

Role of Yogic Intervention in the Treatment of Depression

Asha Rani¹, Ravinder Kumar Verma², Dinesh Kataria³, Bushra Zahoor⁴

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Abstract

Depression is a psychiatric disorder, which often leads to poor quality of life and impaired role in functioning. Indeed, chances of developing a depressive illness are estimated to be 1 in 10 for men and 1 in 5 for women making it a particularly common affliction of mankind. Globally, an estimated 322 million people were affected by depression in 2015. Yoga is a set of physical, mental and spiritual practices which originated in India thousands of years ago. With evolution over it has been adapted around the world in various forms. In the last years, a new view on mental healthcare has been formed on mental healthcare, called positive psychology. This new view states, that mental health is not solely comprised of a reduction of negative symptoms, such as stress or depression, but positive experiences as well, such as emotional well-being, happiness and self-realization. Yoga, among other activities, is in line with this new view, in the sense that it practices key aspects of positive psychology. More and more research has been conducted on the effects of yoga on mental health in the last years, but little have physical, chronic conditions been the focus of this research. There is a clear need for interventions which are efficacious in improving both physical activity and depressive symptoms and multicomponent lifestyle interventions incorporating a combination of physical activity, exercise and diet. Treatment guidelines for mental disorders from leading international organisations now recommend the integration of physical activity based interventions as part of routine psychiatric care. Despite these recommendations, translation of evidence into clinical practice and routine implementation of exercise interventions as part of standard care is limited.

Keywords: Yoga; Depression; Anxiety; Stress.

Introduction

Globally, mental disorders account for 32.4% of disability adjusted life years, placing mental disorders at a distant first in the global burden of disease in terms of years lived with disability.¹ Depressive disorders, such as major depressive disorder, affect more than 340 million people and they are the leading cause of disability worldwide²

and predicted to be the second largest contributor to the global burden of disease by the year 2020.³

Yoga is a set of physical, mental and spiritual practices which arose in India thousands of years ago. With evolution over it has been adapted around the world in various forms. Traditionally, Yoga consists of eight components as mentioned: morality (niyama), rules of conduct (yama) physical postures (asanas), withdrawal of the senses (pratyahara), concentration (dharana), breath control (*pranayama*) meditation or withdrawal of the mind (dhyana) and oneness of meditative awareness (samadhi).⁴ Many current forms of yoga focus primarily on postures (asanas), usually with the addition of breath control (*pranayama*) and also incorporating elements of concentration or meditation at times with variation according to different styles or schools of yoga practiced in different areas of the world and for

Author Affiliation: ¹Research Scholar, ²Assistant Professor, Department of yoga, Maharaja Agrasen Himalayan Garhwal University, Uttarakhand 222001, India, ³Professor and Head, ⁴Senior Resident, Department of Psychiatry, Lady Hardinge Medical College, Delhi 110001, India.

Corresponding Author: Bushra Zahoor, Senior Resident, Department of Psychiatry, Lady Hardinge Medical College, Delhi 110001

E-mail: bushra.zhr07@gmail.com

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different purposes.^{5,6}

Yoga has become increasingly popular outside India during the past fifty years. According to the 2017 National Health Interview Survey (NHIS) US, 14.3 % (35.2 million) of US adults used Yoga in the past 12 months.⁷ Although reported prevalence rates vary by country as well as the reporting time frame and duration or frequency of yoga practice, reports that compare use of Yoga over time consistently find increases.⁸

There is a clear need for interventions which are efficacious in improving both physical activity and depressive symptoms^{9,10} and multicomponent lifestyle interventions incorporating a combination of physical activity, exercise and diet.^{11,12} Treatment guidelines for mental disorders from leading international organisations now recommend the integration of physical activity based interventions as part of routine psychiatric care.^{9,13-15} Despite these recommendations, translation of evidence into clinical practice and routine implementation of exercise interventions as part of standard care is limited.¹⁶

Neurobiological basis of yoga for treatment of depression

The positive effects of Yoga on cortical GABAergic inhibitory tone and modulation of downstream brain regions has been suggested by various levels of evidence^{17,18} along with enhancement of dopamine ventral striatum in people practicing yoga.^{19,20,21} Yoga could also cause a rise in Serotonin levels, as suggested by several investigations performed on people after their meditation sessions showing an elevation of the serotonin metabolite levels in urine.^{19,22} Moreover, yoga practice on a regular basis may cause a decrease in norepinephrine values, as was observed in patients with heart failure where weekly yoga was associated with lower levels of norepinephrine in blood samples.^{21,23} Yoga practices regulate electroencephalogram (EEG) signals through switching off non-relevant neural circuits for the preservation of focused attention and blockade of inappropriate signals.²⁴ Research studying the effects of yoga on brain waves also reveal increased overall brain activity through breathing, meditation, and posture based yoga practice²⁵ particularly in the amygdala and the frontal cortex. Similar Investigations on brain waves also concluded that meditation leads to enhancement of alpha wave activity and alterations in anterior cingulate and dorsolateral prefrontal cortices.²⁶ Beta brain waves are normally dominant during wakefulness with open eyes and could be affected by stressful conditions.^{27,28} An

enhancement of EEG beta wave activity has also been observed after yoga meditation practices.²⁹ Higher theta wave activities on EEG is associated with lower levels of anxiety.^{26,30} An increase in theta wave activity has been seen during the practice of meditation.^{21,26} Longer duration of meditation is associated with higher activities of theta waves and alpha waves.^{24,26}

Yoga intervention seems to be associated with brain structural alterations, particularly in the frontal cortex, amygdala, hippocampus, insula, and anterior cingulate cortex.³¹ A magnetic resonance imaging study revealed greater volume of gray matter in the left hippocampus in skilled yoga practitioners with at least 3 years of experience compared to the sex and age matched control subjects.³²

Effectiveness of yogic interventions as a treatment for depression

Over the past few decades a large number of studies have been done studying the effectiveness of yoga as a adjunctive therapy in managing depressive disorders. Yoga interventions in depression have been seen as effective adjuvant therapy^{40,41} as well as monotherapy.⁴² A clinical trial studied the effectiveness of Shavasana (a type of yoga exercise) as a therapeutic technique to alleviate depression.²⁵ Subjects were selected to 30 sessions of Shavasana (Dead Body Pose) and 25 served as controls. Results revealed that Shavasana (Dead Body Pose) was an effective technique for alleviating depression.³³ Another research work showed that Depression, anxiety and stress decreased significantly in women after 12 sessions of regular Hatha yoga practice of 60-70 minutes.³⁴

In the year 2019, a randomized controlled study was conducted involving 80 patients with major depressive disorder who were divided into two groups. The individuals in the yoga group had a significant fall in depression scores and significant fall in anxiety scores from baseline to 10th day. It has been concluded that Anxiety starts to improve with short term yoga sessions, while long term yoga therapy is likely to be beneficial in the treatment of depression.³⁵

A thorough literature research was conducted to find out the role of yoga in managing anxiety and it had been concluded that Yoga is not only limited to be effective to mental health disorders but physical disorders as well.³⁶ Another trial concluded that Kriya yoga is a feasible adjunctive therapy in management of patients with major depressive disorder.³⁷ A research work also investigated the

effect of a 3-month integrated yoga intervention (3-IY) on depression, lipid indices, and serum thyroid-stimulating hormone (sTSH) levels among female patients with hypothyroidism and mild to moderate depression. The 3-IY was found to be useful in such patients for reducing depression, dyslipidemia, and sTSH.³⁸ R. JeneferJerrin and colleagues assessed the effect of Yoga and Naturopathy intervention on anxiety and depression of Covid-19 patients. This quasi experimental study was conducted on 130 Covid-19 positive patients admitted in a tertiary care hospital. Yoga and Naturopathic intervention was given for 60 min a day for two weeks, and Corona anxiety scale (CAS) and Hospital anxiety depression scale (HADS) was used to assess depression and generalized anxiety among the patients. The present study showed significant reduction of anxiety and depression level among the Covid-19 patients. These interventions can be added to the conventional care for better mental and physical wellbeing of the patients.³⁹ A narrative review done on the efficacy of yoga and mindfulness as an adjuvant treatment in severe mental illnesses including major depressive disorder (MDD) indicated that both yoga and mindfulness have significant and beneficial effects on reducing the severity of depressive symptoms.⁴³ Another clinical trial concluded that yoga practices in combination with the application of conventional antidepressants significantly improved depressive symptoms and reduced the remission rate in patients with MDD compared to control patients. The present study demonstrated that Sahaj Yoga has got a potential role as a component in the management of depressive disorders.⁴⁴ In a clinical trial done by Alison Woolery and colleagues a significant decrease in self-reported symptoms of depression after practicing yoga had been observed in individuals aged 18-29 with mild levels of depression. These effects emerged by the middle of the yoga course and were maintained by the end. Finally, there was a trend for higher morning cortisol levels in the yoga group by the end of the yoga course, compared to controls.⁴⁵ A meta-analysis has shown a more significant reduction in depression by yoga compared to psychoeducation.⁴⁶

A trial studied the feasibility of a group based laughter yoga intervention as an adjunct for anxiety, stress and residual symptoms in people with depression.

Laughter Yoga (LY) is a group based intervention involving simulated laughter, gentle stretching, rhythmic breathing and meditation. Fifty participants were randomised to randomised to

two groups consisting of eight sessions over four weeks, or treatment as usual (n = 27). The LY group had shown statistically significant improvements in mental health related quality of life compared to the control group. The qualitative interviews highlighted aspects of the intervention that were effective and those requiring modification.⁴⁷ La Rocque CL (2021) and colleagues conducted a randomized controlled 8 week trial of Bikram yoga, aerobic exercise, and waitlist for depression. Author examined changes in three stress related constructs perceived stress, rumination, and mindfulness as mediators of anti depressant effects. Fifty three women with a unipolar depressive disorder were randomly assigned to one of the three conditions. Bikram yoga showed descriptively similar efficacy to aerobic exercise and both may work, in part, by helping individuals interrupt negative thinking.⁴⁸ A study done by N. Janakiramaiah et al.(2000) compared the relative antidepressant efficacy of SKY in melancholia with two of the current standard treatments, electroconvulsive therapy (ECT) and imipramine (IMN). SudarshanKriya Yoga (SKY) is a procedure involving essentially rhythmic hyperventilation at different rates of breathing. The Efficacy as an antidepressant of SKY was demonstrated in dysthymia in a prospective, open clinical trial. Significant reduction in the total scores on Hamilton Rating Scale for Depression (HRSD) and Beck Depression Inventory (BDI) was observed on successive occasions in all three groups. After 3 weeks, the SKY group had higher scores in HRSD and BDI than the ECT group but was not much different from the IMN group. Remission (total HRSD score of seven or less) rates at the end of the trial were 93, 73 and 67% in the ECT, IMN and SKY groups, respectively.⁴⁹ Yoga practices in association with coherent breathing intervention have been shown to resolve suicidal ideation in patients with Major depressive disorder.⁵⁰⁻⁵²

Some eminent researchers conducted a randomized influence of Hatha yoga as an add on treatment in major depression on hypothalamic-pituitary adrenal axis activity" on 60 from major depressive disorder (MDD) according to DSM-IV. A 5-week treatment with Yoga or not (control group) and with either Quetiapine (300 mg/day) or Escitalopram (10 mg/day) was used. The Hamilton Depression Rating Scale (21-HAMD) was used weekly and serial. dexamethasone/corticotropin releasing hormone (DEX/CRH) tests were also performed for HPA axis function assessment. A more pronounced down regulation of the HPA axis was detected. Yoga add-on treatment did not have any additional effect on the stepwise long

term cortisol reduction seen in both medication groups. The study concluded that HPA axis function is down regulated to a greater extent with antidepressant medications than with additional Hatha yoga treatment.⁵³

Chen and colleagues (2009) conducted an RCT to assess the effects of six months' practice-pharmacological of yoga intervention for improving a self-perception of health status. The study was conducted in eight activity centers in southern Taiwan. A total of 139 participants were recruited from the centers, and the centers were randomly assigned (i.e., via cluster randomization) to the Silver Yoga experimental group (SYEG) or to a waitlist control group (WCG). The SYEG's depression state decreased; the WCG's mean depression rating scale scores significantly but in the opposite direction—depression worsened.⁵⁴ A systematic review studied yogic interventions aimed at improving depressive symptoms. A total of 23 interventions from 2011 to May 2016 were evaluated in this review. Study designs used were randomized control trials, pretest/posttest and quasi-experimental with majority being randomized control trials. Despite the limitations, it was concluded that the yoga interventions were effective in reducing depression.⁵⁵

A Delphi method study was conducted on "Establishing the components of yoga interventions for reducing depression and anxiety, and improving well-being" four twenty teachers participated in where Eighteen completed the second round (n = 18). General consensus (>75% of participants in agreement) was achieved on parameters of practice (dosage): Average of 30 to 40 minutes, for 5 times per week, over a period of 6 weeks. Numerous recommendations from teachers for yoga techniques were collected in the first round. The second round helped make a consensus statement on the recommendations. Breath regulation as well as postures were considered very important for people with depression; and relaxation, breath regulation and meditation being very important or essential for people with anxiety. Other recommended components also achieved consensus. General consensus for teachers to have a minimum of 500 training hours over 2 years, at least 2 years teaching experience was made as well as training in developing personalized yoga practices, training in yoga for mental health, and professional supervision or mentoring.⁵⁶

Conclusion

This review found evidence of a positive effect

of yoga and sheds light on its use beyond usual care for improvement in depressive symptoms in people with a range of mental disorders. Yoga may be considered as an evidence based exercise modality alongside conventional forms of exercise given the positive results of this review. It may also provide an additional or alternative strategy to help people with depression engage in meaningful physical activity.

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