The Effect of Yoga on Stress, Anxiety, and Depression in Women

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Abstract

Background:

In ongoing decades, a few restorative and logical examinations on yoga demonstrated it to be extremely valuable in the treatment of certain sicknesses. This examination was directed to research the impacts of yoga on stress, nervousness, and wretchedness in ladies living in Viramgam Gujarat India.

Methods:

This investigation is a semi test study with pre-post test. To gather information, the poll of DASS-21 (Depression Anxiety Stress Scale-21) was utilized. For qualified examples, hatha yoga activities and instructional meetings were held for about a month (3 time/weeks; 60-70 min each) by an expert. Information were dissected utilizing SPSS adaptation 20.

Results:

52 ladies with a mean period of 33.5 \pm 6.5 were incorporated for examination. Gloom, tension, and stress diminished fundamentally in ladies after 12 sessions of standard hatha yoga practice (P < 0.001).

Conclusions:

Yoga has a powerful job in decreasing pressure, uneasiness, and melancholy. In this way, it very well may be utilized as integral prescription.

Keywords: Anxiety, depression, stress, women, yoga.

Introduction:

Integral medication alludes to a class of medications and mediations that have not been brought up in present day medicine.[1] Yoga is a Sanskrit word meaning solidarity of psyche and body, which has been utilized in Eastern social orders since 5000 years back and has as of late gotten a lot of consideration from Western countries.[2] In ongoing decades, a few restorative and logical investigations on yoga demonstrated it to be exceptionally valuable in the treatment of some diseases.[3] Studies have shown impact of yoga for some, conditions, including various sclerosis,[4] asthma,[5] fractious entrail syndrome,[6] lymphoma,[7] hypertension,[8] sedate addiction,[9] osteoarthritis,[10] and psychological well-being issues.[11]

Expanded pressure, gloom and uneasiness are the highlights of present day lifestyle.[12] Due to the unfavorable impacts of medications in the treatment of tension and despondency, and now and again their absence of viability, analysts look for nonpharmacological and noninvasive treatment for these disorders.[13] Yoga practices was

improved the factors of self-depiction, mental status, and the nature of life.[14] Researches propose that yoga as a scholarly and mental exercise, improves wellbeing feeling.[15] Furthermore, yoga can improve the mental conditions for observing and overseeing pressure and negative feelings, increment positive feelings, and help mental balance.[11] However, regardless of the prominence and the positive mental and physiological impacts of yoga, it isn't broadly concentrated to discover the amount it truly forestalls and treats mental issue. Research around there is constrained in Iran. This examination was directed to research the impacts of yoga on stress, nervousness, and despondency in ladies living in Viramgam from Gujarat, during 2014 to 2015.

Methods

Design and ethics

This study is a quasi-experimental.

Inclusion and exclusion criteria

Incorporation criteria were instructed, nonathlete and nonpregnant ladies with the capacity to perform hatha yoga practices without powerlessness to work out. Rejection criteria included refusal or reluctance to perform yoga ceaselessly, concurrent exercise, and getting prescription for mental issue.

Assessment tools and management

To gather information, the survey of DASS-21 (Depression Anxiety Stress Scale-21) was utilized. The legitimacy and dependability of this standard poll was inspected by Sahebi et al. what's more, Cronbach's alpha was evaluated 0.7, 0.66 and 0.76 for wretchedness, tension, and stress, individually, in an examination entitled "approval of despondency uneasiness and stress scale for an Iranian population".[16] Each of the previously mentioned states are evaluated with seven inquiries. Hatha yoga activities and instructional courses were held 3 time/weeks; 60-70 min each (stances, breathing methods, contemplation) by a master. Prior to the intercession, polls were finished by ladies. The mediation kept going 12 sessions. Toward the finish of the twelfth session, the poll of DASS-21 was again finished by ladies.

Statistical procedures

The got information were broke down utilizing SPSS rendition 20 (IBM, Armonk, NY, USA). As indicated by the built up typicality, combined example t-test was utilized for looking at the outcomes when the mediation. The limit of essentialness was set at P < 0.05.

Results

The total eligible sample consisted of 52 women with a mean age of 33.5 ± 6.5 years. Other demographic characteristics are shown in Table 1.

Table 1 Demographic characteristics of the women

Variable	$n (\%)$ $33.5 \pm 6.5*$		
Age			
Marital status (%)			
Single	18 (34.6)		
Married	34 (65.4)		
Job (%)			
Unemployed	10 (19.2)		
Housewife	19 (36.5)		
Employed	9 (17.3)		
Retired	2 (3.8)		
Other jobs	12 (23.1)		
Level of income (%)			
Low	6 (11.5)		
Average	36 (69.2)		
High	10 (19.2)		
Education (%)			
Primary	3 (5.8)		
Diploma	13 (25)		
University degrees	36 (69.2)		

^{*}Mean±SD, SD=Standard deviation

The difference between mean scores of depression, anxiety, and stress before and after 12 sessions of regular hatha yoga practice was statistically significant [Table 2].

Table 2

A comparison of the mean scores of stress, anxiety, and depression before and after the intervention of 12 sessions of regular hatha yoga practice session (*n*=52)

Variable	n	Mean±SD	Correlation	P
Depression				
Before intervention	52	6.5 (5.5)	0.8	0.001
After intervention	52	5.1 (5)		
Anxiety				
Before intervention	52	5.7 (4.5)	0.7	0.0001
After intervention	52	4.2 (4)		
Stress				
Before intervention	52	7.8 (4.8)	0.7	0.0001
After intervention	52	5.6 (4.2)		

SD=Standard deviation

Discussion

The present examination indicated that 12 sessions of mediation as standard hatha yoga practice fundamentally diminished pressure, nervousness, and gloom in ladies.

In different examinations, including Darji Mehula et al., among hemodialysis patients, [17] Radhika Ravalet al., among various sclerosis patients,[15] Jaynaben Patel et al., among ladies living in Meghna,[18] and Gong among pregnant women, [19] the huge beneficial outcomes of yoga in diminishing pressure, nervousness, and gloom have been affirmed. In the investigation of Streeter et al., [20] it was discovered that more prominent perking up and more prominent declines in nervousness during multi week of yoga intercession contrasted with strolling gathering. Oken et al.[4] didn't watch any critical impact of yoga on perking up in patients with MS, the constraint of this examination is the modest number of mediation sessions (one session for every week).

Darji Mehul demonstrated that the idea of yoga is controlling the psyche and focal sensory system and dissimilar to different games, it moderatingly affects the sensory system, the hormonal emanations, physiological variables, and guideline of nerve driving forces; subsequently, it very well may be powerful in improving sadness and mental disorders.[21]

One impediment of this investigation was that lone the ladies were examined and since there were no yoga clubs for men, they have not been contemplated in this examination.

Conclusion:

Yoga has a successful job in lessening pressure, uneasiness, and despondency that can be considered as reciprocal prescription and diminish the restorative expense per treatment by decreasing the utilization of medications. Given that, the explanation for the impact of yoga on stress, uneasiness, and sadness isn't clear for us and might be transient, and it is proposed that future examinations are done to research the long haul impact of yoga on stress, nervousness, and sorrow.

References

- 1. Borji M, Otaghi M, Salimi E, Sanei P. Investigating the effect of performing the quiet time protocol on the sleep quality of cardiac patients. Biomedical Research. 2017;28:7076–80. [Google Scholar]
- 2. Barnes PM, Powell-Griner E, McFann K, Nahin RL. Complementary and alternative medicine use among adults: United States, 2002. Adv Data. 2004:1–19. [PubMed] [Google Scholar]
- 3. Singh S, Malhotra V, Singh KP, Sharma SB, Madhu SV, Tandon OP. A preliminary report on the role of yoga asanas on oxidative stress in non-insulin dependent diabetes mellitus. Indian J Clin Biochem. 2001;16:216–20. [PMC free article] [PubMed] [Google Scholar]
- 4. Oken BS, Kishiyama S, Zajdel D, Bourdette D, Carlsen J, Haas M, et al. Randomized controlled trial of yoga and exercise in multiple sclerosis. Neurology. 2004;62:2058–64. [PubMed] [Google Scholar]
- 5. Freitas DA, Holloway EA, Bruno SS, Chaves GS, Fregonezi GA, Mendonça KP. Breathing exercises for adults with asthma. Cochrane Database Syst Rev. 2013;1:CD001277. [PubMed] [Google Scholar]
- 6. Taneja I, Deepak KK, Poojary G, Acharya IN, Pandey RM, Sharma MP. Yogic versus conventional treatment in diarrhea-predominant irritable bowel syndrome: A randomized control study. Appl Psychophysiol Biofeedback. 2004;29:19–33. [PubMed] [Google Scholar]
- 7. Cohen L, Warneke C, Fouladi RT, Rodriguez MA, Chaoul-Reich A. Psychological adjustment and sleep quality in a randomized trial of the effects of a Tibetan yoga intervention in patients with lymphoma. Cancer. 2004;100:2253–60. [PubMed] [Google Scholar]
- 8. Chu P, Gotink RA, Yeh GY, Goldie SJ, Hunink MG. The effectiveness of yoga in modifying risk factors for cardiovascular disease and metabolic syndrome: A systematic review and meta-analysis of randomized controlled trials. Eur J Prev Cardiol. 2016;23:291–307. [PubMed] [Google Scholar]

- 9. Shaffer HJ, LaSalvia TA, Stein JP. Comparing Hatha yoga with dynamic group psychotherapy for enhancing methadone maintenance treatment: A randomized clinical trial. Altern Ther Health Med. 1997;3:57–66. [PubMed] [Google Scholar]
- 10. Garfinkel MS, Schumacher HR, Jr, Husain A, Levy M, Reshetar RA. Evaluation of a yoga based regimen for treatment of osteoarthritis of the hands. J Rheumatol. 1994;21:2341–3. [PubMed] [Google Scholar]
- 11. Duan-Porter W, Coeytaux RR, McDuffie JR, Goode AP, Sharma P, Mennella H, et al. Evidence map of yoga for depression, anxiety, and posttraumatic stress disorder. J Phys Act Health. 2016;13:281–8. [PMC free article] [PubMed] [Google Scholar]
- 12. Brandon H Hidaka. B.A. Depression as a disease of modernity: explanations for increasing prevalence. J Affect Disord. 2012;140:205–14. [PMC free article] [PubMed] [Google Scholar]
- 13. Little N. Depression Treatment Options. [Last cited on 2007 Jan 01]. Available from: http://www.insightjournal.com/
- 14. Richter S, Tietjens M, Ziereis S, Querfurth S, Jansen P. Yoga Training in Junior Primary School-Aged Children Has an Impact on Physical Self-Perceptions and Problem-Related Behavior. Frontiers in Psychology. 2016;7:203. [PMC free article] [PubMed] [Google Scholar]
- 15. Rahnama N, Bambaeichi E, Arbabzadeh S, Sadeghipour H, Etemadifar M, Namazizadeh M. Effects of yoga on depression in women with multiple sclerosis. J Isfahan Med Sch. 2011;29:483–90. [Google Scholar]
- 16. Sahebi A, Asghari A, Salari RS. [Validation of depression anxiety and stress scale for an Iranian population] Journal of Iranian psychologists. 2005;1:299–312. (Persian) [Google Scholar]
- 17. Tayyebi A, Babahaji M, Sadeghisherme M, Ebadi A, Eynollahi B. Study of the effect of Hatha Yoga exercises on stress, anxiety and depression among hemodialysis patients. IJCCN. 2011;4:67–72. [Google Scholar]
- 18. Javnbakht M, Hejazi Kenari R, Ghasemi M. Effects of yoga on depression and anxiety of women. Complement Ther Clin Pract. 2009;15:102–4. [PubMed] [Google Scholar]
- 19. Gong H, Ni C, Shen X, Wu T, Jiang C. Yoga for prenatal depression: A systematic review and meta-analysis. BMC Psychiatry. 2015;15:14. [PMC free article] [PubMed] [Google Scholar]
- 20. Streeter CC, Whitfield TH, Owen L, Rein T, Karri SK, Yakhkind A, et al. Effects of yoga versus walking on mood, anxiety, and brain GABA levels: A randomized controlled MRS study. J Altern Complement Med. 2010;16:1145–52. [PMC free article] [PubMed] [Google Scholar]
- 21. Dalgas U, Stenager E, Ingemann-Hansen T. Multiple sclerosis and physical exercise: Recommendations for the application of resistance-, endurance- and combined training. Mult Scler. 2008;14:35–53. [PubMed] [Google Scholar]