steven Bruce

Yeah. So, yeah, that kind of brings us to the end, Anji, it's been really great to have you back in again. Thank you for sharing.

Anji Gopal

Fantastic. Thank you for having me.

Steven Bruce

And thank you for making the trip back up here as well, because it's so nice to get you in the studio, it's so much better than being on the end of a teams or a Zoom call.

Anji Gopal

Yeah, absolutely.