

Mitchell W. Krucoff MD, FACC



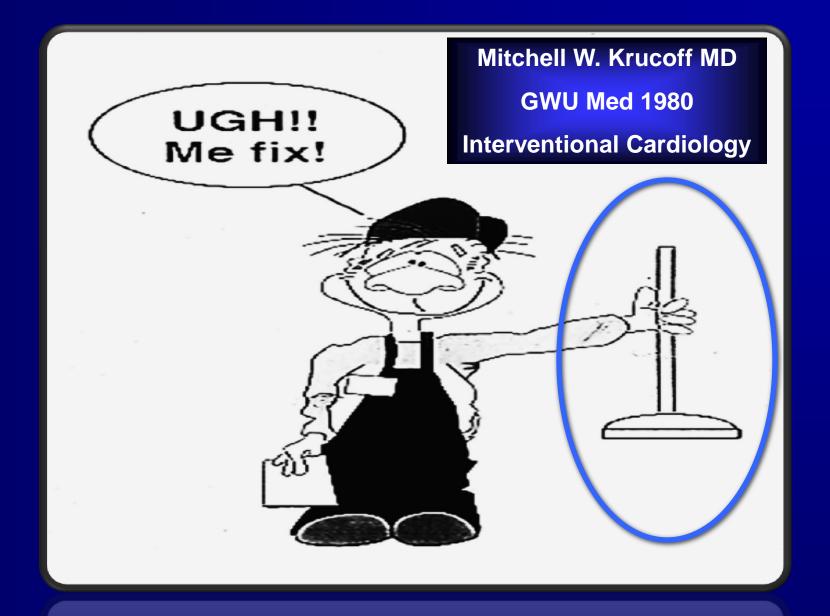
Professor Medicine/Cardiology

Duke University Medical Center

Director, Cardiovascular Devices Unit

Duke Clinical Research Institute





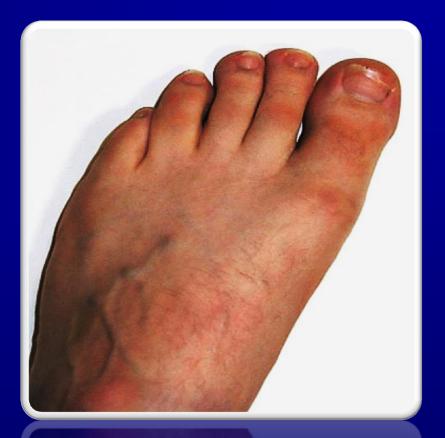






"Miracles" of Interventional Technology









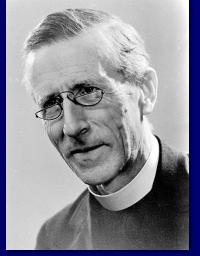


Integrating High Tech Medicine:

What "more" could there be?

"We are not human beings having a spiritual experience.

We are spiritual beings having a human experience."



Pierre Teilhard de Chardin







Spirituality Vs.

Technology









PALACE OF THE HEALING BUDDHA THE BLUE BERYL





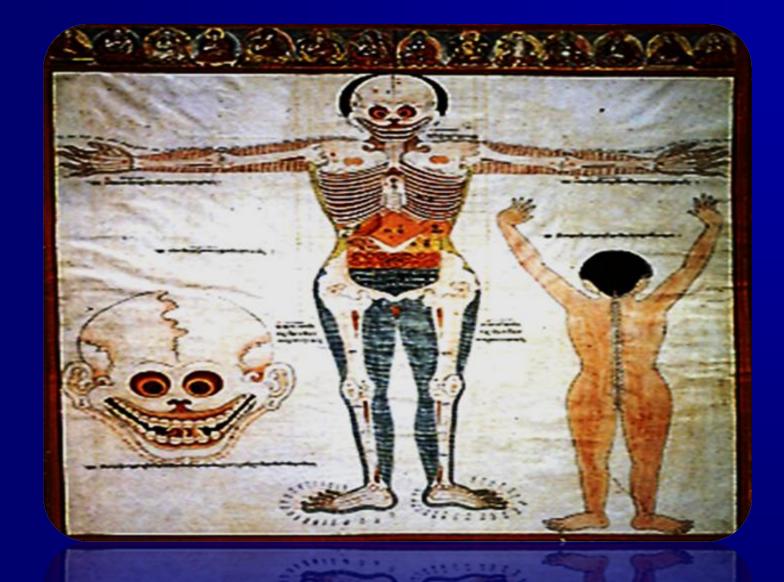








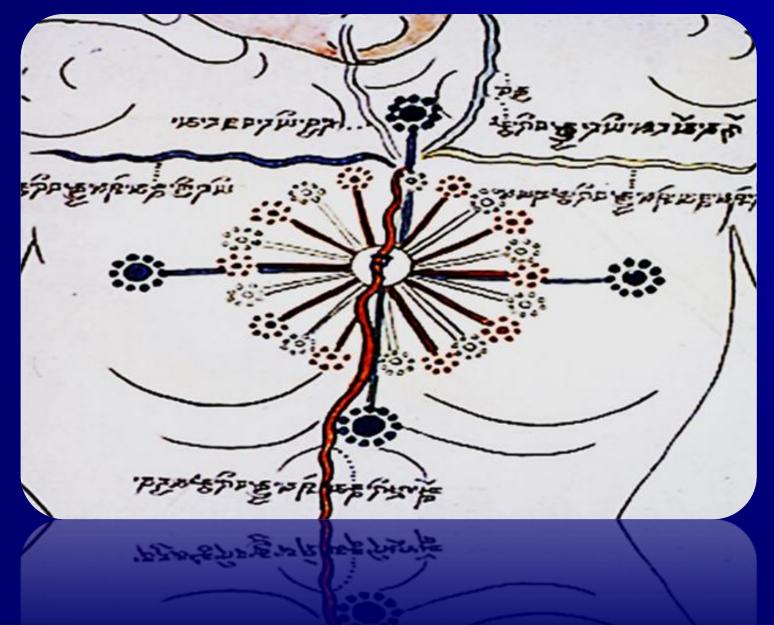








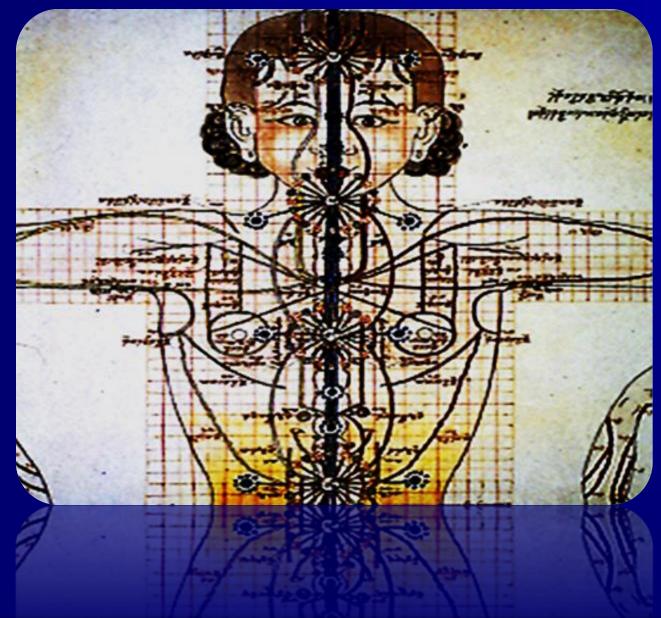


























Govt Hospital, New Delhi, 1990











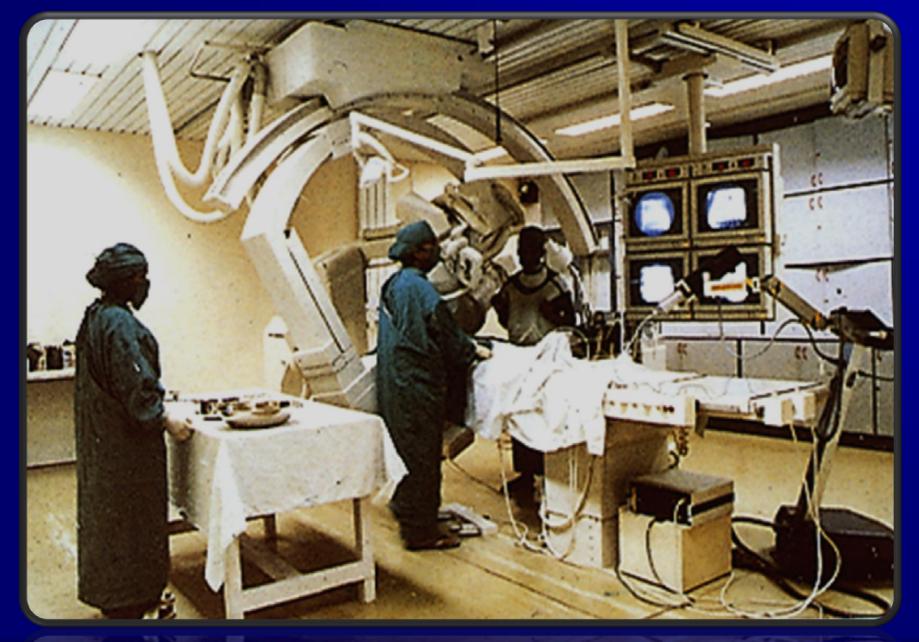








Sri Satya Sai Institute of Higher Medical Sciences

























POINT/COUNTERPOINT

CAN PRAYER AND INTENTIONALITY BE RESEARCHED? SHOULD THEY BE?

POINT

RESEARCH IN DISTANT
HEALING INTENTIONALITY
IS FEASIBLE AND DESERVES
A PLACE ON OUR NATIONAL
RESEARCH AGENDA

Elisabeth Targ, MD

Elisabeth Targ is a psychiatrist and director of the Complementary Medicine Research Institute at California Pacific Medical Center in San Francisco. COUNTERPOINT

MIRACLES ON DEMAND: PRAYER AND THE CAUSATION OF HEALING

Keith Stewart Thomson, PhD

Keith Stewart Thomson is a biologist and distinguished scientist-in-residence at the New School for Social Research in New York City.

the authority of science is so frequently invoked in our culture that it is sometimes difficult to remember what

12

NOETIC THERAPY, SPIRITUALITY, AND PRAYER

Mitchell W. Krucoff, Suzanne W. Crater, Michael Cuffe

Historically one is inclined to look upon science and religion as irreconcilable antagonists...I maintain that cosmic religious feeling is the strongest and noblest incitement to scientific research...The fairest thing we can experience is the mysterious. It is the fundamental emotion which stands at the cradle of true art and true science....In my view, it is the most important function of art and science to awaken this feeling and keep it alive.

Einstein, A. The World As I See It

TRODUCTION: MODERN CARDIOLOGY AND THE HUMAN SPIRIT

arnal of the American College of Cardiology
© 2005 by the American College of Cardiology Foundation
Published by Elsevier Inc.

Vol. 46, No. 1, 1 ISSN 0735-1097/05/\$3

ACCF COMPLEMENTARY MEDICINE EXPERT CONSENSUS DOCUMENT

Integrating Complementary Medicine Into Cardiovascular Medicine

A Report of the American College of Cardiology Foundation Task Force on Clinical Expert Consensus Documents (Writing Committee to Develop an Expert Consensus Document on Complementary and Integrative Medicine)

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Integrative Cardiology, Vogel J, Krucoff M, Editors; McGraw-Hill 2007

INTEGRATIVE

CARDIOLOGY

Complementary and Alternative Medicine for the Heart





JOHN H. K. VOGEL

MITCHELL W. KRUCOFF

E BOLLING, MD, FACC BIGAN OLSHAN A, COSTELLO, Pad KENNETH R, PE M. GHARNERI, MD, FACC CYNTHA M, TR LL W, KRUCOFF, MD, FACC, FCCP ROBERT A, VOG



MANTRA STUDY PROJECT

"Historically one is inclined to look upon science and religion as irreconcilable antagonists.... I maintain that cosmic religious feeling is the strongest and noblest incitement to scientific research...."

Einstein, A. The World As I See It









"Noetic Therapies":

Intangible Human Healing Capacities



- Prayer
- Faith
- Chi
- Prana
- Imagery
- Placebo

- Love
- Compassion
- Companionship
- Touch







Intangibles Impact Cardiovascular Outcomes

- Religious community
- Depression
- Stress
- Hostility
- Loneliness

- **Vasoconstriction**
- Platelet activation
- Inflammatory response
- Tachycardia
- Inotropic stimulation
- Arrhythmias

Vogel, Krucoff ACC CAM Consensus Statement J Am Coll Cardiol 2005;46:184 –221.

Koenig HG. Is Religion Good for Your Health? New York: Haworth Press; 1997.

Williams R. Anger Kills. New York: Random House; 1993.







Integrating Noetic Therapy into High Tech Medicine: From anecdote to data driven practices

THE JOURNAL OF ALTERNATIVE AND COMPLEMENTARY MEDICINE Volume 15, Number 12, 2009, pp. 1259–1261

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DOI: 10.1089/acm.2009.0675

What Do "We" Want and Need to Know About Prayer and Healing?

Mitchell W. Krucoff, M.D., F.A.C.C.1.2 and Suzanne W. Crater, R.N., A.N.P.-C.2.3

In 2005, THE Monitoring & Actualization of Noetic TRAinings (MANTRA) II study was published in *The Lancet*¹ the first prospective, multicenter clinical trial of prayer in patients with heart disease. On the first day the press embargo on this report was lifted, a newspaper headline announced to the world: "God Fails Test." When results of an even larger multicenter trial, the Study of Therapeutic Effects of Intercessory Prayer (STEP), in patients undergoing heart surgery was later published in the *American Heart Journal*, similarly simplistic and sensationalized media coverage provided

cessory Prayer (STEP), in patients undergoing heart surgery was later published in the American Heart Journal,² similarly simplistic and sensationalized media coverage provided

scientific inquiry in such early stages of research will be useful to fashion better, clearer questions, or hypotheses; and for the advance of medical practice, clinical research applying clearer, more informed questions provides the real substrate from which more definitive, more impactful answers may arise.

As ongoing interest propels further studies from leading research centers, we might briefly reflect on just what it is that we want and need to know about prayer and healing. At this early stage, when we are still unclear how a "dose"

As ongoing interest propels further studies from leading research centers, we might briefly reflect on just what it is that we want and need to know about prayer and healing At this early stage, when we are still unclear how a "does

♦ Safety & effectiveness:

- Disease specificity
- ♦ Dose response
- Mechanism of action

TRAining

- Methodology
- **♦** Competence
- **♦** Certification





The MANTRA Pilot Protocol



Protocol

CCU Presentation

Scheduled for Cath

Informed Consent

Continuous Monitoring

- HR
- EIP
- · ECG (ST)

Randomization 4:1

Noetic Therapy

Standard Therapy

- Imagery
- Touch Therapy
- Stress Management
- Off-Site Prayer





Clinical Investigations

Interventional Cardiology

Integrative noetic therapies as adjuncts to percutaneous intervention during unstable coronary syndromes: Monitoring and Actualization of Noetic Training (MANTRA) feasibility pilot

Mitchell W. Krucoff, MD, Suzanne W. Crater, RN, ANP-C, Cindy L. Green, PhD, Arthur C. Maas, MD, Jon E. Seskevich, RN, James D. Lane, PhD, Karen A. Loeffler, Kenneth Morris, MD, Thomas M. Bashore, MD, and Harold G. Koenig, MD *Durbam*, NC

Background Patients undergoing percutaneous coronary intervention (PCI) for unstable coronary syndromes have substantial emotional and spiritual distress that may promote procedural complications. Noetic (nonpharmacologic) therapies may reduce anxiety, pain and distress, enhance the efficacy of pharmacologic agents, or affect short- and long-term procedural outcomes.

Methods The Monitoring and Actualization of Noetic Training (MANTRA) pilot study examined the feasibility of applying 4 noetic therapies—stress relaxation, imagery, touch therapy, and prayer—to patients in the setting of acute coronary interventions. Eligible patients had acute coronary syndromes and invasive angiography or PCI. Patients were randomized across 5 treatment groups: the 4 noetic and standard therapies. Questionnaires completed before PCI reflected patients' religious beliefs and anxiety. Index hospitalization end points included post-PCI ischemia, death, myocardial infarction, heart failure, and urgent revascularization. Mortality was followed up for 6 months after hospitalization.

Results Of eligible patients, 88% gave informed consent. Of 150 patients enrolled, 120 were assigned to noetic therapy; 118 [98%] completed their therapeutic assignments. All clinical end points were available for 100% of patients. Results were not statistically significant for any outcomes comparisons. There was a 25% to 30% absolute reduction in adverse were not statistically significant for any outcomes comparisons. There was a 25% to 30% absolute reduction in adverse were not statistically significant for any outcomes comparisons. There was a 25% to 30% absolute reduction in adverse were not statistically significant for any outcomes comparisons. There was a 25% to 30% absolute reduction in adverse were not statistically significant for any outcomes comparisons. There was a 25% to 30% absolute reduction in adverse were not statistically significant for any outcomes comparisons. There was a 25% to 30% absolute reduction in adverse were not statistically significant for any outcomes comparisons. There was a 25% to 30% absolute reduction in adverse were not statistically significant for any outcomes comparisons. There was a 25% to 30% absolute reduction in adverse were not statistically significant for any outcomes comparisons. There was a 25% to 30% absolute reduction in adverse were not statistically significant for any outcomes comparisons. There was a 25% to 30% absolute reduction in adverse were not statistically significant for any outcomes comparisons. There was a 25% to 30% absolute reduction in adverse were not statistically significant for any outcomes comparisons. There was a 25% to 30% absolute reduction in adverse were not statistically significant for any outcomes comparisons. There was a 25% to 30% absolute reduction in adverse were not statistically significant for any outcomes comparisons. There was a 25% to 30% absolute reduction in adverse were available for 100% of patients.

- **♦** ACS pts: n=150
- ♦ Urgent cath
- ♦ 1º Endpoint: Index hosp ACE:
 - Continuous ST segment monitoring (blinded core lab)
 - MACE: death, new
 MI, new CHF, urgent
 revasc

Krucoff MW et al, Am Heart J 2001







MANTRA Pilot:

Treatment assignments

- Imagery *
- Stress relaxation *
- Healing touch *
- Intercessory prayer **
- Standard Care **





** Double blinded



MANTRA Pilot: Primary Results

ENDPOINT	STD	NOETIC	ALL
# PTS	30	120	150
TIB (uV-min)	156 (0,465)	187 (0,806)	184 (0,649)
% ST post-PTCR	25.9	18.6	20.2
% MACE	6.7	4.2	4.7
% ACE	25.9	20.4	21.6

MACE = Death, MI, CHF, urgent revasc









The MANTRA Study

PHASE II Trial Design

PCI Patients

N = 750 9 Sites



Music, imagery, touch, and prayer as adjuncts to interventional cardiac care: the Monitoring and Actualisation of Noetic Trainings (MANTRA) II randomised study



Mit chell W Kru coff, Suzanne W Crater, Dianne Gallup, James C Blankenship, Michael Cuffe, Mimi Guarneri, Richard AKrieger, Vib R Kshetty, Kenneth Morris, Mehmet Oz, Augusto Pichard, Michael H Sketch Jr, Harold G Koenig, Danid Mark, Kerry L Lee

Summary

Background Data from a pilot study suggested that noetic therapies—healing practices that are not mediated by Longit 2005; 366:211-17 tangible elements—can reduce preprocedural distress and might affect outcomes in patients undergoing See Editorial page 178 percutaneous coronary intervention. We undertook a multicentre, prospective trial of two such practices: intercessory prayer and music, imagery, and touch (MIT) therapy.

Duke Clinical Research Institute, /M W Krucoff MD, SW Crater RN

Krucoff MW et al, Lancet 2005;366: 211-17









MANTRA II: Noetic Methods

- Music, Imagery, Touch (MIT)
 - Bedside
 - Participatory
- Off-Site Intercessory Prayer
 - Distant congregations:
 - 12 = "Lower dose"
 - 24 = "High dose"
 - Double blind







MANTRA II: Baseline Descriptors

	Total (n=748)	Prayer (n=371)	No prayer (n=377)	MIT therapy (n=374)	No MIT therapy (n=374)
Demography		— - Inm			
Median (IQR) age, years M/F (%)	65 (55-73) 534 (71%)/214 (29%)	65 (56-72) 262 (71%)/109 (29%)	65 (55-73) 272 (72%)/105 (28%)	66 (57-74) 266 (71%)/108 (29%)	63 (55-72) 268 (72%) 106 (28%)
Clinical features					
Diabetes Current smoker Previous MI CHF	263 (35%) 122 (17%) 302 (41%) 113 (15%)	130 (35%) 66 (18%) 160 (43%) 62 (17%)	133 (35%) 56 (15%) 142 (38%) 51 (14%)	132 (35%) 57 (16%) 146 (39%) 53 (14%)	131 (35%) 65 (18%) 156 (42%) 60 (16%)
Psychological features					
Median (IQR) baseline VAS distress Median (IQR) Spielberger anxiety score Median (IQR) baseline QOL score	268 (153–400) 38 (30–47) 56 (48–63)	268 (161-393) 38 (31-47) 56 (48-63)	268 (146-407) 38 (30-47) 56 (48-63)	264 (159-401) 38 (30-47) 57 (48-64)	274 (151-400) 38 (30-47) 55 (48-62)
Duke religiosity survey*					
1 2 3	316 (43%) 341 (46%) 261 (36%)	155 (43%) 171 (47%) 129 (36%)	161 (44%) 170 (46%) 132 (36%)	170 (47%) 182 (50%) 138 (38%)	146 (39%) 159 (43%) 123 (33%)
Underwent percutaneous coronary intervention Treatment	563 (76%)	274 (74%)	289 (79%)	284 (77%)	279 (76%)
Aspirin Glycoprotein IIb/IIIa inhibitor β blocker ACE inhibitor	689 (92%) 89 (12%) 497 (67%) 322 (43%)	344 (93%) 48 (13%) 248 (67%) 164 (44%)	345 (92%) 41 (11%) 249 (66%) 158 (42%)	339 (91%) 49 (13%) 232 (63%) 148 (40%)	350 (94%) 40 (11%) 265 (71%) 174 (47%)

Mi-myocardial infarction; CHF- congestive heart failure; VAS-visual analogue scale; QOL-quality of life; ACE-angiotensin-converting enzyme. Data are number of patients unless otherwise stated. *1-attends church at least once a week (social); 2- prays at least once a day (personal practice); 3- definitely experiences presence of the Divine, definitely feels that religious/spiritual beliefs are behind his or her whole approach to life, and religion definitely carries over into all other dealings in his or her life.

Table 1: Baseline features and randomised groups

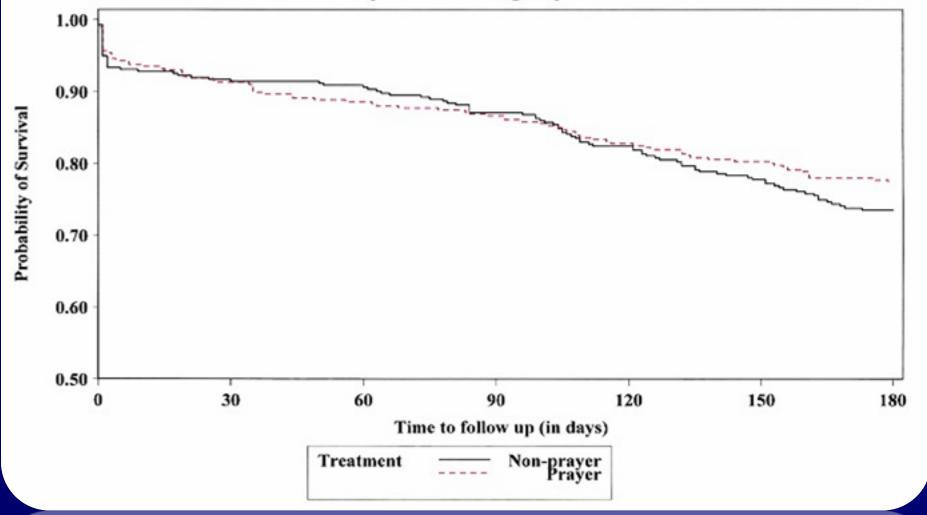
Krucoff et al, Lancet 2005; 366: 211-17







6-month MACE Prayer vs. Non-prayer



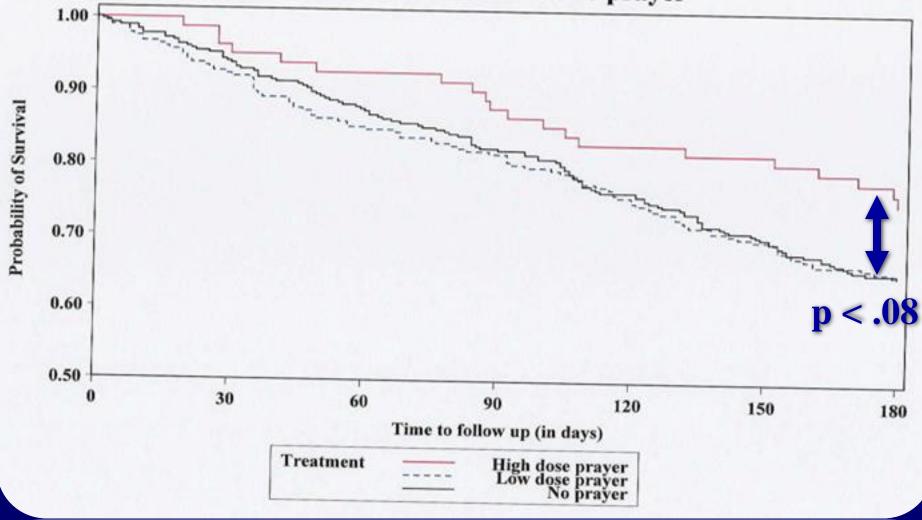






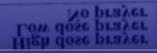


6-month death or re-hospitalization High dose vs. Low dose vs. No prayer











CAM In ACS: The MANTRA Experience

MANTRA II: MIT & VAS

	MIT (N=374)	No MIT (N=374)	All Pts (N=748)	P-value
Baseline VAS	263.9	273.8	268.0	
Pre-PCI VAS	154.5	256.0	194.3	
VAS Distress Delta	-84.2	-18.9	-41.0	< .0001







CAM In ACS: The MANTRA Experience

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In-hospital MACE	7.0%	4.5%	5.7%
6 mos. Death	1.9%	5.4%	3.6%







CAM In ACS: The MANTRA Experience

MANTRA II: MIT & VAS

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P < .03









MANTRA Study Project

Key Questions

- MIT or Companionship
- Mechanism(s) of actions?
- Are findings reproducible?





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Einstein, A. The WorldAs I See It









The Future of High Tech Health Care & Healing: What Have We Learned? What Are We Praying For?







Revisiting the material world of medicine

The Journal of

Alternative and Complementary Medicine

Research on Paradigm, Practice, and Policy

Mary Ann Liebert, Inc. To publishers

THE JOURNAL OF ALTERNATIVE AND COMPLEMENTARY MEDICINE Volume 17, Number 9, 2011, pp. 859–865

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Paradigms

Toward a More Materialistic Medicine: The Value of Authentic Materialism Within Current and Future Medical Practice

Drew Leder, MD, PhD, and Mitchell W. Krucoff, MD2

Abstract

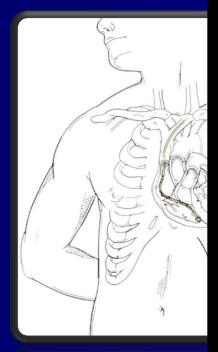
Modern medicine is often accused by diverse critics of being "too materialistic" and therefore insufficiently holistic and effective. Yet, this critique can be misleading, dependent upon the ambiguous meanings of "materialism." The term can refer to the prevalence of financial concerns in driving medical practice. Alternatively, it can refer to "mechanistic materialism," the patient viewed as a body-machine. In each case, this article shows

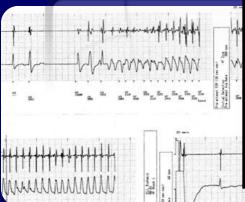
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Welcoming the defibrillator...















Welcoming the defibrillator...





- **♦** Acute:
 - **♦** Inflammatory response
 - **♦** Bleeding
 - **♦** Wound healing
- **♦** Chronic:
 - Quality of life
 - **♦** Shockable rhythms





Integrating The Material & Noetic Worlds:

What constitutes a healing space for high tech interventions?

Healing Space:

- Outer space
- Inner space







Healing and The Material World: What are we exploring?

Healing Space:

- Outer space
- Inner space



























Swiss Review for Medicine and Medical Technique



1/05





Like Shining Stars

A cardiologist's view of Baba's hospitals and the future of healthcare

By Dr. Mitchell W. Krucoff, MD, FACC, FCCP, Durham, North Carolina (USA)*

It was 12 years ago that Sri Sathya Sai Baba's omnipresence touched my life at the level of my direct awareness. At that time I was an interventional cardiologist with an established career in clinical research into new medical technologies at Duke University Medical Centre [Durham, North Carolina]. I accepted the invitation from the Cardiology Society of India and the Texas Heart Institute in 1989, to present our work at their Congress on Coronary Artery Disease, as an interesting opportunity to visit India. Little did I know that this was merely the surface of events, as I could perceive them.

I had travelled a good deal over the years, but India touched my soul. At the end of the Congress, as I took my seat on the plane to fly home, my head was spinning with matters from worrisome epidemiologic data on Indian heart disease to stunning cultural impressions and new professional acquaintances. At that moment, an unusually friendly and talkative man sat down next to me. He



The author, Dr. Mitchell W. Krucoff, is Professor of Medicine/Cardiology, Senior Staff, Interventional Cardiology, Duke University Medical Centre: Director, Cardiovascular Devices Unit, Director, MANTRA Study Project, Duke Clinical Research Institute; Director, CardiovaScular LaboratorieS. Durham VA Medical Centre, These institutions are in Durham, North Carolina, USA.

frauds and charlatans who used Eastern traditions to bilk rootless ke excitedly about his personal experience with an Avatar in Westerners. Nonetheless, as I travelled back to India, everythis







Healing and The Material World: What are we exploring?

Healing Space:

- Outer space
- Inner space









International Conference on "SPIRITUALITY IN HEALTH CARE"

Organised by The Department of Counselling

Sri Sathya Sai Institute of Higher Medical Sciences
Whitefield, Bangalore.

On 24th and 25th October 2009







SRI SATHYA SAI MEDICAL TRUST

TOUCHING LIVES THROUGH SELFLESS SERVICE



Bhagawan Sri Sathya Sai Baba established Sri Sathya Sai Medical Trust to offer worldclass healthcare to all totally free of charge.

The hospitals run by Bhagawan are testimony to the healing power of love.

Sri Sathya Sai Medical Trust is the only charitable trust in India, to offer complete medical care including, consultation, diagnosis, comprehensive treatment and follow-up, at the Primary, Secondary and Tertiary levels to all patients free of all charges.



- free of charge.

 Medical care must be administered with love and care.
- Every patient should be given the best available treatmen
- Treat the patient and not merely the disease.

*Look upon them (the Patients) as your own kith an kin, as our special guests and as your closest friends, attend to them lovingly and with unflinching care. Your words should enthuse encourage and inspire the patients. You cannot always oblige, but you can olways speak obligingly. Your loving attitude towards the patients will bring in a see change in them."

- Baba

Love all, Serve all Help ever, Hurt never







Presenth Nileyet 2005

www.sssmt.org.in

we all Serve all Help ever Hurt nev

may provide to a new speciality or grown,





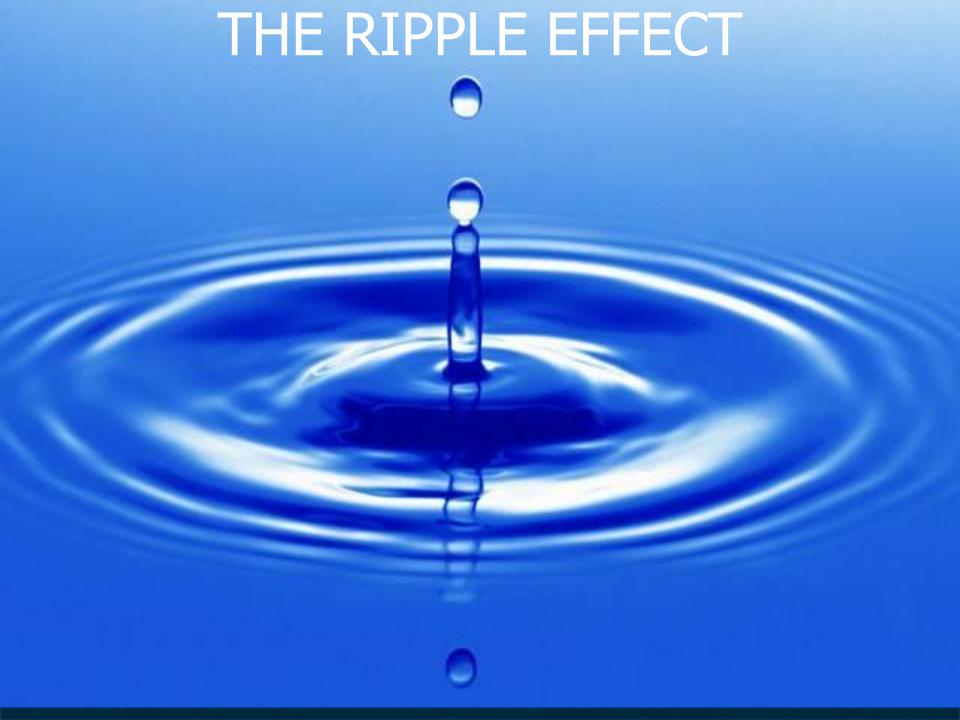


GUIDANCE TOWARDS PATIENT CARE

- THE SAIPHILOSOPHY.

"Look upon them as your own kith and kin, as our special guests and as your closest friend. Attend to them lovingly and with unflinching care. Your words should enthuse, encourage and inspire the patients.

You cannot always oblige, but you can always speak obligingly. Your loving attitude towards the patients will bring in a sea change in them." — Sai Baba.



BEYOND THE HORIZON PERCEIVING BEYOND THE OBVIOUS



TOXIC EMOTIONS







SAI COUNSELLING IN PROGRESS Cleansing breath, Restorative Prayer





NURTURING POSITIVE THOUGHTS



SHIFT IN PERCEPTION









The Counselors

The purpose of technology is to fit into, not to replace, the human heart....



(Cardiac) Rehab

A leading arena of mind-body-spirit professionalism



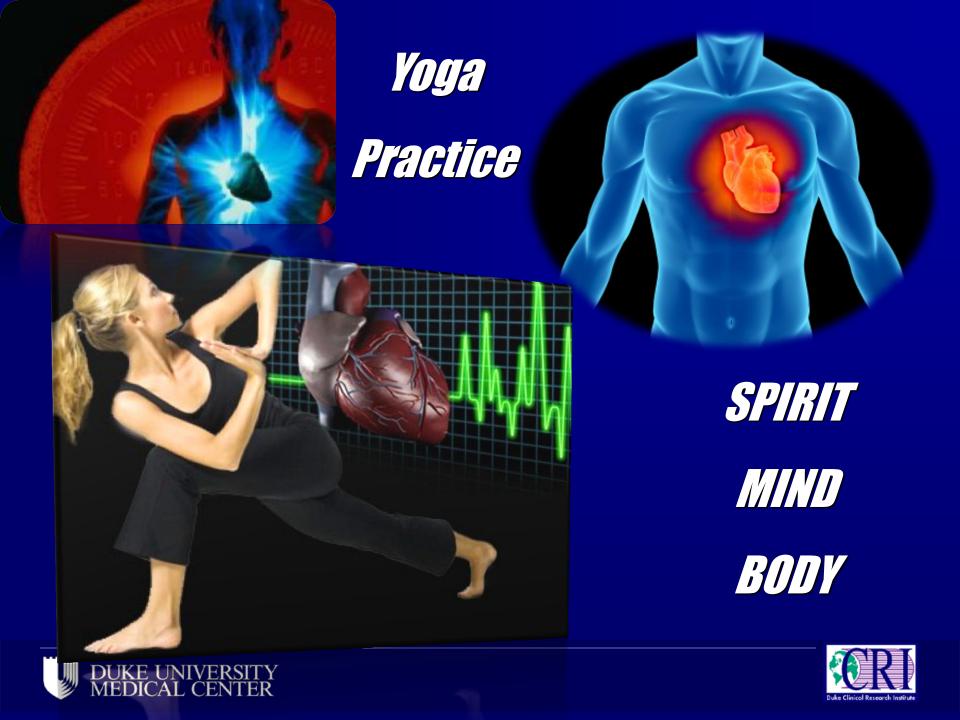


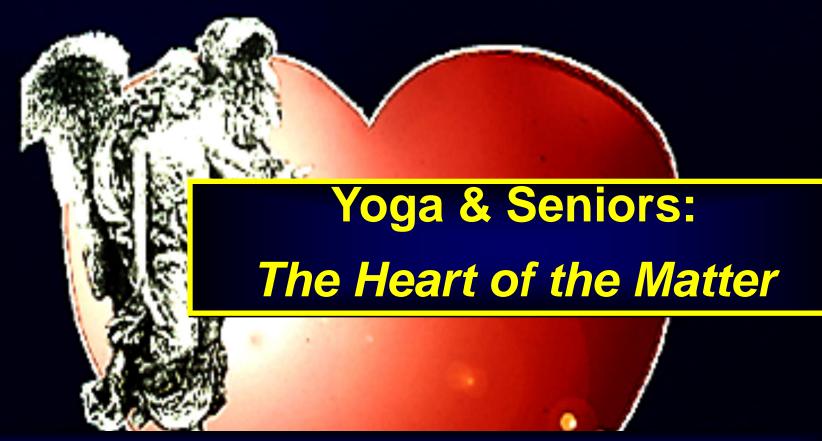
(Cardiac) Rehab Objectives & Skills

- Bridging inpatient, outpatient and home life
- Awareness of emotional & physical recovery connection
- Tools to address mind-body-spirit needs:
 - Physical strength, balance, range of motion
 - Aerobic capacity & conditioning
 - Confidence, optimism vs. depression
 - Peer support: culture of survivors









Mitchell W. Krucoff MD, FACC



Professor Medicine/Cardiology

Duke University Medical Center

Director, Cardiovascular Devices Unit

Director, MANTRA Study Project

Duke Clinical Research Institute



Yoga & Seniors Tools at the X-roads of Mind-Body-Spirit

- The Breath
 - Oxygen
 - Circulation
 - □ Pain
 - Awareness
- The Body
 - Flexibility
 - Strength
 - Balance
 - Awareness

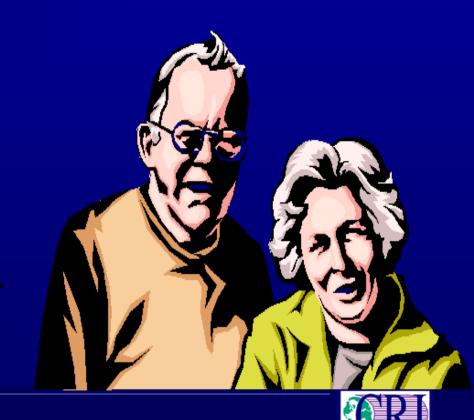
- The Mind
 - Discipline
 - Calm
 - Understanding
 - **Awareness**





Clarifying Objectives of Yoga for Seniors: Entering The Heart of the Matter

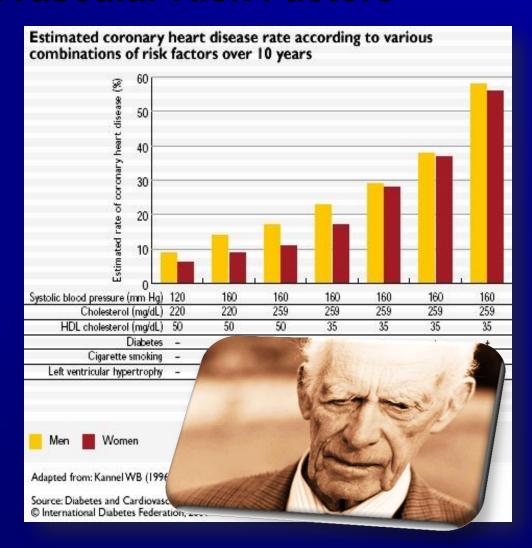
- The Senior perspective what are they seeking in Yoga practice?
- The Lotus Sutra: compassionate insight-understand their hearts
- Redefining "frailty" and "resilience"
- Apply tools of Mind-Body-Spirit balance, resonance, healing





Classical Cardiovascular Risk Factors

- Family history
- Gender
- Diabetes
- Tobacco
- Hypertension
- Cholesterol
 - Obesity
 - Activity
- □ *Ag*e







Mind-Body-Spirit: The Heart of Seniors The "Modern" Cardiology Spectre of Aging

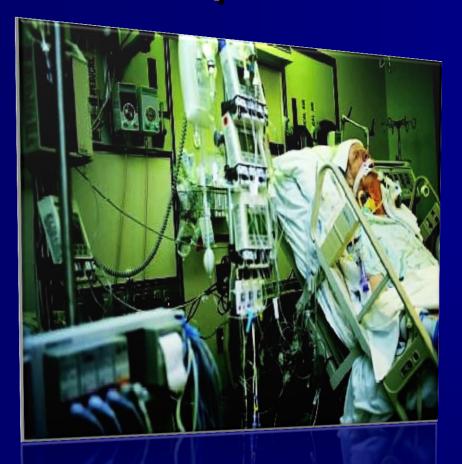
- Most likely to develop cardiovascular disorders
- Most likely to suffer complications of disease
- Most likely to suffer complications of therapy
- Struggle with isolation, attitude
- Face the inevitable: personal mortality







Mind-Body-Spirit: The Heart of Seniors Better Options: Let West Learn From East....

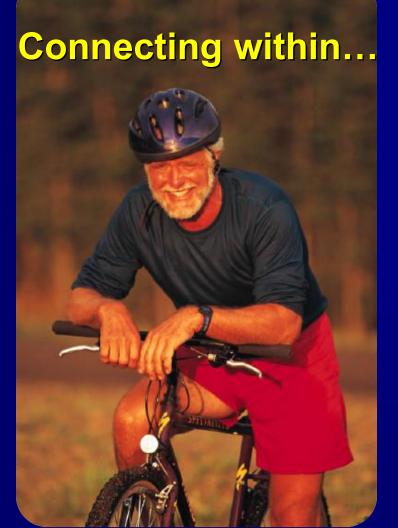








Mind-Body-Spirit: The Heart of Seniors Maintaining, Restoring The Heart of Vitality: Connection





Connecting with others...

The most to lose...

The most to gain....





Yoga & Seniors Tools at the X-roads of Mind-Body-Spirit



Seniors: X-roads of Death and Life

Yoga: Tools of Inner & Outer Connection



Utility of Yoga Tools for Mind-Body-Spirit

- Relaxation
- Meditation
- Prayerfulness





- Healing & Recovery
- Wellness
- **Spiritual Growth**

Tools of Balance & Connection

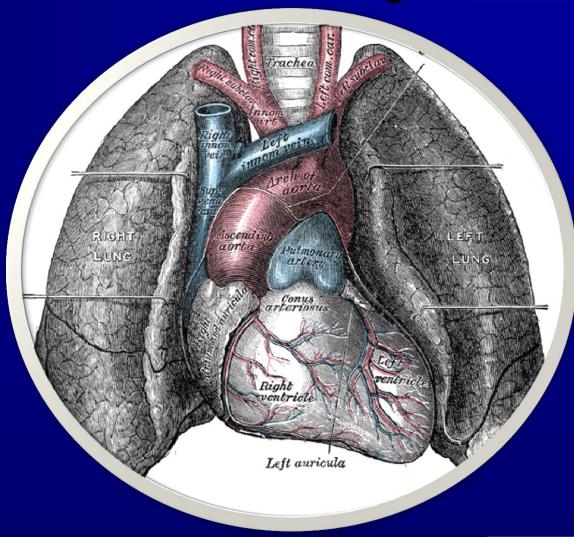




Cardiovascular Physiology, Pathophysiology, Therapeutics & Considerations for Yoga and

Seniors









Senescent Cardiovascular Physiology & Physical Activity

- Diastolic heart failure
- Hypertension
- Atrial fibrillation
- Conduction disorders
- Coronary artery disease
- Valvular disease
- Stroke



- Dizziness
- Dyspnea
- **Exertional limits:**
 - Heart failure
 - Ischemia
 - **Co-morbidities**







Yoga Programs for Seniors







http://handsonlycpr.eisenberginc.com/





Yoga Programs for Seniors: Access to AEDs









The Carson-Krucoff Principles

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Paradigms

Teaching Yoga to Seniors: Essential Considerations to Enhance Safety and Reduce Risk in a Uniquely Vulnerable Age Group

> Carol Krucoff, E-RYT, Kimberly Carson, MPH, E-RYT, Matthew Peterson, PhD, 3 Kathy Shipp, PT, MHS, PhD.4 and Mitchell Krucoff, MD TEACHING YOGA TO SENIORS

Abstract

Background: Seniors age 65 and older represent the fastest-growing sector Americans, are increasingly drawn to yoga. This presents both an extrao

mericans, are increasingly drawn to yoga. This presents both an extra Background: Seniors age 65 and older represent the fastest-growing sector

TABLE 1. CARSON-KRUCOFF PRINCIPLES OF PRACTICE^a

- First, Do No Harm. Join with our physician colleagues in making this our primary intention.
- 2. Create a Safe Environment. Cultivate ahimsa (nonharming) by encouraging students to honor their own personal journey and explore their full potential, with compassion and integrity.
- 3. Encourage Yogic Balance. Sthira sukham asanam—A yoga pose is, by Patanjali's definition, stable and comfortable. Invite students to challenge themselves, but never strain.
- 4. Meet People Where They Are. Honor individual abilities and limitations by offering accessible and appropriate modifications that reflect the intention and function of traditional postures.
- 5. Emphasize Feeling Over Form. Let go of ideas of how a pose should look. Focus instead on how a pose feels. Teach students to discriminate between discomfort, which may be welcomed as an inherent part of the growth process, and pain, which is to be avoided.
- 6. Honor the Inner Teacher. Don't assume you know what's going on with someone, even if you've asked. Consider yourself a guide, helping students explore what works best for them.
- 7. Encourage Gratitude and Joy. Create an environment that celebrates what students can do.
- 8. Emphasize Fluidity. The Tao's teaching that "those who are soft and supple are disciples of life" is particularly important as the body becomes rigid with age. Minimize static "holdings."
- 9. Use Skillful Language. Encourage and invite rather than direct and demand.
- 10. Respect Our Scope of Practice. Recognize that what we do as yoga teachers is only part of the integrative health care landscape. Do only what we are trained to do and refer to other practitioners when necessary.
- 11. Be a Guardian of Safety. Get CPR/AED training and keep your certification current.
- 12. Teach People, Not Poses or Conditions. While acknowledging the inevitable changes inherent in life, it is essential to recognize the unchanging spirit at the heart of all beings.

^aFrom Therapeutic Yoga for Seniors, Teacher Training Manual, © 2008 Kimberly Carson and Carol Krucoff. CPR, cardiopulmonary resuscitation; AED, automated external defibrillator.





Tools of Rehab in Vulnerable Populations: Bringing life back to life





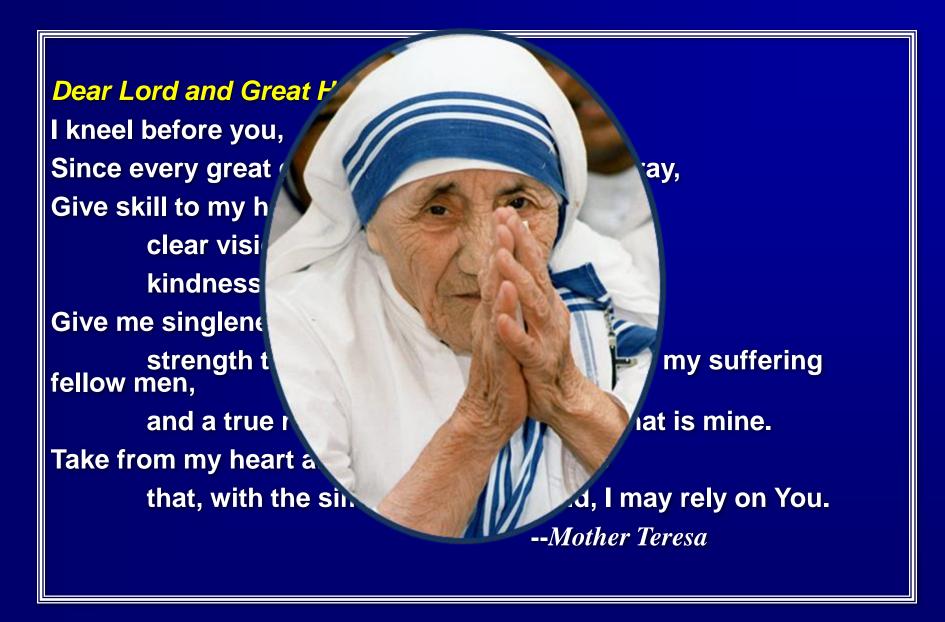








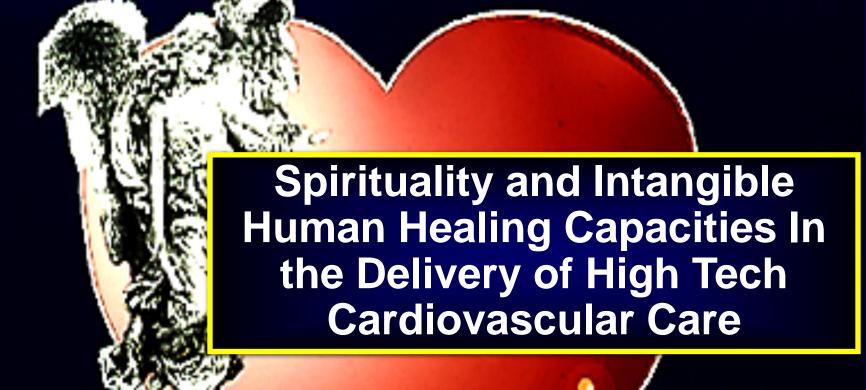












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