The Gokhale Method
(An Interview with Esther Gokhale)
By: Dr. Joseph Mercola

DM: Dr. Joseph Mercola
EG: Esther Gokhale

Introduction:

DM: Welcome, everyone. This is Dr. Mercola, and today I am joined by Esther Gokhale, whose last name is not pronounced like you would expect it but that's the way it's pronounced. She is going to be enlightening us about how to sit properly. This is so crucial because 80 percent of the population suffers with back pain, and Esther was no different. She had a really severe episode when she was pregnant and actually had to undergo back surgery.

She started a journey that took her around the world – to India, Brazil, I believe, and Europe. She put together a whole variety of different techniques that she calls the Gokhale Method and actually teaches it to many celebrities. I first read about her in The New York Times, because she teaches many people in California, which is where she lives – in the Bay area. I actually saw a video that she did, teaching the people at Google. This is really a crucial component.

Esther is no stranger to Mercola.com either. She tells me she's been following the newsletter for a while now. I'm just delighted to connect because this is such a crucial, crucial component of staying healthy.

I've been a big fan of exercising. But I'm convinced now (I'll share it a little bit later as we dialogue), that if you could only do one – I don't recommend that. But if you could only exercise and be really fit or have the right posture and engage with non-exercise movements, I'd do the latter, because I think that's going to get you healthier. We all want to age gracefully and be flexible and pain-free, and I think applying what you're teaching is going to be a really profoundly important tool to help us achieve that.

So, welcome and thank you for joining us.

EG: I'm delighted to be here. I think you're so insightful to choose posture over exercise if you have to choose one, but of course, we want both.

DM: Right.

EG: But the point is if you have healthy posture, everything you do becomes exercise in some measure. Every step you take, if you're doing it in a healthy way, becomes a rep
for your glute strengthening and becomes a stretch for your calf, your soleus, and so on. Healthy posture makes everyday life into exercise and into therapy even.

DM: Yes, it does.

EG: That is wonderfully put.

DM: Well, thank you. Why don’t you help us understand your framework and perspective and elaborate on how you came into developing your method? Then we can go into some of the details of what it encompasses and some resources, of course, that people can access to learn it.

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EG: I came at this the hard way, like many people come into their passions. I had a severe back problem. It started when I was nine months pregnant with my first child. I’ve had done all the usual things – physical therapy, massage, chiropractic, and so on – and not met with any success. It was a very, very bad problem. I had sciatic pain down my left leg. I couldn’t sleep at night. Every two hours, I would have to walk around the block to try to get out of spasm.

Finally, I resorted to surgery. That helped a bit. But then after a while, I had the symptoms all over again. They wanted to do another surgery. And you know, this is just not… Surgery is not a very good habit at any age and for any condition. But there I was in my 20s and my first back surgery had failed.

I looked further and further afield to find a solution. The directions that made sense to me were looking for something, you know, in my own body. It had to be something about the way I was using my body rather than looking for a patch, looking for something to alleviate the symptoms alone. I wanted a solution that addresses the root cause.

It also made sense to me to look at functional populations: people who don’t have back pain and have a very low incidence of arthritis in their spines and other issues. That is where I found the most, you know. In the techniques, I looked at this. I looked at everything out there – Feldenkrais, Aplomb, Alexander Technique, and Pilates. I started looking at the medical literature, travelling, and seeing what made sense and what gives efficient results.

Long story short, I ended up being able to avoid the second surgery. It’s been over 20 years. I’ve not had a back pain. I’ve not had a back twinge or ache – nothing, zero. Now I get to teach other people how to be empowered in their bodies and how to get there quickly. That’s one of my contributions as I see it. I can take people there in a relatively short time. We have a course where there are just six lessons.

DM: How long is each lesson?

EG: If they do it in a group – we have small groups of up to eight people, and in that case the lessons are an hour and a half-long each.
DM: Wow.

EG: When people do one on one, it is just 45 minutes.

DM: Okay.

EG: That is not asking a lot from people.

DM: No.

EG: Six times, 45 minutes, and their lives are... We set the bar high, expecting that their lives will be transformed. If that doesn't happen, I'm disappointed.

DM: Yes.

EG: I use every tool available to make that change happen quickly and in a real vast fashion. They're not just going to revert in their old ways.

DM: Yeah, that's the beautiful component about your technique. Because unlike some others that are giving people the fish, you're teaching them how to fish. You're providing them with the tools and the resources, so they're independent. They're not reliant on a practitioner. They don't have to see a chiropractor, massage therapist, or a Pilates trainer on a regular basis for the rest of their life to keep this under control -- just by understanding the functional biomechanics of the body and working with gravity instead of against it. It works!

EG: Exactly.

DM: Yeah.

EG: It makes so much sense. If you look at the village Africans, they have, like, a back pain incidence of five percent compared with our 85 percent. They're not going to practitioners, neither are they going to the gym, and neither are they doing stretching and strengthening exercises. How come they don't have any back pain? That's interesting. It needs to be studied.

That's what we do: teach people and our culture how to use everyday activities to be your exercise and to be your own therapy. Then you're, in large part, covered, you know.

DM: Okay.

EG: Covered to be basically healthy. Now, if you want to be an Olympic athlete, of course, you have to do more.

DM: Sure.

EG: It shouldn't be that we're just stuck with having pain.
DM: Yeah. I have actually applied some of the principles that you’re teaching, and it does make a difference. I’m using and integrating it with a few other things that we’ll talk about, and I definitely would love your feedback on that.

But to let people know that the reason you have these courses and these resources… Maybe after, I’ll mention your book. The book is also another fabulous resource. You sent me a copy. It’s really a great manual. It’s easy to read. It has colored pictures. It will give you a really good understanding of the history of how you came about this and then how to apply it. You can use the book.

If you want to go to the next step, you can find a therapist whom she had trained to teach this. How would someone find one? They’d go to your website to find the clinics?

EG: The website is where we’re all listed. By the way, we call them “teachers,” not “therapists.”

DM: Okay, I’m sorry. Thank you for the correction.

EG: These people have to improve themselves. We’re not offering a patch. Now, it often happens that even after Lesson One, people find, “Oh, my back pain is much less. I don’t have sciatic pain anymore.” But the emphasis is on teaching people how to change their structure rather than fixing the problem. That is the consequence.

Our website is the place. The site is the best place: GokhaleMethod.com.

DM: Okay.

EG: Yeah, like you said, it’s spelled funny.

DM: It’s spelled funny, but it will be on this page. You can easily look it up.

Okay, so, I also neglected to mention that you were born in India, which in part explains somewhat of your accent. Because I’ve watched a number of your videos, and I didn’t understand where you were from. But now it makes sense because I can hear that part of the dialect or the accent.

So, can you describe some of the different ones you’ve integrated into the method that you have? I would imagine yoga is one of it. You were a yoga teacher before this pain started, so that would have to be, because that’s such… I mean, it’s 5,000 years old. They have to have figured something out in 5,000 years.

EG: Absolutely. There’s so much wisdom in any discipline that’s been around a long time. Yoga offers so much, but it’s misunderstood very often in the modern context. People are going for touching their toes rather than the principle of extending your limits and while keeping your baseline sound.

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You want the integrity of your structure to remain intact. Instead of letting your flexibility and your strength kind of shrink your feet, you want to keep it expanding. But you don’t
want to give up the integrity of your structure. For example, your spine, it has a certain baseline shape that’s healthy. When you’re doing courses, it’s not the time to give that up. You don’t want to round your back just to make sure you touch the floor or, you know.

**DM:** Let’s just stop there. Because even though it looks like you’re increasing your flexibility, you’re actually making yourself worse, because you lose the structure. Maybe you can expand on that, because it’s not intuitive. Most people put their palms in their forehead to feel great, but they’re doing it in a way where they’re pelvis is rotated the wrong way and they’re losing it. Tell us what happens when we do it the wrong way.

**EG:** There’s a big difference between developing flexibility, which would be in the muscles, and laxity, which would be that the ligaments are no longer intact. For example, in the back, you know, that carries precious cargo and really is better off remaining intact rather than rounding in order to touch your toes, for example. You round. Yes, that might feel good because it’s stretching the muscles, but there are other better ways to do that. The danger of rounding in one spot over and over again increasingly is that it creates ligament laxity.

We all know people who have curves, humps, or almost U-turns in their backs. That’s not what we want. We don’t want to be able to have that kind of curve. We want to have a baseline that is really healthy, keep it, and stretch it, but in a healthy way that doesn’t compromise the ligaments.

**DM:** Yeah. In your book, you have many pictures of Africans bending over or people from non-industrialized cultures. You can see very healthy backs and postures. It’s just dramatically different from most of the people who bend over in the U.S.

**EG:** Yes. Bending is really an important thing to learn to do well. It’s not a place I like to start people with because I prefer… I like them to first have good length, shape, strength, and then maintain all of that as they bend.

There’s a technique called hip-hinging, where people are bending exclusively at the hip. But they have their original good length, shape, and so on, and it holds the spine. This is the way all Africans bend. They bend like that for hours. They cook. They clean. They’re gathering firewood. It could be that they’re…

I have pictures in my book of a few women who are bent for seven to nine hours every day, gathering these water chestnut-like fruit. I interviewed them. I filmed them. They don’t have any back pain. They come back out there. They’re perfectly fine. But they do it with this perfect form. It makes so much sense that there’s none of the elements in the back being challenged or threatened. They’re not rounding their back, compressing a set part of their discs, pushing the content of the discs back, pressing against the nerve roots, and causing all kinds of damage in that way. It’s very sound.

It is one of my favorite things to teach people: how to bend really well. Because it changes bending into something that is extremely good for you instead of something that’s extremely bad for you.
DM: Yeah. Sort of an extension of what I’ve mentioned earlier – well, maybe I didn’t, but if I can only do one… Obviously, we want to do both. Most people are aware of it. That’s one of my passions. That’s actually why I went to medical school, because I was really convinced to the value of exercise. I read Dr. Cooper’s book *Aerobics* in 1968 and thus became passionate about it. I’ve exercised pretty much ever since then.

I understand the value of that and certainly teach that. But if I could only choose exercise or engaging in life with these principles on a regular basis, there’s no question which one I would choose. I would choose acting with gravity with the right posture because that’s going to produce the health. It’s this interaction with gravity that is so crucial.

Most of us, almost everyone watching this, have a desk job or is sitting down at our computers most of the day. This is absolutely true for me. I’m, at least 12 hours on a chair. I noticed that my health’s starting to decline – not my biological health, but my structural health or my musculoskeletal health – even though I was exercising, doing a lot of strength training, or what I thought was flexibility training.

So, applying what you’re teaching and some of a few others like Eric Goodman and Joan Vernikos (she’s the NASA scientist), these principles are basic universal truths that allow us to optimize our interaction with gravity.

I kind of interrupted you a little bit with the bending, that it’s out of your normal sequence of teaching. But why don’t you maybe give people some highlights of how you start to engage in it? I believe the first part is the shoulder roll, where you get them back when you’re sitting. That’s the big issue.

EG: I like to teach shoulder roll very early on because it’s so easy, it’s so effective, and it’s impossible to mess up really, unless you will to do it. I’m going to teach it right now to your viewers.

DM: Sure, absolutely.

EG: You take one shoulder at a time. You would pull. Bring it forward a little bit, up a little bit, and then take it way back, back, back, back, and then you just relax. You’ll find that it actually will remain back. So, forward, up, back, and then totally let go. Let go of any effort to hold your shoulders back and to stand up straight or sit up straight and what have you. Those are, by the way, very counterproductive guidelines, in my view. Just a little forward, up, back, and then totally relax. Let go of any effort.

Because it’s the architecture of the shoulder joint, this actually [inaudible 26:47] the soft tissue of the shoulder back and maintains it in that architecture unless, of course, you reach forward and displace the tissues from that place. But it will stay there easily and for quite some time and improve all kinds of function, like your breathing function and circulation to and from the arms, and help prevent things like repetitive stress injury, carpal tunnel syndrome, and all kinds of, you know, cold hands and dry skin. I think it has very broad implications for the health of the arms and shoulders.
DM: And not only when you’re sitting, but when you’re sitting and typing. It’s really easy when you’re typing to want to hunch over or bring your head forward. But if you can do that when you’re typing and driving, you know. Those are two other areas where you can do that.

EG: Absolutely. It takes a little getting used to. Because when people first do this, they feel like they have little baby arms, you know, little dinosaur arms that don’t reach very far. It is actually the natural way to use the arms. Every one of your great, great grandparents had their shoulders parked in this baseline position that is quite far back to actually, you know.

Because if you look at the back, the shoulder blades would be protruding from the torso, not flushed with the torso. So, really quite far back. Now, you just get used to having your arms in this position. That happens rather quickly. I do like to begin teaching this technique because it’s so simple and it’s so easy. Some of the techniques are simple but not necessarily easy.

DM: Now, can you comment on this. Prior to finding out about this shoulder movement method, a common recommendation is to move your chin back up in a 45 degree and keep your... Essentially, the goal is keeping your ears over your shoulders, which is a similar composition. But I’m wondering if there’s a difference in the two techniques and if one is better. If you can just maybe comment on that, that would probably be the best.

EG: Absolutely. I like to teach a multitude of ways of getting the head and neck in an improved posture. I call it primal posture because it’s what you used to do when you were two years old and what your hunter-gatherer ancestors did. You don’t have to go that far back. It’s your great, great, great grandparents in all these non-industrial cultures.

To get there, yes, you can move your head back. If I show it inside, then it would look, you know. People start here and then they’re kind of like gliding back 45 degrees. It depends on where you’re starting from, because you want various things to be happening to your head. You want the rotation, you want the lengthening, and you want to drive back.

One technique I like better than just telling people to push back is to pull back, because then they’re not tensing up some muscle to try to fight some other type of muscle. It’s like having the break and the accelerator on at the same time. You don’t want to sustain this.

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Instead, I like people to grasp a clump of hair, then very gently pull back and up, and then just relax their neck. Let their chin relax down rather than pushing it down and pushing it back. I’m always looking for a way that is more relaxed, more effective, and that doesn’t run into trouble, because sometimes when you do something like that, you could be then pressing against some nerves and so and so. I’m looking for a very gentle trajectory where you go back. Pulling back is a really good way to start to return the neck health.
DM: Okay.

EG: See, another area that I like people to start out with is lengthening their backs, because that’s another problem spot. There are two areas of the spine that get into more trouble than any other: (1) cervical spine and (2) lumbar spine. All of these compression-related problems: stenosis, sciatic pain, and scoliosis even that can be, you know. Some of it is genetics; some of it is not. It comes with time, age, and gravity happening. So, lengthening is a really, really good first measure.

There are some very accessible ways to get a lot of traction going in the back. People have a back rest, for example, when they sit. Well, the backrest could be used like a traction device. It might need to be modified a little bit. We have some tools to make it sticky. You could try even with the towel, you know, a towel slipped with it.

If you have something that you can hook to with that, then it’s very simple. It’s a one- to two-second maneuver to bring your back away from the back rest, lengthen, and then root yourself a little higher against the back rest. Now, the whole time you’re sitting, your lower back is getting a little bit of traction. That is such a powerful way to change sitting into something that’s actually beneficial in some part rather than entirely damaging.

DM: Thank you for sharing that. I want to go into maintaining posture in different exercises. But before we discuss it, I think it’s important to explain the normal anatomy (which you do so well in your book) of the spine, because it’s a lot different from what people think it is. There’s this curve, this J-curve that you described in the book, that’s really crucial to maintain. Maybe you can discuss that first and then we can discuss the exercise postures.

EG: Terrific. It is surprising that what we do is so different from what is ideal. What’s even more surprising is what we’ve been thought to do is so different from what is really ideal. I described a J-spine that I think is our true, normal, and ideal posture. The body part of the “J” corresponds to having the behind out behind you. If you think of a little kid, their behinds are out behind them. That posture’s maintained into adulthood by, like, the tribal Africans and so on. They have their behinds out behind. They are certainly not tucking their pelvis.

DM: Which so many people teach us to do, and this is actually the exact opposite of what’s healthy.

EG: Exactly. It’s because somewhere along the way we took a wrong turn, I think. I think it was about a hundred years ago when the fashion industry began tucking the pelvis, and then further along the way the average got mistaken for normal and even healthy. That happens so often in other health ways, too. It’s like, okay, people are tucking their pelvis, so that it gets picked up by the illustrators and then it gets reflected even in the medical text as normal and even ideal. But really, what it is is average.

We don’t want to copy the average when we have an 80 percent incidence of back pain in this population. We want to go back in time. We want to look at populations that are healthy. We want to go see little kids before they’re acculturated and see what they’re
doing and copy them. That's what my method is about: giving you a way to copy populations that have good function and are pain-free.

They have their behinds out behind them. It’s an aspect that’s common to these different populations. Kids have it. The village Africans have it and the Ubangi tribesmen. I like to show pictures of people all over the world. They have their behinds out behind them very taut.

**DM:** And you show pictures of ancient art and sculptures from a thousand, 2,000 or 3,000 years ago, which shows the same posture.

**EG:** Every Greek statue has their behind out behind them. So, it’s not just one race, one geography, or one gender; it is universal. You have to ask yourself, “Why would all these totally different populations converge on the same structure? How could it be for any reason other than that’s truly natural?” It’s not proof that it’s highly suggestive. I try to educate people on how to restore their architecture to that standard.

I call it the J-spine as opposed to an S-spine. We’ve come to think in modern times that the S-shaped curve is what we should have in our back. This gets reflected in every medical textbook, in the chiropractor’s offices, you know, the charts of how the spine should be. And in every ergonomic chair, you’ll find this S-shaped curve. They have lumbar adjustment. They have lumbar walls that people are provided. In the car seats, you have lumbar support. That is all based on the premise that we’re supposed to have an S-shaped curve in the spine.

If you go back in time – and in my book I showed this illustration from a 1911 textbook that shows a very differently shaped spine. It is much closer to a “J.” That’s why I call it a J-spine.

So, the behind is behind. And then this upper lumbar area is relatively flat. It doesn’t have an exaggerated curve. That is critical, I think. I mean, that's what I teach people. That’s one of the first things that I help them begin to reverse. I help them elongate and flatten up their lumbar area. I teach them how to kind of hook themselves on to the back rest of the chair, so that the lower back is getting traction.

That sometimes would provide immediate relief for someone whose sciatic nerve roots are being compressed. They may be very pleasantly surprised to find, “My goodness, it’s my first time in a year that I’ve been comfortable sitting.” I hear that every day or a couple of days from someone. It’s like, “Wow, it’s the first time I’m being able to sit without pain.” They’re hanging, in part, from the back rest rather than just settling on the lower lumbar, discs, nerves, and so on, and then blaming sitting for their ills, aches, and pains.

I refrain from blaming sitting for everything. Sitting has kind of become the new smoking, you know. It’s like labeled as a bad activity.

**DM:** Well, it can be, and we’ll discuss that in a little bit, but I want to discuss another issue first. Once you develop this posture... We alluded to it earlier with the people in yoga trying to bend over and touch their toes. But there are other exercises, almost all
of the ones certainly with strength training – well, strength training would be a really
good one, because you have all these different postures and positions you’re in.

But I think it’s really crucial to apply these postural things, because you’re putting extra
forces. Not only are you putting, like, gravity, but you’re putting all these extra weight or
doing squats. If you try to do squats without this J-spine, you are just asking for trouble
and probably serious injury.

**EG:** And that’s what we see. Most people do have trouble and serious injury
episodically. It’s so unnecessary because there are these populations that are even
sedentary. They’re basket weavers, potters, and what have you. Or they are very active,
they’re out, they’re doing manual work all day, and they will get into trouble. I don’t think
it’s right to blame the activity. I think it’s…

We don’t know how to use our bodies. We’ve forgotten. We used to know, and then
somewhere along the way our culture kind of lost it. We’re born without a user’s manual.
We’re born with a very good design, I believe, but no user’s manual. We depend on the
culture to support our structure.

Beginning in babyhood, we need to be carried a certain way. Every culture has their
own solution to health to protect the spine and augment, you know, the little baby’s
function as he goes into childhood and becomes an adult.

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But we need to protect that – the basic integrity of the spine – through all those years
and create the right habits, so that a person will sit on his desk well, bend well, lift well,
walk well, and so on. And then we’ve got a lot of exercise just built into their daily life.
The good news is that it’s never too late to learn this.

**DM:** No. Actually, we just published an article just last week where there’s this person
who started strength training at 60 and is now 91 years old, set the world record for
bench pressing. The body is tremendously dynamic and can absolutely respond. Your
method is relatively easy to learn. It doesn’t take that much time and commitment to
invest to change your life.

**EG:** Yes.

**DM:** But let me get back to the sitting. Because I recently interviewed (I remember her
last name now) a scientist, Dr. Joan Vernikos, who wrote the book *Sitting Kills; Moving
Heals*. She was responsible for the astronauts’ health for 30 years and was the top
banana there. She understood… Her job was understanding how microgravity situations
would cause health, because it ostensibly appears to rapidly speed up the aging
process.

What she discovered is that there are many situations on Earth, in regular gravity, that
replicate that or stimulate that. That is, like, bed rest or sitting for long periods of time.
Her epiphany (really discovering now her passion to teach the world) is that something
as simple as just standing up every 10 minutes by maybe 30 to 40 times a day – not 30
to 40 times at once; that will not work – on a regular basis is all you need. I’d like you to comment on that. It’s not exclusive of proper posture, of course, but it’s a separate event.

**EG:** I fully agree that if sitting is all you’re doing, that is not great for your cardiovascular system. It’s not what we’ve evolved to do. We are movement animals. You want to get up from your desk and go get a glass of water, talk to your friend, or discuss something with your colleague. But that isn’t part of nature’s course for you.

But I think sitting has been unnecessarily maligned, because we don’t make a distinction between healthy sitting and slump sitting or sitting up straight, which is the other way to do bad sitting, you know. Like what our parents tell us, “Sit up straight or stand up straight.” That usually translates into: tense up your lower back, press down to your chest, and kind of give the appearance of being upright. That’s no good either.

Most people, that’s all they know in sitting. They know how to either relax and slump or be upright and tensed. If that’s what you do, sitting is going to look very, very bad no matter how short or long you do it.

But I believe it has not been tested, because these techniques of stretch sitting and stack sitting, I call them, you know, haven’t really been adopted universally. If we test people who are well-versed in healthy sitting, I won’t think sitting is going to look as bad as it’s looking right now.

**DM:** Yeah.

**EG:** Right now it’s becoming the new smoking.

**DM:** Oh, it has. It’s not just by itself, too. It’s like people sitting without exercising. This is true for people who sit and who are incredibly fit, maybe even elite athletes. If they’re sitting eight, 10, 12, to 16 hours a day, yet still engaging in a regular exercise program, the studies appear to be very clear that they have a decreased longevity. There is something adverse, something negative, that’s occurring to them.

It’s probably an integration of your approach and Dr. Vernikos’: you have to interact with gravity properly. If you’re sitting with the right posture, that’s allowing you to interact with gravity at a healthier level than the traditional way people are.

**EG:** Yes. For example, in our stack sitting method (which is really healthy sitting, primal sitting, if you will), people have their behinds out behind, but not exaggeratedly. That’s very important. And then the bones stack well. Now the muscles alongside the spine are able to relax. They’re not obliged to be tense. Now when you breathe, the whole spine lengthens and settles, lengthens and settles. There’s this movement which stimulates circulation and allows natural healing to be growing on as you sit.

Now, if you sit poorly, even relaxed and slumped or upright and tensed, you’ve lost all of that. Do we want to blame it on sitting, or do we want to blame it on the poor sitting form? It’s my question. Yes, this person will come out looking very bad even if they’re an athlete the rest of the time. But before we completely abandon sitting… I certainly
think that if you’re sitting eight hours to 10 hours a day and hardly getting up, there’s no question about it. But to sit for some period of time and be able to engage in deep thought...

There is research showing that sitting is the most conducive position for deep reflection. There’s a different kind of reflection that happens when you’re walking in the woods. That’s also very wonderful and important. My husband is a Math professor at Stanford. He needs to think deeply. He’s thinking about seven-dimensional shapes, soap bubbles, and all this and that. I don’t think he can be doing the same kind of quality thought on a treadmill or standing and hobbling around. It needs some quietude and it needs deep thoughts.

I think sitting is very, very… It’s part and parcel to that. I think it’s a very healthy activity. I think we’ve been doing it forever. Hunter-gatherers, as they’re making baskets or they’re skinning, people do sit for extended periods of time. If they sat well, I think it can do more than just be comfortable; it could even be therapeutic.

DM: Yes.

EG: As you know, for our kind of people, our population, with all the compression in their spines and so on, if you do this kind of stretch sitting, where you’re hooking yourself up against the back rest of the chair, you know… My back rest has built-in knobs, you know. I designed my chair to have built-in knobs, so that you have something to hook on to.

DM: Can you show us those knobs on your chair?

EG: Sure. I will have to move my webcam a little bit.

DM: Okay.

EG: I don’t know if you can see it very well.

DM: Yeah, sure.

EG: Are you able to see?

DM: I can see it perfectly, yes.

EG: People have been asking me for years, “What chair are you recommending?” and so on. I got a bit tired of telling them, “I don’t have. You have to modify this chair, add this kind of towel,” and so on. I designed the chair. These are sticky. The idea is… I also have a little cushion, so people don’t have to buy the whole chair. Just a little cushion with those knobs attached, and you get to elongate your back and hook yourself. Now you’re in traction instead of just sitting over there, collapsed on your lower discs.

They take the branch right: L5/S1 (that was my disc) or L4/L5. Those are the ones that run into trouble most frequently. Here, those are getting a nice traction, you know, that area. The discs are able to rehydrate. The nerves are not getting impinged as they exit
between the pillars of vertebrae. There’s relief and reset. The muscles are getting reset to a healthier baseline. That allows better circulations with the area.

It’s just hasn’t been implemented. It’s very useful, but it’s not enough. People need to learn what’s going on there that they need to take charge of, you know, like know. Knowledge is the most powerful.

**DM:** Absolutely. There are a lot of people out there who are watching this and have pretty severe back pain right now. Let’s say, you could talk to yourself 20 years ago when you were pregnant and in excruciating pain, so much so that you’d choose to go to surgery. What would you tell yourself back then to do to get out of the pain?

**EG:** Number one: figure out how to put some extra length in your spine. Stretch sitting to the extent that you have to sit is the way to do it. When you’re driving, when you are sitting at your desk, try to get some extra length into your back, so you’re not squishing all those nerves roots, making yourself miserable.

The same idea when you lie down, because in my case, for example, I could not sleep through the night. I was waking up every two hours trying to get out of severe back spasm. I didn’t want to take pain meds, because I was nursing my baby. That was miserable. But there’s a technique I teach. I call it stretch lying, which is similar. You don’t need any equipment at all for that.

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You dig your elbows into the bed as you leave one vertebra down at a time, kind of creating distance between your vertebrae. So, you’re digging in, you’re leaving one vertebra down, and you let your elbows out to the side. You leave some more down, and you unhook a part of your back onto the bed. Now, the bed has become a traction unit. There are other details I described in my book, so that you’re lengthening your neck and you let your shoulders back down towards your feet. But the basic idea is you lay down with extra length.

I strictly caution people who are going to try this on their own: avoid the common habit of kind of thrusting out the back. I’m going to try to demonstrate this here. People, when they try to lengthen, they sometimes do this, because they’ve been told to sit up straight and stand up straight. We’re just going to just kind of have their chest stuck out. If you reflect on it, that’s actually shortening the back, not lengthening it. It’s a little counterintuitive. But people have to kind of round their way down to truly get extra length in their spines.

That’s another piece of advice I would send back to myself 20, 30, or 25 years ago: lying with a little bit of extra length in your back.

Then there’s a technique I call the inner corset, where you’re using your deepest layer of abdominal muscles and your deepest layer of back muscles. Altogether, that makes you slenderer. If you make yourself slenderer, the stuff has to go someplace; it makes you taller. I call that the inner corset because it’s different from what people teach under
the name of core strength. It does not involve rectus abdominis. I’m not tucking the pelvis. I’m very specifically trying to not tuck the pelvis.

You’re keeping your J-spine by going slender and tall. Now, you’ve got pressure off of all those nerves. You got distance for the discs to rehydrate. It can be quite magical. I teach them that early on. I would teach myself how to do the inner corset and then expect that I will be very tired trying to do all of this holding. It’s not possible to do it all day long, especially in the beginning.

From the time that they cannot do it anymore and they run out of steam, then I have people use an external belt. If you only use an external belt, your muscles are going to get weak and you’re going to sag into yourself – no good. But the combination of learning to use your own muscles to make you slender and tall instead of short and squat, and then some of the time using the belt to prevent those nerves getting all impinged, that comes as really effective. I would teach myself that: use the belt.

For some of the time, learn to use your deeper abdominal and back muscles as much as you can and increasingly. Get them nice and strong. Maybe do some other activity to supplement and to challenge the ingredients of this inner corset. For example, swimming can be very useful. It depends on the person. Those would have been very useful to me. The only reason I don’t really wish that I could go back in time and save myself from all of that misery is look what’s come out of it.

**DM:** Yes. Well, one of the principles I use in life, which is really one of my guiding principles, is the inverse paranoia. The pain and suffering you’re going through right now, you may not understand it. But if you believe that everything in life happens to you for some good reason and the universe is conspiring to make you better even though it doesn’t seem like it, then it really changes your attitude. Really, you can get something good out of what appears to be bad.

**EG:** Looking back now, I now think how lucky I was that that happened, because not only was I able to avoid a second surgery and not have pain anymore or not have anything, but I’ve also very, very certainly, I think, avoided all kinds of other issues that would have propped up here and there, you know, like arthritic changes, or who knows, plantar fasciitis, you know, because I was not using my body well in many ways.

Now I’ve sort of cleaned up the whole architecture. I’m enjoying general health, better appearance, and all these other benefits, which I say that… I have more energy. I use that.

**DM:** Sure.

**EG:** I use that to create my movement. I work a lot. I am not fatigued. I got actually an early result of changing my architecture – it’s improved energy level. It makes sense. The blood flow’s better, breathing is better, you know, not fighting gravity like you said.

**DM:** Yeah.
EG: I’m working with gravity. I’m working with my natural body design instead of against it and undermining it.

DM: Yeah. That may seem like a trite statement just working with gravity, but it is really profound. I mean, it’s amazingly profound, because it’s a powerful force. Without it, of course, as we know from the astronauts, you just deteriorate very, very rapidly. It’s understanding that force and integrating it optimally into your system with this proper type of posture.

EG: It’s a force that’s been around for, you know, forever.

DM: Yeah, since before humans.

EG: For everything, we know that there was no change, no significant change in that over our history as a species. We have evolved a number of mechanisms around that. For example, we all know that weight-bearing exercise is important. Because our bones have evolved to deposit calcium in response to gravity in the right place, you know... By load-bearing face to face [inaudible 56:34], you are keeping the calcium in there, not having the calcium go off into the bloodstream and leave your bones or teeth and be prone to fracture.

But what we need is really healthy architecture there rather than edgewise compression. If the bones are kind of tipped a little bit, now you’re losing that “face-to-face healthy preventing osteoporosis effect,” and instead you’ve got edgewise compression. The edges are getting stressed. You’re getting calcium deposition and bone spurs there – the other name for that is osteoarthritis, right? You’re losing the good empty osteoporosis effect of load-bearing, weight-bearing, and exercise on your spine. That is load-bearing. And you’re getting a negative.

Understanding how gravity interphases with your body is really critical, I think. And then minding yourself up, so that you can gain the benefits of everything.

DM: Yeah, it’s just happens....

EG: To not suffer.

DM: That’s a good point, too, especially as we age. I mean, we all want to live long and healthy without disease such as diabetes, heart disease, and cancer. But one that’s not commonly mentioned is just to be free from pain and have normal body movements. If you’re healthy and everything else, it almost is irrelevant, because you’re so miserable with dysfunctional musculoskeletal system.

I’m just a strong advocate of recommending these types of approaches because as you get older, it’s normal. If you are not following these principles or something like them that allows you to work with gravity instead of against it, you’re going to suffer. You will get crippled. I see it in my parents. They’re crippled over, you know.

I didn’t know this intelligence until now. I’m, obviously, going to go and teach them how to do that, but it’s going to take a while to reverse it. They should have been doing it for
the last 50 or 60 years. But their experience is normal. That’s exactly what happens to almost everyone in the population: they get crippled over, they walk with a hunch or a walker, and they have a kyphotic spine. They’re just uncomfortable.

**EG:** It’s frustrating for me sometimes to see how much unnecessary loss of function there is. I’d say, I love it when older people come to our classes because very quickly we can teach them, for example, to use their glutes with every step they take. There’s a whole cascade of events that should happen in the buttocks. It’s not difficult to learn.

When they learn to really engage their buttocks with every step they take, they become much more powerful in their gait and they become less prone to falling down. Now, imagine what kind of effect that has on the scope of what an older person can do because they are rightfully afraid of falling.

**DM:** Sure.

**EG:** If you follow an older person, the likelihood of breaking their pelvis, hips, etc. is quite high, and then mortality rate is high. They’re right to be afraid.

But if they can maintain balance and with that confidence that is not empty and that is based on a real improvement in their sense of balance, they’re not going to fall or are unlikely to fall, and their world opens. Now they can move around more. That, of course, creates much more health in all sorts of ways – mental health, physiologic health, and musculoskeletal health.

Posture is at the crossroads of all of these different kinds of health. It’s very obviously related to an anatomical health, you know, physical health. But it also influences… It may not be as obvious, but when you have better architecture for your lungs and for your digestive organs, instead of squishing them by tucking the pelvis, you’ve lost a third of the volume in your pelvic cavity. All the organs in there are going to be compromised. Your 22 feet of intestines, they won’t really appreciate getting squished into less space and won’t function well.

I find, in my experience, a correlation with chronic constipation, irritable bowel syndrome. And also, to think, the use of reproductive organs, you know. If you just squish them and you’re compromising the nerve supply and the blood supply, you can imagine it doesn’t lend to fertility, to, you know, just uterine function for women. I think there’ll be no uterine cramps more likely and so on. These are very broad.

And then there is also research showing that healthy upper body posture, for example, correlates with testosterone levels. You don’t only appear more powerful, have more presence, but you, in fact, physically and chemically, have more of the oomph that you need to negotiate, to hold your own in a romantic relationship, to do what you need, and to function in everyday life.
It is such an important and neglected baseline for health. We know about the importance of diet, exercise, and emotional health. I think those are the three pillars. The fourth one is structural health, and it's off the radar.

My mission is to educate people how important it is, how to get truly good postures instead of what they've been often taught, which may be counterproductive, like, sit up straight, stand up straight, tuck your pelvis, S-shape curve. All the current little guidelines are problematic. That's my job: to educate people. I'm using every tool I can think of. The book has over a thousand illustrations and photographs. I did my best to teach what you can teach in a book.

DM: Sure.

EG: But it's limited. The DVD helps visual people, by the way.

DM: Okay.

EG: Like [for] hands-on, it is the best.

DM: Well, for the resources you have, what percentage of people can understand it and apply it by reading the book and what percentage would benefit from finding a teacher who understands your methods?

EG: I think everyone will get some benefit from reading the book, like stretch lying, stretch sitting, shoulder roll, and maybe even glute squeezing. It depends on how kinesthetically aware the person is. Those things people can get from the book. But that's like only 10 percent of the goodies, you know.

DM: Oh, okay.

EG: To get more of the newest spinal structure, how to stack well, and standing… Even with hands on when we place people there, they say, “Woah, this feels so weird. I feel like I'm falling flat on my face. I feel like I'm a Neanderthal.” It takes us showing them their reflection in the mirror to be astonished. They may feel weird, but they don't look weird. It isn't weird, but it's so far away from what they've been doing.