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A Systematic Review on the Effectiveness of Yoga for Endometriosis-Associated symptoms.

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1. Background

Endometriosis is the growth of endometriotic tissue, due to estrogenic hormonal input, manifesting outside of the uterus. Menstrual shedding still occurs causing chronic inflammation and pain. Dysmenorrhea is a primary symptom of Endometriosis (Chapron et al., 2019; Signorile et al., 2022).

Current Endometriosis Guidelines recommend surgical intervention; ablation, excision, Hormone replacement therapy, Hysterectomy, NSAIDs, Progestins, combined oral contraceptives, coil (Kalaitzopoulos et al., 2021).

The effect of exercises on endometriosis has been researched with a review finding numerous RCT from 1995 to 2017 have improved outcomes on pain and quality of life from walking, and aerobic exercise combined with acupuncture, TENS and Danazol (Mira et al., 2018).

2. Purpose

- To ascertain the effectiveness of Yoga on endometriosis-related symptoms: pain, quality of life (QoL), and mental health.
- To allow clinical guidelines to incorporate yogic style relaxation and exercise-based interventions aiding endometriosis symptom management.

3. Method

Preferred reporting items for systematic reviews and meta-analysis (PRISMA) 2020 guidelines were followed.

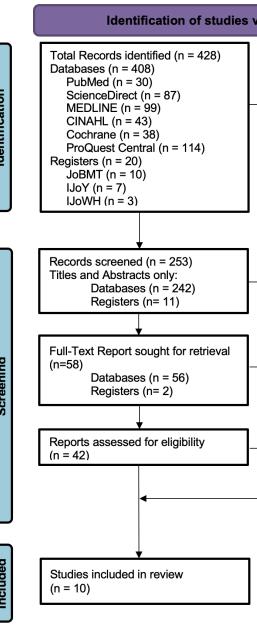
6 Databases; PubMed, ScienceDirect, MEDLINE, CINAHL, Cochrane, ProQuest Central, and **3 Registers**; International Journal of women's health (IJoWH), Journal of Bodywork and Movement Therapies (JoBMT), International Journal of Yoga (IJoY), were searched from January 2012 to March 2022.

Inclusion criteria: Peer-reviewed written English research articles, quantitative primary research, Yoga vs control or other modality, Human female-only participants between 16-55 years with PD, SD, CPP and/or Endometriosis, using outcome measures or physiological changes to measure intervention effect.

Abstracts, titles and full texts reviewed independently by researcher and compilated into tabular format.

Risk of bias assessed through Physiotherapy evidence database scale (**PEDro**). Research scoring 5 or less excluded.





2020 PRISMA flow-diagram for new systematic review searches of databases and registers Abbreviations: n = number of studies. Registers a.k.a Journals.

- 10 studies, 6 different countries non-UK based.
- frequency.



The review confirms yoga is a beneficial symptom management technique associated with endometriosis; positive effects on pain, sleep, stress, anxiety, depression, flexibility, and activity levels have been found.

Abstract no: Theme: **Evolving Practice**

4.1 Results

| via databases and registers | | First Author. Year. Country. | | Participant No., Pathology, Intervention Intervention Duration, sessions per wk. | Outcome Measure / physiological | Results |
|---|----|---|------|--|---------------------------------------|---|
| Records removed <i>before screening</i> : Duplicate records removed (n=175) | 1 | Chein <i>et al.,</i> 2013, Taiwan | РСТ | 30 Healthy vs 30 Primary Dysmenorrhea 8 weeks of Yoga, 2x 30min weekly sessions | MDQ SH | Improved MDQ SH \downarrow PD = 46.46%, H= |
| Databases (n = 166) Registers (n = 9) | 2 | Ganesh <i>et al.,</i> 2015, India | RCT | 90 Primary Dysmenorrhea; Nadi Shodhana vs Kapalbhati. 4 weeks: 2x daily 10mins each. | NPRS MMDQ | Both improved OM sco Shodhana overall bette |
| | 3 | Goncalves <i>et al.,</i> 2017, Brazil | RCT | 28 Endometriosis; No exercise vs Hatha Yoga. 8 weeks: 2x 120min weekly sessions | VAS EHP-30 | Yoga VAS scores ½ fror 32.39. ↓EHP-30 score |
| Records excluded (n=195) Database (n=186), Registers (n=9): Not in English (n = 8) No Access to Abstract (n = 2) Inappropriate (n = 185) | 4 | Kirca <i>et al.,</i> 2021, Turkey | RES | 60 PD; No exercise vs Hatha Yoga. 12 weeks: 1x 60min weekly session. | VAS | Yoga VAS scores ½ by 4 |
| | 5 | Kirthika <i>et al.,</i> 2018, India | RCT | 30 Primary Dysmenorrhea; Yoga vs Pilates. 12 weeks: 3x 18min weekly sessions. | VAS MDQ | Yoga VAS < Pilates VAS |
| Reports not retrieved (n = 16) Full text not in English (n = 1) Pre-Results Journals (n = 14) Abstract only (n= 1) Reports excluded (n= 36) Journals added from SRs (n= 4) | 6 | Prabhu <i>et al.,</i> 2019, India | ES | 78 Primary Dysmenorrhea; Yoga vs Pilates. 6 weeks: 4x 30min (yoga), 4x 20min (Pilates). | PSS MMDQ | Yoga PSS > Pilates PSS. Pain better in Pilates g |
| | 7 | Rani <i>et al.,</i> 2012, India | RCT | 126 Mixed PD & SD. NSAIDs vs Yoga Nidra. 6mnth, 35min 5days per wk. | HAM-A HAM-D | Nidra group Anxiety 78 improved scores. |
| | 8 | Saxena <i>et al.,</i> 2017, India | RCCS | 60 Chronic Pelvic Pain; NSAIDs vs Hatha Yoga. 8 weeks: 5x 60min weekly sessions. | VAS WHOQOL-BREF | Yoga VAS scores ½. QoL improved. |
| | 9 | Yang <i>et al.,</i> 2016, Korea | RCT | 40 Primary Dysmenorrhea; No Yoga vs Yoga. 12 weeks: 1x 60min weeks sessions. | VAS SF-MDQ | Yoga VAS improved. M improved. |
| | 10 | Yonglitthipagon <i>et</i> al, 2017, Thailand | RCT | 34 PD; No exercise vs Yoga 12 weeks: 2x 30min weekly sessions. | VAS SF-36 | Yoga VAS scores >½ im QoL improved. |
| | | | | | | |

D=Primary Dysmenorrhea. H=Healthy. TENS=Transcutaneous Nerve Stimulation. pwk= per week. MC = Menstrual Cycle. NSAIDs = non-steroidal anti-inflammatory drug. SH = Serum Homocysteine (SH) RCT = Randomised controlled trial. RCT1 = Randomised Comparative Trial. PCT = Prospective Controlled Trial. RCCS = Randomised case-control study. ES = Experimental Study. RES = Randomised Experimental Study with Control Group

PSQI, = Pittsburgh sleep Quality Index. PSS = Perceived Stress Scale. HAM-A = Hamilton Anxiety Scale. HAM-D = Hamilton Rating Scale for Depression. WHOQOL-BREF = World Health Organization quality of life-BREF. EHP-30 = Endometriosis Health Profile. MDS = Menstrua aire. MMDS = Moos Menstrual Distress Questionnaire. VAS = Visual Analogue Scale. NPRS = Numerical Pain Rating Scale

4.2 Result Summary

• All externally valid. Methodological risk of bias 'good', or 'excellent'. Wide variety of yogic practices and asanas used, with varying duration and

5. Conclusion

6. Further Research

- Confirmed disease stage 1-4 and the longevity of yoga on symptom management.
- Splitting the individual aspect of yoga up into RCT; relaxation, meditation, pranayama, asanas, Nidra, Surya namaskar and each's longitudinal effects.
- Other conservative management techniques i.e. Pilates, Cognitive Behavioural Therapy, Somatic movements, other holistic modalities.

7. References

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