

ASANAS

SIRSASANA

Headstand

Not mentioned specifically in the classic yoga texts.

But Edward is having a go anyway*



EDWARD ANDREWS AGE 2 YEARS 5 MONTHS *
TAUGHT AND PHOTOGRAPHED BY GAIL BARTLETT

The full headstand must be learnt from a teacher. Below is information on the practice of the full headstand, but preparatory practices are described further on.

METHOD FOR HEADSTAND

1. Shallow but firm padding to cover triangular base.
2. Form a triangular base by placing the front of one hand at the back of the other, whilst in a kneeling position and leaning forward. The sides of the little fingers resting on the floor.
3. Form an equilateral triangle with the elbows and place top of front half of crown on the floor with the back of the head almost touching the palms.
4. Tuck toes under and straighten legs.
5. Keeping the legs straight, walk them forward, till centre crown is on the floor.
6. Test the legs for balance, if they feel they want to go up:
 - a) If already proficient and strong, raise straight legs.
 - b) Or, bend knees and point toes upwards. Bringing knees upwards away from chest, begin to slowly straighten legs up to ceiling. Taking the weight firmly on the forearms, draw the shoulders away from the floor and ears and up towards the feet.
7. Return in the same way.

PREPARATION

When proficient, none needed apart from taking time to get used to the head down position. (Also see Modifications).

COUNTERPOSE

1. When back in kneeling, place one fist on top of the other and rest the forehead on and observe your breathing, or cup the cheeks in the hands.
2. Take time coming back into kneeling and sit quietly.

VARIATIONS FOR EXPERIENCED

1. Alternately raising and lowering straight leg.
2. Lotus position.

BENEFITS AND EFFECTS

1. In general, it increases confidence and concentration and can revitalise when tired.
2. Produces abdominal breathing.
3. Encourages return of venous blood to heart.
4. Probably stimulates pituitary gland.

Dr Chandra (1) has written on the physiological aspects. Taken from the 'definitive' work by Dr Rao, in the Journal of Applied Physiology.

- 4/500 ml of blood flows from legs towards the head, reducing leg pressure from 200 to 20mm Hg, whilst the pressure in neck and arms increases 20% from 90mm Hg to 108mm Hg.
- The blood diverted from the legs, almost certainly goes to the active muscles of back, abdomen and arms.
- The brain has an auto regulating mechanism which prevents an increase of blood flow to inappropriate levels. There is no sudden dilation unless the pressure in the neck exceeds 160mm Hg. The feeling of increased mental well-being, is probably caused by the flood flow remaining fairly constant but the increase of pressure in the neck probably opens up blood vessels whose auto regulating function has become poor and increases the chance of future efficiency if practiced daily.
- Blood pressure is reduced when the position is held for three minutes. It is unique in exercise in reducing blood pressure, (shoulder stand increases). At the junction of the external and internal carotid artery, in the neck, is a receptor (baror) which is sensitive to pressure. When the 20%

increase occurs, the receptor sends signals to the brain, which slows the heart, or dilates blood vessels to drain blood away from the neck

- The muscles of the trunk on both sides are used efficiently, both agonist and antagonist, to keep vertical. Oxygen consumption is 50% above that for standing still and is a light to moderate exercise even though the pulse rate reduces typically from 80, to 65. Moderate exercise, burns up fat.
- Helps insomnia by dulling the responses of the reticular formation of the brain, via the baror receptor.
- In the knee chest position, ideal for correcting a retroverted uterus. In the full position, possibly reduced effects of varicose veins by emptying, causing the veins to come together, which releases anti coagulants to reduce clotting.
- The pituitary is stimulated by the low pressure sensors around the heart. It then releases a reduced amount of anti diuretic hormone and more urine is passed - so probably helpful against fluid retention.
- Anecdotal reporting of migraine (not done during an attack) cured over a long period. In practice sometimes related to Sahasara chakra.

PROHIBITIONS

1. **Prohibited.** Heavy menstruation or pregnancy. **No.**
2. **Prohibited.** Blood vessels outside brain and retina are susceptible, therefore diabetics, myopics, retina detachment or any one known to have weak blood vessels (blood clot in eye often an indicator) should not do. **No.**
3. **Prohibited.** High blood pressure (220mm systolic) 160. **No.**
4. Never after pranayama. The carbon dioxide level often raises from 4.5% to 6.5%. This produces dilation of blood vessels in the brain, unsuitable conditions for a headstand. **No.**
5. Ear infection, recent tooth extraction, sinus infection. **No.**
6. Hiatus hernia, spondylosis. **No.**

PRECAUTIONS

Weak neck, or cervical spine erosion, avoid, but consider building up muscles and it may become a possibility. Use isometrics and light weights.

MODIFICATIONS

For the elderly, sit on a chair and lean forward with the torso leaning on the thighs.

For a progressive practice into a headstand, if necessary, first strengthen the neck. Isometric exercises or using light weights can be effective for this purpose.



1. Getting used to balancing on the head, hold on to the back of the calves, roll onto the front third of the top of the head. Keep breathing and keep the eyes open, in order to reduce pressure behind the eyes.

2. Getting used to more pressure towards the head. neck straighten up



pressure. The raised arms bring more They also raise up the shoulders to let the



3. Getting the hamstrings stretched and the torso moving towards the vertical. To get to the lift off point, walk the toes an inch or two further forwards until you feel that if you bend your knees, the feet will lift up with the legs into a folded position. Do this if it feels ready, or stay as in the photo. Hold for a few seconds then come down and rest, kneeling back, knees apart and the cheeks cupped in your hands.

The hand and arm position for 3:

From kneeling, lean forward and cup one hand behind the other, so that the little fingers are lying together, with the sides resting on the floor. Have the hands forearms and elbows make an equilateral triangle for support, before placing the front third of the head down.

4. This is an excellent position in which to gain confidence in being inverted. It is not possible if there are any wrist problems. It is better learnt from a teacher.



NOTE For greater stability the fingers are pointing away from the face. The fingers pointing towards the face are still possible but result in the elbows not being as tightly locked.

There are further preparatory practices which could be done, for example, going into Dog position with the feet near the wall and then walking the feet back up so that you form a stiff triangular plank position supported by the wall.

Another practice for those who have neck problems is to place two towers of yoga blocks against the wall, with a space for the head, then use the position '4' above, and before both knees are balanced, push the legs up to the wall. The shoulders rest on each tower with the head barely skimming the floor. Allow for the block sinking down a little when you go up and then you should end up with the lightest of pressure on the head and eventually the feet can be moved away from the wall to the vertical. Make sure that the abdomen is pulled well back so that there is not a hollow in the spine.

It is important that when coming down you do so slowly, bending the knees and having a soft landing for the toes.

If you are fit and already doing yoga, and as long as there is no prohibition as mentioned previously, this is quite a stable position. Although you might like to have a friend to give you feedback about any hollowing in the spine.

5. **I have not included the full headstand as this must be learnt from a teacher. But you can read the Method as described at the start to see the reasons for practicing the Modifications to build up strength and confidence.**

BIBLIOGRAPHY

Chandra Dr FJ (1974) Medical and Physiological Aspects of The Headstand
Cambridge Yoga Publications