# Evidence Map of Yoga for Various Adult Physical and Mental Health Issues: Update from 2014–2025

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# PREFACE

The VA Evidence Synthesis Program (ESP) was established in 2007 to conduct timely, rigorous, and independent systematic reviews to support VA clinicians, program leadership, and policymakers to improve the health of Veterans. ESP reviews have been used to develop evidence-informed clinical policies, practice guidelines, and performance measures; to guide implementation of programs and services that improve Veterans' health and well-being; and to set the direction of research to close important evidence gaps. Four ESP Centers are located across the US. Centers are led by recognized experts in evidence synthesis, often with roles as practicing VA clinicians. The Coordinating Center, located in Portland, Oregon, manages program operations, ensures methodological consistency and quality of products, engages with stakeholders, and addresses urgent evidence synthesis needs.

Nominations of review topics are solicited several times each year and submitted via the ESP website. Topics are selected based on the availability of relevant evidence and the likelihood that a review on the topic would be feasible and have broad utility across the VA system. If selected, topics are refined with input from Operational Partners (below), ESP staff, and additional subject matter experts. Draft ESP reviews undergo external peer review to ensure they are methodologically sound, unbiased, and include all important evidence on the topic. Peer reviewers must disclose any relevant financial or non-financial conflicts of interest. In seeking broad expertise and perspectives during review development, conflicting viewpoints are common and often result in productive scientific discourse that improves the relevance and rigor of the review. The ESP works to balance divergent views and to manage or mitigate potential conflicts of interest.

## ACKNOWLEDGMENTS

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### *Operational Partners*

Operational partners are system-level stakeholders who help ensure relevance of the review topic to the VA, contribute to the development of and approve final project scope and timeframe for completion, provide feedback on the draft report, and provide consultation on strategies for dissemination of the report to the field and relevant groups.

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## DISCLOSURES

This report was prepared by the ESP Center located at the **VA Greater Los Angeles Healthcare System,** directed by Paul Shekelle, MD, PhD and Isomi Miake-Lye, PhD and funded by the Department of Veterans Affairs, Veterans Health Administration, Health Systems Research.

*The findings and conclusions in this document are those of the author(s) who are responsible for its contents and do not necessarily represent the views of the Department of Veterans Affairs or the United States government. Therefore, no statement in this article should be construed as an official position of the Department of Veterans Affairs. The final research questions, methodology, and/or conclusions may not necessarily represent the views of contributing operational and content experts. No investigators have affiliations or financial involvement (eg, employment, consultancies, honoraria, stock ownership or options, expert testimony, grants or patents received or pending, or royalties) that conflict with material presented in the report.*

# *Executive Summary*

# KEY FINDINGS

- We included 37 systematic reviews of yoga published since 2014, representing 54 mapped conclusions across 38 adult health issues.
- Eleven physical and mental health issues had at least 1 moderate-certainty conclusion regarding the effect of yoga. Moderate-certainty conclusions of potential benefit were most commonly reported for physical function and selected patient-reported outcomes, including anxiety, sleep quality, and some quality of life outcomes. Two physical health issues (chronic on-specific low back pain and Parkinson's disease) had both potential benefit and no benefit moderate-certainty conclusions mapped across different outcomes. No health issues had high-certainty conclusions regarding the effect of yoga.
- Adverse event information was mentioned in 17 of 37 reviews. Only 4 reviews rated certainty of evidence for adverse events. These 4 reviews were all Cochrane reviews and adverse event certainty ratings were low or very low. Across these reviews, adverse events were infrequently and variably reported; the chronic non-specific low back pain review noted adverse events primarily as increased back pain, while the stroke rehabilitation, asthma, and urinary incontinence reviews reported few events and limited safety data.

Yoga is a widely used complementary and integrative health modality in health care settings. This evidence map summarizes systematic reviews published since 2014 that formally assessed certainty (or strength or quality) of evidence and provides a visual overview of where evidence is more versus less robust across adult physical and mental health issues.

## METHODS

### *Data Sources and Searches*

Search strategies were developed in consultation with a research librarian. We searched Ovid MEDLINE, Cochrane Database of Systematic Reviews, AMED (EBSCO), and Embase (Ovid) from 2014 through May 2025 using terms for yoga (including related terms such as "asana") and systematic reviews.

### *Study Selection*

Eligible publications were systematic reviews of adult physical and mental health issues evaluating practitioner-led yoga-based interventions compared with sham/placebo, usual care, or other active therapies. Reviews were required to formally assess certainty (or strength or quality) of evidence for conclusions (most commonly using GRADE, but other formal approaches were eligible). We excluded systematic reviews that included only 1 primary study of yoga. When reviews prespecified primary and secondary outcomes, we abstracted conclusions for primary outcomes only. When more than 1 eligible systematic review addressed the same health issue and did not differ in other map-classifying features, we mapped the review judged most informative.

### *Data Abstraction and Presentation*

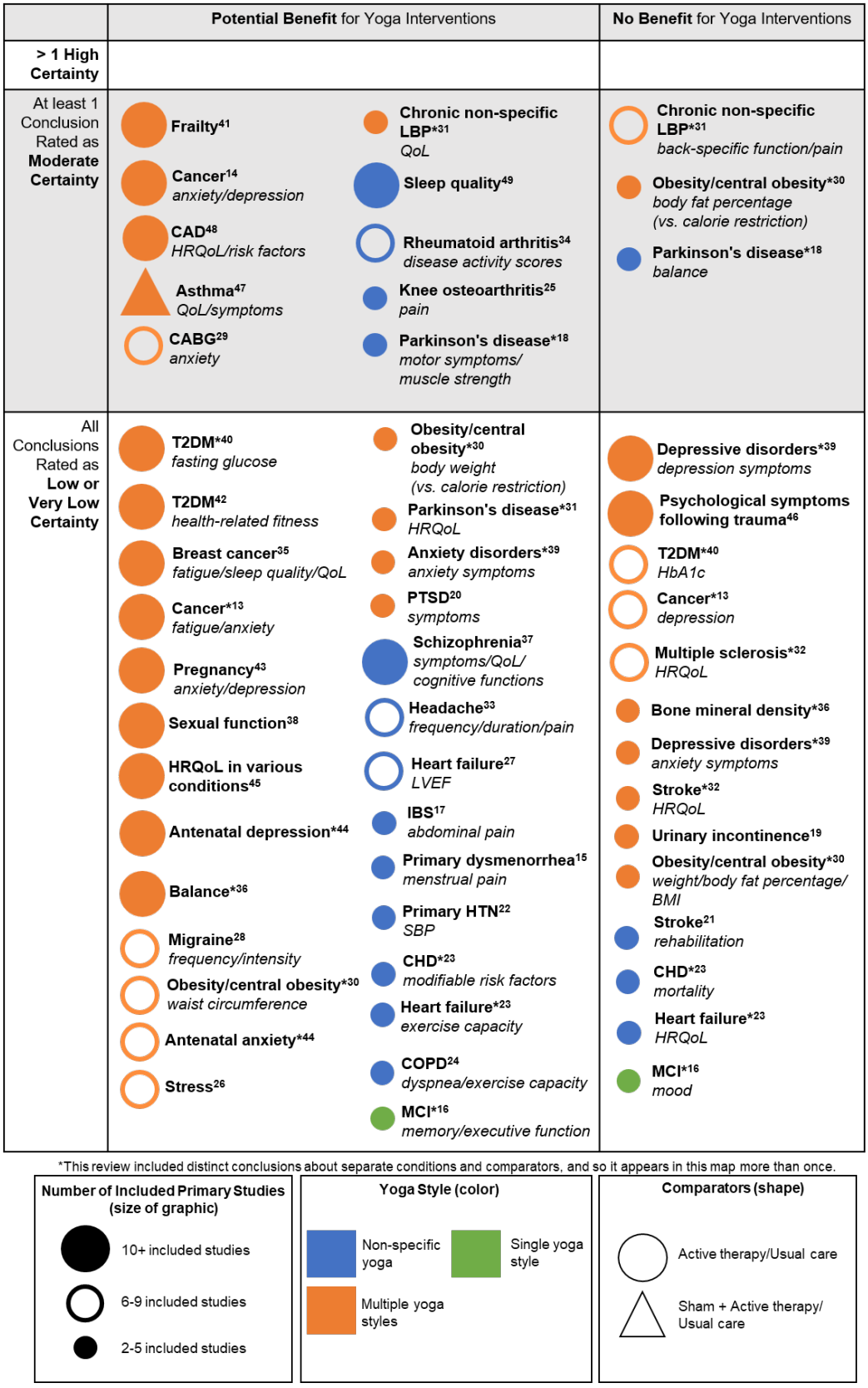
Each included systematic review had data abstracted by 1 reviewer and verified by a second reviewer. Abstracted data included the number of yoga studies contributing to conclusions, physical and mental

health issue(s), yoga style, comparator, certainty of evidence rating, effect conclusion(s), and notes about adverse events, where reported. Our evidence mapping process resulted in a visual depiction of the evidence for yoga, as well as an accompanying narrative with an ancillary figure and table.

## RESULTS

We identified 3,159 records from database searches and screened 2,101 titles/abstracts after deduplication. We reviewed 603 full-text articles and included 37 systematic reviews in the evidence map, representing 54 mapped conclusions across 38 physical and mental health issues (see ES Figure).

## ES Figure. Evidence Map of Yoga




*Notes*. Non-specific yoga refers to reviews that did not specify the yoga style examined.

Three high-level observations emerge from the evidence mapping process:

1. No health issues had high-certainty conclusions regarding the effect of yoga. A limited set of health issues had moderate-certainty conclusions. Moderate-certainty conclusions of potential benefit were most commonly reported for physical function and selected patient-reported outcomes (*eg*, frailty-related outcomes, anxiety, sleep quality).
2. Chronic non-specific low back pain and Parkinson's disease each had moderate-certainty conclusions mapped to both potential benefit and no benefit across different outcomes.
3. Adverse event information was mentioned in less than half of included reviews (17 of 37), and only 4 reviews rated certainty of evidence for adverse events. These 4 reviews were all Cochrane reviews and adverse event certainty ratings were low or very low. Across these reviews, adverse events were infrequently and variably reported; chronic non-specific low back pain reviews noted adverse events primarily as increased back pain, while the stroke rehabilitation, asthma, and urinary incontinence reviews reported few events and limited safety data.

## FUTURE RESEARCH

Priorities for future research include: 1) conducting well-designed trials for physical and mental health issues that currently lack at least moderate-certainty evidence, 2) extending follow-up to assess durability of effects, 3) using clearly defined active comparators to estimate incremental benefit beyond other active approaches, 4) implementing prespecified, systematic adverse event monitoring and reporting to strengthen the safety evidence base, and 5) standardizing and operationalizing "yoga" for research by developing or adopting clear intervention protocols (*eg*, using Essential Properties of Yoga Questionnaire [EPYQ]/CheckList stAndardising the Reporting of Interventions For Yoga [CLARIFY]) to improve comparability and rigor across studies.

## CONCLUSIONS

This evidence map of systematic reviews published since 2014 identified no high-certainty conclusions and identified a number of moderate-certainty conclusions of probable benefit across 10 health issues. Adverse events were inconsistently addressed in the included systematic reviews, and few reviews rated certainty of evidence for adverse events. A key limitation is the substantial heterogeneity across included reviews in yoga interventions, comparators, populations, and outcomes, which limits comparability and means findings should be interpreted as outcome specific rather than evidence of uniform benefit across health issues. Overall, the evidence base suggests potential benefit for selected outcomes, but higher-certainty conclusions remain uncommon.