



# **Yoga As A Complementary Therapeutic Approach For Bipolar Disorder**

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## **ABSTRACT**

Bipolar Disorder (BD) is a debilitating mental health condition characterized by intense mood swings, encompassing manic highs and depressive lows. While conventional treatments combine psychotherapy and medication, the exploration of complementary therapies, particularly yoga, has gained prominence.<sup>1</sup> This study, guided by a scarcity of empirical evidence, aims to rigorously evaluate the potential benefits and risks of yoga for individuals with BD. Through a focus on self-identified yoga practitioners diagnosed with BD, we seek to gain insight into their experiences and understand the effects of yoga on this condition.

**KEYWORDS** – yoga, bipolar disorder, mood swings,

**AIM AND OBJECTIVE** –Yoga as A Complementary Therapeutic Approach for Bipolar Disorder

## MATERIAL AND METHOD - Yoga as a treatment for depression

India's centuries-old socio-cultural tradition of yoga, which is now widely acknowledged as a secular practice across the globe, was the inspiration for its creation. *Asanas* (postures), *pranayamas* (breathing exercises), and *dhyana* (meditation) are the three basic components of modern western yoga disciplines. The three components of yoga are generally present in all forms of yoga, but the emphasis on one or the other may vary.

BD is usually diagnosed in the late juvenile or early adulthood years; however, the management of BD is typically a lifelong process. Scientists are trying to figure out what treatment options work best for BD. Because, without proper treatment, BD typically intensifies. But with a good and comprehensive treatment plan, many people with BD lead healthy and productive lives. Currently, BD is managed using multiple resources such as psychotherapy, pharmacology, patient education, and healthy habits such as exercise. These methods of treating BD encompass and target possible causes of the illness, such as genetics, stress, and brain structure and function.

## RESULT

Accessible yoga treatments in both inpatient and outpatient mental health facilities to overcome the frequent obstacle of difficulty getting to classes are expected to have favorable impacts on symptoms of BD and increase physical activity levels.

### INTRODUCTION-

Bipolar Disorder (BD) is a complex and challenging mental health condition characterized by extreme mood swings, ranging from manic episodes of elevated mood, increased energy, and heightened activity to depressive episodes marked by sadness, hopelessness, and lethargy. The management and treatment of BD often involve a combination of psychotherapy and medication. However, emerging holistic approaches are being explored to augment traditional treatments and improve the overall quality of life for individuals living with this condition. One such complementary approach is the practice of yoga.

### EUTHYMIA

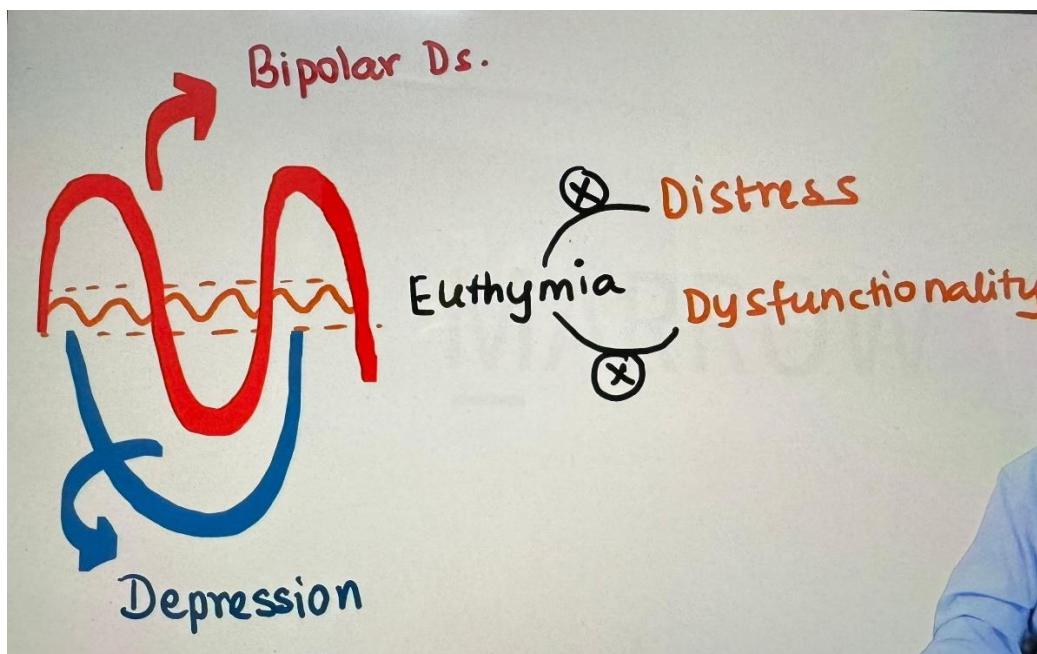
Normal mood, No distress, No dysfunctionality.

### BIPOLAR DISORDER-

It is a type of mood disorder/affective disorder.

Patients can be in

1. Mania/hypomania
2. Depression.
3. Mixed affective state (depressive + manic/ hypomanic symptoms)



## FEATURES OF MANIA

Happy elated/euphoric mood or irritable mood

### DIGFAST

- Distractibility
- Impulsivity
- Grandiosity (ideas → delusions)
- Flight of ideas/Racing thoughts
- Activities increased psychomotor activities)
- Sleep (decreased/need for sleep is less)
- Talkativeness.

Both depression and mania have decreased sleep.

In depression, the patient wants to sleep but cannot.

He will be tired and exhausted,

However in mania, the need for sleep is less.

## FOR DIAGNOSIS OF MANIA---

- If in happy mood: 3 features should be present
- If in irritable mood: 4 features should be present.
- 1 week of symptoms should be present/requires hospitalization.

**HYPOMANIA --**

milder form of mania.

For diagnosis: **4 days of symptoms required**

HYPOMANIA	MANIA
4 days of symptoms required	One week of symptoms is required
Mild	Severe
No psychotics symptoms	Can have psychotics symptoms
No hospitalization	Hospitalized may be required
Functionally – normal	Decreased
Seen in bipolar 1 and 2	Seen in bipolar 1 only

**BIPOLAR DISORDER**

Bipolar disorder: **Type I AND II**

**Type II** : Hypomania + depression episodes (never goes beyond hypomania).

Even single episode of mania: Becomes type I.

**Type 1:** Rest all episodes of bipolar disorder

mania

mania + hypomania

mania + depression

mania + hypomania + depression

**BIPOLAR DISORDER**

Previously history of mania / hypomania

Younger onset : 15-25 years

Atypical depression features substance use disorder, psychomotor retardation

Abrupt and episodic

Not responding to antidepressants.

Family history of bipolar disorder

## PERSISTENT MOOD DISORDERS

### 2 years duration

- 1.Dysthymia - Depression
- 2.Cyclothymia - Bipolar
- 3.Chronic major - depression

**CYCLOTHYMYIA** ----very mild form of bipolar disorder persistent for a years or more.

**RAPID CYCLING DISORDER:** Type of bipolar disorder in which 4 or more episodes of mood problems happen in a calendar year.

### RISK FACTORS

- Female bipolar patients.
- Hypothyroidism
- substance use.
- Antidepressants without cover of mood stabilizers.
- Bipolar type II patients.
- cyclothymia patients.
- Hyperthymic patients

### DMOD (Disruptive mood Dysregulation Disorder) -

Diagnosed between 6 years - 18 years.

#### Features:

- constant irritability
- Tantrums: At least 3 times/week.

### Management of bipolar disorder-

Pharmacological interventions:

Acute management----

Irrespective of the phase-- Lithium and ECT can be used.

Lithium: Gold standard thymoleptic (mood stabilizer)

For mania: valproate, Carbamazepine, antipsychotics

Antipsychotics for depression (FDA approved) :1. Quetiapine: 300mg/day.2. Lurasidone

### Drug of choice in management of acute mania:

Antipsychotics (works fast).

maintenance/ prophylactic management: Continue same dose.

**Aim:** To prevent further episodes/relapse.

**Drug of choice for typical/euphoric/classical mania:** Lithium.

**Drug of choice for atypical/dysphoric/irritable mania:** valproate (also useful in head injury, organic mood disorder).

valproate is preferred in cyclothymia and rapid cycling disorder.

### **Bipolar disorder in pregnancy---**

vaproate, Carbamazepine: Not safe.

Lithium causes ebstein's anomaly but doesn't increase risk much.

Safest mood stabilizer in pregnancy: Lamotrigine

### **PSYCHOLOGICAL INTERVENTIONS -**

- Psychoeducation (look for early relapse signs): helps to understand illness
- cognitive behavioural therapy (CBT): useful mainly in depression. It helps to change cognition
- **IPSRT** (Inter Personal Social Rhythm Therapy: Focus mainly on building routines (sleep, habit), social rhythm. Helps in building healthy relationships
- **FAMILY FOCUSED** -therapy: helps to build support
- **GROUP THERAPY**- helps to identify yourself among other bipolar patients.

### **HOW DOES YOGA AFFECT YOUR MENTAL HEALTH?**

- As a form of low-impact exercise, yoga has been shown to lower stress hormones in our bodies while simultaneously increasing beneficial brain chemicals like endorphins and GABA (gamma-aminobutyric acid). **These feel-good chemicals help decrease anxiety and improve mood**

### **YOGA BENEFITS FOR MENTAL HEALTH –**

Calmness, mental clarity, improve focus level, improves brain function relax the mind

### **SOME OF YOGA POSTURE WHICH IS DIRECTLY IMPACT ON BIPOLAR DISORDER –**

#### **SHALABHASANA-**

The Locust Posture-

#### **Benefits -**

The posture strengthens the wrists, hips, thighs, legs, lower abdomen and diaphragm. It stimulates the appetite and tones your back muscles and sciatic nerves. It also tones and balances the functioning of your liver and other abdominal organs.

### **BENEFITS OF SUPPORTED HEADSTAND POSE**

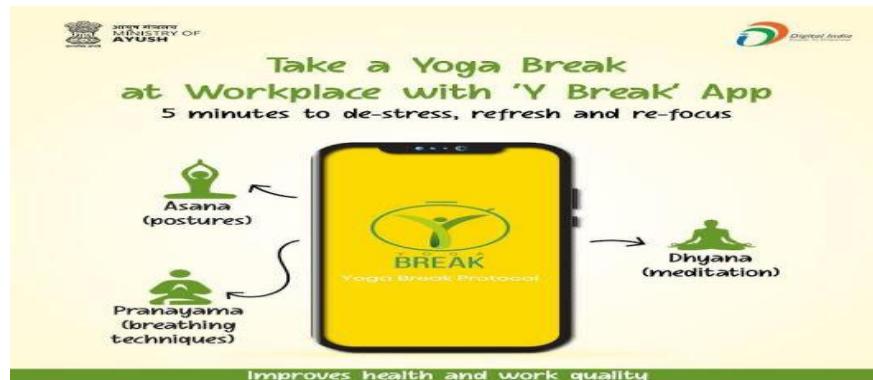
#### **SALAMBA SIRSASANA**

Improve Brain Functioning, Tones the Spinal Cord Improving Blood Circulation Enhances Lung Capacity Benefits the Digestive System,

Stimulates pituitary and pineal gland Improves Balance and Focus Curing Insomnia Stimulates the Lymphatic System Strengthens Joints



## THE Y-BREAK APP –



is a yoga protocol app developed by the Ministry of Ayush, Government of India to help working professionals de-stress, refresh, and re-focus at work place,

take a yoga break at work place with Y break app

5 minutes to de-stress, refresh, and re-focus at work place,

Asana postures)

Pranayama (breathing techniques)

Dhyana (meditation)

## CONCLUSION-

This study provides valuable insights into the impact of yoga on bipolar disorder, highlighting its potential benefits for individuals diagnosed with this condition. The analysis of existing literature reveals a growing body of research on yoga, particularly in its ability to regulate physiological parameters. Furthermore, this research underscores yoga as a viable healthcare and medical treatment approach.

While concerns about the effectiveness of yoga interventions have been raised, this study suggests that consistent and dedicated yoga practice can lead to significant reductions in symptoms, improved psychosocial functioning, and enhanced overall well-being.

Healthcare professionals and therapists should consider incorporating yoga as an adjunctive treatment for individuals with bipolar disorder.

Emphasize the importance of active participation and consistency in yoga practice to achieve positive outcomes. Encourage individuals diagnosed with bipolar disorder to engage in regular yoga practice as part of their treatment plan, alongside medication.

Promote awareness among healthcare professionals about the potential benefits of yoga in managing bipolar disorder and the importance of integrating it into the overall treatment approach.

Advocate for further research to deepen the understanding of the mechanisms underlying yoga's effects on bipolar disorder and to identify optimal strategies for its integration into bipolar disorder management.

Encourage the development of standardized yoga practice manuals to facilitate research and ensure treatment integrity in comparative studies.

Support the exploration of the integration of yoga with talk therapy, recognizing the potential synergistic effects of combining these therapeutic modalities.

Promote a positive dialogue between the yoga and biomedical research communities to evaluate the efficacy of yoga, understand its mechanisms of action, and establish appropriate standards and practices.

Emphasize the importance of outcome-based approaches in evaluating the effectiveness of yoga interventions in psychotherapy.

Continue to explore the potential of yoga in improving mental wellness, addressing symptoms of anxiety and depression, and enhancing overall quality of life.

Foster collaboration and exchange between yoga practitioners, psychotherapists, and researchers to further advance the understanding and integration of yoga in mental health treatment.

## REFERENCES

1. Raghuraj, P. & Telles, S. (2008). Immediate effect of specific nostril manipulating yoga breathing practices on autonomic and respiratory variables. *Applied Psychophysiology and Biofeedback*, 33(2), 65-75.
2. Woolery, A., Myers, H., Sternlieb, B., & Zeltzer, L. (2004). A yoga intervention for young adults with elevated symptoms of depression. *Alternative therapies in health and medicine*, 10(2), 60-63.
3. Salmon P. (2001). Effects of physical exercise on anxiety, depression, and sensitivity to stress: a unifying theory. *Clinical Psychology Review*, 21, 33-6
4. Phillips ML, Kupfer DJ. Bipolar disorder diagnosis: challenges and future directions. *Lancet* 2013; 381: 1663-71.
5. Alonso J, Petukhova M, Vilagut G, et al. Days out of role due to common physical and mental conditions: results from the WHO World Mental Health surveys. *Mol Psychiatry* 2011; 16: 1234-46
6. Merikangas KR, Jin R, He J-P, et al. Prevalence and correlates of bipolar spectrum disorder in the world mental health survey initiative. *Arch Gen Psychiatry* 2011; 68: 241-51.
7. Nivoli AMA, Pacchiarotti I, Rosa AR, et al. Gender differences in a cohort study of 604 bipolar patients: the role of predominant polarity. *J Affect Disord* 2011; 133: 443-49.