Yoga and the Eyes

Compiled by: Trisha Lamb
Last Revised: April 27, 2006

© International Association of Yoga Therapists (IAYT) 2005

International Association of Yoga Therapists
P.O. Box 2513 • Prescott • AZ 86302 • Phone: 928-541-0004
E-mail: mail@iayt.org • URL: www.iayt.org

The contents of this bibliography do not provide medical advice and should not be so interpreted. Before beginning any exercise program, see your physician for clearance.
“Jaques Lusseyrans went blind at the age of seven and discovered the true lights of the world. He notes: ‘All of us, whether we are blind or not, are terribly greedy. We want things only for ourselves. Even without realizing it, we want the universe to be like us and give us all the room in it.’ He is surely describing the unbridled hegemonic ambition of the self that the eyes so readily come to serve. He adds: ‘But a blind child learns very quickly that this cannot be. He has to learn it, for every time that he forgets that he is not alone in the world he strikes against an object, hurts himself and is called to order. But each time he remembers he is rewarded, for everything comes his way.’

“With eyes rested [in meditation] and half veiled by the eyelids, and with focus softened to meet the edgeless nature of the breath, another sight opens—a more whole and healing sight, that lets things join us in a gesture of unknowing respect. We are called to another, deeper order. Unknowing is respect; respect is, literally, looking again, that stance of preparedness. And it lets everything come our way. A less intellectualizing, more open curiosity and wonder arise in that semidarkness. Eyes veiled, we can settle more into patient waiting and listening and watching. And in that humble stance, time takes on a roundness—the shape of the seasons, the shape of the Earth, the true shape of one breath-mind of awareness.

“Unknowing is a vivid and lucid darkness: we begin to discover the shapes of sounds as they grow more nameless and beyond explanation; we are each shape that passes through us, and each shape is indescribable and overlapped by all the other shapes in the world, which become light and dark and color and texture and gratitude—an eloquence beyond words that softly tears our soul. (We can only cry and laugh.)

“And the darkness deepens, finally, if only we can keep on walking to embrace all that it contains and all that it seems bereft of, into an ultimate blindness that heals all difference, frees all beings, dissolves all boundaries, forgives all sins, and sees—at least for that unrestricted, timeless moment—forever. It is called insight, that blinding vision. It is the surest, clearest eye in the universe, and can even speak through the mouth (though every single thing already speaks its complete clarity). Its opening is the dawn of a fortunate day. Even on an unclear day, it sees forever.”

—Susan Murphy, Inquiring Mind, Fall 2003


A group of visually handicapped . . . attended an intensive programme at The Yoga Institute. Yoga and Total Health, May 2001, p. 3.

“The National Association for the Blind [India] have been sending students with partial sight for the one month teachers training programme [at] The Yoga Institute . . . the visually handicapped suffer from frustration and through Yoga there is acceptance and through confidence building measures there is improvement.”


Bhajan, Yogi. Cataracts; Eye pain; Eyesight, to improve. In Alice Clagett and Elandra Kirsten Meredith, eds., *Yoga for Health and Healing: From the Teachings of Yogi Bhajan, Ph.D.* Santa Monica, Calif.: Alice B. Clagett, 1994, p. 58; 66; 67, 96 (see tennis elbow).


The following titles by Swami Vivekananda are available in Braille in Spanish:
Bhakti Yoga
Karma Yoga
Raja Yoga: Filosofía Yoga
Miscelánea teosófica


“I have been teaching Yoga for about a year to a student here in California who is blind. What I found most helpful in both understanding the challenges of balance without the advantage of visual grounding points as well as orientation on the mat was to practice myself with my eyes closed. For example, I discovered in holding Virabhadrasana I (which was very challenging for my student) that incorporating language that described a fine metal strand running from above the crown chakra down through the torso and rooting down onto the mat in addition to grounding the usual three (or four) points of balance in the feet language was helpful. Once she could hold the posture securely, I also offered an assist where I stand at a 90 degree angle to her torso and position my knee and the top of my thigh midway under the thigh of her forward leading leg to allow her to sink more deeply into the posture.

“All, my language incorporates references to points in the room in which we practice to assist with her orientation. And while I don’t necessarily recommend sticky mats to all students, in her case I think the sticky mat provides a sense of sure footedness and provides space delineations that really help her orient and feel confident. She has made astounding progress . . .”

Christensen, Alice. Belly breath; Relaxing breath; Seated twist; Gentle twist; Spine twist; Easy bridge; Easy cobra lift; Baby pose; Shoulder stand preparation; Inverted rest pose; Shoulder stand; Eye exercises (includes focusing, eye patterns, and eye palming); In Alice Christensen, The American Yoga Association’s Easy Does It® Yoga. New York: Simon & Schuster, 1999, 57-58; 60-61; 79-80; 113-114; 114-115; 118-119; 121-122; 125-126;126; 127; 128; 132-133.


On Sheryl Fiore’s recovery from severe head and neck injuries (which left her blind and with partial paralysis) and her practice of Yoga.


Recounts the author’s experience of practicing Hatha-Yoga as a blind person.


“...appropriate for seniors, the physically challenged, and the blind.”

Dreyer, Dympna. How Yoga helped me overcome shingles [in the eye area]. Bindu, no. 11, p. 25.
Editors of *Yoga Journal*. [Cataracts, glaucoma, and inversions]. *Yoga Journal*, Nov/Dec 2000, p. 52. [NOTE: The advice given in this article for glaucoma contradicts that of most other Yoga sources, but see the article by Jean Tews below, which is in agreement.]


Gilmore, Ruth. Answers the question: “I am a Yoga teacher and have a pupil who is afraid to do inversions because she had laser surgery to her eyes a few years ago. She feels pressure on the eyeballs when she is inverted. I used headstand stools for those who cannot do Sirsasana alone and wondered if this gives a stronger ‘rush’ to the head than putting one’s head on the mat where there is a certain amount of counter-pressure. The lady concerned is a dedicated student who would like to perform inverted asanas and seems comfortable doing Adhomukha Svanasana. Is there any danger to the eyes if one inverts after laser or cataract surgery?” *Yoga & Health*, Oct 2003, p. 37.

Gunstone, Maria, ed. *Learning Difficulties and Associated Conditions Explained with Yoga Case Studies*. URL: http://www.youandmeyoga.com/teachingaids.htm. There are many other books offered at this site on Yoga for special needs children.

From the website: “This book clarifies what is meant by the terms Down’s syndrome and Autism. In addition, it deals with some of the different characteristics and abilities associated with conditions such as cerebral palsy, epilepsy, aural and visual impairment, and challenging behaviour problems.

“The book introduces the YOU & ME Yoga techniques used when working with students with special needs. It provides case studies of students taught by the following YOU & ME Yoga Trainers and practitioners: a Snr. Physiotherapist, a Parent, a Community Nurse, a Deputy Head, a Lecturer in F. E., Day Services Officers, Yoga Teachers. It also provides teaching tips given by a Training Officer of Multiple Disabilities, a Principal of an F. E. College and a Snr. Educational Psychologist.”


Jean Gustavson responds to a letter to the editor by Sally-Ann Webb in the Autumn 1997 issue inquiring about what could cause the formation of “little red spots on the eyelids after practicing the headstand or handstand.” Jean writes that they are “petechiae, small haemorrhages caused by an increased postural hydrostatic pressure on the head.” She says that as a nurse she has “seen the whole face covered in petechiae after childbirth due, again, to increased pressure.” She indicates that she knows of no preventative
measure other than limiting the time spent in the *asana*. She does not know if age would be a factor and tends to discount blood pressure, as hers is low and she has experienced petechiae, although she says it could possibly be a contributory cause in some cases.


“Describes how eye movements and certain visual mechanisms appear to be related to states of relaxation and levels of wakefulness. The hatha yoga tradition uses certain eye exercises or postures to induce relaxation and reduce arousal. It is suggested that visual correlates of the alpha state may be involved in the success of the new eye desensitization procedure.”


Abstract: Presents evidence from the literature to highlight two aspects of blindness—physical inactivity leading to poor physical fitness, and the state of anxiety which accompanies unguided blind mobility. Evidence is further presented to show that physical fitness may be achieved painlessly by means of Hatha Yoga and that anxiety may be reduced and the lasting effects of anxiety moderated by the practice of meditation. It is the author’s suggestion that, given these two findings, it would be appropriate to encourage blind people in Yogic practices. An attempt is made, on behalf of the blind population, to extract from the storehouse of Yogic knowledge those aspects which are likely to be beneficial—an application of pragmatic eclecticism.


On Angela’s experience as a blind person taking Carol’s Yoga class. Carol had never had a blind person in her class before, and the article discusses her initial reluctance and then growing acceptance and thoughtfulness in teaching Angela.

**Improving vision.** *Yoga International*, Jan 2001, p. 42.


The author describes the way in which “the teaching and learning of Yoga is making a real contribution to the lives of deafblind children at the Sadhana Unit for Deafblind Children at the Clarke School for the Deaf, Chennai, India.”


The power of gaze; Simple tratakam; Nasagra drishti; Bhrumadhya drishti

KIN-Yoga mailing list. Thread on floaters/flashers in the eye and inversions. 3-4 Dec 2001.

Martha Chabinsky: “My retina specialist at Tufts, Dr. Jay Duker, chairman of the Ophthalmology Department, told me that the thing about inversions is really a non-issue. His rationale is this: We are standing upright all the time and we don’t worry about detachment then (my retinas were detaching from the top of the eye, so it would follow that gravity would make them worse, and it doesn’t), so why worry about it in inversions. He said there is NO scientific evidence to support a ban on inversions.”

In follow-up with Dr. Duker, he confirmed that there is no scientific evidence or rationale to suggest that inversions cause retinal tears or retinal detachments. He did indicate, however, that inversions definitely increase intraocular pressure and that therefore patients with glaucoma or retinal vascular diseases such as retinal vein or artery obstructions or severe diabetic retinopathy should NOT do them. He said that if a patient has acute flashes and floaters in an eye, he or she should see an ophthalmologist to rule
out retinal disease and that during the acute period inversions should be avoided. Provided the examination proves normal, however, he does not see the need for a long-term ban on inversions.


Lusseyran, Jacques. The light that dwells within: Confronted with physical blindness, personal tragedy, and the horrors of war, the author discovers how the power of love brings forth light and vision from the soul. Self-Realization, Summer 2001, pp. 56-61. (Excerpted from Jacques Lusseyran, Against the Pollution of the I. New York: Parabola Books, 1999.)

MacInerney, Charles. Teaching kids. Article available online: http://www.yogateacher.com/text/bio/kids.html. (Author has taught at Texas School for the Blind.)


“The first time Bill Rupel tried yoga blindfolded, he felt disoriented and ill at ease. Though he’d been doing yoga for several years, he’d always been able to focus on an object to steady his balance, check his position in the mirror or shoot a glance at the instructor if he missed a movement.

“With his eyes covered, he had to listen harder to the directions. He had to feel for the edges of the mat with his feet to know where he was standing. He had to struggle to find his balance.

“And he got a small taste of what life might be like for his wife of 15 years, Bonnie, who is visually impaired.

“All you have to do is put a blindfold on and understand what people who are visually impaired have to do,” he said.
“Through the Inner Sight yoga workshop at the Avalon Art and Yoga Studio in Palo Alto, blind, visually impaired and fully sighted people practiced yoga side-by-side. The class, sponsored by the Peninsula Center for the Blind and Visually Impaired, drew more than a dozen people to six weekly sessions.

“After driving past the Peninsula Center for the Blind and Visually Impaired last fall, assistant yoga instructor Antonia Kao started wondering if yoga could help people with little or no sight. She got in touch with Bonnie Rupel, the community relations coordinator for the center, who is visually impaired and had been practicing yoga for three years. Rupel then contacted Krassi Davis, a teacher whose clear descriptions of movement had made yoga accessible to her.

“The idea of bringing yoga to the visually impaired community made sense, Rupel said: Not only were her clients looking for recreational activities, but many also needed a way to deal with the emotional fallout from vision loss.

“‘Being visually impaired, there’s a lot going on mentally and emotionally as well as physically,’ Rupel said. ‘With yoga, it’s very focused. It’s very mental, it can be very emotional and it’s physical. It was addressing all the issues that blind people have.’

“The Peninsula Center for the Blind and Visually Impaired had some money set aside for recreational programs, and Rupel used $950 of that to set up the class, which was offered free to the public. She is seeking funding for another session.

“Blind and visually impaired students said the class was a safe environment to focus on what their bodies can do. Sighted participants, who had the option of wearing blindfolds, experienced the feeling of moving in a world without vision.

“‘We wanted to use this as kind of a tool to educate sighted people who haven’t been around those who are visually impaired,’ Rupel said. ‘If you have the visually impaired and the blind people next to sighted individuals with the sleep shades on, everybody was on the same page.’

“Davis’ Inner Sight class is slower-paced than other yoga classes might be, she said, to give students time to find the correct positions. The exercises are similar to those in other classes, with some small differences. For example, when Davis has her students relax their facial muscles, she asks them to place the palms of their hands over their closed eyes and feel their eyes move up, then down, then side to side.

“At a recent session, sighted participants helped those who were visually impaired get settled in class. Davis tried to keep her eyes closed while calling out instructions, which she said helped her describe poses for those who could not see to mimic her. An assistant wandered around the room, correcting participants when they missed an instruction or moved out of position.
“Guy Tiphane, a sighted participant who wore a blindfold during class, said balancing and pivoting were the toughest parts of the exercise. But Tiphane, who has been practicing yoga for about a year, said that wearing a blindfold helped him focus on his movements.

“It helped me first to listen better,’ said Tiphane, who also volunteers at the Peninsula Center for the Blind and Visually Impaired. ‘At the same time, it helped me to feel more in contact with my own body.’

“Many of the visually impaired participants could see shapes or shadows. Some who had lost their sight recently said they could still imagine how different movements should look.

“They would tell you to put your left leg out and turn your ankle right so you could actually visualize what you were supposed to do,’ said Bill Tipton, who lost his sight suddenly after an illness five years ago. ‘You can picture the person’s body moving.’

“When Bonnie Rupel first tried yoga three years ago, she needed a few classes to remember the feeling of being in different poses. But now, she believes she experiences yoga the same way as someone with perfect sight.

“‘Once you know the poses, you’re not focused outward anyway,’ Bonnie Rupel said. ‘You’re focused inward. You don’t need vision for that.’”


The eyes have it. Yoga International, Apr/May 1998, pp. 43-47.

Moon, Sharon. Ashtanga Yoga with Sharon Moon. URL: http://moonyoga.home.texas.net. Email: moonyoga@texas.net. Tel.: 512-454-2185. (Sharon has taught Yoga at the Texas School for the Blind and Visually Impaired, Austin, TX.)


**Newman, Leonie.** *Yoga for Your Eyes* audiotape. Available from Yoga Journal’s catalogue, 1-800-1-DO-YOGA. 60 minutes.


**Paresh.** *Wall Postures* audiotape. Sun/Moon Yoga. URL: http://home.earthlink.net/~audiotapes/id1.html.

This tape may be of assistance to the visually impaired.

From the Sun/Moon Yoga website:

Walls can be used for support and alignment in almost any posture, sometimes in several different ways for the same posture. Why do a posture or an entire session using the wall? For many reasons: they are solid and vertical and give us direction and deeper understanding of the posture in any position, including doing it equally as well on either side (for two-sided postures—one side is often weaker, or tighter). In the tradition of B.K.S. Iyengar’s development of props for yoga, walls allow a deeper and safer experience in postures. In addition, postures can be modified and adapted to one’s own ability level, from beginning to advanced. You can also experience a kinesthetic feedback from the wall as if it’s a partner assisting you. Since walls allow you to practice with comparative ease and freedom from pain, they are an incentive to practice, especially for people with physical challenges. And they’re something to hold on to.

In the words of Iyengar:

Walls provide a frame for the posture and assist in learning.
They allow you to hold the postures longer and more comfortably, including people with illness, injury, or other limitations.
With longer holding, circulation, endurance, strength, and other benefits increase.
They adjust the posture to fit one’s own state of health and condition.
They are safe and available, and build confidence in postures, leading to improvement.
They teach us by allowing us to compare the feeling of the posture when it’s done without the wall, leading eventually to independent performance.

From a review by Richard Rosen, *Yoga Journal*, August 2003: “This is the third audiotape under the general title Sun/Moon Yoga to come to us from Northern California-based yoga teacher Paresh. *Wall Postures* is, not surprisingly, devoted to poses performed on or near a wall for various reasons—for example, to brace for a position that would otherwise be difficult to hold, to provide resistance in a pose in order to intensify a movement, or so the wall can just ‘be there’ like a trusted friend in case problems arise.

“The poses on the two sides of the tape are arranged in loose sequences. The work is heavy on the standing poses, but you’ll also find baby backbends, groin openers (including a wide-leg split), a few forward bends, yoga sit-ups, and wall-supported relaxations. There’s a lot to do here—each 30-minute side includes roughly three dozen poses—all of which is, for the most part, accessible to all levels of students. You’ll probably want some minimal experience with asana in order to follow along, since the tape isn’t accompanied by illustrations . . .”

*Raghuraj, P., S. Telles, and H. R. Nagendra.* Autonomic changes in visually impaired children following yoga and physical training. Swami Vivekananda Yoga Research Foundation.


Contains ultrasound scans with commentary on the central retinal artery in inverted poses, the ophthalmic artery in inverted poses, and the ophthalmic vein in inverted poses


“Softening and then down-turning the eyes helps to quiet the skin of the forehead and the brain and, like pratyahara, draw awareness inward toward the self.”


Salomon, G. [A method to find alertness, brain relaxation, stress reduction, improved vision and more energy.] Ugeskr Laeger, 23 Oct 1989, 151(43):2823-2824. [Article in Danish.]


Schneider, Meir. Yoga for Your Eyes: Natural Vision Improvement Exercises video, plus 60-page illustrated study guide. 1 hour 14 minutes.


The SHIVA Braille Foundation. La Mesa, California. URL: http://home.flash.net/~dshanmug, email: damara@shivabraille.org, tel.: 619-466-9497.

The SHIVA Braille Foundation is a 501(c)(3) nonprofit organization founded by Damara Shanmugan in 1996.

Damara first became interested in helping the blind in 1993-1994 while visiting Sri Balagangadharanatha Swamiji’s school for the blind in Karnataka, South India. After her second pilgrimage to India in 1995-1996, she worked as a volunteer in this school for 2 weeks. Now acutely aware of the needs of these dear children, she returned to the United States determined to learn Braille and do whatever necessary to provide them with much-needed materials, texts, and encouragement.
Entirely self-taught, using the special braille program, EDIT-PC, her personal home computer, and a Romeo RB-25 portable embosser, she has, since 1996, created and operated The SHIVA Braille Foundation. She is the only braille transcriber in the world who exclusively transcribes Saivite Hindu practice and philosophy into braille. Using the award winning books and magazines of her guru, Satguru Shivaya Subramuniyaswami, she carefully transcribes the essence of the mystical Saivite Hindu tradition.

See the website indicated above for available titles.


**Srinivasan, P.** A special educator’s experiences in teaching yoga to a totally deafblind child. Article available online: http://www.deafblindinternational.org/review/dipti_karnad.html (scroll to near end of page).


The author, holder of an RGN ophthalmic nursing diploma, writes, “Where treatment of . . . glaucomas is by medical means, inverted postures do not increase further the pressure in the eye even though the blood circulation to the face, head, brain is improved, as the blood/aqueous barrier does not allow it and the drainage meshwork goes on draining just the same all around.” She next discusses cataracts and writes, “No harm is done to the eye by yoga exercises and inverted poses when cataracts are forming: indeed the eye may benefit by being nourished better by all parts of the lens having a freer flow of nutrition around it.” But she does caution that it would be wise not to do inverted postures after surgical cataract removal for about three months. She next provides measurement of eye pressures taken on seven of her Yoga students before exercising and after a head-down posture had been held for between three and five minutes. She found there were no significant increases in pressure, and most showed no change at all. She concludes, “I feel that the general rule is that no harm will come to unoperated eyes by exercise including inversion. Eyes which have been operated on require three months to settle down and inverted poses should not be performed during this time. If in any doubt, the ophthalmologist should be consulted.”

See the citation for Tony Weller below, in which he confirms that his ophthalmologist agrees with Jean Tew’s recommendations.


**Toward a yoga of the senses: An Orion interview with Arthur Zajonc.** *Orion*, Fall 1997, 16(4).

“Seeing is much more than the passive intake of external stimuli, according to a professor of physics and long-time student of light and perception—our sight is also informed by an ‘inner light.’”


The author has glaucoma and recounts what various experts have recommended regarding glaucoma and inversions.

Although various Yoga organizations cautioned against doing inversions, or recommended doing only partial inversions, his ophthalmologist “saw no problem with continuing any yoga inverted posture and, indeed, thought that inversions would benefit the general health of that region of the head and eyes with the increased flow of blood.”


Yoga Biomedical Trust. Eye classes. URL: http://freespace.virgin.net/yogabio.med/ (click on “Yoga Therapy & How to Try It,” then click on “Index-Alphabetical,” then click on “Eyes”).

Yoga can cure eye disorders. News Today (Chennai, India), 16 Apr 2004. Article available online: http://newstodaynet.com/16apr/rf8.htm


Of Related Interest


National Braille Press. 88 Stephen Street, Boston, MA. Tel.: 617-266-6160.


OBJECTIVES: To estimate the prevalence of complementary and alternative medicine (CAM) for glaucoma, explore possible demographic and disease-related associations, and inquire about the perceived benefit of these treatments. DESIGN: Cross-sectional study. SETTING AND PARTICIPANTS: One thousand twenty-seven consecutive patients from two urban, referral glaucoma practices. MAIN OUTCOME MEASURE: Use of CAM specifically for glaucoma. RESULTS: The response rate was 97.4%. The percentage of people reporting use of CAM for glaucoma was 5.4% (54 of 1000 subjects) with 32 of these 54 (59%) having used more than one type. The percentages of those using the various types of nontraditional medicine were: megavitamin therapy (62.9%), herbal therapy (57.4%), exercise (24.0%), diet modification (22.2%), meditation, (1.8%), acupuncture (1.8%), faith healing (1.8%), and homeopathic remedies (1.8%). Patients who used CAM were more likely to be educated beyond high school (P = 0.0014) and less likely to be retired (P = 0.0053). Use of nontraditional therapy was not strongly associated with race (P = 0.044), age (P = 0.062), gender (P = 0.24), length of diagnosis (P = 0.91), or number of glaucoma medications (P = 0.58). Of those using nontraditional therapy, 52% believed that it was helpful, 39% were unsure, and 9% considered it not helpful; 72% discussed their use with an ophthalmologist. Seventy percent discovered it from sources other than providers of either traditional or nontraditional care. CONCLUSIONS: The prevalence of CAM use for glaucoma was 5.4% (95% confidence interval, 4.0%-6.4%). Most glaucoma patients currently cared for by ophthalmologists do not use nontraditional medicine.
