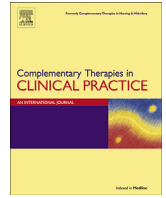




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## Psychological effects of yoga nidra in women with menstrual disorders: A systematic review of randomized controlled trials



Sang-Dol Kim

Department of Nursing, College of Health Science, Kangwon National University: 346 Hwangjo-gil, Dogye-eup, Samcheok-si, Gangwon-do 245-907, Republic of Korea

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### ABSTRACT

**Objective:** To assess the effects of yoga nidra on psychological problems in women with menstrual disorders.

**Methods:** A search was conducted using CINAHL, the Cochrane library, Embase, PsycINFO, and PubMed electronic databases, and using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA), to identify randomized controlled trials (RCTs) published in any language up to and including July 2016, which reported the psychological effects of yoga nidra in women with menstrual disorders.

**Results:** Two potential trials were identified and both were included in the review. A significant difference was observed between experimental and control groups in that anxiety and depression were significantly decreased in the experimental group when compared with the control group.

**Conclusions:** There is evidence from two RCTs that yoga nidra may have favorable effects in terms of reducing psychological problems in women with menstrual disorders.

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E-mail address: [nu11110@kangwon.ac.kr](mailto:nu11110@kangwon.ac.kr).

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## 1. Introduction

Approximately 45–99% of reproductive women have suffered from menstrual disorders [1]. Menstrual disorders include dysmenorrhea, oligomenorrhea, polymenorrhea, pathological amenorrhea, metrorrhagia, and menorrhagia. These disorders have often been associated with various psycho-physiological problems [2,3]. Common physiological symptoms include nausea, headache, fatigue, diarrhea, lethargy, and breast tenderness [2–4], while common psychological problems include anxiety and depression [3]. In the present day, women with menstrual disorders are attracted to a variety of complementary and alternative therapies [2–5]. Amongst these complementary and alternative therapies, yoga nidra is increasingly gaining attention with regard to addressing psychological problems associated with menstrual disorders [2,3,5]. Yoga nidra means “a psychic sleep” and is a specific relaxation practice within yoga therapy [6]. It generates not only physical and mental relaxation, but also mental discipline. Yoga nidra is different from ordinary sleep. During yoga nidra practice, the mind is in a deeper phase than during ordinary sleep, the consciousness maintains a “blissful awareness,” and an intensive state of relaxation is achieved [2]. The theory which has been reported to explain the mechanisms of yoga nidra is that it may play an important role in increasing parasympathetic nervous system activity, thus decreasing the intensity of psychological symptoms [7,8]. Yoga nidra may be a safe and simple intervention for managing psychological problems related to menstrual disorders [2].

As stated, it has been suggested that yoga nidra has benefits for women who experience psychological problems associated with menstrual disorders. Nevertheless, quality evidence is needed to confirm and support yoga nidra as a therapy for such women.

## 2. Objectives

The aim of this review is to assess the evidence for the effectiveness of yoga nidra in psychological problems associated with menstrual disorders.

## 3. Methods

### 3.1. Literature search

The review was planned and conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) and the Consolidated Standards of Reporting Trials (CONSORT) guidelines for Reporting Parallel Group Randomized Trials [9,10]. The CINAHL, Cochrane Library, Embase, PsycINFO, and PubMed electronic databases were searched to identify randomized controlled trials (RCTs), which reported the psychological effects of yoga nidra in women with menstrual disorders published in any language up to and including July 2016. The search term for this review was “yoga nidra”. To identify any additional studies which were relevant to this review, the footnote chasing method was used. All of the articles identified in the course of this search that met the following selection criteria were reviewed.

### 3.2. Inclusion criteria

To be eligible, studies had to meet the following conditions. These inclusion criteria were evaluated using the Cochrane Risk of Bias Tool [11]. Population: Women of reproductive age with menstrual disorders (dysmenorrhea, oligomenorrhea, polymenorrhea, pathological amenorrhea, metrorrhagia, and menorrhagia) were included; women who had surgery for gynecological neoplasms, who had pelvic inflammatory disease, or who were using an intra-

uterine contraceptive device (IUD) were excluded. Intervention: RCTs that compared the use of yoga nidra as an intervention to manage psychological problems associated with menstrual disorders with no use of yoga nidra were included. Comparison: Any RCTs comparing yoga nidra for menstrual irregularities versus no yoga nidra were included. Outcomes: RCTs which assessed levels of anxiety and depression were included.

### 3.3. Data extraction

In this review, we extracted data on the characteristics of participants, the interventions and the controls, outcome measures and results. This analysis excluded nonrandomized studies, case reports, letters, and comments, in line with CONSORT criteria.

### 3.4. Quality assessment

Quality appraisal was conducted using the Cochrane Risk of Bias Tool for RCTs, which was recommended by the Cochrane Handbook for systematic reviews of interventions [11]. The Cochrane Risk of Bias Tool is designed to assess bias in the following six items: random allocation, allocation concealment, blinding, incomplete outcome, selective reporting, and other bias [11]. For each item, a rating of “yes,” “no,” or “unclear” was recorded.

Trials included in this review were assessed as having one of three levels of risk as described in the Cochrane Handbook [11]. If the study design had no bias in any of the six items, it was evaluated as “Level A,” which means the risk of bias was low. If one or more criteria were only partly met, it would be designated “Level B”. If one or more criteria were not met, the study would be defined as “Level C,” implying that it carried a high risk of bias. Studies rated as Level C would be excluded according to the Cochrane Risk of Bias Tool. Only two studies met the criteria for inclusion in the systematic review of the evidence.

### 3.5. Data synthesis

No meta-analysis was performed because only two studies were identified. Data were presented descriptively so no usable data were available.

## 4. Results

### 4.1. Study description

A total of 94 titles related to the search terms of this review were screened. Among these, there were 12 potential trials identified from the CINAHL, 14 from the Cochrane Library, 28 from Embase, 19 from PsycINFO and 21 from PubMed. After the titles were retrieved, a total of 88 studies were excluded either because they were duplicates or because they did not concern menstrual disorders. The remaining six abstracts were retrieved, and, after evaluating these, two studies were excluded because they did not assess psychological variables. Thus, four potential trials were identified in the search conducted in July 2016, and the four potentially relevant papers were retrieved for evaluation of the full text. After the full text of these four papers had been assessed, two further studies were excluded because they did not use randomized trial methods. Fig. 1 depicts the literature retrieval process. Characteristics of the studies included are presented in Table 1.

### 4.2. Quality assessment

Assessments of the quality of each methodological item for both included trials are described in Table 2. Of the two trials, one trial

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