

## Yoga Therapy for Chronic Pain

### **Systematic Reviews**

A 2017 Cochrane Review (12 trials; n=1080) of yoga treatment for chronic non-specific back pain found moderate certainty evidence of yoga compared to non-exercise controls resulted in small to moderate improvements in back-related function at three and six months and was comparable to exercise for cLBP.

Wieland LS, Skoetz N, Pilkington K, Vempati R, D'Adamo CR, Berman BM. Yoga treatment for chronic non-specific low back pain. *Cochrane Database Syst Rev.* 2017;1:Cd010671

A 2017 systematic review (14 trials total; n=2029) for the American College of Physicians (ACP) Clinical Guidelines strengthened previous evidence from ACP and American Pain Society (APS) of the effectiveness of yoga for **chronic low back pain**.

Chou R, Deyo R, Friedly J, et al. Nonpharmacologic Therapies for Low Back Pain: A Systematic Review for an American College of Physicians Clinical Practice Guideline. *Ann Intern Med.* 2017

The US Department of Health and Human Services Agency for Healthcare Quality and Research (AHRQ) found for **chronic low back pain**, effective therapies versus placebo, sham, no treatment, usual care, or wait list included yoga therapy.

Chou R, Deyo R, Friedly J, Skelly A, Hashimoto R, Weimer M, et al. Noninvasive Treatments for Low Back Pain; Agency for Healthcare Research and Quality (US) (AHRQ) Comparative Effectiveness Reviews. 2016;Number 169(Report No.: 16-EHC004-EF).

The National Institutes of Health (NIH) National Center for Complementary and Integrative Health (NCCIH) reviewed evidence-based approaches for pain management and recommended acupuncture and yoga (Hatha, Iyengar and Viniyoga) for **low back pain**.

Nahin RL, Boineau R, Khalsa PS, Stussman BJ, Weber WJ. Evidence-Based Evaluation of Complementary Health Approaches for Pain Management in the United States. *Mayo Clinic proceedings.* 2016;91(9):1292-306.

A 2016 evidence map of yoga for **low back pain** included 3 systematic reviews (10 RCTs; n=956) concluded benefit of yoga in midlife adults with non-specific cLBP for short- and long-term pain and back-specific disability, but the effects of yoga for health-related quality of life, well-being and acute LBP are unclear.

Goode AP, Coeytaux RR, McDuffie J, et al. An evidence map of yoga for low back pain. *Complement Ther Med.* 2016;25:170-177.

Another 2016 systematic review compared yoga styles (306 RCTs) to evaluate if any one style was better than another. Reviewers identified 52 different yoga styles, the most commonly used were: hatha yoga (36 RCTs), Iyengar yoga (31 RCTs), pranayama (26 RCTs), and the integrated approach to yoga therapy (15 RCTs). Positive conclusions were reached in 277 RCTs (91%); the proportion of positive conclusions did not differ between yoga styles; hence the choice of an individual yoga style can be based on personal preferences and availability.

Cramer H, Lauche R, Langhorst J, Dobos G. Is one yoga style better than another? A systematic review of associations of yoga style and conclusions in randomized yoga trials. *Complement Ther Med.* 2016;25:178-187.

A 2013 systematic review with meta-analysis found strong evidence for short-term effectiveness and moderate evidence for long-term effectiveness of yoga for pain and disability associated with **chronic low back pain**. The evidence was more compelling when compared to educational interventions and more uncertain when compared to exercise and to treatments offered under usual care.

Cramer H, Lauche R, Haller H, Dobos G. A systematic review and meta-analysis of yoga for low back pain. *Clin J Pain.* 2013;29(5):450-460.

In a 2013 systematic review with meta-analysis on efficacy and safety of meditative movement therapies for **fibromyalgia syndrome** only yoga yielded significant effects on pain, fatigue, depression and health-related quality of life at final treatment.

Langhorst J, Klose P, Dobos GJ, Bernardy K, Hauser W. Efficacy and safety of meditative movement therapies in fibromyalgia syndrome: a systematic review and meta-analysis of randomized controlled trials. *Rheumatol Int.* 2013;33(1):193-207.