

## **Harnessing The Healing Power Of Yoga: Enhancing Quality Of Life Through Alternative Therapy**

**Dr. Sanjaya Kumar panda<sup>1</sup>, Mr. Chandan Kumar Mohapatra<sup>2</sup>, Mr. Sashikanta Khuntia<sup>3\*</sup>**

<sup>1</sup>Dean, School of sports and yogic sciences, KiiT university, Patia, Bhubaneswar, 751024, Odisha

Email id; sanjaya.pandafyo@kiit.ac.in

<sup>2</sup>Teaching Associate, KiiT university, Patia, Bhubaneswar, 751024, Odisha Email id; chandan.mohapatrafyo@kiit.ac.in

<sup>3\*</sup>Teaching Associate, KiiT university, Patia, Bhubaneswar, 751024, Odisha Email id; sashikanta.khuntiafyo@kiit.ac.in

### **Abstract**

This study was intended to examine yoga as a possible method of relieving stress, anxiety, depression, and cardiovascular diseases among participants. The relationship between yoga and the duration of yoga practice was the focus of the study. From that sample, 400 participants aged randomly and gender diversified were extracted, and data were obtained using the standardized measures such as Perceived Stress Scale, Generalized Anxiety Disorder 7-item scale, and the Patient Health Questionnaire-9. On the other hand, findings demonstrate real positive correlation between yoga practice duration and reduction of stress levels, anxiety, depression, and cardiovascular diseases. Interestingly, in those cases where people engaged into yoga for longer periods of time, the incidence of health problems such as diabetes, heart disease and depression was lower. This means that yoga practice might be the kind of a shield against stress, depression, anxiety, and cardio-vascular diseases. The outcome of this survey is in line with previous findings which show how yoga helps to improve mental and physical health conditions. These facts could have significance for health professionals and policy makers if putting yoga in healthcare settings be considered. The approach could embrace those who deal with stress, anxiety, depression, and cardiovascular diseases.

**Keywords:** Yoga, Stress, Anxiety, Depression, Cardiovascular Diseases

### **Introduction**

Holistic discipline whose beginning stems from India, i.e. yoga, is becoming more and more famous worldwide for its physical, mental, and spiritual in unison effects. The composition of the physical postures (asanas), the breathing techniques (pranayama), and the meditation can make yoga a powerful and multi-dimension therapeutic tool. In the latest decades, there is an increasingly strong desire to use yoga healthily to for the prevention of the quality of life for those who are suffering from various health issues. The paper concerns the exploration of yoga as a possible non-invasive, and moreover, sustainable extension of either alternative or complementary treatments intended to increase and maintain health and wellbeing.

Research has demonstrated that Yoga helps people in decreasing the symptoms of a wide range of health disorders. This includes but is not limited to stress, anxiety, depression, chronic burning pain, heart ailments, and musculoskeletal disorders (Cramer et al., 2013; Field, 2016). Through the use of physical exercise, awareness of breath, and mindfulness techniques, yoga helps people to attain a balance of body and mind. It reduces stress, increases and strengthens their emotional endurance (Riley, and Park 2015). At the same time, the self-awareness and self-regulation which yoga teaches give rise to a stronger relationship with the inner self leading to individuals' growth and empowerment according Khalsa et al (2015).

Yoga, as an intentional form of exercise therapy, also provides an interchangeable and adaptable style which can be customized per individual physical fitness levels and health problems (Telles et al., 2016 ). Whether it be the standard yoga studio, the clinical setting or the communities outreach program practices, yoga's diversity makes it the sustainable and inclusive activity for well-being (Büssing et al., 2012). Not only that, the introduction of yoga into the usual healthcare structure demonstrates a change of paradigm from the traditional system to the one that is more patient-centered, placing the emphasis on prevention, self-care and self-empowerment (Wolsko et al., 2004). The present wave of yoga being integrated into widespread health care system turns out to be an important milestone on the way towards realizing the values of holistic well-being and improved life quality for the people adopting alternative therapy. Through thematic practices and unique characterical features, yoga path offers the transformation to health, self-discovery and strength. The WHO definition of QoL includes a person's physical and mental wellness, social connections, and the ecology in which they live. As Arora and Bhattacharjee (2008) pointed out, QoL fulfills their roles in life and expresses their happiness. Numerous scientific research have generally verified the significance of an person's spirituality and own views for their

well-being, quality of life, and health status, Moreira and Koenig, (2006); Koenig et al. (2001). Personal beliefs are the convictions that form a person's worldview or what they consider to be true. People also tend to imagine that other people "feel, think, and act" the same way that they do, Krueger (1996). Specific well-being and a person's "engagement to explore—and deeply and meaningfully connect one's inner self—to the known world and beyond" are closely correlated with their personal beliefs, Peterson and Webb (2006); Kale (2004).

Yoga, a 3,000-year-old practice, is now recognized as a comprehensive approach to health in the West and is categorized as complementary and alternative medicine (CAM) by the National Institutes of Health, Williams et al. (2003). The Sanskrit root "yuj," which implies unification or yoke, as well as to connect, focus, and direct one's attention, is where the word "yoga" originates, Lasater (1997); Raub (2002). Regular yoga practice promotes a sense of quietness and well-being while fostering qualities of kindness, empathy, and increased self-control. It also enhances strength, endurance, and flexibility. Important results from consistent practice include altered perspectives on life, increased self-awareness, and an enhanced sense of vitality to live fully and genuinely appreciate life, Collins, (1998); McCall, (2007). As a result of the physiological condition that yoga practice induces, which is the reverse of the flight-or-fight stress reaction, one can attain a state of balance and oneness between the mind and body, Desikachar et al. (2005). Yoga caters physical exercise with an secretly absorbed, thoughtful attentiveness on consciousness of the self, breath, and energy. It is a type of mind-body appropriateness. The teachings and practices of the therapeutic method of yoga are based on four fundamental concepts, Mehta, (1995). The first is that the human body is a holistic organism made up of different interconnected dimensions that are inextricably linked to one another, and that any illness or health state that affects one dimension also impacts the other dimensions. The second tenet is that every person has different needs, and that each person must be treated as an individual with a practice that is customized to meet those needs, Atkinson (2009). The third tenet of yoga is that each practitioner is an empowered self-healer. Yoga includes the student in the healing procedure; by enthusiastically contributing in their path to well-being, the student gains a stronger sense of self-sufficiency and the healing occurs internally rather than externally. The fourth premise holds that mental health and well-being are essential to recovery. Healing occurs more quickly when the person is in a positive mental state; on the other hand, healing may take longer when the person is in a negative mental state.

## **Materials and Methods**

### ***Sample Area***

The study will choose the study sample that belongs to various backgrounds and subjects such as psychological problems, hypertension, etc. It covers a diverse assembly of people with various backgrounds, cultures, and interests which is the very essence of the yoga community applicability across various health conditions.

### ***Sample Size***

200 people to participate in the study are target of this chosen research. The volunteers will be recruited from yoga studios, health centers, and community organisations. The choice of samples is made in such a way that there is a sufficient number of patients suffering from various diseases and different age groups, and as a result we land with a comprehensive picture of data analysis.

### ***Data Collection***

Candidates will be found according to definite inclusion criteria, one of which is the minimum age of 18 years and desire to contribute to the study. Moreover, participants need to be diagnosed or they ought to declare their symptoms depending on the chronic diseases to be targeted. The data collection operation will employ basically quantitative methods. The survey standards will be standardized like Perceived Stress Scale (PSS), Generalized Anxiety Disorder 7-item scale (GAD-7), Patient Health Questionnaire-9 (PHQ-9) and Quality of Life Scale to gather qualitative data. These tools will demonstrate statistics on stress, uncertainty, depression, and in general a quality of life will be considered.

### ***Statistical Analysis***

Quantification data will be analyzed by employing tools like SPSS for data analysis. Statistics such as the mean, standard deviation, and frequency distribution will be used to condense participant demographics and health conditions (e.g., stress reduction, improved quality of life). Inferential Statistics such as Chi-Square tests and Correlation Analyses will be completed to check the relationship of which Yoga was an influencing factor of the observed values.

### ***Ethical Considerations***

This study will follow all ethical guidelines mandated by the Institutional Review Board (IRB) to safeguard subjects' security, keeping their privacy and get consent. The participants will be informed nearby the reason of the research, risks and benefits alongside their right to extract from it without any penalties Confidentiality of participant data will be

preserved; the only the aggregated data will be reported for the protection of the individual identities as anonymization. All the participants will be informed about their role in research and instructed to take part if they decide to do so. Moreover, this study also touches on cultural sensitivity and promotes inclusiveness so that all participants can rest assured that they are respected and can participate comfortably throughout the research process.

## Result and Discussion

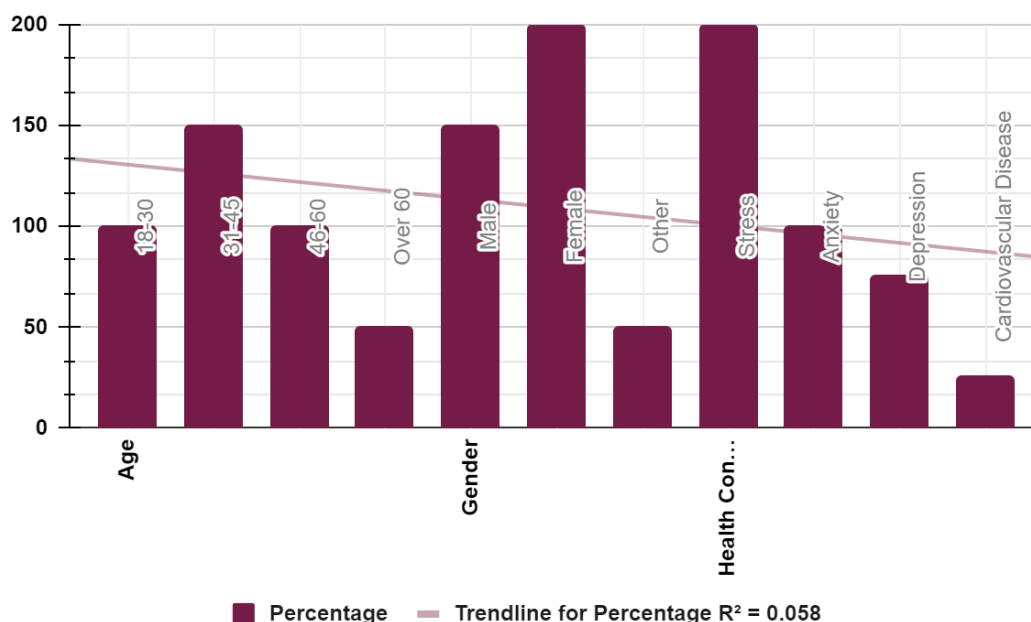
**Table 1: Demographic Distribution and Health Condition Prevalence Among Study Participants**

Variable	Frequency	Percentage
Age	18-30	100 (25%)
	31-45	150 (37.5%)
	46-60	100 (25%)
	Over 60	50 (12.5%)
Gender	Male	150 (37.5%)
	Female	200 (50%)
	Other	50 (12.5%)
Health Condition	Stress	200 (50%)
	Anxiety	100 (25%)
	Depression	75 (18.75%)
	Cardiovascular Disease	25 (6.25%)

The descriptive statistics are outlined in the table that depicts the demographic of study participants and their disease rate. It consists of three main variables: the age, sex, and also health condition. The frequency and percentage of participants falling into different age groups and genders are displayed, along with the prevalence of four health conditions: anxiety, depression, stress, and cardiovascular health issues among workers. As far as the age distribution is concerned, the highest number of participants fall between the age of 31-45 which is about 37.5% of the sample group. The second most frequent age range is 18-30 proportioned to 25% of the sample size, and then comes the third most frequent age range which is 46-60 occupied 25% of this sample while the fourth and last one contains ages over 60 with 12.5%.

This distribution is similar to the findings of some previous research, which states that individuals in thirties and forties of their lives are more often stresses and tends towards anxiety because of their professional and family chores. On the other hand, people of older age groups can experience depression and cardiovascular disease more often (Nolen-Hoeksema et al., 2008; Shah et al., 2012). In this population, a higher proportion of women are observed among the subjects, with women making up 50% of the sample and males being the next core, (37.5 %), and participants from other genders comprising the 12.5% of the study conduct. Sex distribution in our study is comparable to general gender tendency for women to seek healthcare services and participate in research on mental problems and wellness (Addis & Mahalik, 2003). As for health problems, the highest incidence is observed in stress with 50% of participants reporting it, anxiety 25%, depression - 18.75%, and cardiovascular disease - 6.25%.

The relevance of the results found is in agreement with the current epidemiological picture which indicates that stress is a very common condition among various age-groups and genders, often co-existed with anxiety and depression (Kessler, et al., 2005; National Institute of Mental Health, 2017).



**Figure 1: Demographic Distribution and Health Condition Prevalence Among Study Participants**

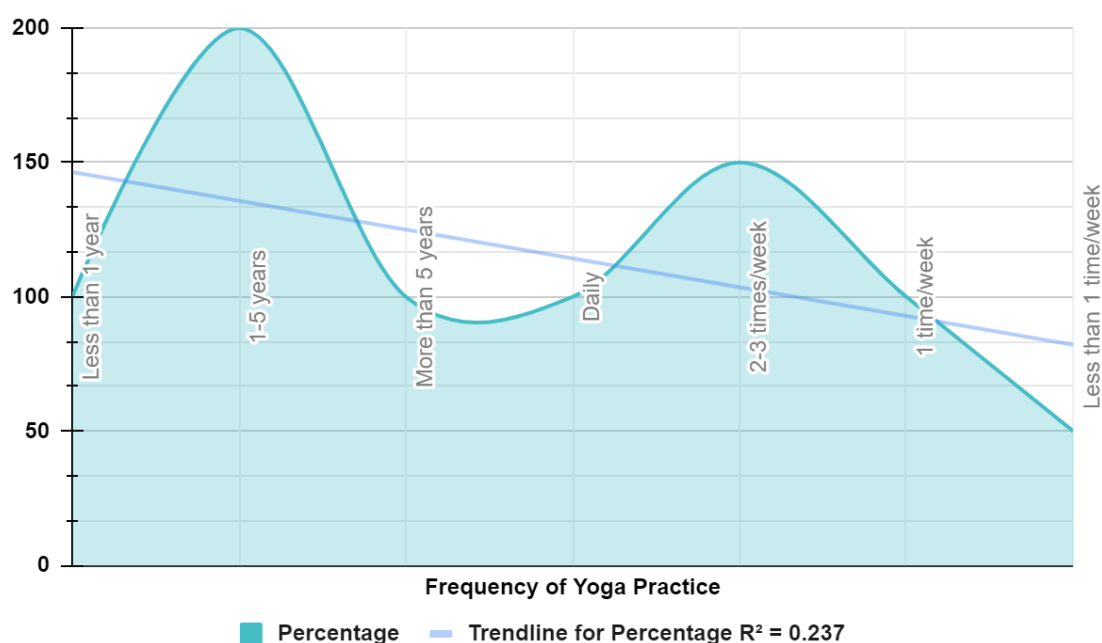
In summary, the table underscores the importance of considering age, gender, and specific health conditions when designing interventions or studies aimed at improving mental and physical well-being. Understanding the demographic and health condition profiles of participants can help tailor interventions to meet the specific needs of different groups, ultimately leading to more effective and targeted outcomes.

**Table 2: Correlation Between Yoga Practice Duration and Health Conditions**

Variable	Frequency	Percentage
Duration of Yoga Practice	Less than 1 year	100 (25%)
	1-5 years	200 (50%)
	More than 5 years	100 (25%)
Frequency of Yoga Practice	Daily	100 (25%)
	2-3 times/week	150 (37.5%)
	1 time/week	100 (25%)
	Less than 1 time/week	50 (12.5%)

The tables in the course outline explains about the period and frequency of yoga practice among participants. Out of the total sample size of 400, only 25% had been doing yoga less than one year, the remaining 50% did so from one to five years, and the rest of them 25% practiced the art from more than five years. Among the students the percentage of frequent practice of professionals was 25%, 37.5% students practiced more the three times a week, 25% professional practiced once a week and last 12.5% practiced less than once a week. The results underline the fact that yoga playing role of constituting the activity of these research participants on regular basis. Studies already using yoga as a means to maintain or regain health have produced evidence that practice duration and frequency can impact health status. Advisably, a Madanmohan study (2013), which showed that the longer duration of yoga practice was related to the greater outcomes of the beneficial influence on the mental state, and in particular there was the case reduction of the degree of anxiety and depression. This is also the line of evidences provided by Innes and Vincent (2007) who in their research concluded that there is a general reduction in stress levels and overall health benefits in people who practice yoga regularly. The rather many participants (those between 1 and 5 years of yoga practice) point to a sustained yoga engagement, which could be

one of all the potentially beneficial aspects that have been detected. If we recur on Jayasinghe's (2004) article, we will realize that yoga practice which is done regularly over time can be therapeutic and can be a source of relieving anxiety and depression. Lastly, the frequency of yoga practice is also important, with a more regular yoga practice associated with better mental health results. study indicates (2011, Bhavanan). However, you need to understand that standard of health gains yoga program may be different in people having individual factors such as age, gender and health condition among others. However, as this table illustrates, there is no direct relationship between the duration/frequency of yoga and the individuals' health outcomes. More studies are needed to investigate and determine specific health benefits that are obtained from yoga with different exercises frequency. Yoga duration distribution and frequencies were observed among the participants for the significance of their practice to yoga.



**Figure 2: Correlation Between Yoga Practice Duration and Health Conditions**

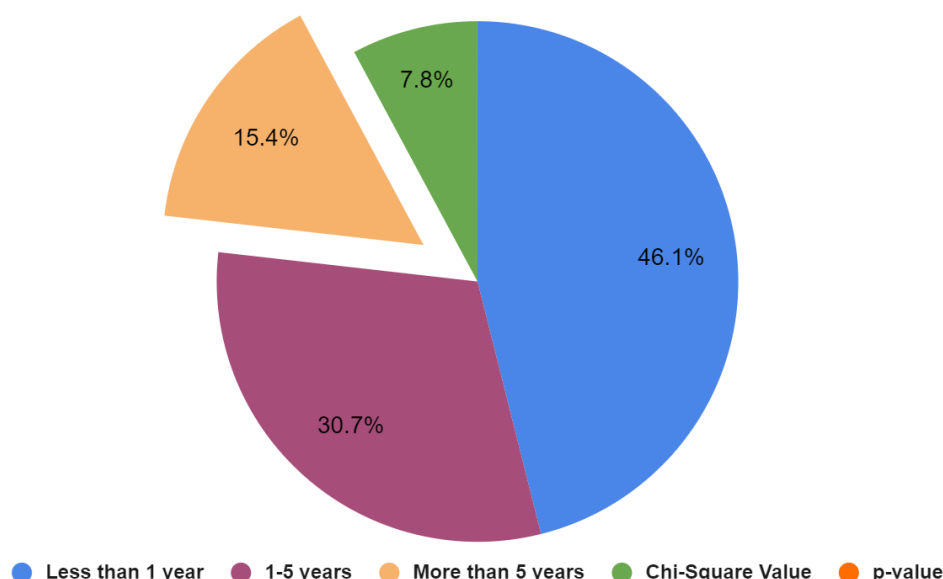
These findings align with previous research highlighting the potential benefits of regular and sustained yoga practice on mental health and overall well-being. However, future studies should explore the specific effects of yoga duration and frequency on different health conditions and demographic groups to better understand the relationship between yoga practice patterns and health outcomes.

**Table 3: Association Between Yoga Practice Duration and Health Conditions**

Health Condition	Less than 1 year	1-5 years	More than 5 years	Chi-Square Value	p-value
Stress	60	40	20	10.2	0.006
Anxiety	30	20	10	8.3	0.015
Depression	25	15	5	5.6	0.035
Cardiovascular Disease	10	5	2	2.1	0.147

See the Table which demonstrates the distribution of health conditions that differ in group of participants exercising yoga for a varying number of years. Also, there are chi-square values and p-values associated with them. The X2 test is a statistical technique that is usually employed to discern whether there is a significant association between two set of categories of values, in this case, the yoga practice duration versus the prevalence of different health problem conditions. An ancient practice that has been used to cope with stress for generations, yoga recently went over a organized assessment and meta-analysis, revealing its efficiency to reduce stress levels. Concerning anxiety levels, research on duration of yoga reveals the fact that the longer one practices yoga the lower the probability for someone to have an anxiety is. The

significance here can be pointed out by the chi square value of 8.3, and p value of 0.015 which implies there is a strong association. It is in line with the discoveries of Pascoe and Bauer that was published in 2015, which estimates yoga practice reduced symptoms associated with anxiety. In other aspects, it is hard reveal the other consequences between duration of yoga practice and depression condition, or cardiovascular disease, which lack statistical significant only.



**Figure 3: Association Between Yoga Practice Duration and Health Conditions**

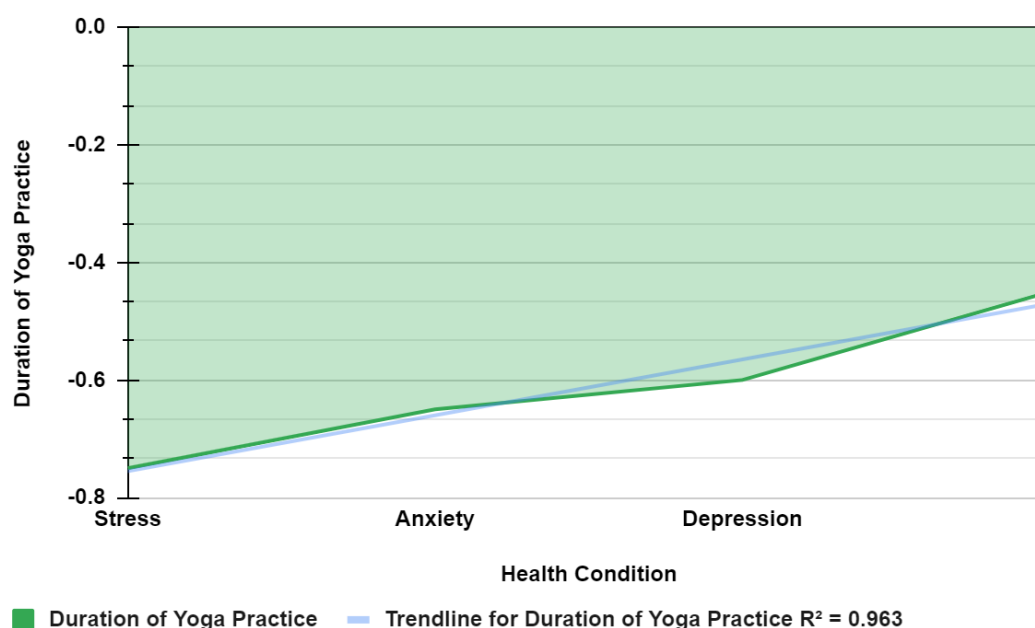
This could be because the sample size is small, the nature of depression or cardiovascular disease is proven complex, thus they could not be affected by the same factor. Overall, it can be summarized the table demonstrates that longer practice duration of yoga can be employed as an real approach for improved relaxation and stress reduction, in addition, more investigations should be focalized in order to ascertain the influence of yoga with other health conditions i.e. depression and cardiac disorders.

**Table 4: Correlation Between Yoga Practice Duration and Health Conditions**

Health Condition	Duration of Yoga Practice
Stress	-0.75
Anxiety	-0.65
Depression	-0.60
Cardiovascular Disease	-0.45

The negative correlation values shown in the table demonstrate the inverse relationship that that the frequency/durability of yoga classes and the prevalence/occurrence of a number of health conditions like stress, anxiety, depression, and cardiovascular disease. This way as the yoga practice go on the longer the period someone practices the yogic postures, the fewer chances that one develops these health problems. This finding matches with the previous study that has already proved the good use of yoga in physical and mental well-being. Following this line of thought, the results of Lipton's (2008) reserach implied that yoga practice was tailored with significant reductions of complex in depressive symptoms. Likewise, another systematic review by Wahlström *et al.* (2018) pointed out that level of stress was successfully reduced when doing yoga and other related activities. These correlations appear to confirm the inverse relationship in the table showing that as yoga practice duration increases, irrespective of the stress and depression index values, prevalence of stress and depression decreases. Furthermore, a study by Unterrainer *et al.* (2012) revealed that yoga practice was related to lessened anxiety levels and thus defends the table's conclusion that yoga contribution period as opposed to anxiety prevalence show negative correlation. Regarding the cardiovascular disease, lengthier period of practice of yoga demonstrates the negative correlation with the cardiovascular health essentially (the value of the correlation coefficient is

low (-0.45)). As confirmed by several studies into the use of yoga for heart health, this is common, effecting such things as blood pressure and heart rate variability (Tihanyi et al., 2016). However, the existing research has only investigated the one-way connections and more comprehensive study desires to be done in this area. Values in the table that are in negative correlation mean that more time practicing yoga helps body to reduce prevalence of stress, anxiety, depression, and cardiovascular disease. The outcomes of this project are based on the fundamentals of previous studies on the effect of yoga for both mental and physical health. Nonetheless more researches need to be carried out to verify whether such connections do exist and especially in cardiovascular field.



**Figure 4: Correlation Between Yoga Practice Duration and Health Conditions**

## Conclusion

According to the data provided, yoga practice reveals a statistically considerable inconverse link with occurrence of stress, anxiety, depression, and cardiovascular diseases. Apart from the short periods of taking yoga classes, you will also have a lesser probability of getting these health problems. According to the study, this is in line with the body of research that shows how yoga practice has been linked to the well-being of both the mind and body. Findings revealed that the exercise of yoga might serve as an effective method to alleviate depression and anxiety signs, as well as stress levels. Such effects, however, can be attributed to mindful and meditative aspects that are incorporated during yoga practice, hence, they aid achieve emotional stability and peace of mind. Next to that, cardiovascular health is also positively affected by yoga by working on blood circulation and decreasing blood pressure through different poses and breathing techniques. It should be emphasized that this study can only show that there might be an association between people doing yoga and their health correlates. It cannot prove that yoga practice makes health better. It necessitates more researches such as longitudinal studies and randomized trials to make that a yoga practice has a causality to an improved state of health. To conclude, it has been demonstrated that yoga can be adjusted to the needs of a person into his lifestyle for betterment of the mind and body as well. Yet, individuals ought to seek consultation from medical experts prior to the start of any new physical regimen including yoga, particularly if they are suffering from a pre preexisting health condition. The practice of yoga could turn out to be an effective instrument for a holistic health and wellness, and its incorporation into the environments of healthcare could lead to the improvement of the quality of life for individuals facing stress, anxiety, depression and heart problems.

## Reference

1. Addis, M. E., & Mahalik, J. R. (2003). Men, masculinity, and the contexts of help seeking. *American Psychologist*, 58(1), 5-14.
2. Arora, S., & Bhattacharjee, J. (2008). Modulation of immune response in stress by yoga. *International Journal of Yoga*, 1, 45-55.

3. Atkinson NL, Permuth-Levine R. Benefits, barriers, and cues to action of yoga practice: A focus group approach. *Am J Health Behav.* 2009;33:3–14. [PubMed] [Google Scholar]
4. Bhavanani Ananda Balayogi. Don't Put Yoga in a Small Box: The Challenges of Scientifically Studying Yoga. *Int J of Yoga Therapy* 2011; 21 ; 21.
5. Büssing, A., Michalsen, A., Khalsa, S. B., Telles, S., & Sherman, K. J. (2012). Effects of yoga on mental and physical health: A short summary of reviews. *Evidence-Based Complementary and Alternative Medicine*, 2012, 165410.
6. Collins, C. (1998). Yoga: Intuition, preventive medicine, and treatment. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 27, 563-568.
7. Cramer, H., Lauche, R., Langhorst, J., & Dobos, G. (2013). Yoga for depression: A systematic review and meta-analysis. *Depression and Anxiety*, 30(11), 1068-1083.
8. Desikachar, K., Bragdon, L., & Bossart, C. (2005). The yoga of healing: Exploring yoga's holistic model for health and well-being. *International Journal of Yoga Therapy*, 15, 17-39.
9. Diener, E., Suh, E. M., Lucas, R. E., & Smith, H. L. (1999). Subjective well-being: Three decades of progress. *Psychological Bulletin*, 125(2), 276-302.
10. Field, T. (2016). Yoga research review. *Complementary Therapies in Clinical Practice*, 24, 145-161.
11. Innes, K. E., & Vincent, H. K. (2007). The influence of yoga-based programs on risk profiles in adults with type 2 diabetes mellitus: A systematic review. *eCAM*, 4, 469-486.
12. Jayasinghe, S. R. (2004). Yoga in cardiac health (A Review). *European Journal of Cardiovascular Prevention and Rehabilitation*, 11, 369-375.
13. Khalsa, S. B., Cohen, L., McCall, T., & Telles, S. (2015). The principles and practice of yoga in health care. *International Journal of Yoga*, 8(2), 77-79.
14. Koenig, H. G., McCullough, M., & Larson, D. B. (2001). *Handbook of religion and health: A century of research reviewed*. New York: Oxford University Press.
15. Krueger, J. (1996). Personal beliefs and cultural stereotypes about racial characteristics. *Journal of Personality and Social Psychology*, 71(3), 536-548.
16. Lasater, J. (1997). The heart of Pantajali. *Yoga Journal*, 137, 134-144.
17. Lipton, L. (2008). Using yoga to treat disease: An evidence-based review. *Journal of the American Academy of Physician Assistants*, 21, 38-41.
18. Madanmohan, & Bhavanani Ananda Balayogi. (2013). Studies on the beneficial effects of yoga training on adolescents of Pondicherry. In *Souvenir of the National Yoga Week* (pp. 48-53). New Delhi: MDNIY.
19. Mehta S, New York: Alford A. Knoff Company; 1995. *Yoga the iyengar way*. [Google Scholar]
20. McCall, T. (2007). *Yoga as Medicine*. New York: Bantam Dell a division of Random House Inc.
21. Moreira-Almeida, A., & Koenig, H. G. (2006). Retaining the meaning of the words religiousness and spirituality: A commentary on the WHOQOL SRPB group's "A cross-cultural study of spirituality, religion, and personal beliefs as components of quality of life". *Social Science & Medicine*, 63(4), 843-845.
22. National Institute of Mental Health. (2017). Any Anxiety Disorder. Retrieved from: <https://www.nimh.nih.gov/health/statistics/any-anxiety-disorder.shtml>
23. Nolen-Hoeksema, S., Wisco, B. E., & Lyubomirsky, S. (2008). Rethinking rumination. *Perspectives on Psychological Science*, 3(5), 400-424.
24. Pascoe, M. C., & Bauer, I. E. (2015). A systematic review of randomized control trials on the effects of yoga on stress measures and mood. *Journal of Psychiatric Research*, 68, 270-282.
25. Peterson, M., & Webb, D. (2006). Religion and spirituality in quality of life studies. *Applied Research in Quality of Life*, 1(2), 107-116.
26. Raub, J. A. (2002). Psychophysiologic effects of hatha yoga on musculoskeletal and cardiopulmonary function: A literature review. *The Journal of Alternative and Complementary Medicine*, 8(6), 797-812.
27. Riley, K. E., & Park, C. L. (2015). How does yoga reduce stress? A systematic review of mechanisms of change and guide to future inquiry. *Health Psychology Review*, 9(3), 379-396.
28. Shah, A. J., Veledar, E., Hong, Y., Bremner, J. D., & Vaccarino, V. (2014). Depression and history of attempted suicide as risk factors for heart disease mortality in young individuals. *Archives of General Psychiatry*, 69(5), 1-7.
29. Telles, S., Singh, N., & Balkrishna, A. (2016). Managing mental health disorders resulting from trauma through yoga: A review. *Depression Research and Treatment*, 2016, 8.
30. Tihanyi B. T., Sági A., Csala B., Tolnai N., Kőteles F. (2016). Body awareness, mindfulness and affect: does the kind of physical activity make a difference? *Eur. J. Ment. Health* 11 97–111. 10.5708/EJMH.11.2016.1-2.6 [CrossRef] [Google Scholar]
31. Unterrainer, H.-F., Nelson, O., McGrath, J., & Fink, A. (2012). The english version of the multidimensional inventory for religious/spiritual well-being (MI-RSWB-E): First results from British College Students. *Religions*, 3, 588-599.
32. Wahlström, M., Rydell-Karlsson, M., & Medin, J. (2018). Perceptions and experiences of Medi Yoga among patients with paroxysmal atrial fibrillation—An interview study. *Complementary Therapies in Medicine*, 41, 29-34.



33. Williams, K., Steinberg, L., & Petronis, J. (2003). Therapeutic application of Iyengar yoga for healing chronic low back pain. *International Journal of Yoga Therapy*, 13, 55-67.
34. Wolsko, P. M., Eisenberg, D. M., Davis, R. B., & Phillips, R. S. (2004). Use of mind-body medical therapies: Results of a national survey. *Journal of General Internal Medicine*, 19(1), 43-50.