CORRESPONDENCE

The Efficacy of Body-Oriented Yoga in Mental Disorders—a Systematic Review and Meta-Analysis

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Making the Most of Yoga in the Individual Setting

Thanks to the authors for their meta-analysis of scientific studies of the effectiveness of yoga in mental disorders (1). The value of yoga classes as preventive measures in health care has become widely accepted—e.g. according to §20 of the German social code (Sozialgesetzbuch, SGB), statutory health insurers are refunding expenses for such classes. But the therapeutic potential of yoga in the context of medical treatment has been made the most of only in individual cases so far in Germany.

I wish to point out that the comment in the article, that patients with more severe symptoms benefit less, should be qualified in as far as this conclusion from the presented data can be drawn exclusively for yoga in group settings. In fact, the more severe the disorder—whether physical or mental—the more sense guided individual yoga therapy makes, and the more effective it will be. In such settings, yoga as an empirical science provides a complementary therapeutic approach or even an independent, non-pharmacological therapeutic approach in order to sustain remission.

Psycho-emotional stability can be attained effectively by means of breathing techniques, among others. The experience of self-efficacy and self-regulation on the part of the patient is an additional bonus; the article explains very well how this was successful in non-inpatient phases of a disorder.

It is desirable for such a yoga therapy option to become better known among colleagues and subsequently applied more often for the benefit of the patients. Obviously, this requires competent, specially trained yoga therapists, maybe with prior medical training. A source of qualified yoga therapists is available from the German society of yoga therapy (Deutsche Gesellschaft für Yogatherapie e. V., www.degyt.de).

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Further Areas of Application

Mindfulness-based therapeutic approaches, of which yoga is one, are widely accepted among the population. Although their effectiveness in many mental disorders, as well as health impairments and illnesses, has been confirmed in many studies, their acceptance among practitioners of (conventional) medicine requires further improvement—for many doctors, such approaches are associated with esoteric or non-serious overtones. It is therefore all the more gratifying that the authors took up the baton and showed the effectiveness of yoga—at least as an add-on treatment—for mental disorders (1).

In addition to the mental disorders that were mentioned in the article, we wish to point out that the effectiveness of yoga in the setting of addiction disorders (2) and chronic non-tumor pain (3) has also been shown; this widens the scope for valuable therapeutic options in the treatment of pain, somatoform disorders, and misuse of opioid analgesics (dealt with in detail in [4]).

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In Reply:

We thank Dr. Stannat and Dr. Wolter for their additional comments on our systematic review on the efficacy of yoga in mental disorders (1). We agree with Dr. Stannat that our conclusion that patients with more severe symptoms benefit less from yoga is restricted to yoga in group settings.

In all studies included in our review, the yoga interventions were conducted in groups. We were not able to identify any studies with an individual yoga intervention. Thus, the question of whether individual yoga for patients with more severe symptoms is equally or even more effective than for patients with less severe symptoms has to remain unanswered at the moment. Furthermore, it would be interesting to study the efficacy of individual and group yoga within a direct comparison study. Those comparisons of different therapeutic approaches have

been studied in psychotherapy research for some time, but the results so far have been heterogeneous (2, 3). In addition to numerous physical disorders, yoga has also been shown to be effective for chronic non-tumor pain and addiction disorders, as Dr. Wolter commented. Studies on alcohol and other substance dependences have also been included in our meta-analysis. However, we excluded some promising primary studies on the efficacy of yogic breathing techniques in nicotine dependence because the authors investigated only this isolated yoga component.

The authors of both letters call for the wider acceptance and the increased therapeutic use of yoga in practice. We can only agree with these statements. In addition, it seems worth studying the efficacy of yoga as a possible measure for relapse prevention.

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Conflict of interest statement

The authors of all contributions declare that no conflict of interest exists.