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A comprehensive review on effect of yogic practices (Pranayama) on stress and anxiety

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Abstract

Yoga is a system of practices with ancestral roots in India. It is defined as Chitta Vritti Nirodha the cessation of the whirlwinds of the mind - which is better understood in contemporary language as a tool to calm the mind. Breathing exercise in various conditions has been reported to improve quality of life, reduce mental health problems such as stress, anxiety & depression. Practice of Bhr. P for 5-10 min continuously induce subjective feelings of mind refreshment and blissfulness and sometimes the subjects are believed to go to even meditative state. The lockdown and social distancing has led to challenges like feeling of stress, anxiety, fear, loneliness at times, depression, irritability, insomnia, confusion, anger, frustration, and boredom. Bhr.P intervention is an effective technique to manage the depression, anxiety and stress, during COVID-19 home isolation. The findings further support that Bhr.P intervention helped to improve the quality of sleep and general wellbeing during the treatment period. Stress may aggravate the underlying autoimmunity, whereas yoga helps in reducing sympathetic arousa land the activity of the hypothalamus pituitary and renal axis, which in turn reduces stress and anxiety levels.

Keywords: Stress, pranayama, anxiety, yoga, biological markers, WHO

Introduction

The prevalence of cardiovascular illness has increased recently, and technological advancements in medicine have led to an increase in the use of invasive diagnostic procedures like coronary angiography (CA). Presently, the annual number of cardiac catheterizations (CAs) conducted in the US exceeds one million ^[1]. There are pharmaceutical and non-pharmacological ways to lessen anxiety associated with CA. The mainstay of pharmacological anxiety reduction involves benzodiazepine usage. Pharmacological anxiolytic medications, however, typically have distinct side effects and a brief half-life. Consequently, in recent years, complementary therapies and other non-pharmacological anxiety reduction techniques have drawn particular attention ^[5]. India is the ancestor of the yoga system of activities.

The definition of Chitta Vritti Nirodha is the cessation of mental whirlwinds, which is more accurately described in modern terminology as a mental-calming technique ^[2]. Eight practices, also known as Ashtanga Yoga or Yoga of the eight limbs, are integrated into the Patanjali Yoga Sutras: yamas (abstentions), niyamas (observances), asanas (postures), praṇayama (breath control), pratyahara (withdrawal of senses), dharaṇa (concentration), dhyana (meditation), and samadhi (oneness). Praṇayama, the Sanskrit term for prana (vital energy) and ayama (control), refers to the breathing exercises. It describes a sequence of deliberate, regulated breathing exercises that work the respiratory frequency, body locks (bandhas), inhalation (puraka), retention (kumbhaka), and exhalation (rechaka) ^[3].

The Sanskrit word yuj, which means "to join," is the root of the word yoga, which denotes the fusion of the body with the consciousness of the mind and spirit ^[2].

Elevated levels of reactive oxygen species (ROS) and reactive nitrogen species (RNS) relative to antioxidants cause oxidative stress, which damages various biomolecules such as DNA, proteins, and lipids. This, in turn, exacerbates diseases like cancer, cardiovascular disease, neurodegenerative disorders, and aging ^[12–15].

With its many practices, yoga, an ancient Indian science, crafts a way of life. Practitioners use

Corresponding Author: Dr. Deepti Kumari Department of BNYS, Jagannath University, Jaipur, Rajasthan, India a variety of techniques and styles to practice it, such as Asana (posture), Pranayama (breathing manipulation), and meditation (concentration technique) ^[1]. Under a variety of circumstances, breathing exercises have been shown to enhance life quality and lessen mental health issues like stress, anxiety, and depression ^[10–12]. When practicing Bhr. P for five to ten minutes at a period, people report feeling mentally refreshed and contented, and occasionally they even report entering a meditative state ^[19].

Although numerous research have been done to explore the various advantages of pranavama, there is still a dearth of information regarding individual pranayama practices. One such method that offers numerous health advantages but little proof of its effects from science is the Bhr. P. The majority of existing literature focuses on the collective benefits of pranayama practices; it does not support Bhr. P. on an individual basis. We sought to examine the current body of scientific research on the Bhr.P. in this review. In order to evaluate how the research were conducted and which benefits of Bhr.P were covered, we have thus carefully examined all of the papers that are currently accessible on the subject. This evaluation may help pinpoint the gaps in the current body of research and investigate potential new avenues for scientific advancement in this area. Administration software was utilized by the online library program to manage and cite the data [21].

Challenges like stress, worry, fear, loneliness, sadness, irritability, insomnia, perplexity, rage, irritation, and boredom have been brought on by the lockdown and social separation ^[3]. According to theoretical theories, the vagus nerve mediates the psychobiological mechanism via which pranayama works. This mechanism is thought to involve connections between the prefrontal brain, limbic regions, thalamus, and peripheral sensory organs ^[17, 22]. Additionally, through improved acceptance and present-moment awareness, the practice of meditation, which includes breathing exercises, promotes optimal emotion regulation ^[30–33].

Discussion

As far as we are aware, this is the first study to look at how pranayama (Bhr.P) intervention affects stress, sadness, anxiety, and sleep quality in COVID-19 patients receiving home isolation. Our results demonstrate how Bhr. P's intervention can help COVID-19 patients' psychological well-being. Previous research using other types of yoga therapies on COVID-19 patients has shown similar results ^[12, 22, 24].

The information gathered from the aforementioned results clearly shows the impact of Bhr.P. The parasympathetic predominance of Bhr. P has been found in all studies, whether directly or indirectly, and this has served as the foundation for the results that have been obtained, including decreased heart rate and blood pressure, decreased response to the cold pressor test, improved cognition, decreased irritability in tinnitus, favourable EEG changes, and decreased stress levels. ^[26]. While the initial effects of the Bhr. P intervention have been evaluated in two studies [26, 28], prolonged yoga practice is widely acknowledged to produce significant and longlasting effects. For example, practicing anything for several months at a time will result in a more reproducible effect than practicing it once for only five minutes. In these situations, there are two things to consider: first, if the same practice is applied over an extended length of time, the outcomes may vary, and second, the practice may not have the entire effect [28]

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systems, and it may therefore have positive effects on the autonomic nerve system, respiratory system, stress level, anxiety, and general emotional state of the practitioner, among other things. Deeper down, the research might even concentrate on how Bhr. P affects stress indicators like cortisol, alpha amylase, MDA, and so on. For more accurate and dependable results, attention must be paid to improving the technique and study designs. Because they are so highly reproducible, randomized controlled trials (RCTs) are the most often used study design. Therefore, more RCTs in this area are necessary to objectively demonstrate Bhr. P's impact [31].

Depression and hypothyroidism have a lot in common. Studies have shown that a significant number of patients with hypothyroidism also have depression. Because depression is positively correlated with the TPO-Ab level in hypothyroidism, it may exacerbate symptoms and the illness process. As a result, managing and preventing depression is important while hypothyroid. Research has indicated that yoga has beneficial effects on depression and hypothyroidism ^[18, 19].

In this study, women with clinical depression and hypothyroidism were evaluated for the impact of a 3-IY on depression and sTSH levels. Additionally assessed were the BMI, lipid profiles, anxiety, stress, and exhaustion that were associated with depression and hypothyroidism. After the 3-IY, depression and sTSH levels were significantly lower than the equivalent baseline levels. Research has indicated that voga intervention has a positive impact on serum thyroid hormone (sTSH) levels in hypothyroid women. After six months of yoga intervention, Nee Lakanthan et al. (2016) saw a substantial decrease in BMI, lipid profile, and sTSH levels. Other research has shown that yoga therapy improves the quality of life and pulmonary function tests in hypothyroid women ^[20, 21]. The results of this study are in line with previous research on the benefits of yoga for depression in terms of improved mood, cognitive abilities, and serum cortisol levels [22, 23].

Yoga's precise mechanism is yet unknown. The reduction in sadness and TSH levels may be attributed to higher levels of physical activity after the 3-IY, which includes many dynamic movements ^[24, 25]. While yoga helps lower sympathetic arousal and the activity of the hypothalamus pituitary and renal axis, which in turn lowers stress and anxiety levels, stress can exacerbate the underlying autoimmunity. Yoga has been shown to be beneficial in raising brain-derived neurotrophic hormone (BDNF) and gamma amino butyric acid (GABA), both of which are known to have a beneficial effect on depression ^[26, 27].

After a three-month yoga intervention, troubled women in a study by Mischalsen reported significantly lower levels of anxiety, sadness, joint pain, mental state wellness, psychological quality of life, and physical complaints ^[28]. Previous research has shown that pranayama reduces anxiety and alters affect ^[4, 5, 17, 53], even after just one practice.

In our investigation, fMRI alterations during passive viewing of negative images point to a noteworthy interaction effect in the bilateral insula and right amygdala.

Moreover, those with higher levels of enhanced activity in the insula and amygdala showed less pronounced decreased negative affect. Previous research indicates that, in comparison to a control group, anxiety-prone people exhibit noticeably higher activity in both the bilateral amygdala and insula ^[55]. This finding is consistent with our findings. It has been proposed that a shift in the sympatho-vagal balance is

As a result, it is clear that it affects a number of bodily

linked to lower anxiety levels. Actually, the preponderance of parasympathetic activity seen following the practice ^[13, 54] was linked to the observed stress reduction following a yoga breathing training ^[22, 23].

Yoga is an intricate practice that incorporates a wide range of concepts, such as physical postures, breathing exercises, meditation, focus, ethical principles, spirituality, inward awareness, and self-awareness ^[20]. This summary shows how various yoga techniques, such as physical postures, breathing exercises, meditation, Bhramary Pranayama, Sahaj Yoga and laughter yoga can be beneficial for both adults and children. Asanas, or physical postures for various body parts, promote the body's strength, flexibility, and endurance while enhancing cardiovascular and pulmonary health. In addition to promoting the healing process from many illnesses and chronic pain, it also lowers stress, anxiety, and depression, enhances sleep patterns, and improves general health and quality of life ^[21–26].

Meditation is a practice in which a person trains his or her mind to focus on a certain thing, idea, or activity by using techniques like mindfulness and mantra meditation. Regular meditation practice improves both biochemical indicators and anxiety ratings. It encourages a physiological state that is in opposition to the stress-inducing flight-or-fight reaction, fostering a sense of mental and physical equilibrium ^[28].

Laughing therapy appears to be a promising adjunct to medicine or other therapies. It is inexpensive and has gained popularity during the past ten years. Laughter is thought to boost our mood by buffering the negative effects of stress on the immune system and lowering levels of stress hormones ^[28]. But it works best in groups, under the guidance of a trainer who can control the duration and dosage of laughter therapy ^[15].

Biological Markers for yoga as effective and alternate medicine: It would be crucial to comprehend the enhancements brought about by yoga and how they relate to alterations in biomarkers.

Anti-oxidant nature of yoga

Elevated levels of reactive oxygen species (ROS) and reactive nitrogen species (RNS) relative to antioxidants cause oxidative stress, which damages various biomolecules such as DNA, proteins, and lipids. This, in turn, exacerbates diseases like cancer, cardiovascular disease, neurodegenerative disorders, and aging ^[12–15]. One important non-enzymatic intracellular indicator of antioxidant status is glutathione (GSH) level ^[4]. Glutathione levels in male Indian Navy volunteers who practiced yoga improved significantly from 235.3 + 16.9 nmol/L to 331.7 + 37.6 nmol/L. Strong elements of an antioxidant defence system include vitamins C and E. After three months of yoga practice, there was a significant (*p*<0.05) rise in vitamin C and E levels ^[17].

Improvement of cardiovascular health due to yogic practices

Research has demonstrated that yoga can enhance mood, promote adaptability to hypoxia, and improve coronary artery calcium (CAC) in addition to breathing ^[32–34].

In addition to its well-known benefits for depression, anxiety, and stress, Sudarshan Kriya yoga (SKY) has been shown to enhance spontaneous respiratory coupling and cardiac autonomous control in patients suffering from anxiety and stress disorders. This lowers the patients' risk of cardiovascular disease ^[39–41].

Anti-aging impacts of yoga

Aging is defined as a series of changes in an organism, or a deterioration in physiological quality, that increases the risk of disease, debilitates the organism, and prevents it from adapting to metabolic stress in adults before dying ^[46]. The main causes of genomic aging are reactive oxygen species (ROS), chemicals like benzo [a] pyrene, ultraviolet and infrared radiation, spontaneous hydrolytic reactions, and errors in DNA replication. These damage events result in a variety of genetic lesions, including point mutations, gene disruption, telomere shortening, translocations, and others. DNA repair mechanisms, such as base excision repair (BER), nucleotide excision repair (NER), and non-homologous end joining (NHEJ), are employed to repair the damage induced by these lesions ^[47–51].

The impact of a 12-week yoga-based lifestyle intervention (Yogasanas, pranayama, and meditation) on both cardinal and metabotropic indicators linked to cellular aging was investigated by Tohuna Singh. The results demonstrated a substantial increase in the mean levels of telomerase activity and total antioxidant capacity (TAC) but a significant decrease in the mean levels of 8-hydroxy 2 deoxyguanosine (8-OH2dG) and ROS (all values p < 0.05). There was an increase in the mean telomere length, although the difference was not statistically significant (p=0.069). Brain-derived neurotrophic factor (BDNF), cortisol, β -endorphin, IL-6, and sirtuin-1 are the metabotropic blood biomarkers linked to cellular aging. Substantial decreases were observed in the mean levels of cortisol and IL-6, while substantial increases were observed in the mean levels of β -endorphin, BDNF, and sirtuin-1 (all values p < 0.05)^[60].

In a related study, Krishna *et al.* found that practicing yoga and engaging in yogic activities such as asanas (bodily / tangible poses), pranayama, and dhyana (meditation) significantly (p<0.001) enhanced the leukocyte telomere length (LTL), which was then assessed by quantitative PCR ^[63].

Magnetic Resonance imaging

a. Emotion Processing Scheme

The patients' vision was either normal or corrected to normal. They had a training session right before scanning to make sure they were following the instructions, and they used a different collection of photographs as stimulus. Using a 5-point Likert scale (very negative, negative, neutral, positive, and very positive), subjects were asked to rate the emotional impact of a series of images with varying emotion valence (neutral or negative) during the fMRI emotion processing task, which was programmed using Psychopy v.1.79^[42]. A fiber optic response pad with five buttons was used to record responses.

Images were classified based on valence and arousal value. Negative images had low valence and high arousal values, and neutral images had medium valence and low arousal values. During the presentation of negative images, participants were instructed to either passively observe the image or attempt a reappraisal, depending on instructions displayed on the screen before the image. In this context, reappraisal refers to an attempt to attribute new meaning to an aroused stimulus in order to reduce its emotional impact ^[44, 45].

b. f MRI Emotional Processing Analysis

The effects of pranayama were examined in the following regions of interest (ROIs) previously thought to be involved

in emotional processing: ACC, amygdala; anterior insula, orbitofrontal cortex (OFC), dorsolateral prefrontal cortex (dlPFC), dorsomedial prefrontal cortex (dmPFC), ventrolateral prefrontal cortex (vlPFC) and ventromedial prefrontal cortex (vmPFC) [46, 47]. Except for vmPFC [48] and

anterior insula ^[49], all other ROIs were obtained directly from his WFU PickAtlas ^[50] in SPM12 (Figure 1). The mean B value for each ROI was extracted from the contrast for each subject using Mar sBaR (SPM12).



Fig 1: Effects of the intervention in the reappraisal condition. Significant interaction was founding (A) the left vmPFC (F1, 24=5.52, p=0.027, Cohen'sd= 0.95); (B) Right ACC (F1, 24=7.42, p=0.012, Cohen'sd=1.11), with significant increased activity in the pranayama group (t12=2.37; p=0.035); (C) Right anterior insula (F1, 24=10.38;p=0.003, Cohen'sd=1.31). Figures show mean beta values and standard error of them and foreach group (pranayama and control) before and after the intervention. Effects of the intervention in the NEG-REAP condition. **p*<0.01

Conclusion

Bhr.P intervention is an effective technique to manage the depression, anxiety and stress, during COVID-19 home isolation. The findings further support that Bhr. P intervention helped to improve the quality of sleep and general wellbeing during the treatment period. Hence, it could be used as a complementary and alternative therapy to manage the negative emotions during home isolation in COVID-19. Yogic interventions improve overall health of body which can be analysed by assessing the levels of biological indicators. These indicators can also help to deter mine which practice could be employed to have greater impact in curing a specific ailment or getting a specific benefit. These studies would be important for people who are predisposed to diseases due to genetic or environmental factors. Further studies, with proper control groups, can be taken to analysed the impact of diet or change in lifestyle could further add value to the yogic interventions. Another interesting area of study could be to determine the relation between ethnic/genetic diversity, economic variability, and environmental factors and their impact on the final outcome of yogic practices. Practicing yoga can be beneficial to improve psycho logical health of the people. COVID-19 has made a dramatic change in the daily routine of the elderly, in terms of their care and support system, and their social connections. In this regard WHO has declared an agenda of "Decade of Healthy Ageing (2020-2030)". It comprises of an opportunity to bring together government, civil societies, international agencies, professionals, academicians, the media and private sectors, and so on under a collaborative action to improve the lives of the elderly, their families, and the community in which they live (WHO, 2020b).

Future Perspectives

There are various parts that are still remaining untouched and needs a thorough research to protect peoples from their sedentary lifestyle and moving them to natural practices like various yogic asanas to overcome their daily life comorbidities. Researchers have suggested many new techniques and methods for being healthy and free from these high dose medications that have their adverse effects of physical as well as mental being of patients. There is a lot to be enlighten in this particular field of using different yogic asanas to cure illness and their management.

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Reference

- 1. Hajbaghery MA, Moradi T, Mohseni R. Effects of a multimodal preparation package on vital signs of patients waiting for coronary angiography. Nursing and midwifery studies. 2014 Apr, 3(1).
- Torabi M, Salavati M, Sarabi AG. Effect of foot reflexology massage and benson relaxation techniques on anxiety and physiological indexes of patients undergoing coronary heart angiography. Avicenna Journal of Nursing and Midwifery Care. 2012 May 10;20(1):63-73.
- 3. Vivekananda S. The Yoga Sutras of Patanjali: The Essential Yoga Texts for Spiritual Enlightenment; c2018)
- 4. Taimni IK. An Introduction to Hindu Symbolism. Theosophical Publishing House; c1965.
- 5. Saraswati SS, Hiti JK. Asana pranayama mudra bandha. Bihar, India: Yoga Publications Trust; c1996.
- 6. Chong CS, Tsunaka M, Chan EP. Effects of yoga on stress management in healthy adults: a systematic review. Alternative therapies in health and medicine. 2011;17(1):32.
- 7. Sies H, Berndt C, Jones DP. Oxidativestress. Annu Rev Biochem. 2017;86:25.1-25.34.
- Valko M, Leibfritz D, Moncol J, Cronin MT, Mazur M, Telser J. Free radicals and antioxidants in normal physiological functions and human disease. The international journal of biochemistry & cell biology. 2007 Jan 1;39(1):44-84.
- Tandon VR, Sharma S, Mahajan A, Bardi GH. Oxidative stress: a novel strategy in cancer treatment. Jk Science. 2005 Jan;7(1):1-3.
- Birben E, Sahiner UM, Sackesen C, Erzurum S, Kalayci O. Oxidative stress and antioxidant defense. World allergy organization journal. 2012 Dec;5:9-19.
- 11. Telles S, Naveen KV, Dash M. Yoga reduces symptoms of distress in tsunami survivors in the Andaman Islands. Evidence-based complementary and alternative medicine.

2007 Dec 1;4:503-9.

- 12. Upadhyay P, Narayanan S, Khera T, Kelly L, Mathur PA, Shanker A, *et al.* Perceived stress, resilience, well-being, and COVID 19 response in Isha yoga practitioners compared to matched controls: A research protocol. Contemporary Clinical Trials Communications. 2021 Jun 1;22:100788.
- 13. Novaes MM, Palhano-Fontes F, Onias H, Andrade KC, Lobão-Soares B, Arruda-Sanchez T, *et al.* Effects of yoga respiratory practice (Bhastrika pranayama) on anxiety, affect, and brain functional connectivity and activity: A randomized controlled trial. Frontiers in psychiatry. 2020 May 21;11:467.
- Jerrin RJ, Theebika S, Panneerselvam P, Manavalan N, Maheshkumar K. Yoga and Naturopathy intervention for reducing anxiety and depression of COVID-19 patients: A pilot study. Clinical Epidemiology and Global Health. 2021 Jul 1;11:100800.
- 15. Rajkishor P, Fumitoshi M, Bakardjia H, Vialatte F, Cichocki A. EEG changes after Bhramari Pranayama. In SCIS & ISIS SCIS & ISIS 2006 2006 (pp. 390-395). Japan Society for Fuzzy Theory and Intelligent Informatics.
- 16. Vanhecke TE. Zotero. Journal of the Medical Library Association: JMLA. 2008 Jul;96(3):275.
- 17. Pfefferbaum B, North CS. Mental health and the Covid-19 pandemic. New England journal of medicine. 2020 Aug 6;383(6):510-2.
- Nemati A. The effect of pranayama on test anxiety and test performance. International journal of yoga. 2013 Jan;6(1):55.
- Brown RP, Gerbarg PL. Sudarshan Kriya yogic breathing in the treatment of stress, anxiety, and depression: part I—neurophysiologic model. Journal of Alternative & Complementary Medicine. 2005 Feb 1;11(1):189-201.
- 20. Arch JJ, Craske MG. Mechanisms of mindfulness: Emotion regulation following a focused breathing induction. Behaviour research and therapy. 2006 Dec 1;44(12):1849-58.
- 21. Hill CL, Updegraff JA. Mindfulness and its relationship to emotional regulation. Emotion. 2012 Feb;12(1):81.
- 22. Kohn N, Eickhoff SB, Scheller M, Laird AR, Fox PT, Habel U. Neural network of cognitive emotion regulation—an ALE meta-analysis and MACM analysis. Neuroimage. 2014 Feb 15;87:345-55.
- 23. Melen S, Pepping CA, O'Donovan A. Social foundations of mindfulness: Priming attachment anxiety reduces emotion regulation and mindful attention. Mindfulness. 2017 Feb;8:136-43.
- Jerrin RJ, Theebika S, Panneerselvam P, Manavalan N, Maheshkumar K. Yoga and Naturopathy intervention for reducing anxiety and depression of COVID-19 patients: A pilot study. Clinical Epidemiology and Global Health. 2021 Jul 1;11:100800.
- 25. Borges U, Lobinger B, Javelle F, Watson M, Mosley E, Laborde S. Using slow-paced breathing to foster endurance, well-being, and sleep quality in athletes during the COVID-19 pandemic. Frontiers in psychology. 2021 May 13;12:624655.
- 26. Kathiresan N, Arunthathi R, Venugopal V, Narayanaswamy K, Manavalan N, Maheshkumar K. "It is the best part of our Hospital life": A Qualitative analysis on the impact of Yoga and Naturopathy as a Complementary therapy in the management of COVID-19. Asian Journal of Psychiatry. 2021 Oct;64:102789.

- 27. Pramanik T, Pudasaini B, Prajapati R. Immediate effect of a slow pace breathing exercise Bhramari pranayama on blood pressure and heart rate. Nepal Med Coll J. 2010 Sep 1;12(3):154-7.
- Rajesh SK, Ilavarasu JV, Srinivasan TM. Effect of Bhramari Pranayama on response inhibition: Evidence from the stop signal task. International journal of yoga. 2014 Jul;7(2):138.
- 29. Prasad R, Matsuno F. How to Hum like a Bumble BEE?. InSICE Annual Conference 2007 2007 Sep 17 (pp. 2074-2079). IEEE.
- 30. Banerjee S. Study on yoga intervention along with diet on hypothyroidism associated with obesity among sedentary working women in West Bengal. International Journal of Yoga and Allied Sciences. 2019;8(1):18-23.
- Cramer H, Lauche R, Langhorst J, Dobos G. Yoga for depression: A systematic review and meta-analysis. Depression and anxiety. 2013 Nov;30(11):1068-83.
- 32. Halder K, Chatterjee A, Kain TC, Pal R, Tomer OS, Saha M. Improvement in ventilatory function through yogic practices. Al Ameen J Med Sci. 2012;5(2):197-202.
- Swami G, Singh S, Singh KP, Gupta M. Effect of yoga on pulmonary function tests of hypothyroid patients. Indian J Physiol Pharmacol. 2010 Mar;54(1):51-6.
- Cramer H, Lauche R, Langhorst J, Dobos G. Yoga for depression: A systematic review and meta-analysis. Depression and anxiety. 2013 Nov;30(11):1068-83.
- 35. Woolery A, Myers H, Stemliebm B, Zeltzer L. A yoga intervention for young adults with elevated symptoms of depression. Alternative Therapies in Health & Medicine. 2004 Mar 1;10(2).
- 36. Steptoe A, editor. Depression and physical illness. Cambridge University Press; 2006 Oct 26.
- Ciloglu F, Peker I, Pehlivan A, Karacabey K, İlhan N, Saygin O, *et al.* Exercise intensity and its effects on thyroid hormones. Neuroendocrinology letters. 2005 Dec 1;26(6):830-4.
- 38. Streeter CC, Gerbarg PL, Saper RB, Ciraulo DA, Brown RP. Effects of yoga on the autonomic nervous system, gamma-aminobutyric-acid, and allostasis in epilepsy, depression, and post-traumatic stress disorder. Medical hypotheses. 2012 May 1;78(5):571-9.
- 39. Cahn BR, Goodman MS, Peterson CT, Maturi R, Mills PJ. Yoga, meditation and mind-body health: increased BDNF, cortisol awakening response, and altered inflammatory marker expression after a 3-month yoga and meditation retreat. Frontiers in human neuroscience. 2017 Jun 26;11:315.
- 40. Michalsen1ABDEF A, Grossman2CDE P, Acil1BDF A, Langhorst1AE J, Lüdtke3ACD R, Esch4DE T, Stefano5DE GB, Dobos1AG GJ. Rapid stress reduction and anxiolysis among distressed women as a consequence of a three-month intensive yoga program. Med Sci Monit. 2005;11(12):561.
- Kjellgren A, Bood SÅ, Axelsson K, Norlander T, Saatcioglu F. Wellness through a comprehensive Yogic breathing program–A controlled pilot trial. BMC complementary and alternative medicine. 2007 Dec;7:1-8.
- 42. Gupta PK, Kumar M, Kumari R, Deo JM. Anuloma-Viloma pranayama and anxiety and depression among the aged. Journal of the Indian Academy of Applied Psychology. 2010 Jan;36(1):159-64.
- 43. Nemati A. The effect of pranayama on test anxiety and test performance. International journal of yoga. 2013

Jan;6(1), 55.

- 44. Vadiraja HS, Rao MR, Nagarathna R, Nagendra HR, Rekha M, Vanitha N, *et al.* Effects of yoga program on quality of life and affect in early breast cancer patients undergoing adjuvant radiotherapy: a randomized controlled trial. Complementary therapies in medicine. 2009 Oct 1;17(5-6):274-80.
- 45. Stein MB, Simmons AN, Feinstein JS, Paulus MP. Increased amygdala and insula activation during emotion processing in anxiety-prone subjects. American Journal of Psychiatry. 2007 Feb;164(2):318-27.
- 46. Brown RP, Gerbarg PL. Sudarshan Kriya yogic breathing in the treatment of stress, anxiety, and depression: part I—neurophysiologic model. Journal of Alternative & Complementary Medicine. 2005 Feb 1;11(1):189-201.
- 47. Brown RP, Gerbarg PL. Yoga breathing, meditation, and longevity. Annals of the New York Academy of Sciences. 2009 Aug;1172(1):54-62.
- 48. Santaella DF, Devesa CR, Rojo MR, Amato MB, Drager LF, Casali KR, *et al.* Yoga respiratory training improves respiratory function and cardiac sympathovagal balance in elderly subjects: A randomised controlled trial. BMJ open. 2011 Jan 1:bmjopen-2011.
- 49. Vempati RP, Telles S. Yoga-based guided relaxation reduces sympathetic activity judged from baseline levels. Psychological reports. 2002 Apr;90(2):487-94.
- 50. Park CL, Braun T, Siegel T. Who practices yoga? A systematic review of demographic, health-related, and psychosocial factors associated with yoga practice. Journal of behavioral medicine. 2015 Jun;38:460-71.
- Collins C. Yoga: Intuition, preventive medicine, and treatment. Journal of Obstetric, Gynecologic, & Neonatal Nursing. 1998 Sep;27(5):563-8.
- 52. Desikachar K, Bragdon L, Bossart C. The yoga of healing: Exploring yoga's holistic model for health and well-being. International journal of yoga therapy. 2005 Jan 1;15(1):17-39.
- 53. Arora S, Bhattacharjee J. Modulation of immune responses in stress by Yoga. International journal of yoga. 2008 Jul;1(2):45.
- 54. Bharshankar JR, Bharshankar RN, Deshpande VN, Kaore SB, Gosavi GB. Effect of yoga on cardiovascular system in subjects above 40 years. Indian journal of physiology and pharmacology. 2003 Apr 1;47(2):202-6.
- 55. Pilkington K, Kirkwood G, Rampes H, Richardson J. Yoga for depression: the research evidence. Journal of affective disorders. 2005 Dec 1;89(1-3):13-24.
- 56. Javnbakht M, Kenari RH, Ghasemi M. Effects of yoga on depression and anxiety of women. Complementary therapies in clinical practice. 2009 May 1;15(2):102-4.
- 57. Bennett MP, Lengacher C. Humor and laughter may influence health IV. Humor and immune function. Evidence-Based Complementary and Alternative Medicine. 2009 Jun 1;6:159-64.
- van der Wal CN, Kok RN. Laughter-inducing therapies: Systematic review and meta-analysis. Social Science & Medicine. 2019 Jul 1;232:473-88.
- 59. Sies H, Berndt C, Jones DP. Oxidative stress. annu. rev.
- Tandon VR, Sharma S, Mahajan A, Bardi GH. Oxidative stress: A novel strategy in cancer treatment. JK Science. 2005 Jan;7(1):1-3.
- 61. Pal R, Singh SN, Halder K, Tomer OS, Mishra AB, Saha M. Effects of yogic practice on metabolism and antioxidant-redox status of physically active males. Journal of Physical Activity and Health. 2015 Apr

1;12(4):579-87.

- 62. Santaella DF, Devesa CR, Rojo MR, Amato MB, Drager LF, Casali KR, *et al.* Yoga respiratory training improves respiratory function and cardiac sympathovagal balance in elderly subjects: A randomised controlled trial. BMJ open. 2011 Jan 1:bmjopen-2011.
- 63. Bernardi L, Passino C, Spadacini G, Bonfichi M, Arcaini L, Malcovati L, *et al.* Reduced hypoxic ventilatory response with preserved blood oxygenation in yoga trainees and Himalayan Buddhist monks at altitude: evidence of a different adaptive strategy?. European journal of applied physiology. 2007 Mar;99:511-8.
- 64. Pascoe MC, Bauer IE. A systematic review of randomised control trials on the effects of yoga on stress measures and mood. Journal of psychiatric research. 2015 Sep 1;68:270-82.
- 65. Brown RP, Gerbarg PL. Sudarshan Kriya Yogic breathing in the treatment of stress, anxiety, and depression: Part II clinical applications and guidelines. Journal of Alternative & Complementary Medicine. 2005 Aug 1;11(4):711-7.
- 66. Doria S, De Vuono A, Sanlorenzo R, Irtelli F, Mencacci C. Anti-anxiety efficacy of Sudarshan Kriya Yoga in general anxiety disorder: A multicomponent, yoga based, breath intervention program for patients suffering from generalized anxiety disorder with or without comorbidities. Journal of affective disorders. 2015 Sep 15;184:310-7.
- 67. Toschi-Dias E, Tobaldini E, Solbiati M, Costantino G, Sanlorenzo R, Doria S, *et al.* Sudarshan Kriya Yoga improves cardiac autonomic control in patients with anxiety-depression disorders. Journal of Affective Disorders. 2017 May 1;214:74-80.
- 68. JH H. DNA damage, aging, and cancer. N Engl J Med. 2009;8(361):15.
- 69. Lord CJ, Ashworth A. The DNA damage response and cancer therapy. Nature. 2012 Jan 19;481(7381):287-94.
- 70. Vijg J, Yousin S. Genome Instability and Aging. Annu Rev Physiol. 2013;75:645–68.
- 71. Moskalev AA, Shaposhnikov MV, Plyusnina EN, Zhavoronkov A, Budovsky A, Yanai H, *et al.* The role of DNA damage and repair in aging through the prism of Koch-like criteria. Ageing research reviews. 2013 Mar 1;12(2):661-84.
- 72. Burtner CR, Kennedy BK. Progeria syndromes and ageing: what is the connection? Nature reviews Molecular cell biology. 2010 Aug;11(8):567-78.
- 73. Krishna BH, Keerthi GS, Kumar CK, Reddy NM. Association of leukocyte telomere length with oxidative stress in yoga practitioners. Journal of clinical and diagnostic research: JCDR. 2015 Mar;9(3):CC01.
- 74. Peirce J, Gray JR, Simpson S, MacAskill M, Höchenberger R, Sogo H, Kastman E, Lindeløv JK. PsychoPy2: Experiments in behavior made easy. Behavior Research Methods. 2019 Feb 15;51:195-203.
- 75. Ochsner KN, Bunge SA, Gross JJ, Gabrieli JD. Rethinking feelings: an FMRI study of the cognitive regulation of emotion. Journal of cognitive neuroscience. 2002 Nov 15;14(8):1215-29.
- 76. Mocaiber I, Sanchez TA, Pereira MG, Erthal FS, Joffily M, Araújo DB, *et al.* Antecedent descriptions change brain reactivity to emotional stimuli: A functional magnetic resonance imaging study of an extrinsic and incidental reappraisal strategy. Neuroscience. 2011 Oct 13;193:241-8.

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- 77. Ochsner KN, Silvers JA, Buhle JT. Functional imaging studies of emotion regulation: A synthetic review and evolving model of the cognitive control of emotion. Annals of the New York Academy of Sciences. 2012 Mar;1251(1):E1-24.
- 78. Hermann A, Bieber A, Keck T, Vaitl D, Stark R. Brain structural basis of cognitive reappraisal and expressive suppression. Social Cognitive and Affective Neuroscience. 2014 Sep 1;9(9):1435-42.
- 79. Morris LS, Kundu P, Dowell N, Mechelmans DJ, Favre P, Irvine MA, *et al.* Fronto-striatal organization: defining functional and microstructural substrates of behavioural flexibility. Cortex. 2016 Jan 1;74:118-33.
- Shirer WR, Ryali S, Rykhlevskaia E, Menon V, Greicius MD. Decoding subject-driven cognitive states with whole-brain connectivity patterns. Cerebral cortex. 2012 Jan 1;22(1):158-65.
- 81. Maldjian JA, Laurienti PJ, Kraft RA, Burdette JH. An automated method for neuroanatomic and cytoarchitectonic atlas-based interrogation of fMRI data sets. Neuroimage. 2003 Jul 1;19(3):1233-9.