Kundalini Yoga Meditation Techniques for the Treatment of Obsessive-Compulsive and OC Spectrum Disorders

David S. Shannahoff-Khalsa

The use of Kundalini yoga (KY) meditation techniques for the treatment of obsessive-compulsive disorder (OCD) are reviewed based on two published clinical trials. A specific meditation protocol has been subjected to uncontrolled conditions and to a comparison-control meditation group in a randomized matched-groups trial design. In addition to the long-term effects, the efficacy for short-term and rapid benefits are presented in a patient's own words for a single case history of a young woman with OCD, body dysmorphic disorder (BDD), and social anxiety disorder. Meditation techniques are described in detail for the original time-tested KY-OCD protocol, including a technique for managing fear and one for anger; also, additional techniques are included that are claimed by yogis to be effective for depression, anxiety, and a range of nervous disorders. [*Brief Treatment and Crisis Intervention* 3:369–382 (2003)]

KEY WORDS: obsessive-compulsive disorder, body dysmorphic disorder, anxiety, fear, yoga, meditation.

Obsessive-compulsive disorder (OCD) is one of the most disabling of the anxiety disorders and is likened to a "waking nightmare" (Rapaport, 1990). Rasmussen and Eisen (1990) state that OCD has a life-long prognosis. It is the fourth most common psychiatric disorder, following phobias, substance abuse, and the major depressive disorders; and it is twice as common as schizophrenia and panic disorder. OCD often begins during childhood or adolescence and has a lifetime prevalence rate of 2.5% to 5.0% (Rasmussen & Eisen, 1990). According to Murray and Lopez (1996), OCD is also among the top ten causes of disability. OCD has also proven to be refractory to traditional insight-oriented psychotherapy (Jenike, 1990), and it is considered to be one of the most recalcitrant psychiatric disorders.

While one could argue how OCD ranks in terms of mental torment experienced by its sufferers, it is clear that the conventional modalities for treatment—psychopharmacologic and

From The Research Group for Mind-Body Dynamics, Institute for Nonlinear Science, University of California, San Diego; and The Khalsa Foundation for Medical Science.

Contact author: David S. Shannahoff-Khalsa, The Research Group for Mind-Body Dynamics, Institute for Nonlinear Science (mail code 0402), University of California, San Diego, 9500 Gilman Dr., La Jolla, CA 92093-0402. The Khalsa Foundation for Medical Science, P. O. Box 2708, Del Mar, CA 92014. Phone: (858) 534-0154. Fax: (858) 534-7664. E-mail: dsk@ucsd.edu.

© 2003 Oxford University Press

cognitive-behavior therapy in the form of exposure and response prevention—lack as remedies for quick relief. This article builds the case for the use of Kundalini yoga (KY) meditation techniques as an effective modality for treatment as both a chronic disorder and for the rapid benefits of brief treatment.

Two year-long clinical trials have been conducted to test the efficacy of KY meditation techniques for the treatment of OCD. The first trial was an open uncontrolled pilot (Shannahoff-Khalsa, & Beckett, 1996), and the second was a randomized controlled trial (Shannahoff-Khalsa, 1997; Shannahoff-Khalsa et al., 1999). The first trial was conducted in an attempt to test a technique that was claimed by yogis to be specific for the treatment of OCD (Shannahoff-Khalsa, 1991). The second trial was conducted to include a comparison group that employed two different meditation techniques for approximately equal time to the KY protocol—to control, in part, for the expectations of "meditation" per se and for the effects of personal attention by a therapist in a group setting.

The Pilot Study—An Open Uncontrolled Trial

In the small uncontrolled trial (Shannahoff-Khalsa & Beckett, 1996), in which 5 of 8 patients completed a 12-month trial, the group showed a mean Yale-Brown Obsessive-Compulsive Scale (Y-BOCS) improvement of 55.6%, going from a total score of 19.8 at baseline to 8.8 at 12 months. The Symptom Checklist-90-Revised Obsessive-Compulsive Scale and Global Severity Scale (SCL-90-R OC and SCL-90-R GSI, respectively; Derogatis, 1993) showed mean improvements of 53.3% and 52.7%, respectively, for the 5 completers. These 5 were all previously stabilized with fluoxetine (20–40 mg) for greater than 3 months prior to the start of the study. For at least 5 months prior to the end of the 12-month study, 3 of the 5 were completely free of medication, and the other 2 significantly reduced by 50%. One year later, 4 of the 5 subjects had been off medication for periods between 9 and 19 months with lasting improvement. The 3 who had dropped out early were all unmedicated and had each completed the first 3-month mark for therapy. Their Y-BOCS totals went from a mean of 23.3 to 19.6. One dropped out due to her 8th month of pregnancy, 1 due to fibromyalgia, and the 3rd due to work-related schedule commitments. While these findings of sustained and clinically significant improvement in the 5 "completers" were obtained in an uncontrolled meditation trial, placebo effects with OCD patients are usually very low. A 3%–13% placebo effect was observed in a clomipramine-placebo double-blind controlled study (Griest et al., 1990). A more recent multicenter double-blind placebo-controlled fluvoxamine study showed a 17.5% Y-BOCS improvement for the drug and a 7% placebo improvement (Goodman, Kozak, Liebowitz, & White, 1996). Nonetheless, a randomized controlled trial comparing against another meditation protocol was necessary to determine efficacy.

A Randomized Blinded Controlled Matched Trial

Two groups were matched for sex, age, Y-BOCS severity ratings, and medication status; and then blinded to the comparison protocol for a 12-month trial. Patients were told at the initial interview that two different meditation protocols would be compared and that the trial would run 12 months—that is, unless one protocol proved to be more efficacious. If that were the case, then groups would merge for 12 additional months using the more efficacious protocol. At baseline, Group 1 (Y-BOCS = 22.75) consisted of 11 adults and 1 adolescent, and Group 2 (Y-BOCS = 22.80) included 10 adults. Group 1 employed

the KY meditation protocol (Shannahoff-Khalsa, 1997), and Group 2 employed the Relaxation Response (Benson, 1975) plus the Mindfulness Meditation (Kabat-Zinn, 1990) technique, each for 30 min to compare for time requirements with the KY protocol. Six psychological rating scales were employed at zero-month baseline and all 3-month time points:

1. Y-BOCS
2. SCL-90-R OC
3. SCL-90-R GSI
4. Profile of Mood States (POMS, Total Mood Disorder score; McNair, Lorr, & Droppleman, 1992)
5. Perceived Stress Scale (PSS; Cohen, Kamarck, & Mermelstein, 1983)
6. Purpose-in-Life test (PIL; Crumbaugh & Maholick, 1976)

Seven adults in each group completed 3 months of therapy. Group 1 demonstrated greater and statistically significant improvements on Y-BOCS, SCL-90-R OC, SCL-90-R GSI, and POMS; they also demonstrated nonsignificant but greater improvements on the PSS and PIL scales. An intent-to-treat analysis (Y-BOCS) for the baseline and 3-month tests showed that only Group 1 improved. Within group statistics showed that Group 1 significantly improved on all six scales, but Group 2 had no improvements. Group 1 improved 38.4% going from a Y-BOCS total score of 24.6 to 15.1 (change score of 9.4), and Group 2 went from 20.6 to 17.7 (change score of 2.9), a 13.9% improvement. For those initially in Group 2 who entered KY treatment, their Y-BOCS scores improved 44% for their first 3 months. Both groups were merged for an additional year using the KY protocol. When comparing the zero-month baseline (N = 11) mean to the 15-month mean (N = 11) for all of those who completed the study (see Table 1), the improvements at 15 months were 70.1% (Y-BOCS), 58.8% (SCL-90-R OC), 60.6% (SCL-90-R GSI), 70.1% (POMS), 48.3% (PSS), and 19.7% (PIL test); and all changes were statistically significant at $p \leq 0.003$ (analysis of variance). The zero-month baseline Y-BOCS score (N = 11) was 22.1, and the final score at 15 months was 6.6 (N = 11). For these 11 patients, the Y-BOCS totals included three scores of zero, one 1, two 5's, one 6; and one 11, 14, 15, and 16. Six of the 12 medicated patients completed the study. Three of these 6 were free of medication for a minimum of 6 months prior to study end. The others reduced. The 70% mean group Y-BOCS improvement is an unusually high percentage rate for clinical change when compared to other treatment modalities. Seven of these 11 patients have achieved what may be described as a subclinical

Table 1. Yale-Brown Obsessive-Compulsive Scale Scores from Baseline to 15 Months for 11 Completers

Patient #	Sex	Age	Baseline	15 Months
1	F	37	23	14
2	F	38	24	1
8	F	38	18	16
9	F	36	20	5
10	M	46	30	11
12	F	40	19	0
14	F	49	19	0
15	M	29	25	15
17	F	46	21	6
18	M	29	25	5
23	F	62	19	0

state for the disorder, and the three "0" scores and one "1" score may be considered by some as a state of remission.

The patients in both clinical trials had the typical range of multiple obsessions and compulsions as defined by the Y-BOCS Symptoms Checklist (see Shannahoff-Khalsa, 1997). Also, in the second trial, 5 of the patients started therapy with trichotillomania, and their progress with this OC spectrum disorder seemed to improve in parallel to their other symptoms. In fact, it appears that all symptoms, regardless of subgroupings, seem to improve at an equal rate.

The Effects of Brief Treatment

Although the five psychological scales used in the two clinical trials tell us how patients improved with a focus on the relief of negative symptoms, they do not give insight to the more immediate and positive effects and feelings of well-being that are characteristic of this KY protocol. The following quote is a personal reflection by a female patient (age 20) that has recently undergone KY therapy. Her OCD symptoms began at age 10, and her BDD and social anxiety started at age 17. Her OCD symptoms included only obsessions—the fear of harming others—she was convinced that if she called a relative or friend on their cell phones, she would cause a car accident, or something comparably horrific. The "fear she felt was paralyzing." Her most prevalent OCD fear came in the form of not saying the correct thing in any situation, something that left her "constantly fearful and in check of her own thoughts and words." However, her BDD involved rituals: looking in a mirror, sometimes for several hours a day. She had the fear that her right eye and right side of her face were distorted. Before entering KY therapy, she had undergone insight-oriented psychotherapy with several therapists for approximately one year. And again, after seeing me the first time and not following through with KY treatment, she again saw a therapist while away at her university. Prior to seeing me the second time, she started using fluoxetine hydrochloride for about 6 weeks; but the side effects became too severe to tolerate, and she was switched to paroxetine hydrochloride for 3 weeks. However, she found the side effects again too severe to continue. In my experience, her short-term response to KY therapy here is typical. How she was treated using KY techniques is described after her quote.

> "I first began my work with David Shannahoff-Khalsa and the Kundalini yoga practice during Spring Break of the year 2001. The break was taken from the university I was currently attending, where I am now still enrolled as an undergraduate student. I consulted David for various reasons; the main (and most difficult) ones being anxiety (in general social situations), stress (in the competitive nature of the academics at college), and body dysmorphic disorder. I had also been previously diagnosed three years before with Obsessive-Compulsive Disorder and depression, both of which I was still struggling with.
>
> The very first session that I had with David altered my experience of anxiety, so much that the rushing of thoughts that seemed so constantly harrowing before had dissipated to a state of calm and relaxation. In addition to this, the body dysmorphic disorder I was experiencing totally disappeared for the remainder of the day. And, finally, the OCD disappeared completely and the results again lasted for the remainder of the day.
>
> Despite the immediate advantages, though, within a week, vacation had ended and I returned to my dorm room at college, complete with roommate, and my practice suffered. I rarely found the opportunity to continue with what David had taught me, and the anxiety became a major problem in my life again. The BDD flourished, consuming nearly 2 hours

per day in front of the mirror. This was extremely difficult to manage, particularly in light of the fact that my homework often took a back seat to my obsessions.

After this period, and another painful year following that (this time with 4 other roommates, and no practice of the yoga), I finally decided in the Summer of 2002 to return to David, this time with the knowledge and certainty that I would dedicate myself to improving my state of mind.

Before seeing David at this time, my life had completely fallen apart. Up at my university, I had decided to consult a psychologist through a program at the university, and she had suggested that I try medication. Following that advice, I later consulted a psychiatrist who prescribed Prozac for me at 20 mg a day. Even under the influence of the drug for many weeks, I was so completely anxious and depressed simultaneously, that I began to harm my self, by self-mutilating my arm. First I started with the ends of cigarettes, and then, with a razor, cutting so deep on two places on my arm that they required stitches. I also had a severely diminished interest in eating to the point that I would actually avoid two meals per day and I started losing weight and my mother began to question whether I was also becoming anorexic. It was at this point that my doctor was suggesting hospitalization to my parents that I went back to see David.

On the first meeting, everything became manageable again. At this time I also gave up use of the medication. The yoga put me in a state of balance, and gave me peace of mind immediately. I was able to quit cigarettes, and discontinue the self-mutilation as I worked at focusing on my breath and the exercises. I also started to have a normal appetite again. This all happened within a week of meeting with David and continuing the practice. The most beneficial aspect of the experience, however, was the immediate release from anxiety, depression, and OCD, that I received upon the first meeting with him again. The continuation of the practice led to a greater state of peace and general strength that has continued up to this day.''

Therapy with this 20-year-old woman included the entire original KY protocol used in both clinical trials (see techniques 1–11 in the following section) along with the later inclusion of techniques 12, 14, and 15 (in the section thereafter). She was initially seen again for a two-hour appointment, wherein she was again taught the entire ''original protocol.'' In later 1-hour sessions, she was taught techniques 12, 14, and 15 as adjuncts to the original protocol, one per session. Also, because of the time required to answer and discuss questions from the client during a 1-hour session, the practice of the entire ''original protocol'' would not be possible. Thus, the additional techniques are included to help provide quick, immediate relief when a client may not have enough time to practice the entire protocol. They are also taught that techniques 13 to 16 can be substituted for technique 4, if they would prefer variety. These 1-hour sessions always consisted of techniques 1–3, 7, 9, 10; and either 12, 14, or 15. By the time she wrote this commentary, she had seen me a total of four times during the month of August. In the previous year, I saw her twice in a 1-week period during her spring break. The frequency of therapy for my private patients is based solely on the desire of the patient. The comments of this woman for brief treatment are characteristic of almost all those who participate in KY therapy sessions. The more intense the sessions, the more the immediate benefit to the patient. Some describe the feelings as ''intoxicating''or that they are getting ''high.'' While patients may initially not believe that KY is going to be helpful, their unique positive short-term effects give them the experience to believe that this therapy can

either significantly reduce or completely eliminate their obsessions and compulsions for the long-term, if they develop a self-discipline of practice. Experience shows that different patients require different amounts of practice to gain long-term benefits. However, those that develop a daily or near-daily practice always achieve the most significant benefits.

Kundalini Yoga Meditation Techniques

The entire KY protocol used in the uncontrolled study (Shannahoff-Khalsa & Beckett, 1996) and controlled study (Shannahoff-Khalsa, 1997; Shannahoff-Khalsa et al., 1999) is described here in complete detail. All techniques in this protocol can be performed while sitting in a chair. All of the techniques taught here are from the KY tradition as taught by Yogi Bhajan.

This protocol includes eight primary techniques (1–8) to be used on a daily basis, and three additional techniques (9–11) to be used at personal discretion. This protocol was initially reported in complete detail in Shannahoff-Khalsa (1997). The entire protocol (techniques 1–11) is also now available on video (contact author for further information).

1. To Induce a Meditative State, "Tuning In"

Sit with a straight spine and with the feet flat on the floor, if sitting in a chair. Put the hands together at the chest in "prayer pose"—the palms are pressed together with 10 to 15 lbs of pressure between the hands. The area where the sides of the thumbs touch rests on the sternum with the thumbs pointing up (along the sternum); the fingers are together and point up and out at a 60-degree angle to the ground. The eyes are closed and are focused at the "third eye" (imagine a sun rising on the horizon). A mantra is chanted out loud in a one-and-a-half breath cycle. Inhale first through the nose and chant "Ong Namo," with an equal emphasis on the Ong and the Namo. Then immediately follow with a half-breath inhalation through the mouth and chant "Guru Dev Namo," with approximately equal emphasis on each word. The practitioner should experience the vibrations that these sounds create on the upper palate and throughout the cranium while letting the mind be carried by the sounds. This exercise should be repeated a minimum of 3 times; it was employed in therapy for about 10 to 12 times. This technique helps create a "meditative state of mind" and is highly recommended as a precursor to the other techniques.

2. Spine Flexing for Vitality

This technique can be practiced either while sitting in a chair or on the floor, in a cross-legged position. If you are in a chair, hold the knees with both hands for support and leverage. If you are sitting cross-legged, grasp the ankles in front with both hands. Begin by pulling the chest up and forward, inhaling deep at the same time; then exhale as you relax the spine down into a slouching position. Keep the head up straight without allowing it to move much with the flexing action of the spine. This position helps prevent a whip action of the cervical vertebrae. All breathing should only be through the nose—both the inhale and exhale. The eyes are closed, as if you were looking at a central point on the horizon, the "third eye," otherwise described as the notch region on the nose exactly midway between the eyes. The mental focus is kept on the sound of the breath while listening to the fluid movement of the inhalation and exhalation. Begin the technique slowly while loosening up the spine. Eventually, a very rapid movement can be achieved with practice, reaching a rate of 1 to 2 times per second

for the entire movement. A few minutes are sufficient in the beginning. Later, there is no time limit. Food should be avoided just before this exercise. If an unpleasant feeling of light-headedness develops, stop momentarily and then continue. Be careful; flex the spine slowly in the beginning. Relax for 1 to 2 min when finished.

3. Shoulder Shrugs for Vitality

While keeping the spine straight, rest the hands on the knees if sitting in a cross-legged position or with hands on the thighs if on a chair. Inhale and raise the shoulders up toward the ears; then exhale, letting them down. All breathing is done through the nose. Eyes should be kept closed and focused at the third eye. Mentally listen to the sound of the inhalation and exhalation. Continue this action rapidly, building to three times per second for a maximum of 2 min. This technique should not be practiced by individuals who are hyperactive.

4. Meditation Technique for Insanity—Technique for Reducing Anxiety, Stress, and Mental Tension

Sit and maintain a straight spine. Relax the arms and the hands in the lap. Focus the eyes on the tip of the nose. You cannot see the end, just the sides of the nose, as they appear blurred while focusing on the tip. Open the mouth as wide as possible, slightly stressing the temporal-mandibular joint; touch the tongue tip to the upper palate where it is hard and smooth in the center. Breathe continuously through the nose only, making the respiration slow and deep. Let the mental focus be on the sound of the breath; listen to the sound of the inhale and exhale. Maintain this pattern for at least 3 to 5 min with a maximum of 8 min on the first trial. With practice it can be built up to 31 min, maximum. This technique was originally taught as a meditation for insanity; it curbs a restless mind, it brings stillness and mental quiet.

5. Technique for Reducing Anxiety, Stress, and Mental Tension

Sit and maintain a straight spine. The hands are in front of the chest at heart level. The left hand is 2 inches from the chest, and the right is about 2 inches behind the left (4 inches from the chest); the left fingers point to the right. The right palm faces the back of the left hand with fingers pointing to the left. The thumbs of both hands point up straight but are not pulled back tightly. The thumbs are in a relaxed upward posture. The eyes are open and focused on the tip of the nose. The breathing pattern is through the nose only. Inhale, then keep the breath in as long as possible; then exhale and keep the breath out as long as possible, without creating undo discomfort at any stage. When finished, inhale maintaining the eye-and-hand posture; then tense every muscle in the body for about 10 sec, exhale and repeat two times. Build the capacity for this technique to a maximum time of 15 min. Avoid this exercise if you have high blood pressure or are pregnant. This technique was taught for relaxing the mind in response to emotional stress and mental tension, and the following technique was taught to be complementary to its practice.

6. Technique for Reducing Anxiety, Stress, and Mental Tension

Sit as noted in the previous technique. Eyes are open and focused on the tip of the nose during the entire exercise. Attempt to pull the nose down toward the upper lip by actually pulling the upper lip down over the upper front teeth using the muscles of the upper lip. The mouth is left open during this exercise with the constant

tension on the upper lip. This exercise has three steps.

1. Start with the hands and arms up at 45 to 60 degrees; inhale deeply; tightly clench the fists and pull them down toward the abdomen.
2. Keep the breath in, the eyes focused, and the lip pulled; maintain tension in the fists; bring the shoulders up toward the ears, tensing them as they go up.
3 . Exhale and relax, but keep the lip pulled down and the eyes at the tip of nose. Repeat the entire exercise six times.

Avoid this exercise if you have high blood pressure or are pregnant. This short exercise is claimed to be so effective that, if done correctly, it can relieve the most tense person.

7. Technique for Managing Fears

Sit with a straight spine. Close the eyes. Place the left hand into the navel point, with the four finger tips and thumb grouped together, and press very lightly. Place the the four fingers of the right hand (pointing left) over the third eye (on the forehead just above the root of the nose), as if feeling your temperature. Play the tape of *Chattra Chakra Varti* by Wahe Guru Kaur (1986) for 3 min while assessing your fears and consciously relating to the mental experience of your fears. This technique is claimed to help manage acute states of fear and help eliminate fearful images and negative emotions that have developed due to fearful experiences. The effect is that the negative emotions related to specific fears are replaced with positive emotions, thereby slowly creating a new and different mental association with the stimulus. This technique is analogous to the practice of exposure and response prevention. However, it is not necessary to actually physically engage the threat or feared substance.

8. Technique for OCD—The Obsessive-Compulsive Disorder Breath (OCDB)

Sit with a straight spine in a comfortable position, either with the legs crossed while sitting on the floor or in a straight back chair with both feet flat on the floor. Close the eyes. Use the right thumb tip to block the end of the right nostril; the other fingers point up straight; allow the arm to relax (elbow should not be creating unnecessary tension by sticking up and out to the side). A secure plug can also be used for the right nostril. Inhale slow and deep through the left nostril; hold in long; exhale slowly and completely through the same nostril (left nostril); hold out long. The mental focus should be on the sound of the breath. Continue this pattern with a maximum time of 31 min for each sitting. Initially, begin with a comfortable rate and time, but graduate to one where the effort presents a fair challenge for each phase of the breath. Deciding how long to hold the breath in or out varies from person to person. Ideal time per complete breath cycle is 1 minute, where each section of the cycle lasts exactly 15 sec. With daily discipline, this rate of respiration can be achieved within 5 to 6 months for the full 31 min. Yogic experiments (personal communication, Yogi Bhajan) claim that 90 days of 31 min per day, using the perfected rate of one breath per minute with 15 sec per phase, will completely eliminate all OC disorders.

9. Meeting Mental Challenges—The "Victory Breath"

This technique can be used at any time. It does not require that the practitioner sit. It can be employed while driving a car, while in a conversation, while taking a test, and so forth. The eyes can be open or closed, depending on the situation. Take a deep breath through the nose, and hold this breath over 3 to 4 sec. During the hold phase, mentally hear the three syllables

(sounds) of the word "victory" (*vic-tor-ee*), then exhale. Mentally creating the three sounds should take 3 to 4 sec, not longer and not less. The entire time of each repetition should be about 10 sec. This technique can be employed multiple times, until the patient achieves the desired relief. When employed in the therapy sessions, the technique was usually done for 3 to 5 min, with the eyes closed while sitting with a straight spine to maximize the effects. This technique is very helpful as a "thought stopping" technique, for a patient "on the go." There is no time limit to its practice. It can be used to help reduce obsessive thoughts and resist the urge to perform compulsive rituals. Most patients found this technique very useful and a great tool for an active day. This technique can be used at any time a person feels mentally challenged.

10. Chant to Turn Negative Thoughts into Positive Thoughts

This technique should be employed in a peaceful environment while sitting with a straight spine and with the eyes closed. The mantra "Ek Ong Kar Sat Gurprasad Sat Gurprasad Ek Ong Kar" is repeated a minimum of five times. It can be practiced from 5 to 11 min, while chanting it rapidly with up to five repetitions per breath. Eventually, one no longer thinks about the order of the sounds; they come automatically. The mental focus should be on the vibration created against the upper palate and throughout the cranium. If performed correctly, a very peaceful, bright, elevated, and "healed" state of mind is achieved, especially when the practitioner reaches the 11-min time with five repetitions per breath.

11. Technique for Anger

Sit with a straight spine, and close the eyes. Simply chant out loud "Jeeo, Jeeo, Jeeo, Jeeo" continuously and rapidly for 11 min without stopping (pronounced like the names for the letters *G* and *O*). During continuous chanting, you do not stop to take long breaths, but you do continue with just enough short breaths to keep the sound going. Eleven minutes is both the minimum and maximum time for this technique. This technique is useful even for a "red hot" angry mind, and the effects can last up to 3 days, depending on the severity of the anger. Practicing twice a day or more is acceptable for the most severe states.

Additional KY Meditation Techniques

12. Meditation to Help Understand, Focus, and Create a Clear Consciousness (also Called the "Ganesha Meditation")

Sit with a straight spine. The eyes are closed. The left thumb and little finger are sticking out from the hand; the other fingers are curled into a fist with the fingertips on the "moon mound" (the root of the thumb area on the palm). The left hand and elbow are parallel to the floor, with the pad of the tip of the left thumb pressing on the curved notch/indent of the nose between the eyes. The little finger is sticking out. With right hand and elbow parallel to the floor, grasp the left little finger with the right hand and close the right hand into a fist around it, so that both hands extend straight out to the sides away from your head. Push the notch with the left thumb tip to the extent that you feel some soreness as you breathe long and deep. After continued practice, the soreness usually slowly reduces. The maximum time to perform this technique is 3 min. To end, keep the posture with eyes closed; inhale; push the thumb tip in a little more, and pull the naval point back toward the spine, tensing the abdominal and back muscles

for about 10 sec, then exhale; and inhale and repeat the tensing one more time.

13. Technique for Healing Nervous Disorders—A "Pratyhar" Meditation Technique to Create a Silent and Stable Mind toward a State of Thoughtlessness (Originally Taught by Yogi Bhajan on October 31, 1994)

Sit with a straight spine. This technique has four parts.

1. Extend the index finger and keep it straight. Bring the thumb over the middle, ring, and little fingers to keep them closed against the palm. Hold the hands up, with the index fingers straight up at about chin level, approximately 9 inches in front of the face. Alternately move the index fingers back and forth about 4 to 8 inches in a jerklike motion, as if an electrical shock touched you. The eyes are open looking forward. The key is to move the fingers consciously: be aware of the movement of each hand; it is not necessary to stare at the hands as they move. You are only watching their movement through your peripheral vision. Be aware of each movement. Move each hand alternately and intentionally about 4 inches. Do not let it become an "automatic" movement. Continue this step for 5 min.
2. Continue as in the first part for 5 more min, except keep the eyes focused and open at the tip of the nose.
3. Again continue as in part 2, but say "Thou" with each hand motion, for 5 more min.
4. Maintain a straight spine, but sit very quietly with the arms and hands relaxed in the lap for 5 min. Try to think about nothing; if a thought comes, mentally think "no thoughts." Focus the mind on nothing, on nonexistence. This is a mental-focusing technique called "pratyhar," which takes the practitioner into a state of thoughtlessness, a state where one feels existence and nonexistence simultaneously. This technique is said to help heal any nervous disorder.

To end, stretch the arms up over head; pull the spine straight; inhale and twist left; exhale center; inhale and twist right; and repeat twists two more times.

14. When You Do Not Know What to Do (Originally Taught by Yogi Bhajan on March 2, 1979; see Bhajan, 1980)

Sit straight. Rest the back of one hand in the palm of the other, with the thumbs crossing each other in one palm. If the right hand rests in the palm of the left hand, then the left thumb rests in the right palm, and the right thumb then crosses over the back of the left thumb. The hands are placed a few inches in front of the chest, at center level from the heart; the hands do not touch the chest, and the elbows are resting down against the rib cage. The eyes are open but focused on the tip of the nose (the tip/end that you cannot see). The breathing pattern has four parts that repeat in sequence:

1. Inhale and exhale slowly through only the nose.
2. Then inhale through the mouth, with the lips puckered as if to kiss or whistle. After the inhalation, relax the lips and exhale through the mouth slowly.
3. Then inhale through the nose and exhale through the mouth.
4. The last breath pattern is inhaling through the puckered lips and exhaling through the nose.

Continue this cycle for 11 to 31 min. This is a simple technique that can have profound results for beginners, and it takes the practitioner into a state of extreme well-being and deep inner peace.

15. Meditation to Balance the "Jupiter and Saturn" Energies—A Technique Useful for Treating Depression, Focusing the Mind, and Eliminating Self-Destructive Behavior (Originally Taught by Yogi Bhajan on Dec 12, 1995)

Note: The "Jupiter" fingers are the index fingers. The "Saturn" fingers are the middle fingers.

Sit with a straight spine. The hands are facing forward with the ends of the Jupiter and Saturn fingers pointing straight up near the sides of the body at the level of the eye. Close the ring and little fingers down to the palm using the thumbs. The Jupiter fingers and the Saturn fingers are either spread open in a V-shape or are closed. The eyes are closed. For 8 min, open and close the Jupiter and Saturn fingers, about once per second or two. In synchrony with the finger movement, simultaneously image the planets of Jupiter and Saturn coming together and then going apart. Continue this movement (imagery) for 8 min. Then, while continuing exactly the same exercise, begin to inhale and exhale through the nose with the movement (inhale as fingers are spread; exhale as fingers close). Continue this part for 2 min. Then, for the last minute, spread the two fingers wide and hold them wide apart (which requires some effort) while making the mouth in to an O-shape; breath in and out of the mouth using only the diaphragm (not the upper chest). After 1 min, inhale, hold the breath in, and tense every muscle tightly in the body for 10 sec (including the hands, fingers, everything); exhale and repeat one time for 10 sec. Relax.

Effects of the meditation: The mind becomes very focused and clear; the brain becomes very energized (few other 11-min techniques compare). This technique helps eliminate depression. This meditation is said to help increase a person's intelligence (math skills, in particular) when practiced daily over several months. Also, when the "Jupiter" and "Saturn" energies are coordinated/balanced, a person is less likely to engage in self-destructive behavior. And in addition, when the "Jupiter and Saturn" energies are balanced (functional brain regions related to the index and middle finger, respectively), it helps an individual overcome challenges.

16. Meditation for Inducing Normal and Extranormal Brain Function: A Tantric Meditation Technique

Sit with a straight spine. The eyes are closed and focused at the third-eye point (the midpoint region at the notch directly between the eyes). The hands are interlocked with the right thumb dominant to the left thumb (when the hands are interlocked, the right thumb is crossing over the top of the left thumb). All the fingers are all interlaced, and the left little finger is on the bottom. This interlaced finger-to-finger relationship is to be used even if you naturally have the left thumb dominant to the right. The right, middle (or "Saturn") finger is brought into the space between the hands, and it points toward the region of the wrists. The hands are then closed, and the right "Saturn" finger becomes enclosed in a cavelike structure. The hands are held at the heart level (center level), with the elbows resting at the sides against the ribs. Sit and relax in this posture for 3 to 5 min with the breath regulating itself. Then, keeping everything the same, begin to consciously regulate the breath—where the inhale, the breath hold-in (i.e., breath retention), and the exhale are of equal lengths (no hold-breath for the out period). The breath cycle can eventually approach

1 min, where the inhale, hold-in, and exhale are each 20 sec in duration. Have a conscious relationship with the cozy experience in the hand posture and with the sensations in the head. As you do the technique, it can frequently produce sensations that change in your head. A good beginning time is 11 min, and the maximum time is 31 min. Do the technique for 40 days at 11 min, then 40 days at 22 min, and finally, 40 days at 31 min. This is a very powerful healing meditation; it helps organize and normalize the various regions of brain.

Note: This meditation is called a "Tantric" meditation because of the hand posture, but it is not a "White Tantric" yoga meditation technique. This meditation technique is very sacred because of its power to quickly produce changes in the brain.

Commentary on the Practice of Techniques

The original protocol (Techniques 1–8) can be enhanced by the inclusion of the Technique 12, and the best place to insert it in the protocol is just after the Technique 3. Many people without psychiatric disorders who have KY routines and know this technique use it daily since it only requires 3 min and since it is very helpful for establishing mental clarity and focus quickly. Techniques 13 through 16 can be substituted individually for Technique 4. Technique 5 was included in the original protocol since it helps the practitioner develop the ability to hold the breath in and out for long periods of time, which is essential when practicing the Obsessive-Compulsive Disorder Breath (OCDB) (Technique 8). Techniques 13 and 15 are relatively difficult in the beginning. Techniques 14 and 16 are much easier to perform. Technique 13 should always be practiced for the full specified time (four 5-min intervals); and while the jerklike arm movements tend to produce soreness in the triceps muscles, this technique is most unique for helping someone learn to consciously hold a quiet and stable state of mind beyond the realm of thoughts. Yogis call this state "shunia," a state where you experience existence and nonexistence simultaneously. Normally, this technique is only taught to the advanced practitioner, but when OCD patients practice it, they can very quickly (the first time) gain great benefits. Technique 15 should also be practiced for the full time and with the specific times indicated.

Techniques 14 and 16 can be practiced for less than 11 min, but due to their ease and simplicity, the 11-min beginners' time is a good place to start. Also, the experience of techniques 4, 14, and 16 are quite remarkable when practiced for full times. While these additional techniques are helpful and can easily be substituted in the appropriate place, the focus of therapy should be on achieving perfection with the OCDB for the four 15-sec phases per minute and for the 31 min for 90 consecutive days, to eliminate OC symptoms. The obvious question may be "Does the patient have to achieve the full 90 days of perfection in order to become completely free of symptoms?" The answer is no. However, all of those who did become free of symptoms had a daily or near daily practice for the majority of the routine, and most of them learned to do the OCDB for the full time. When the patient is serious in regards to self-discipline, this objective can usually be achieved within 3 to 6 months, when only meeting once a week for therapy; but the technique needs to be practiced with a daily discipline at home.

After the age of 50, the OCDB becomes more difficult as the result of a patient's aging nervous system. However, one woman in the second trial was 62 years of age at entry, and she had a Y-BOCS score of 19 at baseline (hoarding and arranging obsessions/rituals). Within 2 weeks, she was practicing the whole routine on a near daily basis and achieved a score of zero by 6 months, even though she was not able to do the

OCDB at one breath per minute. She was only able to perform the four separate phases at about 5 sec each. Thus, patients differ in their symptom severity, youthfulness, vitality, flexibility, and decision to commit to daily practice. All of these variables appear to contribute to how successful a patient is likely to be.

Compliance and ability to comply are both critical to success. When it comes to age, any of these techniques can be taught to a patient. Obviously, maturity does play a role in treatment outcome. Many patients work hard enough to become completely free of symptoms. However, a significant percentage of patients only work hard enough to reduce their symptoms to a level that can be easily tolerated. One unique factor that plays into KY therapy is that once patients learn how successful they can be, and this may occur on Day 1, they quickly realize that they can repeat the experience and thus find themselves in a less troublesome state thereafter. They do not feel as trapped, and they now know that they have a way out of their misery. It is also true that most patients will find how long they can go without their practice until they can no longer tolerate their suffering.

Acknowledgments

The work for preparation of this manuscript was funded in part by John DeBeer and Dr. Mona Baumgartel.

References

Benson, H. (1975). *The relaxation response*. New York: Morrow.

Bhajan, Y. (1980). *Survival kit: Meditations and exercises for stress and pressure of the times*. Pomona, CA: KRI Publications.

Cohen, S., Kamarck, T., & Mermelstein, R. (1983). A global measure of perceived stress: Perceived stress scale. *Journal of Health and Human Behavior, 24,* 386–396.

Crumbaugh, J. C., & Maholick, L. T. (1976). *Purpose in Life Test* (Test 168, Form A). Murfreesboro, TN: Psychometric Affiliates.

Derogatis, L. R. (1993). *Symptom Checklist-90-Revised*. Minneapolis, MN: National Computer Systems.

Goodman, W. K., Kozak, M. J., Liebowitz, M., & White, K. L. (1996). Treatment of obsessive-compulsive disorder with fluvoxamine: a multicenter, double-blind, placebo-controlled trial, *International Clinical Psychopharmacology, 11,* 21–9.

Griest, J. H., Jefferson, J. W., Rosenfeld, R., Gutzmann, L. D., March, J. S., & Barklage, N. E. (1990). Clomipramine and obsessive-compulsive disorder: A placebo-controlled double-blind study of 32 patients. *Journal of Clinical Psychiatry, 51,* 292–297.

Jenike, M. A. (1990). Psychotherapy of the patient with obsessive-compulsive personality disorder: In M. A. Jenike, L. Baer, W. E. Minichiello, (Eds.), *Obsessive-compulsive disorders: Theory and management* (2nd ed.). Chicago: Mosby-Year Book Medical Publishing.

Kabat-Zinn, J. (1990). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness*. New York: Delacorte Press.

Kaur, W. G. (1986). *Chattra Chakra Varti*. Espanola, NM: Ancient Healing Ways.

McNair, D. M., Lorr, M., & Droppleman, L. F. (1992). Profile of Moods States. San Diego, CA: Educational and Industrial Testing Service.

Murray, C. J. L., & Lopez, A. D. (1996). *The global burden of disease: A comprehensive assessment of mortality and disability from diseases, injuries and risk factors in 1990 and projected 2020* (pp. 1–98). Cambridge, MA: Harvard University Press.

Rapoport, J. L. (1990). The waking nightmare: An overview of obsessive-compulsive disorder. *Journal of Clinical Psychiatry, 51,* 25–28.

Rasmussen, S. A., & Eisen, J. L. (1990). Epidemiology of obsessive-compulsive disorder. *Journal of Clinical Psychiatry, 51,* 10–13.

Shannahoff-Khalsa, D. S. (1991). Stress technology medicine: A new paradigm for stress and con-

siderations for self-regulation. In M. R. Brown, G. Koob, & C. Rivier (Eds.), *Stress: Neurobiology and neuroendocrinology* (pp. 647–79). New York: Marcel Dekker.

Shannahoff-Khalsa, D. S. (1997). Yogic meditation techniques are effective in the treatment of obsessive-compulsive disorders. In E. Hollander & D. Stein (Eds.), *Obsessive-compulsive disorders: Etiology, diagnosis, and treatment* (pp. 283–329). New York: Marcel Dekker.

Shannahoff-Khalsa, D. S., & Beckett, L. R. (1996). Clinical case report: Efficacy of yogic techniques in the treatment of obsessive-compulsive disorder. *International Journal of Neuroscience, 85,* 1–17.

Shannahoff-Khalsa, D. S., Ray, L. E., Levine, S., Gallen, C. C., Schwartz, B. J., & Sidorowich, J. J. (1999). Randomized controlled trial of yogic meditation techniques for patients with obsessive-compulsive disorders. *CNS Spectrums: The International Journal of Neuropsychiatric Medicine, 4,* 34–46.