

# Issues in Yoga Therapy

## INVITED ARTICLE

## The Search for Regulatory Recognition of Yoga Therapy: Legal and Policy Issues

Michael H. Cohen, JD, MBA

*Law Offices of Michael H. Cohen*

### Abstract

*As Yoga therapy emerges as a specialized area within the Yoga teaching community, it is important to define Yoga therapy in ways that make regulatory as well as professional sense. This article provides a preliminary roadmap, suggesting title licensure as one way to differentiate Yoga therapy. The article also suggests the importance of crafting a definition of professional practice that carves out a legally defined scope of practice. This scope of practice should be both consistent with Yoga therapists' education, training, and skills, and not intrude on legal definitions of the practice of medicine or other health professions.*

### Introduction

Yoga therapy is emerging as a specialized area within the Yoga teaching community. But what exactly is Yoga therapy, what makes it different than “just” Yoga, and how should it be licensed (or otherwise regulated), if at all? This article provides a preliminary roadmap to answering those questions.

### “Yoga Therapy” versus “Yoga”

Yoga therapy cannot be defined without first considering the definition of Yoga. The usual starting point is Patanjali's remarkably pithy, yet profound, aphoristic statement in the *Yoga Sutras* (1:2) that Yoga is stilling the mind. In that simple yet ultimately challenging step, humans find their true nature, which, Patanjali asserts, is bliss (1:3). The *Yoga Sutras* proceed to lay out an eight-limbed path, one which includes, of course, *asana*, the physical practice that has come to characterize Yoga teaching in the West.

According to Yogic scriptures, Yoga is therapy: it is the highest medicine, relieving the human being from *bhavaroga*, the “disease of worldly existence.”<sup>1</sup> Further, Yoga is said to have the power to shift *karma*—to alleviate the ef-

fects of actions performed over many lifetimes. True, some Yoga texts describe physical benefits of Yoga—including anti-aging properties—but the ultimate goal of Yoga is articulated as freedom from *samskaras* or mental impressions (i.e., cleaning up mental baggage and producing emotional health), leading toward eventual liberation from suffering.

Given the perspective that “Yoga” means achieving a state of cosmic consciousness by physical and mental practice, what could possibly be added by conjoining “therapy” with the word “Yoga?” Is it not like adding sugar to honey? Is adding the word “therapy” superfluous or misleading, or worse, a branding exercise to help practitioners increase their income potential?

This difficulty receives recognition by some Yoga therapists, including International Association of Yoga Therapists

**Author Acknowledgments:** This article is dedicated to Elaine F. Kerry. The author appreciates comments by John Kepner and several reviewers. The views expressed in this article are the author's and should neither be ascribed to any institution with which the author is or has been affiliated, nor to the International Association of Yoga Therapists. The author received financial support from IAYT for the research and writing of this article.

(IAYT) Executive Director John Kepner, who has written, “We do not wish to appear myopic in focusing this consideration of Yoga therapy on its healthcare dimension. Yoga is fundamentally a spiritual discipline and a liberation philosophy, hence our insistence that Yoga therapists be Yoga teachers first.”<sup>2</sup> Still, it is worth acknowledging the concerns in articulating the justification for adding the term “therapy.”

The word “therapy” comes from the Greek *therapia* and means “to treat.” In this light, the philosophical premise of Yoga therapy appears to be that as the practitioner can teach something that helps the client (or Yoga student) understand his or her being at the deepest level, teaching Yoga with this kind of focus can help heal conditions that are ultimately connected to the disease process. Carefully articulating this philosophical premise and testing its support should help provide a solid foundation for Yoga therapy’s professional emergence. The process should also be humbling and help the profession avoid sweeping claims, exaggerated positioning, and the hubristic attempt to overextend definitional sovereignty.

This preliminary consideration of some of the philosophical issues involved in defining “Yoga therapy” leads to some of the legal and regulatory issues, consideration of which can help refine debates around Yoga licensing and credentialing.

## “Yoga Therapy” vs. “Medicine”

The term “Yoga therapy” currently has no universally accepted definition. Although IAYT offers several definitions on its website, it acknowledges that the organization is “working to develop” an authoritative definition.<sup>3</sup>

To understand how any healthcare profession legally defines itself, it is necessary to understand how “medicine” has carved out its professional niche through state licensing laws. In the United States, these licensing laws emerged in the late 19th century as part of the effort of conventional medicine (then known as “regular” or “scientific” medicine) to consolidate its educational, economic, and political power against competing practitioners.<sup>4</sup> Medical licensing laws defined the “practice of medicine” in broad terms as including diagnosis, treatment, prescription, and operation, for any human illness or ailment.<sup>4</sup> Individuals could no longer practice medicine unless they received a license to do so from the state. Further, the state could exclude “irregular” practitioners (such as homeopathic physicians and providers using botanical medicine) from practice. To practice “medicine” as defined in the statute, without a license, was considered a crime.<sup>4</sup> The licensing laws’ definition of “medicine” effectively reduced the broad concept

of “healing” to biomedical practice, and declared this to be the exclusive province of licensed medical doctors.<sup>5</sup>

Under these laws, providers such as chiropractors, naturopaths, homeopaths, hands-on healers, iridologists, midwives, acupuncturists, and others were convicted for practicing “medicine” without a license. In one case during the 1970s, an acupuncturist who had been indicted for practicing medicine without a license tried to argue that he was merely adjusting the client’s balance of *yin* and *yang* and not practicing scientific medicine. The New York court disagreed and upheld the conviction, stating that the statutory term “diagnosis” meant “any sizing up” of a patient’s physical or mental condition.<sup>5,a</sup>

For more than a century since the medical licensing laws were initially enacted, the legal definition of practicing “medicine” has stood as a bulwark against non-licensed complementary and alternative medical (CAM) practitioners. Eventually, chiropractors gained licensure in every state; massage therapists and practitioners of acupuncture and traditional and oriental medicine in well over 40 states; and naturopathic physicians in well over a dozen. Such practitioners succeeded in part by creating professional associations, defining educational and practice competencies, and designing various other self-regulatory mechanisms as a prelude to lobbying for licensure. Today, there is a patchwork of licensing available for different kinds of CAM providers across states. Still, homeopaths, naturopaths, energy healers, and other kinds of CAM practitioners remain vulnerable to prosecution for unlicensed medical practice in many states.

Further, licensed CAM providers—like allied health providers (such as nurses, dentists, and psychologists)—are prohibited by their licensing statutes from practicing “medicine.” While medical licensing laws basically assign licensed medical doctors unlimited ability to “diagnose” and “treat” disease, licensing laws of other professions assign a narrower, limited practice authority. The specific authority granted to non-medical health professionals is known in legal terms as the provider’s “scope of practice.” For example, a typical chiropractic licensing statute might define chiropractic in terms of manipulating the spine to help the flow of “nerve energy.” Similarly, massage therapists may be explicitly allowed to use their techniques on the body musculature to facilitate relaxation.

This kind of definition perhaps distinguishes chiropractic and massage therapy from medicine, but leaves

a. Citing *People v. Amber*, 349 N.Y.S.2d 604, 604 [N.Y. Sup. Ct. 1973]. Thus, merely using different terminology [such as “assessment”] would not necessarily prevent a court from finding a certain behavior to constitute the prohibited act of “diagnosis.”

many legal questions unresolved. For example, can chiropractors give nutritional advice and recommend supportive vitamins? In some states, in the absence of statutory permission, chiropractors who have done so have been convicted of crossing the scope of practice line and engaging in unlicensed practice of medicine. In one case, *People v. Beno*, a chiropractor was convicted when he examined a patient complaining of tennis elbow. The Michigan court stated that it was inconceivable that the elbow could be so connected to the spine as to fall within the chiropractor's scope of practice.<sup>6</sup>

CAM practitioners also can be sued for malpractice if they violate their duty to refer to a licensed medical doctor when the patient's condition is outside the CAM provider's skill and training, and are subject to discipline by their professional board for negligence or fraud, or for exceeding their legally authorized scope of practice.

It is against this background that professional and legal definitions of Yoga therapy must be considered. Yoga therapy should not be defined in such a way as to intrude on the practice of medicine. In addition, the legally defined scope of practice for Yoga therapy must be consistent with Yoga therapists' education, training, and skill.

## Yoga Therapy As Part of Broader CAM Regulation

From a professional and regulatory perspective, Yoga therapy broadly falls within the domain of CAM therapies. The National Center for Complementary and Alternative Medicine (NCCAM) at the National Institutes of Health considers Yoga a CAM therapy, and CAM is loosely defined to include therapies that have historically fallen outside mainstream medical education and hospital care. In any event, Yoga therapy—at least to some practitioners, by virtue of its name and stated aspirations on the IAYT website—shares with other CAM therapies the attempt to emerge as a legally recognized healthcare profession adjunctive to medicine and the allied health professions.

A number of regulatory bodies have examined the question of how best to regulate licensed as well as emerging, non-licensed CAM professions. Within the United States, these bodies include the White House Commission on Complementary and Alternative Medicine<sup>7</sup> (2002), the Massachusetts Commission on Complementary and Alternative Medicine Practitioners (2002), the New York Committee on Life and the Law (2003), and the Institute of Medicine Committee on Use of Complementary and

Alternative Medicine by the American Public (2005). In some of these forums, a common starting assumption has been that much of CAM is either unregulated, or under-regulated. This assumption is not necessarily true.

First, as noted, medical licensing laws effectively serve as a bar to unlicensed practice in many states (although there are now a handful of states that allow lay practitioners to offer services consistent with their training, so long as they disclose their education and theory of practice, do not practice "medicine" or surgery, and meet other requirements).<sup>8</sup> For licensed providers, scope of practice serves as a second narrowing channel to limit practitioner services. Third, legal rules allow patients recovery for malpractice (negligence) and fraud, which can help curb abuse of healing authority. Related rules allow recovery of damages as well as the possibility of criminal sanctions against providers who over-reach through misrepresentation. Fourth, malpractice rules include informed consent requirements, and also require referral to a medical doctor whenever the patient's condition exceeds the CAM provider's training and skill. Fifth, the professional discipline of a CAM profession's licensing board helps ensure that providers practice ethically and within the limits of the authorized scope of practice.

As Yoga therapy emerges as a profession, these various legal rules will further coalesce, as they have for chiropractic, acupuncture, traditional oriental medicine, massage therapy, and naturopathic medicine, to give the field a more distinct regulatory shape. On one hand, Yoga therapists may find a measure of social recognition and legal protection in the umbrella of regulation. At the same time, as the profession carves out its scope of practice and continues to evolve standards of professional practice, deviating practitioners then may be subject not only to possible disciplinary action by regulatory boards, but also to liability actions from clients or, in worst-case scenarios, to criminal sanction for fraud.

But in the meanwhile, the biggest barrier to regulatory recognition is the absence of any mechanism for licensure. As such, Yoga teachers who are trying to define what they do as Yoga "therapy" remain vulnerable to claims of practicing medicine—or possibly another licensed profession, such as psychology—without a license.

## Legally Defining "Yoga Therapy:" Forms of Regulatory Recognition

As suggested, seeking regulatory recognition for an emerging CAM profession can be a double-edged sword. The obvious benefits include the ability to enhance profes-

sional standards and credibility, create a means to redress consumers who are harmed, and also to facilitate physician collaboration and referral.<sup>9</sup> But regulatory recognition also has a “dark side,” namely, the possibility of constraining practice parameters and reducing the diversity of Yoga teaching, dampening creativity, adding administrative burden, and possibly diluting the philosophical core of Yoga.<sup>9</sup>

For those who decide that regulation is the best route to professional recognition, there are several possible variations. The first is *mandatory licensure*. This means that only licensed providers can practice the designated profession. For example, to practice medicine, licensure is mandatory: only licensed medical doctors can legally practice “medicine” as defined in the statute.

The next level down is *title licensure*, also known as *occupational licensure* or *permissive certification*. This means that anyone can offer some basic form of the healthcare service, but only those who have met certain educational requirements (typically from an accredited school) and other hurdles can use the designated title. An example would be psychology licensure. In many states, various providers may offer counseling services (and in some states, lay counselors may practice), but only one with the requisite defined training may advertise as a “clinical psychologist.”

Next is simple *registration*. This entails registering some details such as the provider’s name, address, and form of practice with a designated agency. The agency can receive consumer complaints and enjoin the practitioner from further offering services if necessary. Typically, registration does not require evidence of a minimum level of education, passage of a national exam, or other rigorous criteria. In some states, for example, clinical psychologists and social workers have title licensure, but counselors can still practice, subject to a state registration system.

A fourth model is *exemption from licensure*. In this case, a profession is not licensed, but its practitioners may deliver services pursuant to a stated exemption from licensure. For example, in some states, practitioners of Shiatsu, reflexology, and Reiki are expressly designated as exempt from licensing requirements for massage therapy.

The fifth and newest to emerge is the so-called *Minnesota model*. This involves a kind of return to colonial days when anyone could offer healing services without a license, so long as one did not mislead the public. In California, Minnesota, and Rhode Island, a list of non-licensed health care providers designated by statute (for example, practitioners of aromatherapy) can offer services, so long as they do not practice “medicine” or surgery, do not commit fraud, disclose their training and theory of practice, and meet other requirements.

The last one is not really a model for licensure at all, but it falls within the list of legal rubrics under which CAM providers offer therapeutic services. The common idiom used by lawyers is *flying below the radar*. This means that the provider may be subject to statutory prohibitions on the unlicensed practice of medicine, or possibly of another licensed profession such as psychology or massage therapy, but in the vast majority of cases, is unlikely to be prosecuted, simply because state prosecutors lack the resources and interest required to deal with these kinds of cases.

Flying below the radar entails some legal risk, given the broad way in which courts have interpreted “diagnosis” and “treatment” of “disease.” Nonetheless, it is commonly understood that practitioners such as personal trainers, Pilates instructors, and Yoga teachers may teach physical exercises and poses that can result in injury, and occasionally step into giving health advice, either physical, mental, or spiritual. These activities normally continue without prosecutorial interference, although giving health advice can be particularly risky, given the general lack of statutory support for rendering nutritional advice or for lay counseling and the potential liability exposure if the client follows the advice and is injured.

In laying out the territory of licensure, three caveats or clarifications are necessary. First, many states use these terms illogically or interchangeably. For example, in Massachusetts, the licensing board for medical doctors is known as the Board of Registration in Medicine, although the model used for medical doctors is never mere registration, but always mandatory licensure. Second, many states use these models in combination. For example, some states have different tiers of providers, some under mandatory licensure and others under title licensure or even registration.

Third, although the term *licensure* can effectively be used to cover the above six regulatory models, the terms *accreditation* and *credentialing* are often mistakenly confused with licensure. *Accreditation* refers to the efforts of a certifying body to evaluate either a professional school or a program within that institution according to specified standards. *Credentialing* refers to the process of vetting a provider’s licensure and other credentials within an institution, according to pre-defined criteria. For example, hospitals check physicians’ credentials and ultimately decide whether to grant them clinical “privileges”—the authority to treat certain kinds of patients.

*Certification* is often a term used within an industry or institution to denote achievement of a certain level of competency as defined by that industry or institution. The individual often receives a *certificate* of achievement from the

profession or institution. Perhaps confusingly, that document can also be known as a *credential* since, like a diploma, the document evidences a certain level of accomplishment.

## RYT as a Teaching Credential

When a Yoga teacher obtains Registered Yoga Teacher (RYT) status from the Yoga Alliance (YA), YA has not certified that the Yoga teacher has demonstrated a certain level of competence. Rather, YA acknowledges that the Yoga teacher has been certified by a Registered Yoga School (i.e., one that meets minimum YA standards) to have completed a minimum requisite number of hours of education and training in specified subjects through an approved program. The teacher becomes eligible for listing in a Registry maintained by YA, and perhaps receives a certificate or card.

The certificate does what the name implies: it certifies that the seeker has met the organization's minimum requirements for the credential. And in this case, the organization (YA) has some measure of consensus legitimacy within the field. But in terms of the state's grant of a right to practice, that piece of paper generally has no legal value. In addition, the minimum requirements for that credential may not include extensively mapped-out, qualitative standards for education and training, or passage of a national exam.

Thus, Yoga teachers theoretically benefit from having the RYT as a professional credential that is relatively well recognized among studios, other teachers, and even many students. A Yoga studio, or perhaps an insurance company, can, if it wishes, establish the RYT as the minimum credentialing requirement for hire or reimbursement. But what many Yoga teachers—and, presumably, Yoga therapists—ultimately are seeking is not the credential or certificate or participation in the YA registry that are conferred by the RYT. Rather, what they seek is a form of regulatory recognition typically conferred by some form of licensure—mandatory licensure, title licensure, or a state agency registration process that is based on consensus professional standards of demonstrated competence.

Therefore, of the above models, the one that most closely fits the RYT credential of Yoga teachers is *fly under the radar*. The RYT is not a license granted by the state. It does not confer any legal authority to practice. The authority of the RYT derives from the Yoga community itself; the credential has whatever power (outside of legal authority) the community wishes to confer.

None of the above diminishes the power of the RYT and the immense amount of consensus work behind that

credential as a mechanism for establishing minimum requirements for a Yoga teacher's education and training. The Yoga Alliance aptly describes some of the benefits of the RYT credential as providing credibility for RYTs (and registered Yoga schools), developing "minimum training and experience standards for Yoga teachers and schools," fostering "integrity" in and "support" for the Yoga community, and attempting to "honor and support the diversity of all Yoga practices."<sup>10</sup> The consensus represented by the RYT usually is a prerequisite to the next step, regulatory recognition—a golden path that chiropractic and, in many states, acupuncture and traditional oriental medicine, massage therapy, and naturopathic medicine have successfully trod.

The question is, if Yoga therapy is to emerge as a distinct specialty within Yoga teaching, what kind of regulatory authority should IAYT and related organizations seek?

## Title Licensure As an Option

The optimal level of regulatory recognition must be sufficiently strong to confer the desired legitimacy, yet remain short of mandatory licensure if Yoga teachers other than Yoga therapists may still legally practice. A mechanism that would accomplish this goal is title licensure.

Title licensure offers the benefit of allowing the development of rigorous and credible standards—standards that are voluntary, that meet the needs of those who need standards (such as healthcare institutions or perhaps third-party reimbursement), and that offer a credential to those with specified training, but will not restrict the right to practice for other Yoga teachers who do not wish or need the professional title. Title licensure offers a mechanism for creating specialization within Yoga teaching, and perhaps for fueling future avenues of research. Among the CAM providers, naturopathic physicians have adopted title licensure in many states, distinguishing themselves from lay naturopaths, who can still practice natural healing methods so long as they do not run afoul of the prohibition against unlicensed practice of medicine and other statutes.

If the Yoga therapy community ultimately agrees on title licensure as a desirable and feasible step (and there may be other options), then the community still must engage in a process to define the parameters of required education, training, and testing. One critique of the RYT process is that, although it required a minimum set of hours in stated competencies, there is no quality assurance among programs. Some programs might offer the credential relatively cheaply, the critique continues—canvassing the required

subjects without truly ensuring that the teacher-in-training is adequately prepared to teach. Other than specifying hours and subjects, a uniform assessment of the required skill to be a Yoga teacher is lacking.

In other words, there is no educational or programmatic accrediting body to ensure that RYT programs meet pre-specified standards, and there is no uniform, national test to ensure that such programs' graduates meet specified entry levels of skill. These are shortcomings that proponents of title licensure for Yoga therapists presumably would have to cure. Fortunately, other CAM professions provide many examples and models of bodies that accredit CAM schools or programs. How IAYT might create an appropriate accreditation body or bodies, and whether uniform educational, programmatic, and testing standards are desirable or even possible, are issues the Yoga therapy community will have to confront—just as the acupuncture and other licensed CAM communities have before them. And, having created accrediting bodies and implemented standards, the professional community still would have to draft and seek enactment of appropriate legislation in order to achieve title licensure.

## Defining Yoga Therapy: A Quick Reassessment

Of the various definitions of Yoga therapy currently proposed, few seem to capture the important regulatory issues the Yoga therapy community will have to confront. Some of the currently proposed definitions carry some of the ambiguity and mystery of Yoga itself—for example, understanding Yoga therapy as “using age-old Yogic approaches to deeper presence and awareness, we are able to know ourselves more fully,”<sup>11</sup> or as “the application of Yoga to individuals to empower them to progress toward greater health.”<sup>12</sup> Other definitions read more like typical statutes defining licensed health care professions—for example:

Yoga therapy is of modern coinage and represents a first effort to integrate traditional Yogic concepts and techniques with Western medical and psychological knowledge. Whereas traditional Yoga is primarily concerned with personal transcendence on the part of a “normal” or healthy individual, Yoga therapy aims at the holistic treatment of various kinds of psychological or somatic dysfunctions ranging from back problems to emotional distress. Both approaches, however, share an understanding

of the human being as an integrated body-mind system, which can function optimally only when there is a state of dynamic balance.<sup>13</sup>

Or:

Yoga therapy consists of the application of Yogic principles, methods, and techniques to specific human ailments. In its ideal application, Yoga therapy is preventive in nature, as is Yoga itself, but it is also restorative in many instances, palliative in others, and curative in many others.<sup>14</sup>

To clarify the difference between these two approaches, consider the former as “weak Yoga therapy” and the latter as “strong Yoga therapy.” This terminology is drawn by analogy from the distinction made between “weak AI” (AI for artificial intelligence) and “strong AI.” Weak AI proponents assume that “machine” intelligence will never match “human” intelligence; strong AI proponents believe that robotic intelligence will, before too long, fully match human intelligence, in all its spiritual and emotional richness and complexity. The metaphor here is the relationship between the tool—artificial intelligence or Yoga therapy—and the whole range of human activity or health. Along the lines of this metaphor, weak Yoga therapy carves out a distinct and limited role for Yoga therapy in terms of helping individuals find balance. Strong Yoga therapy assumes that Yoga therapy can and should share aspects of the field of medicine, and explicitly courts the medical community and/or attempts to incorporate the biomedical model as part of the “holistic” approach. An example of the strong Yoga therapy approach would be a legislative definition that includes “the application of Yoga theory and methods to help alleviate depression, insomnia, repetitive stress syndrome, or low-back pain” (or any other medically-defined condition).<sup>b</sup>

The choice between weak Yoga therapy and strong Yoga therapy is critical to professional self-definition and to legal considerations in defining the Yoga therapist's scope of practice. Inherent in the definition of strong Yoga therapy is the

b. The terms “strong” and “weak” are not meant to be pejorative, but only to suggest the extent to which the therapeutic focus of YT approximates a clinical intervention. The line between “strong” and “weak” admittedly can be a slippery slope, like the attempt by some practitioners to distinguish the “practice of medicine” from non-medical “wellness” advice, or like the effort in dietary supplement regulation to distinguish permitted “structure-function” claims on dietary supplement labels (for example, “helps promote sleep”) from impermissible “disease” claims (for example, “cures insomnia”).

attempt to assimilate the biomedical paradigm while maintaining one's Yogic roots. This potentially intrudes on legal definitions of practicing "medicine." Stated more broadly, since the "practice of medicine" is defined in most states as including diagnosis and treatment of human ailments—and *does not limit* the definition to *biomedical* methods of diagnosis and treatment—any formally adopted definition of Yoga therapy that steps into this terrain potentially compromises the profession's ability to function within the current regulatory structure.

The bottom line is that legally, strong Yoga therapy will have a more difficult time than weak Yoga therapy confronting statutory definitions of the "practice of medicine." At the same time, weak Yoga therapy will have a more difficult time distinguishing Yoga therapy from Yoga teaching, potentially compromising this profession's ability to adequately define itself.

Does the working definition currently online as part of IAYT's "illustrative" standards ("Yoga therapy provides instruction in Yogic practices and teachings to prevent or alleviate pain and suffering and their root causes<sup>3</sup>) solve the problem? That depends. As suggested, preventing or alleviating pain and suffering has been seen as the domain of medicine, considered in its broadest definition. From the conventional medical perspectives, the "root causes" of disease are physiological, and should not be addressed by other practitioners, lest patients be misled. Further, non-medical doctors have a narrower scope of practice than medical doctors. While some state licensing statutes use such terms as "acupuncture diagnosis," others seemingly bend over backwards to avoid any suggestion that such providers overlap with medical doctors. For example, acupuncture and traditional oriental medicine may be defined as the insertion of needles into the body or treating the body by mechanical, thermal, or electrical stimulation, to regulate the "flow and balance of energy" in the body.<sup>15</sup>

Since health is holistic, it seems inevitable that teaching Yoga with an explicitly therapeutic orientation will touch on broader health issues than alignment and breath. At the same time, since the jurisdictional reach of medicine is so encompassing, Yoga therapists will need to proceed with caution in advising students regarding health matters. In other words, some balance between strong and weak extremes of Yoga therapy will be necessary.

The corollary to this issue is effectively defining, as part of Yoga therapy's scope of practice, what techniques will be available to Yoga therapists and what modalities would be prohibited. Borderland areas such as massage and counseling should probably be addressed as well.

Yet another dilemma facing the attempt to professionally define "Yoga therapy" is the extent to which, even apart from legal difficulties with strong Yoga therapy, information from biomedical science should be explicitly acknowledged and incorporated. Doubtless, for example, adequate knowledge of anatomy and physiology is critical to Yoga teaching. At the same time, to the extent that CAM professions include biomedicine, their professional standards of care will shift and overlap with medicine, raising malpractice liability exposure as well as potential liability for unlicensed medical practice.<sup>15</sup>

Further complicating matters, the Institute of Medicine (IOM), in its *Report on Complementary and Alternative Medicine* (2005) recommended that:

National professional organizations for all CAM disciplines ensure the presence of training standards and develop practice guidelines. Health care professional licensing boards and accrediting and certifying agencies (for both CAM and conventional medicine) should set competency standards in the appropriate use of both conventional medicine and CAM therapies, consistent with practitioners' scope of practice and standards of referral across health professions.

This recommendation would, of course, only make sense for very strong Yoga therapy, as it presupposes that Yoga therapy is like CAM therapies such as traditional oriental medicine and naturopathic medicine in having an explicitly therapeutic focus, and not only usefulness as a tool for relaxation, stress relief, exercise, or spiritual alignment. Because this perspective expresses a medical perspective (even though the IOM committee's process included feedback from CAM providers), it suggests that Yoga therapy should have a sufficient evidentiary basis to support a distinct clinical contribution within a world of cross-referring healthcare practitioners, and a well-defined scope of practice consistent with both its promise and its limits. As stated by the Coordinator for the British Council for Yoga Therapy, "One problem with the acceptance of Yoga therapy is the lack of a well-established set of practices with a proven track record of efficacy for particular ailments. Another problem has been that of defining 'Yoga therapy' (or whatever term one prefers), since it is generally accepted that Yoga is by nature therapeutic and that all who practice it will benefit."<sup>16</sup> This call for supportive evidence can either pose a welcome challenge or an unwelcome burden for Yoga therapy, depending on one's perspective.

## Conclusion

This article has offered a roadmap for considering some critical questions circulating in the Yoga teaching community with regard to defining "Yoga therapy." The intent is to provide guidance, not authoritative answers, as the process of articulating responses to definitional and regulatory issues requires a broad range of community input. Some of the philosophical and regulatory constraints and demands, as outlined above, may seem challenging and will doubtless be controversial. But they can also be viewed as sources of creativity, stimulating the community to find the way forward by drawing upon its collective experience for vision and wisdom.

## References

1. Sri Guru Gita. *The Nectar of Chanting*. Vol. 93. New York: SYDA Foundation; 1983.
2. Kepner J. Standards for Yoga therapists: progress to date. IAYT website. Available at: <http://www.iayt.org>. Accessed July 3, 2007.
3. IAYT website. Available at: <http://www.iayt.org/>.
4. Cohen MH. *Complementary and Alternative Medicine: Legal Boundaries and Regulatory Perspectives*. Baltimore: Johns Hopkins University Press; 1998.
5. Cohen MH. A fixed star in health care reform: the emerging para-

- digim of holistic healing. *Arizona State Law Journal*. 1995;27:79-173.
6. 373 N.W.2d 544 (Mich. 1985).
7. White House Commission on Complementary and Alternative Medicine. Final Report. Available at: [www.whccamp.hhs.gov/finalreport.html](http://www.whccamp.hhs.gov/finalreport.html). Accessed July 3, 2007.
8. Cohen MH. *Healing at the Borderland of Medicine and Religion*. Chapel Hill: University of North Carolina Press; 2006.
9. Eisenberg DM, Cohen MH, Hrbek A, Grayzel J, van Rompay MI, Cooper RA. Credentialing complementary and alternative medical providers. *Annals of Internal Medicine*. 2005;137:965-973.
10. Yoga Alliance website. Available at: <http://www.yogaalliance.org/Standards.html>. Accessed July 3, 2007.
11. Lee M (quotation). IAYT website. Available at: <http://www.iayt.org/site/publications/articles/defs.htm>.
12. Mohan G (quotation). IAYT website. Available at: <http://www.iayt.org/site/publications/articles/defs.htm>.
13. Feuerstein G (quotation). IAYT website. Available at: <http://www.iayt.org/site/publications/articles/defs.htm>.
14. Brownstein A (quotation). IAYT website. Available at: <http://www.iayt.org/site/publications/articles/defs.htm>.
15. Cohen MH. Holistic health care: including alternative and complementary medicine in insurance and regulatory schemes. *Arizona Law Review*. 1996;38:83-164.
16. Naylor T. Yoga therapy in the United Kingdom. British Council for Yoga Therapy website. Available at: <http://britishcouncilforyogatherapy.org.uk> (accessed May 19, 2007) and <http://iayt.org/site/publications/articles.htm> (accessed July 3, 2007).

Direct correspondence to Michael H. Cohen at 770 Massachusetts Avenue, POB 391108, Cambridge, MA, 02139. Phone.: (617) 825-3368.



### Rx: Yoga! DVDs by Gail Dubinsky, M.D.

Repetitive Strain Injury?

Rx: YOGA!

A medical doctor's guide to healing carpal tunnel syndrome and other overuse injuries of the hands, arms, and upper body.



New!

Yoga for Gardeners

"Gardening is HEAVEN for the soul, but can be HELL on the body!"

[www.rxyoga.com](http://www.rxyoga.com)  
dubinsky@rxyoga.com • (707) 829-7596

### "Whisper" new life into your practice

Introducing the QUIET MOUNTAIN *Whisper*, the worlds first integrated bolster mat

• INNOVATIVE • VERSATILE • THERAPEUTIC

Experience the sensations of the strategically placed bolster that provides dynamic and ergonomic support for greater exploration, focus and equanimity. Go prop-less in comfort.

A provocative new option to enliven any practice.



"Taking risks and a fresh perspective to enrich the yoga experience while supporting the journey to vibrant health and wholeness."

Lead with a *Whisper*. Awaken to the possibilities.

Available online at [www.ExploreQuietMountain.com](http://www.ExploreQuietMountain.com), find a retailer near you on our web site, or contact at [Karen@ExploreQuietMountain.com](mailto:Karen@ExploreQuietMountain.com). Studio pricing available.