

The Mind-Body Problem in the Chakra Literature

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Before we begin looking at which parts of the physical body relate to each chakra, it's important to first consider how we think of the chakras, the physical body, and the relationship between the two. What do you think of these spinning wheels? Is the energy within the realm of the physical, or beyond it, in the ethereal realm? If ethereal, then how do you believe it comes to affect the physical body? Perhaps you see the terms "physical" and "ethereal" as creating an artificial or illusory categorization of reality. In psychology and philosophy, we refer to this as the mind-body problem and the discussion of it goes back further than Plato. There are two main approaches to this problem. One is a dualist approach wherein there is held to be a real distinction between that which is physical and that which is not. Plato, Descartes, and western Christianity espouse a dualist approach wherein the body is considered illusory or less valued while the mind or spirit is considered real or more valued. Dualism can also take the reverse approach wherein the body is considered more real or valuable than the mind/spirit, but this is less common. The other approach is monism, wherein this distinction between mind and body is considered more problematic than helpful. Monism is adhered to in ancient Judaism, eastern philosophies, and reductionistic materialism. They all agree that everything is part of one kind of thing, but whether that thing is mind or spirit, or matter/energy varies.

Here, I will refer to it as the mind-body problem as the chakra-body problem. It doesn't matter which approach you take to the chakra-body problem, but you will, consciously or not, take an approach. Attempting to answer this problem for yourself, or becoming aware of your unconscious "default" answer to this problem can be very helpful when discussing this issue with another person. For instance, the statement "the root chakra is concerned with the gonads" carries a very different meaning from a dualist perspective than from a monist perspective. So, if you are a dualist in your approach and you read a book about chakras by a monist, you will derive a different meaning from the book than how the author sees it.

Within the chakra literature, there seem to be three primary approaches to the chakra-body problem. These differences ultimately relate to one's ontological paradigm. A dualist will approach the chakra-body problem differently than will a monist, and within the monist camp, those that believe all of reality to be "material" will have a different approach than those who believe it to be all "ethereal." This problem, of course, is not new — it's simply another version of it that extends back to the first philosophers before Plato.

The approach that seems to be most common in the chakra literature, or at least in the minds of westerners who believe in chakras, doesn't really attempt to answer the question. I call it the "**Oh, and by the way...**" approach because the individuals with this perspective seem to say "ok, here are the 7 chakras and their locations and what they relate to psycho-spiritually...oh, and by the way, these are the organs and glands of the physical body that they are associated with." No attempt is truly made to answer what the nature of this relationship is, other than to say that if the energy is blocked in a chakra, the corresponding body-parts might be functioning improperly. For the most part, it comes down to tradition, knowledge passed down over the generations. This approach, while not scientific, is certainly a perfectly valid epistemology for it accepts that the knowledge built up over the centuries is greater than one generation alone could conjure. The problem with this approach, unfortunately, is that there is inconsistency between various traditions; the ancient knowledge built up over time in one location is different than what emerged in another location. This is why some authors state that the

root chakra relates to the adrenal gland (Brennan, Bruyere, Judith, Paulson) and others state that it relates to the gonads (White, Gach).

The second way of addressing the chakra-body problem is what I refer to as the “**equal/identical**” approach. This approach goes something like "all of the knowledge about the chakras is interesting and makes for a very useful metaphor, but what we are REALLY talking about is the neuro-endocrine functions of the body, which the ancients innocently mistook as something more ethereal due to the hypercomplexity of the neuroendocrine system. If they had had the knowledge science has now, they wouldn't have needed to create such a concept. This isn't to say that science already has or will ever easily acquire some of the complex knowledge passed down in the chakra tradition, but we don't need to create a new construct (chakra) to explain the complexities of neuro-endocrine function." It is important to recognize that this is not an “anti-chakra” position that simply dismisses the chakra literature. Some anti-intellectual or anti-science readers might see it that way. An anti-chakra position would simply say, “this is all crazy...if medical science can't know it, then its not valid.” The equal/identical” approach says “this is valid, but we can replace the chakra metaphor with the **real** neuro-endocrine functioning.” This approach is most often taken by an individual with a monist paradigm, usually a material monist with an open mind.

The third approach is the “**portal/channel**” approach. This approach is, in some ways, half way in between the former two approaches. It goes something like “these energy vortexes are real and they pass in and out of the physical body THROUGH this gland or that one. The chakra is not equivalent to that gland; the gland is simply the portal through which it connects with the physical body.” This approach has traditionally referred to the endocrine glands, and not any neurological structures, as the points of entry, though this need not be the case. This approach is reminiscent of Rene Decartes' approach to the mind-body problem and who suggested that the soul connected with the physical body through the pineal gland.

Chakras and the Physical Body

I will begin describing the relationships between the chakras and the body by first summarizing what other authors have said. After this I will go into a more in-depth anatomical analysis of these relationships and evaluate these traditional relationships from an anatomical perspective. Table 1 gives an overview of the traditional chakra-body relationships as outlined in various texts. Bold text within that table represents what is most likely the most accurate associations to the chakras.

Most of the literature on the 7 chakras draws a close relationship between the chakras and either the neuro-endocrine glands or the plexuses of the autonomic nervous system or both. One of the earlier popular texts on the subject, Leadbeater's *The Chakras*, originally published in 1927, focused on chakra-**plexus** relationships. However, Leadbeater states that the chakras should not be equated with the plexuses, an idea that he suggests was popular with writers of the time. Leadbeater's dismissal of the plexuses must have had quite an impact, because whoever those other writers were, their focus on the plexuses does not play a significant role in the chakra literature today. The popular literature in bookstores today will usually focus on the endocrine glands, unless its a very thorough text on the subject, such as Gach's *Acu-Yoga* or Judith's *Wheels of Life*.

Table 1. Chakras and their Neuro-endocrine and Autonomic Relationships

Chakra	Endocrine Glands	Neuro/Autonomic Plexuses	Other Organs
Root	Adrenals (Brennan, Bruyere, Judith, Paulson) Gonads (White) Gonads-male (Gach, Judith)	Sacral plexus (Gach) Coccygeal plexus (Judith, Leadbeater) Parasympathetic nerve roots to Genitals, Bladder, and Large Intestine (Fritz)	Large Intestine (Gach, Judith) Legs, Bones (Judith) Rectum, Prostate (Gach) Kidneys (Brennan)
Sacral	Gonads (Brennan, Judith, Paulson) Gonads-female (Gach) Adrenal (Gach) Peyer's Patches / Lymph (Bruyere, White)	Prostatic plexus (Gach) Splenic (including Pelvic and Hypogastric) plexus (Leadbeater) Sacral plexus (Judith) Sympathetic nerve roots to Inferior Mesentery Plexus to Large Intestine, Bladder, Genitals, and *Kidneys (Fritz)	Kidneys, Bladder (Gach, Judith) Uterus, Genitals (Judith)
Solar Plexus	Pancreas (Brennan, Bruyere, Judith, Paulson) Adrenal (Bruyere, Judith, White) Spleen (Bruyere, Gach)	Solar plexus (Gach, Judith) Celiac or Solar plexus (including mesenteric) (Leadbeater) Lower thoracic sympathetic nerve roots to Superior Mesentery Plexus and Celiac Ganglia to Adrenals, Liver, and Digestive Organs (Fritz)	Liver, Gall Bladder, Stomach, Small Intestines (Brennan, Gach, Judith) Muscles (Judith)
Heart	Thymus (Brennan, Bruyere, Gach, Judith, Paulson, White)	Cardiac plexus (Gach, Judith, Leadbeater) Sympathetic nerve roots to Lungs and Heart (Fritz)	Heart, Lungs (Gach, Judith) Arms, Hands (Judith) Heart (Brennan)
Throat	Thyroid (Brennan, Bruyere, Gach, Judith, Paulson, White)	Pharyngeal plexus (Gach, Judith, Leadbeater) Sympathetic Superior Cervical Ganglion to Face (Fritz)	Throat, Ears, Arms, Hands, Mouth (Judith) Cervical spine (Gach) Lungs (Brennan)
Third Eye	Pituitary (Brennan, Bruyere, Gach, Leadbeater, Paulson) Pineal (Judith, White)	Carotid plexus (Judith, Leadbeater) Cavernous plexus (Gach) Brain Stem/Parasympathetic Cranial Nerve III (to Eyes), VII (to nose and mouth), IX (to mouth), and X (to lungs, heart, liver, digestive organs, large intestine, and *kidneys) (Fritz)	Eyes (Judith) Gall Bladder, Brain (Gach) Lower Brain, Left Eye, Ears, Nose (Brennan)
Crown	Pineal (Brennan, Gach, Leadbeater, Paulson) Pituitary (Judith, Bruyere, White, Leadbeater)	Meridian plexus (Gach) Cerebral Cortex (Judith)	CNS and Brain (Judith) Liver, Bladder, Gall Bladder (Gach) Upper Brain, Right Eye (Brennan)

* Denotes anatomical inaccuracy

Bold text denotes associations that represent a relatively high level of agreement across columns and authors.

The Endocrine Gland Approach

Assignment of the chakras to the 7 major endocrine glands (pineal, pituitary, thyroid/parathyroids, thymus, pancreas, adrenals, and gonads) is the most popular approach in the literature. The first column in Table 1 provides an overview of the various chakra-gland assignments found in the literature. As one can see, the root chakra is associated with either the adrenal glands or the gonads. The sacral chakra is associated with the gonads, and occasionally the adrenal or lymphatic glands. The solar plexus relates to either the pancreas, the adrenals, or the spleen. The 4th chakra is always

associated with the thymus gland (a gland that disintegrates after childhood), and the 5th chakra is always associated with the thyroid (and parathyroid) gland(s). The 6th and 7th chakras are associated with the pituitary and pineal glands; the literature is split on whether the pituitary comes before or after the pineal, but most authors put the pituitary at the 6th and the pineal at the 7th.

Problems with the Endocrine Gland Approach

At first, it seems really nice that there are 7 chakras and 7 primary endocrine glands. Aligning these seven traditional energy centers with these 7 endocrine glands works relatively well in terms of chakra-gland **assignment**, and there is a high level of agreement within the literature on this. But there are some consistent disagreements, and these disagreements arise because there are discrepancies between how the chakras are **assigned** to glands and where they are physically **aligned** in relation to those glands. Some assignments so seem to be a result of alignments (heart and throat), and readers are led to believe that this rule applies simply across the board when in fact it does not.

For example, the pineal and pituitary lie only 2 or 3 inches from each other, with the pineal sitting only about an inch superior to the pituitary, a distance far less than usually depicted and in the opposite direction than tradition has dictated. Furthermore, although the pineal happens to be slightly superior than the pituitary in humans, in most other species the pituitary is located superior (more forward) in the body. (This change came about as a result of the brain curving into a "C" shape to accommodate the transition to an erect posture.) Putting the pineal with the 7th chakra as is the most common requires either a belief that other animals don't have chakras, or if they do, they have different chakra-gland assignments that switched in the course of evolution. Neither of these options is appealing.

A second major discrepancy involves the bottom 3 chakras and the adrenals, gonads, and pancreas. The adrenals rest on top of the kidneys, which are at the same level of the body as the pancreas, making the distance between the two glands far less than depicted in chakra illustrations no matter which gland is assigned to which chakra. Authors can assign these two glands to two adjacent chakras, but what is most often the case is worse. Authors want to assign the domain of sexuality to the second chakra, so this leads them to assign the gonads to the second chakra to go along with it. With the root chakra not assigned to the gonads, authors will instead assign the adrenals to the root chakra, even though the adrenals are located superior to the pancreas, which is normally assigned to the third chakra. So here are two glands located on the same level but one is for chakra 1 and the other for chakra 3. Of course, there is no rule that says that chakras have to be assigned only to glands that they are anatomically aligned with. Nevertheless, it seems odd to align the heart and throat chakra and then fudge it on the other ones. Basically, chakra-to-gland assignment doesn't work very well if one also wants chakra-to-gland alignment.

The Autonomic Nervous System Approach

An alternative to aligning chakras with glands is to align them with neural centers of the autonomic nervous system. This is a position that is hinted at, though not elaborated on, in a diagram in Mosby's Fundamentals of Therapeutic Massage (Fritz). Though the diagram is not entirely accurate, anatomically, and she leaves out a chakra in the process, her idea is headed in a useful direction. I have interpreted the diagram and put the ideas into the 2nd column of Table 1. Though it is not clear whether Fritz is suggesting that chakras align with autonomic nerve roots or the ganglia that they project to, Fritz avoids many of the problems that go along with assigning chakras to glands.

For example, the worst problem with the endocrine gland approach is that authors create a major assignment-alignment discrepancy when they try to assign the 2nd chakra to sexual functioning. When

this is done, the gonads are assigned to the 2nd chakra, leaving the root chakra with the adrenals located above the 3rd chakra. With the neural approach, however, it becomes clear why authors disagree about whether sexual function (the gonads) is related to chakra 1 or 2. The neural approach, as will be explained below, assigns chakra 1 to parasympathetic innervation of the genitals, and it assigns chakra 2 to sympathetic innervation of the genitals. Thus, sexuality becomes the domain of two chakras. This approach also puts the adrenals and the pancreas into the domain of one chakra, rather than two distant ones.

The scant literature on the relationship between the autonomic neural plexuses/ganglion and the chakras is much less consistent and clear than the endocrine-chakra literature, but it offers some hope of resolution to the assignment-alignment problems that were discussed above. Most authors will state that chakras work through both the endocrine glands and the autonomic neural plexuses, but very few will actually give any details about the latter. In the paragraphs that follow, I will attempt to elucidate this topic in a manner that has not been done before.

Neuroanatomy lesson

It is important to take a moment to explain some neuroanatomy at this point. Neural signals from the brain to the muscles travel via the spinal cord and exit the spinal cord at specific spinal nerves. In those nerves they travel directly to the muscle. Each nerve is composed of bundles of neurons. In some places in the body, called plexuses, neurons switch which nerves they are bundled within, but in their switching no information is exchanged or changed. Its much like one person holding red and green wires in one hand and white and blue wires in another while another person holds those same wires but mixes up which wires are grouped together. Since the wires never connect with each other it doesn't really matter how they switch. These are plexuses.

A ganglion is similar to a plexus in that it also involves a lot of wire crossing, but unlike the neurons within plexuses, the neurons within ganglia connect and change their signals. The autonomic nervous system is comprised of the sympathetic and parasympathetic systems. The sympathetic system involves a series of ganglia in front of the spinal cord from the lower cervical to the upper lumbar region of the spine. Sympathetic signals travel from the brain, down the spinal cord and into these ganglia and then finally to an organ, often traveling through some plexuses along the way to the organ. Parasympathetic neural signals travel from the brain and either exit from cranial nerves at the base of the head before traveling to the final organ or they travel down the spinal cord and exit at the sacrum. Either way, all organs in the body are innervated by parasympathetic signals which exit in just two locations, so the location of where a signal exits the spine is not related to the location of the destination organ (or the ganglia or plexuses in between). So when one attempts to resolve the assignment-alignment problem with the neuro-endocrine approach, one must keep in mind that the autonomic approach has its own challenges. One must consider the locations of the nerve root along the spine/brainstem, the ganglia and/or plexuses, and the final destination organ. Within the chakra literature, most of the relationships are derived from the location of the plexuses, though some are derived from the nerve root locations.

Is the Autonomic Approach Better?

With this in mind, the second column of Table 1 summarizes the few details that are written on chakra-plexus relationships. One can see in the table that, like the endocrine theories, authors agree on the chakra assignments for chakras 4 and 5. Authors also agree that the solar plexus chakra is associated with the solar plexus (hey, that one was easy!) The root and sacral chakras, however, are far from clear, with some authors placing the sacral plexus with the root chakra (Fritz, Gach), others placing it

with the sacral chakra (Judith), and still others with different theories. Also like the endocrine theories, the locations of the plexuses are sometimes out of order in terms of what one might expect.

Leadbeater, for instance, associates the 2nd chakra (which he refers to as the spleen chakra) with the splenic plexus; this is an odd discrepancy given that both the spleen and the splenic plexus are located superior to the 3rd chakra. Fritz, in her book *Mosby's Fundamentals of Therapeutic Massage*, provides the reader with a diagram that attempts to define these relationships. This diagram is not entirely accurate, anatomically, is lacking any explanatory text, and is missing one of the upper chakras. Also, it is not clear whether Fritz is suggesting that chakras align with autonomic nerve roots or the ganglia that they project to. Despite these problems, however, her idea is headed in a useful direction that avoids many of the problems that go along with chakra-gland assignment. I have interpreted the diagram and put the ideas into the 2nd column of Table 1 as well as Table 2. Given the lack of agreement and clarity with this issue in the literature, as well as the inherent complexity of the nervous system, one cannot say that there is any "common knowledge" regarding the relationships between chakras and autonomic neural plexuses. In the paragraphs below an attempt will be made to resolve these complexities.

Details of the Autonomic Approach

Possible relationships between autonomic nerve centers and chakras have been summarized in Table 2.

Table 2. Chakra-Neuroanatomic Relationships

Chakra	Neuro/Autonomic Ganglia
1	Parasympathetic S2-S4 nerve roots to Genitals, Bladder, and Large Intestine (Fritz) Sacral plexus (Gach) Coccygeal plexus (Leadbeater)
2	Sympathetic L1-L2 nerve roots to Inferior Mesentery Plexus to Genitals, Bladder, and Large Intestine (Fritz) Prostatic plexus (Gach) Splenic (including Pelvic and Hypogastric) plexus (Leadbeater)
3	Lower thoracic sympathetic nerve roots to Superior Mesentery Plexus and Celiac Ganglia to Adrenals, Liver, and Digestive Organs (Fritz) Solar plexus (Gach) Celiac or Solar plexus (including mesenteric (Leadbeater)
4	T1-T5 Sympathetic nerve roots to Lungs and Heart (Fritz) Cardiac plexus (Gach, Leadbeater)
5	Sympathetic Superior Cervical Ganglion to Face (Fritz) Laryngeal plexus (Gach) Pharyngeal plexus (Leadbeater)
6	Brain Stem/Parasympathetic Cranial Nerve III (to Eyes), VII (to nose and mouth), IX (to mouth), and X (to lungs, heart, liver, digestive organs, and large intestine) (Fritz) Cavernous plexus (Gach) Carotid plexus (Leadbeater)
7	Meridian plexus (Gach)

Chakras 1-3. The autonomic perspective espoused by Fritz and others aligns the root chakra with the set of parasympathetic nerves that exit the spinal cord at the sacrum, roots S2-S4. These nerves branch through the pelvic plexus and innervate the intramural ganglia of the descending colon, rectum, kidneys, bladder, and gonads. Activation of these neurons result in contraction of bladder and rectal muscles to promote elimination, and vasodilation of clitoral and penile tissues (erection). This

neural center aligns well with the root chakra, though could possibly be interpreted as being the 2nd chakra.

Above this parasympathetic neural center, there are 3 sets of sympathetic nervous system ganglia that align well with the locations of the solar plexus (3rd chakra) and sacral chakra (2nd chakra). These ganglia/plexuses will first be described and then an attempt will be made to explain how these 3 plexuses can be best assigned to these 2 chakras.

The lowest one of these sympathetic ganglia is the Inferior Mesenteric Ganglia (IMG), which innervate the descending colon, bladder, and genitalia. It represents somewhat the sympathetic side of the S2-S4 parasympathetic center described above. Activation of neurons in this ganglia will relax bladder muscles, contract urinary sphincter muscles, and contract uterine and penile muscles. Neurons leading to this ganglia exit the spine at L1 and L2, with the ganglia located at the level of L2.

The second sympathetic ganglia, the Superior Mesenteric Ganglia (SMG), derives its signals from neurons exiting the spine at T11 and T12, with the ganglia located at the level of T12. Neurons from this ganglia lead to kidneys and the large and small intestines, decreasing intestinal motility and contracting rectal sphincter muscles. It should be noted that parasympathetic innervation of these organs (and those listed in the next paragraph) comes from cranial nerves in the head.

The third sympathetic ganglia, the Celiac Ganglia (CG) derive its input from nerves exiting the spine at T5-T10, and are located at the level of T10. These neurons innervate the liver, stomach, pancreas, and adrenal glands, as well as the SMG. These are the neurons that activate the adrenal glands, which are located around L1.

Fritz assigns the first of these sympathetic ganglia (IMG, innervating descending colon, bladder, and genitalia) with the 2nd chakra, and the latter two ganglia (SMG and CG, innervating kidneys, large and small intestines, liver, stomach, pancreas, and adrenal glands) with the 3rd chakra (solar plexus). In this scenario, parasympathetic S2-S4 is assigned to the root chakra. This is a reasonable assignment and is the one used in an earlier example wherein sexual function is split between chakras 1 and 2.

An alternative to this assignment would be to assign the parasympathetic centers from S2-S4 to the 2nd chakra, and all the sympathetic ganglia discussed above to the solar plexus since they are located between T10 and L2. This would bring both the pancreas and the adrenals into the solar plexus (in contrast to endocrine approaches) and would split the urinary/reproductive systems between the solar plexus and the 2nd chakra (rather than between the 1st and 2nd as in the above paragraph). This approach leaves the root chakra unassigned.

If splitting function between chakras is not preferred, another alternative would be to assign the sympathetic IMG to the 2nd chakra so that the 2nd chakra governed both sympathetic and parasympathetic activity of urinary and reproductive systems. Again, the root chakra would be unassigned.

No matter which configuration one prefers, the solar plexus governs, at the very least, the sympathetic CG and SMG, which includes both the pancreas and the adrenal glands. The question is whether it governs the IMG. More than likely, the solar plexus probably represents what is known as the Enteric Nervous system, which is so vast and comprehensive that modern neuroscience considers it a miniature brain in its own right that is simply modulated, rather than controlled, by the Autonomic

nervous system. This author prefers the configuration hinted at by Fritz wherein the IMG is assigned to the second chakra and sexual function is split between chakras 1 and 2.

Chakras 4-5. Moving onto the 4th chakra, the heart chakra easily aligns itself with the thymus gland or the sympathetic neurons that lead to the heart from T1-T5. The thymus gland disintegrates after childhood and seems to serve as part of the immune system during childhood.

The throat chakra also easily aligns itself with the thyroid and parathyroid glands, which are important metabolism and growth regulators. This chakra may also involve the Inferior, Middle, and Superior Cervical Ganglion of the sympathetic nervous system. The inferior and middle ganglia lead to the lungs, relaxing bronchial muscles, while the superior ganglion innervates excretory glands in the head and neck. From a neuroscientific perspective, if any of the sympathetic neural centers mentioned above do correspond to traditional chakra energies, then one would expect that the parasympathetic cranial nerves exiting the brainstem that innervate those same organs would be related to a chakra as well (possibly 5 or 6). This is particularly true for the Vagus nerve, cranial nerve X, which carries parasympathetic signals to all of the body's organs, except those innervated by the S2-S4 center.

Chakras 6-7. It is impossible to speculate which neural centers would be represented by the 6th and 7th chakras, so perhaps assuming the endocrine gland strategy is most effective. Chakras are probably represented by both endocrine and nervous system centers, not simply one or the other. Chakras such as the solar plexus are most likely neural in nature, given the presence of the sympathetic ganglia there. The top 3 chakras are probably endocrine in nature, while some others may be a mix of both. More than likely, the truth of the matter is more complex than can easily be stated.

Conclusion

In summary, most books on chakras relate each of the chakras to a particular endocrine gland, and there is a fair amount of agreement across authors concerning these relationships. Those relationships that seem discrepant, such as the adrenal glands being associated with the root chakra or the lack of agreement concerning the 6th and 7th chakras, are nevertheless consistent in their discrepancies. As a result, there exists a fairly "common knowledge" concerning chakra-endocrine relationships. In contrast, there is very little written about the details of the chakra-neuroplexuses relationships, even though many authors will mention that such relationships exist. The little that is written is also quite inconsistent. Nevertheless, this approach seems to hold more promise for resolving the problems with the endocrine gland approach and even explaining why these problems arose in the way that they did. What is perhaps most important to keep in mind is that both endocrine glands and the autonomic nervous system are a part of the nervous system. Endocrine glands are a part of the nervous system that excretes hormones rather than neurotransmitters. So these two approaches are really two sides of the same coin.

It is this author's hope that the reader's knowledge of chakra-body relationships is both inspired and humbled by the information written above. A scientific approach to the issue brings humility as one realizes that matters are **not as simple** as chakra "experts" would have one believe, but it also opens up an entirely wider understanding of what might be the truth of the matter, a truth **far more interesting** than what has been written.

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