Commentary

## Yoga: Perspectives on Emerging Research and Scholarship

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## **DESCRIPTION**

Yoga is at the forefront of complementary and supportive mind and body therapies. It is receiving widespread attention from scientists, funding agencies, the media, and the public as a means of health promotion and disease prevention. Colleges and a few K-12 schools now include yoga study and practice as a part of standard curricula. Also, widespread use is reflected in the 2012 "Yoga in America" survey, which estimates that 20.4 million people in the U.S. currently practice yoga. This increasing public awareness, along with the demand for information on the safety and efficacy of yoga and the unfolding scientific evidence of its potential efficacy in a number of chronic diseases, are among the driving forces behind the National Center for Complementary and Alternative Medicine (NCCAM) identifying yoga as one of the mind and body interventions considered a high priority. The heightened interest by NCCAM makes this a critical time for those interested in yoga research and yoga therapy research to think more critically about the need for standards and methodological guidelines for studies using yoga as an intervention. NCCAM, like other NIH institutes and federal agencies providing support for research, requires that researchers use rigorous, innovative approaches to establish evidence-based interventions that have real-world application. While longitudinal, randomized, controlled trials (RCTs) are the gold standard of research, at this time there are likely very few researchers/research teams who have the needed preliminary feasibility data from studies to move forward with an RCT. This is because an RCT design must be sound in all dimensions. The choice of an active control group for a trial must be logical, reflecting the hypothesized mechanism of yoga for the particular study. The strategies, including procedures, must be detailed and comprehensive, yet clear, concise, and consistent. Any modifications made to the foregoing components need to be clearly described, including rationale for the modifications.

Even the time of day and temperature of the room are important in the replication of a study because these too can affect the functional outcomes achieved. The yoga therapy studies do not meet the most basic of these requirements. Thus, unless guidelines are established and research strategies are clearly defined, study findings cannot be compared and most likely cannot have the needed public health impact. In the current health care climate, every dollar spent on research is scrutinized. Thus, yoga/yoga therapy research that is not translatable into symptom reduction, decreased health care resource use, or cost savings will be replaced by modalities that do demonstrate realworld impact. It has been suggested by others that, in the common quest to improve the health of the Nation, yoga practitioners and researchers face issues, including the view that the scientific approach is too reductionist-that is, the isolation of yogic components compromises the essence of yoga and its effects. Regardless of these disparate philosophical approaches, evidence of the efficacy of yoga continues to grow anecdotally and through beginning research efforts. Ideally, those interested in yoga/yoga therapy research would be well versed in both research and yoga/yoga therapy; however, this often is not the case. Both researcher and practitioner need to develop an understanding of the objectives and requirements of the other; taking advantage of the expertise of each to advance collaborative efforts. As the Nation's health care resources continue to dwindle, many researchers, health care professionals, and yoga practitioners recognize that the developmental struggles we are experiencing presently are worth the time and energy needed to advance yoga science.

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