

## Optimizing Pelvic Floor Health Through Yoga Therapy

By Shelly Prosko

“Pelvic health is the best possible functioning and management of the bladder, bowel, and reproductive organs. It is not merely the absence of disease or weakness in these organs. Pelvic health plays an important role in complete physical, mental, social, and sexual well-being.”<sup>1</sup>

Each of us has a pelvic floor. However, we do not typically pay much attention to it unless we are experiencing a problem in the area that interferes with our daily lives. Symptoms of pelvic floor dysfunctions can be categorized as bladder and bowel issues, pelvic organ prolapse, sexual dysfunctions, or pelvic pain disorders.<sup>2</sup> Frequent bathroom visits; feeling a sudden urgency to void; chronic constipation; pain with intercourse, urination, or bowel movements; severe pain or cramping with menstruation in women; or even slight urinary leakage with coughing, sneezing, or laughing are just a few examples of pelvic health issues that are common for both men and women and can potentially lead to further complications or imbalances. Many people do not seek help, perhaps because they think some of these are normal changes that happen with aging or after childbirth, or that the problems cannot be helped or managed, but there is help. Healthcare professionals such as pelvic health physical therapists are part of a medical team that assesses and treats pelvic health issues. Yoga therapists can also be successfully integrated into this medical team to provide a safe, effective, and powerful complementary therapeutic practice. Examples of this successful integration can be found in a variety of medical settings such as pain clinics, physical therapy clinics, and women's health centers. As yoga therapists, we provide an invaluable contribution to the management of pelvic health dysfunctions by using our unique skills guided by yoga philosophy and by using approaches such as the *pancha maya kosha* model of health that addresses all five *koshas* or layers (physical, mental, emotional, energetic, and spiritual) of the human organism that is involved in any dysfunction and healing journey. This article will favor the physical layer, *annamayakosha*, although we should keep in mind that we cannot address one *kosha* without influencing the others.

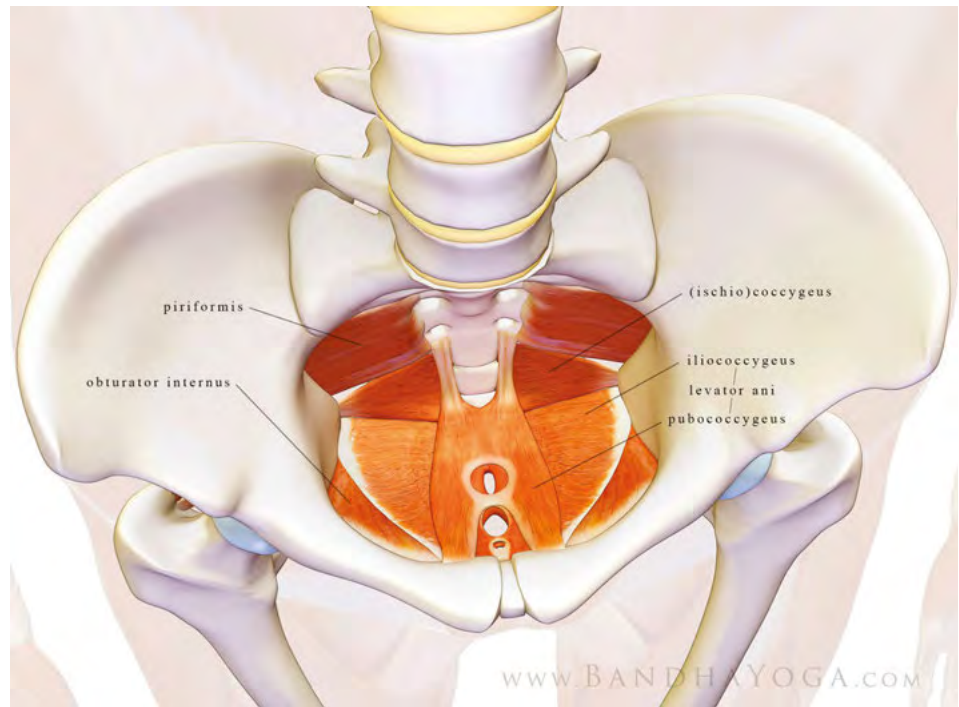


Figure 1

The first step for any practitioner working in the area of pelvic health is to acquire basic knowledge about the pelvic floor (PF) and the factors that influence pelvic floor muscle (PFM) performance. Increasing our understanding improves our ability to discern which yoga methods to use to help our clients optimize their PFM function and overall pelvic health.

### What is the Pelvic Floor?

The PF consists of several layers that include membranes, fascia, sphincters, and muscles. The more superficial layers include the anal and urethral sphincters. The deepest layer of the PF includes muscle groups levator ani and ischiococcygeus (as illustrated in Figs. 1 and 2) and is commonly referred to as the pelvic diaphragm (PD). The pelvic diaphragm is a group of dome-shaped muscles<sup>3</sup> that have connections from the ventral aspects of the coccyx and sacrum to the dorsal aspect of the pubic bone and medial aspects of the sides of the pelvis. Some of the muscles also loop around the urethra, vagina (in women), and rectum. Piriformis and obturator internus (also illustrated) are two hip muscles that line the inner walls of the PF and attach to the femur bone, resulting in a noteworthy connection of the PF to hip

health and function. Many of the PFMs interdigitate with one another, with attachments to other muscles, membranes, or fascia. These extensive and complex anatomical connections are testimony to the many roles that the PF plays.

### Roles of the Pelvic Floor

The PF supports the pelvic organs and plays an essential role in bowel, bladder, reproduction, and sexual function. The additional roles the PF plays in breathing, core timing, posture, hip function, and standing balance ability are often not mentioned, but they are equally important for yoga therapists to address.<sup>4-7</sup> In order for the PFMs to fulfill these roles in a healthy way, they need to be extensible (flexible) and capable of being released, relaxed, engaged, and controlled in a functional and coordinated manner with other muscle groups.<sup>4-7</sup> Many factors can influence PFM performance, such as the extent of damage to the muscles due to childbirth, surgery, or other trauma;<sup>8-10</sup> postural alignment<sup>11</sup>; breathing patterns;<sup>4,6</sup> the timing of PFM recruitment along with its synergistic muscle groups;<sup>5-7</sup> and hormonal imbalances during menopause.<sup>12</sup>

Photo Credit: Bandha Yoga

We also know that a correlation exists between pelvic health issues and mental and emotional health. Unmanaged stress can increase the sympathetic nervous system response, contributing to greater sensitivity of certain nerve cells that can influence the experience of pelvic pain. Stress can also negatively influence bladder function. The brain, nervous systems, PFM, and bladder muscles all work together in a sophisticated manner to achieve bladder control. Anxiety, depression, and posttraumatic stress disorder are shown to be associated with urinary incontinence.<sup>13,14</sup> Also, sexual dysfunctions in the United States have been shown to be correlated with emotional issues such as depression and anxiety.<sup>15</sup>

With just a glance at the above information, one can begin to appreciate the variety of valuable tools and effective approaches that yoga therapists have in our toolbox to help guide individuals suffering from pelvic health issues to progress toward improved overall pelvic health.

## How Yoga Therapy Can Help: The Role of the Yoga Therapist

### (1) Awareness

The first step to optimizing PFM function is to address the client's awareness of and connection to the PF. People who suffer from PF dysfunctions, particularly for a prolonged period of time, appear to lack awareness of their PF and often times report feeling a sense of disconnect from it, as if it is not part of them. If this aware-

ness and feeling of connection is absent or lacking, it will be challenging to relax, engage, or control the PFM or manage persistent pain in the area. Part of an initial PFM-awareness practice can include a basic and brief educational session about PF anatomy as described above. The client can palpate his or her own ischial tuberosities, coccyx, and pubic bone to get a sense of the bony landmarks where the PFM connect. You can include a visualization or mental imagery of the PF in a guided body scan awareness meditation with your client. Breath awareness practices with mindful observation of the natural PD rhythm during a quiet and relaxed abdominal diaphragmatic breath pattern can be extremely helpful in refining a client's awareness. First, simply allow your client to explore his or her experience with what is happening to the PD during a relaxed and natural breath cycle without trying to change anything. It is common for people to describe the direction of movement of the PD during a breath cycle opposite to what the normal healthy direction of movement should be. If this is the case, then it is important to provide education about the natural direction of the PD excursion throughout the breath cycle. The PD moves in the same direction as the respiratory diaphragm. On the inhalation, the PD descends and expands, as if "receiving" the pelvic organs. On the exhalation, the PD ascends as it recoils back up into its resting dome-shaped position. Poses such as *supta baddha konasana* (reclined cobbler's pose), modified *balasana* (extended child's pose with knees apart and big toes together), *ananda balasana* (happy baby pose), and *malasana*

(garland pose) can facilitate awareness of the PD and its proper excursion during breathing.

Tactile feedback at the perineum can also help heighten awareness. Placing an accordion-folded yoga blanket vertically under the body and looping it back along the PF while lying in *makarasana* (crocodile pose) can provide effective feedback. As the individual breathes, he or she can sense the pelvic diaphragmatic rhythm as the sensation and pressure changes are felt at the perineum from the contact with the blanket. Be mindful that this kind of exercise may not be appropriate for everyone, particularly those who have experienced trauma related to the pelvic area or those suffering from a pelvic pain disorder that results in hypersensitivity to the perineum.

Explore cueing your client to focus awareness on different parts of the PF (front, back, right, and left sides) while performing a variety of poses, movements, and breath practices.

Pelvic floor awareness can be taught and practiced in numerous ways. It is essential for you as the yoga therapist to practice these techniques on yourself so that you can discover your most effective cueing that will help optimize PD awareness for your clients.

### (2) Release and Relax the PFM

Even if an individual's pelvic health issue is due to weak or poorly activated PFM, it is still possible for the PFM to hold an unfavorable amount of tension. If a muscle is tense, it does not mean that it is necessarily strong. It can be simultaneously weak and tense. For proper functioning, the PFM need to be extensible, similar to other muscles in our body. If the PFM are repeatedly engaged or consistently being held unnecessarily (either voluntarily or involuntarily), they can become hyper-responsive or overactive, and problems can potentially arise such as pelvic pain, incontinence, constipation, hip or groin pain, low-back pain, or sacroiliac pain. Research shows that pelvic floor muscle contraction exercises (Kegels) can exacerbate some conditions such as overactive bladder, urge incontinence, and pelvic pain dysfunctions and therefore are not recommended as an intervention.<sup>6,16</sup> The key message here is that relaxing and releasing PFM is often times an overlooked but important intervention for many pelvic health issues.

Poses that can help stretch and potentially release PFM tension include

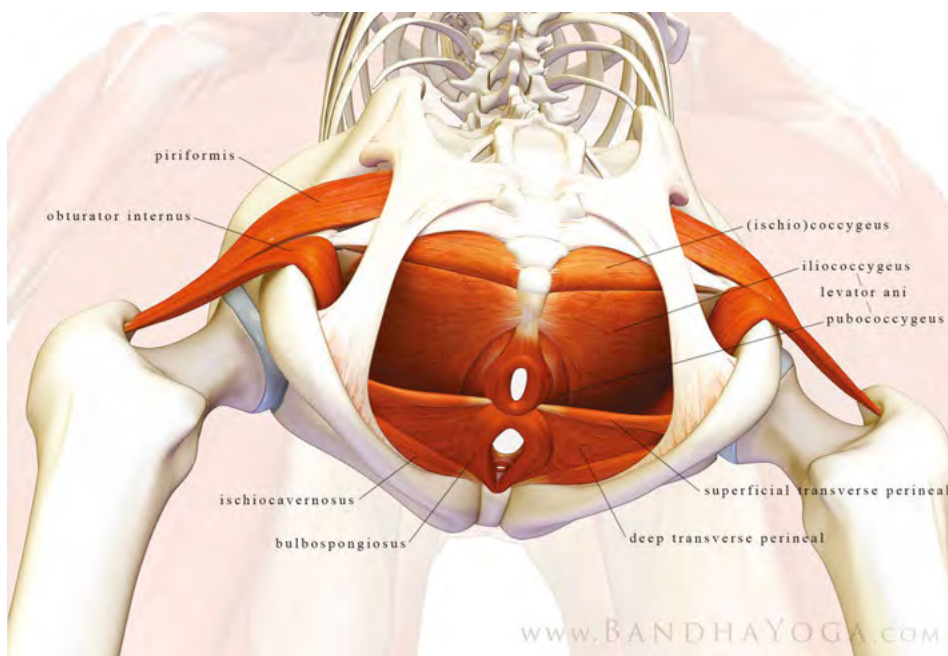


Figure 2



the ones mentioned above and also *gomukhasana* (cow-face pose), modified *eka pada rajakapotasana* (pigeon pose preparation, bending forward), *baddha konasana* (cobbler's pose), *sucirandhrasana* (eye of the needle pose: lying on back or seated with back to wall: cross ankle over opposite thigh; bring thigh to chest), and modified *ananda balasana* (half happy baby pose: one leg straight, other one bent). Notice the involvement of the hip musculature in these poses due to the connection to the PF as previously mentioned. I highly recommend cueing the individual to allow the PF to release and complete its full excursion during the breath cycle while performing these poses, along with visualization and awareness methods, to optimize PFM relaxation.

The extent of PFM relaxation depends on more than the physical pose chosen. It may also depend on the state of the nervous systems; what the individual believes about the pose and technique; how the individual is physically, mentally, and emotionally responding; the nature of the therapeutic alliance; and the breath pattern. Yoga therapists have knowledge about numerous yoga methods, philosophy, and concepts that can influence these factors positively, so these can also be incorporated into the individual's yoga therapy plan to help release PFM tension, as appropriate.

### (3) Engaging PFM's

Isolated strengthening of PFM's outside the context of breathing and function may not necessarily transfer to improved ability of the PFM's to function the way you need them to when you need them to. Sometimes when the PF dysfunction appears to be related to PFM weakness, it turns out it is actually the result of a timing issue where the PFM's are not coordinating with other muscles of the system that they are supposed to be working with, such as the respiratory diaphragm, transversus abdominis, and lumbar multifidus (to name a few).<sup>4,6,17</sup> The key message here is that addressing pelvic floor health is not always simply about performing an isolated Kegel or engaging *mula bandha*.

Learning how to engage the PFM's with proper synergistic timing with other muscle groups with awareness, mindful movement, and breathing can be a daunting task. Furthermore, it is not within a yoga therapist's scope of practice to evaluate PFM's. This evaluation requires skilled manual palpation or use of electrodiagnostic measuring devices by a licensed health practitioner. Therefore, it is wise to refer your client to a licensed

pelvic health physical therapist and together you can work as a team to optimize your client's ability to relax, engage, and control his or her PFM's. There are ways that yoga therapists can help individuals improve the efficacy of PFM engagement. I recommend starting with the education, awareness, and PD breathing practices as above for several sessions, then later integrate a transversus abdominis-assisted thoraco-diaphragmatic (TATD) breath pattern.<sup>18</sup> The TATD breath includes a slight engagement of the transversus abdominis (TA) that provides a graded resistance to the respiratory diaphragm as it descends on the inhalation, resulting in maximal diaphragmatic excursion and increased expansion of the rib cage. Since we know that the respiratory diaphragm, TA, and PFM's all engage in sophisticated, automatic, and coordinated ways, focusing on breathing methods that enhance the respiratory diaphragm and TA activation can potentially facilitate PFM engagement.<sup>5,6,19</sup> Research also suggests that activation of certain hip musculature plays a role in functional integration of PFM engagement.<sup>20</sup>

The yoga therapist can use this information to facilitate PFM engagement by choosing poses and movements that are associated with engaging hip muscles such as adductors, gluteus maximus, and the deep hip rotators while at the same time implementing the TATD breath pattern. *Ujjayi* (victorious) breathing can also accompany the TATD breath during these poses:

- *tadasana* (mountain) with block between inner thighs
- *utkatasana* (chair or fierce pose) with block between inner thighs
- *setu banda sarvangasana* (bridge pose) with block between inner thighs
- *one-legged bridge pose* (lift one leg off mat while keeping pelvis level and neutral)
- *ardha chandrasana* (half moon pose)
- *vriksanana* (tree pose)
- *virabhadrasana I-III* (warrior I-III poses)
- *trikonasana* (triangle pose)
- *utkata konasana* (goddess or fiery angle pose)
- *marjaryasana/bitilasana* (cat/cow pose)
- *alanasana* (high or crescent lunge pose)

Keep in mind that individuals suffering from PF dysfunctions may have a history of trauma associated with the PF such as sexual abuse. Poses where the PF is in a position that may result in the individual feeling vulnerable (e.g., happy baby, reclined cobbler's) may not be initially appropriate. Be mindful of where you as the therapist position yourself. Position yourself in such a way that would reduce

the feeling of vulnerability or threat for the client. Placing yourself to the side of your client and where they can see you is generally an appropriate place. However, each person and situation is different. Watching and listening for any signs of physical, emotional, or emotional discomfort is always important in any session and referring your client to a mental health specialist as indicated.

### (4) Chakras and Koshas

As yoga therapists, we may also take into consideration what we have learned from traditional yogic wisdom about the energetic connection of the pelvic area to the first two chakras. *Muladhara* (root chakra), located near the base of the spine in the area of the perineum, is often associated with qualities of foundational support, sense of belonging, safety, and security. *Svadhishthana* (sacral chakra), located near the coccyx in an area between the navel and pubic bone, is often associated with our creativity, emotions, joy, and sexuality. It is not uncommon to see these particular qualities negatively affected in people suffering from pelvic health dysfunctions. We can use our knowledge and various techniques we have learned in yoga therapy related to addressing these two chakras to further complement the plan of care.

I feel it is essential to emphasize the importance of addressing all layers of the pancha maya kosha model of health, which bears a striking resemblance to our modern day biopsychosocial (BPS) model of health. I find that, unfortunately, the BPS model tends to neglect the spiritual aspect of healing. When we create a space for our clients that promotes self-reflection and self-inquiry, allows them to explore their stories, and helps them reconnect to purpose, they may experience a deeper sense of connection with themselves, others, and nature, which can be profoundly healing and empowering. Yoga therapists are in a strategic position to integrate this spiritual component into the BPS model in a way that is unique and relevant to each individual, perhaps transforming the BPS approach into a "biopsychosocialspiritual"<sup>21</sup> approach that more closely parallels the pancha maya kosha model. Bridging this gap between yoga therapy and our current healthcare paradigm can truly result in what we promote as a more holistic approach to addressing pelvic health and wellness.

### What is the Research Saying?

Outcome research in the area of yoga therapy for pelvic health is scarce and much more will be required before signifi-

*(continued on page 48)*

cant changes in healthcare protocols and practices will be made that include yoga therapy as a valid and reliable intervention. However, recent studies on mindfulness-based stress reduction and group-based yoga therapy for urinary incontinence,<sup>22</sup> asanas and yoga nidra for menstrual abnormalities,<sup>23</sup> yoga and irritable bowel syndrome,<sup>24</sup> yoga and premature ejaculation,<sup>25</sup> yoga for menopausal symptoms,<sup>26</sup> and yoga for pregnancy-related lumbar and pelvic girdle pain<sup>27</sup> show positive effects and a promising future for pelvic health yoga therapy.

I recommend that yoga therapists work closely with the medical team to find out if there are specific precautions or contraindications you need to adhere to and whether or not your client requires help with PFM relaxation, engagement, or a combination of both. It is important to understand that addressing the health of the pelvic floor is just one part of overall pelvic health. There are many other body parts and systems that are included in pelvic health and other factors to consider such as nutrition and hormones; state of the nervous and immune systems; and mental, emotional, and spiritual health. Address all koshas to the best of your ability and skill level. An open dialogue among all practitioners on the team is essential to maximize the holistic approach safely and effectively and to optimize the client's healing. **YTT**

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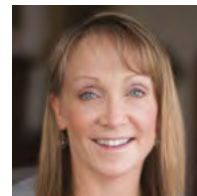
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