

# Yoga as a Complementary and Alternative Treatment for Psychiatric Disorders in India: A Solution to Liberalization, Privatization and Globalization (LPG) of Mental Health Care?

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India, being a lower middle income country (based on 2010 World Bank criteria) with 68.84% of its population living in rural areas (Census of India, 2011) and 27% living below the poverty line (Planning Commission, 2014), the government has adopted a welfare state policy where it plays a key role in the protection and promotion of the economic and social well-being of its citizens. However the availability, accessibility and affordability of mental health care services in India is affected by the fact that a meagre 0.06% of the total health budget of India (World Health Organization, 2011) caters to around 7,22,880 of Indians<sup>1</sup> who develop one or more mental disorders in their lifetime. Further liberalization, privatization and globalization (LPG) of mental health care has caused: (1) rise in costs of medication and mental health care treatment due to medical tourism and (2) poor ratio of mental health professionals vis-a-vis patients due to brain drain. Despite the success of District Mental Health Programme (DMHP) in some states of India, accessing affordable mental health care in the community is still a challenge.

To tackle this growing issue, introduction of yoga as an alternative and complementary treatment for patients with psychiatric disorders could be an effective solution for three basic reasons: (1) yoga which originated in India, is seen to be a practical and accepted intervention for patients to practice at home, (2) the number of yoga therapists is more than the number of mental health professionals available in India, (3) yoga is cost-effective and has no side-effects as in the case of psychiatric medications. Yoga is that which integrates the personality by bringing body-mind coordination in a well-balanced way (Gharote, 2014; Satyananda, 2008) Patanjali, who is considered the father of yoga, defines yoga as, 'Yogah Citta Vritti Nirodhah' - yoga is a process of gaining control over the mind (Patanjali Yoga Sutra, 2007). The application of yoga in medicine gives it a 'therapeutic value'. According to Nagendra HR and Nagarathna R (2008) "Yogic practices help control the mind through fixation of attention, improving the concentration, relaxation, catharsis (purging of the mind), and making the mind inward looking. Persons, who try to follow it, slowly change their behaviour pattern and attitude towards life where tensions, fears and the impact of negative unpredictable events (due to failures) are reduced and a higher threshold of tolerance is achieved".

In the last one decade, there has been several research studies which have shown yoga to be an effective add on treatment for patients with schizophrenia. Jayaram et al. (2013) in a randomized controlled study supported the role of add-on yoga therapy in management of medication stabilized patients with schizophrenia and demonstrated an improvement in endogenous plasma oxytocin levels in schizophrenia patients receiving yoga therapy. Varambally et al. (2012) and Behere et al. (2011) in another randomized controlled study showed that yoga therapy can be a useful add-on treatment to improve psychopathology, facial emotional recognition deficits, and socio-occupational functioning in antipsychotic-stabilized

out-patients with schizophrenia. Vancampfort et al. (2011) in their comparative study using yoga and aerobic exercise concluded that the magnitude of the changes did not differ significantly between yoga and aerobic exercise and hence people with schizophrenia and physiotherapists could choose either yoga or aerobic exercise in reducing acute stress and anxiety taking into account the personal preference of each individual. Visceglia & Lewis (2011) in their randomized controlled study depicted that patients with schizophrenia, when provided with an 8-week therapeutic yoga program showed significant improvements in psychopathology and quality of life compared with controls. Duraiswamy et al. (2007) in their comparative study showed that subjects in the yoga therapy group had significantly less psychopathology greater social and occupational functioning and quality of life than those in the physical training group at the end of 4 months. Xie et al. (2006) depicted that the quality of life of patients with schizophrenia was better after 8 weeks of yoga practice as compared to the usual care group.

Efficacy of yoga as treatment modality would however depend on (1) whether yoga can be effective as an independent or add-on treatment to pharmacology, (2) compliance to yoga and effectiveness of brief yoga practice versus continued practice, (3) establishment of community yoga groups - where the patient can get supervised and continued training. Baspure et al. (2012) observed that logistic factors, such as the need for daily training under supervision in a specialized centre for long periods, are the most important barriers that prevent patients with schizophrenia from receiving yoga therapy. Answers to the above research questions could help propagate yoga as an effective solution to fight the adverse impact created by LPG in the accessing, affording and availing quality mental health care services in the Indian community.

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