# YOGA FOR PREVENTING AND TREATING HEALTH CONDITIONS

TECHNICAL REPORT APPENDICES A TO C

> prepared by **HT**ANALYSTS

<sup>for</sup> National Health and Medical Research Council

NHMRC | Natural Therapies Working Committee Canberra ACT 2601

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## Report information

## Authors

Maurin R<sup>1</sup>, Ryder I<sup>1</sup>, Nolan K<sup>1</sup>, Antony T<sup>1</sup>, White C<sup>1</sup>, Jorgensen MA<sup>1</sup>

<sup>1</sup> HTANALYSTS, Level 8, 46 Kippax Street, Surry Hills NSW 2010 Australia

## Dates

This technical report and accompanying evidence evaluation report received approval from the National Health and Medical Research Council (NHMRC) Natural Therapies Working Committee (NTWC) on 04 Dec 2023.

The protocol for the evidence evaluation was approved by the NHMRC NTWC on 25 May 2020.

## History

NHMRC has been engaged by the Department of Health (Department) to update the evidence underpinning the 2015 Review of the Australian Government Rebate on Natural Therapies for Private Health Insurance (2015 Review) (1). The natural therapies to be reviewed are Alexander technique, aromatherapy, Bowen therapy, Buteyko, Feldenkrais, homeopathy, iridology, kinesiology, naturopathy, Pilates, reflexology, Rolfing, shiatsu, Tai Chi, Western herbal Medicine and yoga. These therapies are among those excluded from the private health insurance rebate as of 1 April 2019.

To support NHMRC in their evidence review, Health Technology Analysts (**HT**ANALYSTS) has been engaged to conduct a systematic review of the evidence of clinical effectiveness of Yoga. Eligible studies received from the Department's public call for evidence, the Natural Therapies Review Expert Advisory Panel (NTREAP) and NTWC will also be included in the evidence evaluation.

This technical report has been developed by **HT**ANALYSTS in conjunction with NHMRC, NTWC, and NTREAP. It provides the appendices and supplementary data related to an evidence evaluation of the effect of yoga for preventing and treating health conditions. The main body of evidence is presented in the evidence evaluation report. All associated materials have been developed in a robust and transparent manner in accordance with relevant best practice standards (2-5).

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C1 C2 C3 C4	Citation Citation Citation Citation C4.1	n details of studies from search results excluded (not eligible) n details of studies provided through the Department's public call for evidence n details of studies from low and non-priority populations n details of studies awaiting classification Studies with incomplete information or missing data	54 54 55 90 92
C1 C2 C3 C4	Citation Citation Citation Citation Citation C4.1 C4.2	n details of studies from search results excluded (not eligible) n details of studies provided through the Department's public call for evidence n details of studies from low and non-priority populations n details of studies awaiting classification Studies with incomplete information or missing data Studies published in languages other than English	
C1 C2 C3 C4	Citation Citation Citation Citation C4.1 C4.2 C4.3	n details of studies from search results excluded (not eligible) n details of studies provided through the Department's public call for evidence n details of studies from low and non-priority populations n details of studies awaiting classification Studies with incomplete information or missing data Studies published in languages other than English Studies not able to be retrieved	54 55 90 92 107 111
C1 C2 C3 C4	Citation Citation Citation Citation C4.1 C4.2 C4.3 C4.4	n details of studies from search results excluded (not eligible) n details of studies provided through the Department's public call for evidence n details of studies from low and non-priority populations n details of studies awaiting classification Studies with incomplete information or missing data Studies published in languages other than English Studies not able to be retrieved Studies unable to be translated or interpreted at the title/abstract stage	54 90 92 107 111
C1 C2 C3 C4	Citation Citation Citation Citation C4.1 C4.2 C4.3 C4.4 C4.5	n details of studies from search results excluded (not eligible) n details of studies provided through the Department's public call for evidence n details of studies from low and non-priority populations n details of studies awaiting classification Studies with incomplete information or missing data Studies published in languages other than English Studies not able to be retrieved Studies unable to be translated or interpreted at the title/abstract stage Studies submitted or published after the literature search date	54 55 90 92 107 113 114
C1 C2 C3 C4	Citation Citation Citation Citation C4.1 C4.2 C4.3 C4.4 C4.5 Citation	n details of studies from search results excluded (not eligible) n details of studies provided through the Department's public call for evidence n details of studies from low and non-priority populations n details of studies awaiting classification Studies with incomplete information or missing data Studies published in languages other than English Studies not able to be retrieved Studies unable to be translated or interpreted at the title/abstract stage Studies submitted or published after the literature search date	54 90 92 92 107 111 113 114
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## List of frameworks

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## List of abbreviations

BRISA	Regional Base of Health Technology Assessment Reports of the Americas
CINAHL	Cumulative Index to Nursing and Allied Health Literature
COMET	Core Outcome Measures in Effectiveness Trials
GRADE	Grading of Recommendations Assessment, Development and Evaluation
ITT	Intent-to-treat
NHMRC	National Health and Medical Research Council
NRSI	Nonrandomised study of an intervention
NTREAP	Natural Therapies Review Expert Advisory Panel
NTWC	Natural Therapies Working Committee
OR	Odds ratios
PAHO	Pan American Health Organization
PICO	Population, Intervention, Comparator, Outcome
PP	Per protocol
PRACI	Practitioner Research and Collaboration Initiative
PRISMA	Preferred Reporting Items for Systematic Reviews and Meta-Analyses
RCT	Randomised controlled trial
RoB	Risk of bias
RR	Risk ratios
SR	Systematic review
SD	Standard deviation
TIDIER	Template for Intervention Description and Replication

## Appendix A Searching, selection criteria and screening

## Al Search methods

This appendix documents the search strategy used to inform the systematic review on the effect of yoga for preventing and treating any health condition.

## A1.1 Electronic searches

The literature search strategy was developed in Ovid (for Embase, MEDLINE and Emcare) based on the key element of research question (i.e. the intervention). The search was not limited by population or outcome, but rather by study type; with methodological filters for identifying SRs, RCTs and NRSIs and exclusions for other publication types based on filters that were developed and published previously (6).

In developing the search strategy, we appraised and adapted the relevant search strategies provided in the 2015 review; with recent SRs identified in the scoping report and studies suggested by the NTWC also reviewed to identify other potentially relevant search concepts. Terms or concepts proven not suitable were removed and other terms added.

No date, language or geographic limitations were applied when conducting the search of English language databases. Non-English databases were not searched.

The strategy was adapted to suit the required syntax for the following electronic bibliographic databases:

- Embase (via Ovid)
- MEDLINE (via Ovid)
- Cochrane Central Register of Controlled Trials (via Cochrane Library)
- Emcare (via Ovid) coverage of all nursing specialty areas
- PsycINFO (via Ovid) coverage of behavioural science and mental health
- AMED (via Ovid) coverage of Allied and Complementary Medicine
- PEDro coverage of physiotherapy
- CINAHL (via EBSCOHost) Cumulative Index to Nursing and Allied Health Literature
- SPORTDiscus (via *EBSCOHost*) coverage of exercise physiology, medicine, biomechanics, coaching, counselling, psychology and sports medicine
- PubMed (limited to in-process citations and citations not indexed in MEDLINE) to retrieve citations not yet indexed in Ovid
- Pan American Health Organization (PAHO) Virtual Health Library (VHL) including LILACS (Health information from Latin America and the Caribbean countries), PAHO IRIS (institutional repository for information sharing), and BRISA (Regional Base of Health Technology Assessment Reports of the Americas)

Details of the search strategy and results for each database are provided in Appendix A2.

### A1.2 Other resources

Reference lists of key relevant articles were checked to identify any additional studies not identified through searches of the primary databases. The public was also invited by the Department to submit references for published research evidence (not examined in the 2015 Review). Grey literature was not eligible for inclusion.

## A1.3 Publication date

There were no limitations on publication date, however, studies published after the systematic review literature search date were not eligible for inclusion. Studies that were published (or submitted to the Department) after the literature search date are listed within the '*Studies Awaiting Classification*' table of the evaluation report. These studies were not subject to a formal evidence evaluation, however, a brief statement about the study and its potential impact on the overall conclusions of the evidence review is included under the relevant sections of the review (e.g. '*Overall completeness and applicability of evidence*').

## A1.4 Studies published in languages other than English

The literature search, as well as the Department's call for evidence, was not limited by language of publication. Studies in languages other than English could be identified via the English-language databases listed in **Appendix A1**, however databases in languages other than English were not searched.

For pragmatic reasons, potentially eligible studies published in languages other than English were documented via a process outlined in in **Appendix A5.3** and were listed within the '*Studies Awaiting Classification*' table of the technical report (**Appendix C4.2**).

## A2 Search strategy

The search strategy was developed in-house for the Ovid interface and was adapted to suit EBSCO*Host* (CINAHL, AMED), the Cochrane Library and PubMed (limited to in-process citation and citations not indexed in MEDLINE).

## Concept: Study design limits (RCTs, \*NRSIs, not animals)

1. exp comparative study/ or comparative study.mp. or exp clinical trial/ or clinical trial.mp. or randomized controlled trial.mp. or randomi?ed controlled trial.mp. or exp randomized controlled trial/ or exp randomization/ or randomization.mp. or randomi?ation.mp. or exp single blind procedure/ or single blind procedure.mp. or exp double blind procedure/ or double blind procedure.mp. or exp triple blind procedure/ or triple blind procedure.mp. or exp crossover procedure/ or crossover procedure.mp. or exp placebo/ or placebo\*.mp. or random\*.mp. or rct.mp. or single blind.mp. or single blinded.mp. or exp prospective study/ or prospective study.mp

\*2. exp clinical study/ or exp case control study/ or exp family study/ or exp longitudinal study/ or exp retrospective study/ or exp cohort analysis/ or (cohort adj] stud\*).mp. or (case control adj] stud\*).mp. or (exp prospective study/ not randomi?ed controlled trials.mp.) or (follow up adj] stud\*).mp. or (observational adj] stud\*).mp. or (epidemiologic\* adj] stud\*).mp. or (cross-sectional adj] stud\*).mp.

- 3. case report/
- 4. (editorial or letter or comment or historical article).pt.
- 5. (animals/ or nonhuman/) not humans/
- 6.3 or 4 or 5

#### Concept: Yoga

7. exp yoga/ 8. yoga.ti,ab. 9. yogi\*.ti,ab. 10. yogasan\*.ti,ab. 11. vinyasa.ti,ab. 12. Pranayam\*.ti,ab. 13. Dhyana.ti,ab. 14. Hatha.ti,ab. 15. Ashtanga.ti,ab. 16. Bikram.ti,ab. 17. lyengar.ti,ab. 18. Kundalini.ti,ab. 19. Viniyog\*.ti,ab. 20. asana\*.ti,ab. 21. ananda.ti.ab. 22. kripalu.ti,ab. 23. sivananda.ti,ab. 24. dharana.ti.ab. 25. Vedanta.ti,ab 26. or/7-25

### Concept: evidence hierarchy for screening

27. (26 AND 1) NOT 6 \*28. (26 AND 2) NOT 6

\*Search terms for non-randomised studies (Set 2 and Set 28) were prespecified, however, these search concepts were not required or used (see **Appendix G1 – Methods not implemented**).

#### Ovid syntax

Exp explodes controlled vocabulary term (i.e. includes all narrower terms in the hierarchy) \* denotes a term that has been searched as a major subject heading / denotes controlled vocabulary terms (EMTREE) \$ truncation character (unlimited truncation) \$n truncation limited to specified number (n) of characters (e.g. time\$1 identifies time, timed, timer, times but not timetable) \* truncation character (unlimited truncation) ? substitutes any letter (e.g. oxidi?ed identifies oxidised and oxidized) adjn search terms within a specified number (n) of words from each other in any order .ti. limit to title field .ti,ab. limit to title and abstract fields .kw,ti,ab. limit to keyword, title and abstract field .pt limit to publication type

#### **CINAHL** syntax

\* truncation character (unlimited truncation)
# wildcard character will replace 1 or 0 characters (e.g. f#etus will retrieve fetus and foetus)
? wildcard character will replace one character (e.g. wom?n will retrieve women and woman)
MH - Search the exact CINAHL® subject heading; searches both major and minor headings
MH"heading"+ Search an exploded subheading
TI search title fields
AB search abstract fields

Nn – Proximity "near" operator will find a result if the terms are within a certain number (n) words of each other, regardless of the order in which they appear. (e.g. eating N5 disorders for results that contain eating disorders, as well as mental disorders and eating pathology.) PT limit to publication type

#### PubMed syntax

\* truncation character (unlimited truncation)
[TI] limit to title field
[TIAB] limit to title and abstract fields
[EDAT] date citation added to PubMed
[SB] PubMed subset

AND pubmednotmedline[sb] was added to the last line of search string

The PubMed search was restricted to records that are not indexed for MEDLINE (i.e. in-process citations and citations from journals (or parts of journals) that are not currently MEDLINE-indexed). The search comprised free-text terms only and replicates the free-text sets in the Embase search (converted from the Ovid syntax).

## A3 Search results

This appendix documents the results of the literature search and screening for a systematic review on the effect of yoga for preventing and treating any health condition. The literature search strategy was developed and conducted as described in **Appendix A2**.

## A3.1 Ovid

The search for RCTs was conducted on 29-30 July 2020. Databases searched were as follows:

- Ovid MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Daily and Versions(R) 1946 to July 27, 2020
- Embase Classic + Embase 1947 to 2020 July 27
- Ovid Emcare 1995 to 2020 Week 30
- AMED (Allied and Complementary Medicine) 1985 to July 2020
- APA PsycInfo 1806 to July Week 3 2020

#### Table A.1 Search results: Ovid

#	Searches	Medline	EMBASE	Emcare	PsycInfo	AMED
1	exp comparative study/ or comparative study.mp. or exp clinical trial/ or clinical trial.mp. or randomized controlled trial.mp. or randomi?ed controlled trial.mp. or exp randomized controlled trial/ or exp randomization/ or randomization.mp. or randomi?ation.mp. or exp single blind procedure/ or single blind procedure.mp. or exp double blind procedure/ or double blind procedure.mp. or exp triple blind procedure/ or triple blind procedure.mp. or exp crossover procedure/ or crossover procedure.mp. or exp placebo/ or placebo*.mp. or random*.mp. or trct.mp. or single blind.mp. or single blinded.mp. or treble blind.mp. or triple blind.mp. or triple blinded.mp. or exp prospective study/ or prospective study.mp.	3789611	4626659	1060136	268757	30463
2	case report/	2112512	2604432	447902	22949	8215
3	(editorial or letter or comment or historical article).pt.	2208107	1789013	604358	0	15141
4	(animals/ or nonhuman/) not humans/	4687604	6628916	611601	7252	9495
5	2 or 3 or 4	8681899	10676404	1598690	30197	32636
6	exp yoga/	2816	7824	3763	1850	811
7	yoga.ti,ab.	4680	6858	3166	2790	818
8	yogi*.ti,ab.	439	640	256	400	56
9	yogasan*.ti,ab.	32	56	18	7	3
10	vinyasa.ti,ab.	19	25	16	12	2
11	Pranayam*.ti,ab.	342	544	200	97	46
12	Dhyana.ti,ab.	27	32	13	18	1
13	Hatha.ti,ab.	243	308	186	146	43
14	Ashtanga.ti,ab.	28	47	15	20	3
15	Bikram.ti,ab.	35	40	27	14	8
16	lyengar.ti,ab.	3	3	0	3	2
17	Kundalini.ti,ab.	44	51	20	118	7

18	Viniyog*.ti,ab.	11	18	7	1	0
19	asana*.ti,ab.	229	380	146	77	27
20	ananda.ti,ab.	18	31	10	26	3
21	kripalu.ti,ab.	17	21	8	11	1
22	sivananda.ti,ab.	4	4	2	5	1
23	dharana.ti,ab.	11	12	7	10	1
24	Vedanta.ti,ab.	17	18	7	85	0
25	6 or 7 or 8 or 9 or 10 or 11 or 12 or 13 or 14 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 or 23 or 24	5431	9844	4637	3230	974
26	(1 and 25) not 5	2076	3566	1645	545	227

## A3.2 EBSCOHost

The search for RCTs was conducted via EBSCOHost on 31 July 2020. Databases searched were as follows:

- SPORTDiscus with Full Text
- CINAHL

#### Table A.2 Search results: EBSCOHost – SPORTDiscus with full text

#	Searches	Limiters/Expanders	Results
SI	MH "comparative study+" OR TX comparative study OR MH "clinical trial+" OR TX clinical trial OR TX randomized controlled trial OR TX randomi?ed controlled trial OR MH "randomized controlled trial+" OR MH "randomization+" OR TX randomization OR TX randomi?ation OR MH "single blind procedure+" OR TX single blind procedure OR MH "double blind procedure+" OR TX double blind procedure OR MH "triple blind procedure+" OR TX triple blind procedure OR MH "crossover procedure+" OR TX crossover procedure OR MH "placebo+" OR TX placebo* OR TX random* OR TX rct OR TX single blind OR TX single blinded OR TX double blind OR TX double blinded OR TX triple blind OR TX triple blinded OR MH "prospective study+" OR TX prospective study	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	267,218
S2	PT editorial OR PT letter OR PT comment OR PT historical article OR PT case study	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	39,565
S3	TI yoga OR AB yoga	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	9,461
S4	TI yogi* OR AB yogi*	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	803
S5	TI yogasan* OR AB yogasan*	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	17
S6	TI vinyasa OR AB vinyasa	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	119
S7	TI Pranayama OR AB Pranayama	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	146
S8	TI Dhyana OR AB Dhyana	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	10

#	Searches	Limiters/Expanders	Results
S9	TI Hatha or AB Hatha	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	257
S10	TI Ashtanga or AB Ashtanga	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	128
S11	TI Bikram or AB Bikram	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	94
S12	TI lyengar or AB lyengar	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	14
S13	TI Kundalini or AB Kundalini	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	102
S14	TI Viniyoga or AB Viniyoga	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	33
S15	TI asana* OR AB asana*	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	399
S16	TI Ananda OR AB ananda	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	20
S17	TI Kripalu OR AB kripalu	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	65
S18	TI Sivananda OR AB sivananda	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	26
S19	TI dharana OR AB dharana	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	10
S20	TI Vedanta OR AB Vedanta	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	15
S21	S3 OR S4 OR S5 OR S6 OR S7 OR S8 OR S9 OR S10 OR S11 OR S12 OR S13 OR S14 OR S15 OR S16 OR S17 OR S18 OR S19 OR S20	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	10,064
S22	( S1 AND S21 ) NOT S2	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	679

#### Table A.3 Search results: EBSCOHost – CINAHL

#	Searches	Limiters/Expanders	Results
SI	MH "comparative study+" OR TX comparative study OR MH "clinical trial+" OR TX clinical trial OR TX randomized controlled trial OR TX randomi?ed controlled trial OR MH "randomized controlled trial+" OR MH "randomization+" OR TX randomization OR TX randomi?ation OR MH "single blind procedure+" OR TX single blind procedure OR MH "double blind procedure+" OR TX double blind procedure OR MH "triple blind procedure+" OR TX triple blind procedure OR MH "crossover procedure+" OR TX triple blind procedure OR MH "placebo+" OR TX placebo* OR TX random* OR TX rct OR TX single blind OR TX single blinded OR TX double blind OR TX double blinded OR TX treble blind OR TX triple blind OR TX triple blinded OR MH "prospective study+" OR TX prospective study	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	2,370,365
S2	PT editorial OR PT letter OR PT comment OR PT historical article OR PT case study	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	1,046,384
S3	TI yoga OR AB yoga	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	7,089

S4	TI yogi* OR AB yogi*	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	393
S5	TI yogasan* OR AB yogasan*	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	9
S6	TI vinyasa OR AB vinyasa	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	55
S7	TI Pranayama OR AB Pranayama	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	143
S8	TI Dhyana OR AB Dhyana	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	7
S9	TI Hatha or AB Hatha	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	181
S10	TI Ashtanga or AB Ashtanga	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	42
S11	TI Bikram or AB Bikram	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	40
S12	TI lyengar or AB lyengar	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	5
S13	TI Kundalini or AB Kundalini	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	57
S14	TI Viniyoga or AB Viniyoga	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	17
S15	TI asana* OR AB asana*	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	197
S16	TI Ananda OR AB ananda	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	20
S17	TI Kripalu OR AB kripalu	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	26
S18	TI Sivananda OR AB sivananda	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	8
S19	TI dharana OR AB dharana	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	5
S20	TI Vedanta OR AB Vedanta	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	10
S21	S3 OR S4 OR S5 OR S6 OR S7 OR S8 OR S9 OR S10 OR S11 OR S12 OR S13 OR S14 OR S15 OR S16 OR S17 OR S18 OR S19 OR S20	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	7,389
S22	( SI AND S2I ) NOT S2	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	1,855

## A3.3 Cochrane

The search for controlled clinical trials via the Cochrane Central Register of Controlled Trials (via Cochrane Library) was conducted on 11 September 2020, to correct a syntax error in the original search. The number of publications identified by a literature search of Cochrane Library generated 4979 results however this was not specific to publications relating to trials. 3327 citations were exported in the final literature search.

#	Query	Results
1	MeSH descriptor: [Yoga] explode all trees	654
2	(yoga);ti,ab,kw	3094
3	(yogi*):ti,ab,kw	259
4	(yogasan*):ti,ab,kw	18
5	(vinyasa);ti,ab,kw	10
6	(Pranayam*);ti,ab,kw	326
7	(Dhyana):ti,ab,kw	14
8	(Hatha):ti,ab,kw	220
9	(Ashtanga):ti,ab,kw	13
10	(Bikram):ti,ab,kw	18
11	(lyengar):ti,ab,kw	85
12	(Kundalini):ti,ab,kw	26
13	(Viniyog*):ti,ab,kw	14
14	(asana*):ti,ab,kw	179
15	(ananda):ti,ab,kw	3
16	(kripalu):ti,ab,kw	9
17	(sivananda):ti,ab,kw	1
18	(dharana):ti,ab,kw	5
19	(Vedanta):ti,ab,kw	0
20	#1 or #2 or #3 or #4 or #5 or #6 or #7 or #8 or #9 or #10 or #11 or #12 or #13 or #14 or #15 or #16 or #17 or #18 or #19	3313

 Table A.4
 Search results: Cochrane Central Register of Controlled Trials (Issue 9, 2020)

## A3.4 PEDro

The search for RCTs via the Physiotherapy Evidence Database (PEDro) was conducted on 29 July 2020.

#### Table A.5Search results: PEDro

#	Query	Method	Results
1	Yoga	Clinical trial	560

### A3.5 PubMed

The PubMed search is restricted to records that are not indexed for MEDLINE (i.e. in-process citations and citations from journals (or parts of journals) that are not currently MEDLINE-indexed).

The search comprises free-text terms only and replicates the free-text sets in the Embase search (converted from the Ovid syntax).

The search for RCTs was conducted on 31 July 2020.

Table A.6	Search	results:	PubMed
	Scarcii	icsuits.	rubiticu

#	Query	Results
1	"comparative study"[Title/Abstract] OR "comparative trial"[Title/Abstract] OR "clinical trial"[Title/Abstract] OR "clinical study"[Title/Abstract] OR "controlled trial"[Title/Abstract] OR "controlled study"[Title/Abstract] OR "random*"[Title/Abstract] OR "placebo*"[Title/Abstract] OR "single blind"[Title/Abstract] OR "double blind"[Title/Abstract] OR "double blinded"[Title/Abstract] OR "single blinded"[Title/Abstract] OR "triple blind"[Title/Abstract] OR "prospective study"[Title/Abstract]	1,560,301
2	case report[Mesh:NoExp]	216
3	editorial OR letter OR comment OR historical article	2,363,792
4	animals[Mesh:NoExp] NOT humans[Mesh:NoExp]	4,689,739
5	#2 OR #3 OR #4	6,972,548
6	(yoga[Mesh])	2,820
7	yoga[tiab]	4,766
8	Yogi*[tiab]	442
9	yogasan*[tiab]	32
10	Vinyasa[tiab]	19
11	Pranayama[tiab]	316
12	Dhyana[tiab]	28
13	Hatha[tiab]	250
14	Ashtanga[tiab]	28
15	Bikram[tiab]	35
16	lyengar[tiab]	3
17	Kundalini[tiab]	46
18	Viniyoga[tiab]	12
19	asana*[tiab]	249
20	ananda[tiab]	19
21	kripalu[tiab]	16
22	sivananda[tiab]	4
23	dharana[tiab]	13
24	Vedanta[tiab]	20
25	#6 OR #7 OR #8 OR #9 OR #10 OR #11 OR #12 OR #13 OR #14 OR #15 OR #16 OR #17 OR #18 OR #19 OR #20 OR #21 OR #22 OR #23 OR #24	5,477
26	(#25 AND #1) NOT #5	1,696
27	#26 AND pubmednotmedline[sb]	385

## A3.6 PAHO Virtual Health Library

The search for RCTs via the PAHO VHL was conducted on 30 July 2020.

#### Table A.7 Search results: PAHO

#	Query	Results
1	tw:((tw:(yoga)) OR (tw:(yogi*)) OR (tw:(yogasan*)) OR (tw:(vinyasa)) OR (tw:(pranayam*)) OR	342
	(tw:(dhyana)) OR (tw:(hatha)) OR (tw:(ashtanga)) OR (tw:(bikram)) OR (tw:(lyengar)) OR (tw:(kundalini))	
	OR (tw:(viniyog*)) OR (tw:(asana*)) OR (tw:(ananda)) OR (tw:(kripalu)) OR (tw:(sivananda)) OR	
	(tw:(dharana)) OR (tw:(vedanta)) NOT (id:(db:("MEDLINE"))))	

Databases searched were as follows:

- LILACS
- IBECS
- Index Psychology Scientific journals
- CUMED
- Multimedia Resources
- MOSAICO Integrative health
- BDENF Nursing
- LIS Health Information Locator
- Sec. Munic. Saúde SP
- SOF Formative Second Opinion
- CVSP Brazil
- PAHO
- WHO IRIS
- DeCS Descriptors in Health Sciences
- Desastres Disasters-
- Coleciona SUS
- Index Psychology Theses
- ARGMSAL
- BBO Dentistry
- Hanseníase Leprosy
- PHS Repository

## A4 Study selection criteria

This appendix documents the criteria used to identify studies eligible for inclusion in the systematic review on the effect of yoga for preventing and treating any health condition.

## A4.1 Types of studies

#### A4.1.1 Eligible studies

Eligible studies were RCTs examining the effectiveness of yoga to control or another intervention.

The primary study of interest was an RCT. 'Pseudo' or 'quasi' randomised studies<sup>1</sup> were also eligible for inclusion, as were cluster-randomised and crossover trials. These studies were evaluated alongside RCTs, with any concerns about the method of randomisation examined in the risk of bias assessment and addressed in the data synthesis. Studies were analysed using methods appropriate to the design (see Unit-of-analysis issues) (7).

NRSIs were eligible for inclusion for certain populations, settings or outcomes that may be more appropriately- or more feasibly- evaluated using NRSIs (8). Despite eligibility, no NRSIs were included in this review because the available RCT evidence was judged to suitably cover the priority populations (no priority population was nominated for Stage 2 screening – see Framework 5).

### A4.1.2 Ineligible studies

NRSIs in which the effect of the intervention was compared to a historical (or nonparallel or nonconcurrent) control group were not eligible for inclusion due to concerns regarding residual confounding or unmeasurable changes in clinical practice over time.

Case series with either post-test or pre-test/post-test outcomes, cross-sectional studies and case reports were also not eligible for inclusion, as these study designs are too problematic when assessing the effect of the intervention with any confidence (9, 10).

<sup>&</sup>lt;sup>1</sup> Studies were judged to be quasirandomised if the method of randomisation was not strictly random (e.g., alternate allocation) or if not specifically stated (e.g., the authors mention 'random' allocation but there is no discussion on the method used)

#### Figure A.1 Eligible design features of nonrandomised studies of interventions

An experimental study in which people are allocated to the intervention/treatment being studied or a control/placebo group and the outcomes compared. The method of allocation is by choice, availability, or chance.

A study in which outcomes from a **defined group of people** (the cohort) are followed over time, to examine associations between exposure and non-exposure to an intervention or factor under study. Outcome are recorded as they occur. A 'prospective' cohort study recruits participants before any intervention and **follows them into the future**.

A study in which outcomes from a **defined group of people** (the cohort) are identified to examine associations between exposure and non-exposure to an intervention or factor under study. A 'retrospective' cohort study identifies subjects from past records describing the interventions received and **follows them from the time of those records**.

A study that uses observations at multiple time points **before and after** an intervention (**the** '**interruption**') is introduced to a group of people, and then **compared** to the outcomes at the same time points for a group of people that do not receive the intervention. The design attempts to detect whether the intervention has had an effect significantly greater than any underlying trend over time.

A study in which observations are made **before and after** the implementation of an intervention, both in a group that receives the intervention and in **a control group** that does not and **compared at the same timepoint**.

A study that compares people with a **specific outcome of interest** ('cases') with people from the same source population but without that outcome ('controls'), to examine the **association between the outcome and prior exposure** (e.g. having an intervention). This design is particularly useful when the outcome is rare.

Source: Adapted from NHMRC (9, 10); Chapter 24 Including nonrandomized studies on intervention effects (8); Cochrane Childhood Cancer (11)

### A4.2 Types of participants

People of any age with any injury, disease, medical condition or preclinical condition were eligible for inclusion. This included disease prevention in at-risk healthy populations, which is broadly defined as those who are at increased risk of becoming ill or injured based on social, biomedical or behavioural risk factors (12). For the purposes of this review, social determinants include factors such as income, education, employment and social support; biomedical factors included a person's age, genetic make-up and health status (such as obesity, high blood pressure, high cholesterol, vitamin deficiency) and genetic make-up; and behavioural factors included a person's lifestyle choices (e.g. alcohol consumption, diet, exercise, tobacco and other drug use, etc.).

Healthy participants seeking health improvement, such as general wellbeing, fitness, aesthetic improvements, resilience and cognitive or emotional intelligence were not eligible for inclusion; however, a study with eligible and ineligible populations was included if separate data was available for the eligible population/s.

## A4.3 Types of interventions

#### A4.3.1 Intervention

All styles and forms of yoga were eligible for inclusion. That is, any activity in the name of yoga instruction delivered to an individual, a group of individuals, or self-practiced.

There were no limits on intensity, duration of practice, or mode of delivery and studies were included irrespective of whether the intervention was delivered by an instructor or through other media (e.g. instruction videos).

Studies that include yoga in combination with other forms of exercise were excluded (unless the effect of yoga alone could be discerned). That is, studies that delivered yoga as an adjunct to another therapy (both groups received the other therapy) were included.

#### A4.3.2 Comparator

There were no restrictions on the type of eligible comparators, noting that the analysis stratified the evidence into 2 comparisons: (i) control (inclusive of no intervention, wait list or usual care, unless active); and (ii) other comparator (inclusive of usual care or control if considered active).

Where usual care was poorly described or where usual care was described with Yoga as an adjunct (i.e. Yoga plus usual care vs usual care alone), it was considered an inactive intervention. 'Other' comparators included (but were not limited to) pharmacologic treatments, manual therapies, exercise programs or other forms of physical activity designed to improve health.

Co-interventions (e.g. diet, education programs, lifestyle modification, or medication) could be administered simultaneously to the intervention and comparison group. Studies with co-interventions were included if all arms of a study received the same co-interventions (i.e. the effectiveness of Yoga is not confounded).

Studies comparing different styles, forms or components of Yoga with one another were excluded.

### A4.4 Types of outcome measures

#### A4.4.1 Outcome role

Outcomes were not used as a criterion for including or excluding studies.

#### A4.4.2 Outcome domains of interest

Outcomes were intended to align with the reasons why patients use the therapy and/or practitioners prescribe the therapy. This includes recovery, rehabilitation, and changes in disease outcomes and symptoms (e.g. pain, joint range of motion, strength, balance and accepted surrogate outcomes such as HbA1C for diabetes, body mass index for weight gain or loss, lung function tests), health related psychological/behavioural outcomes, health related quality of life, self-reported benefits, symptoms and functional ability, medication use or compliance with conventional medicine treatment; and injury or disease specific prevention outcomes (e.g. falls prevention, smoking cessation).

Consistent with the terms of reference of NTREAP, personal health care preferences, patient-reported experience measures (PREMS) (e.g. satisfaction with care), safety, quality and economic outcomes were out of scope.

As there was a broad range of populations eligible for inclusion, it was not possible to prespecify outcome domains (or measures). Therefore, all prespecified outcome domains (and measures) reported in each eligible RCT was listed in the '*Characteristics of included studies*' tables. Later, for each included population, outcomes were selected using a prespecified approach, with the data and results extracted for those outcome domains (or measures) identified as critical or important to the review (see **Appendix A6.2**). To avoid introducing bias, outcomes were prioritised by the NTWC, who remained blinded to the characteristics (e.g. study design) or results of eligible studies to prevent any influence on decision-making.

#### A4.4.3 Outcome measures and timepoints of interest

Any effectiveness outcome anticipated to demonstrate a treatment achieves its intended purpose was eligible for inclusion (10, 13). There were no limitations on time points (e.g. short and long term outcomes) or outcome measure (e.g. objective and subjective measures such as clinical and laboratory assessments and patient-reported outcome measures [PROMS], preferably measured using validated tools, were eligible).

Outcomes reported at different timepoints were to be grouped and considered as follows: short term, intermediate term, long-term, or not specified. Determining whether something was considered short, intermediate or long term for a population was to be guided by the published evidence, the NTWC and COMET.

To avoid unit-of-analysis issues associated with repeated observations (see **Appendix B3.2**), data from a single time point was to be selected for each outcome, as determined by the NTWC during outcome prioritisation. If multiple timepoints were considered critical or important for decision-making (e.g. short- and long- term remission in symptoms) separate outcomes were to be specified for each timepoint.

## A5 Selection of studies (inclusion decisions)

This appendix documents how studies were identified, collected and managed to conduct the systematic review on the effect of yoga for preventing and treating any health condition.

## A5.1 Studies identified in the literature search

#### A5.1.1 Title/abstract screening

A framework used for screening studies at title abstract/stage is provided below (Framework 1).

Citations (title/abstracts) retrieved by the literature searches were imported into EndNote and duplicates removed. Citations were then imported to Covidence (www.covidence.org), an online tool that streamlines the screening and data extraction stages of a systematic review.

Each citation (titles and abstract) was screened by one evidence reviewer (IR, KP, MJ or RM) who discarded ineligible studies (marked as irrelevant and tagged with a reason for exclusion) and retained those with relevant data or information (marked as relevant or maybe). Where there was uncertainty regarding relevance, a decision was made through discussion with the project lead (MJ), who either decided to mark the citation as irrelevant or take it through to full text. Citations that are in a language other than English were tagged and managed as described in the below under *Studies published in languages other than English*.

#### A5.1.2 Full text screening

A framework used for screening studies at full text (Framework 2) is provided below.

Full text articles identified for possible inclusion in the evidence synthesis were retrieved and assessed for inclusion by one reviewer (IR, KP, MJ or RM). A prespecified, hierarchical approach was used to annotate reasons for exclusion, with the results of the study selection process illustrated in a PRISMA diagram. Ineligible studies were marked with a reason for exclusion and are listed in a table in the technical report under *'Characteristics of excluded studies'*. Where there is uncertainty regarding inclusion, a decision was made through discussion with the project lead (MJ). The lead reviewer also reinspected approximately 30% sample of articles marked as excluded to ensure adherence to the *a priori* exclusion criteria and any differences were resolved through discussion. If additional expertise or advice regarding the application of the PICO criteria was required, further follow up with the NTWC occurred (noting that the NTWC was presented with excerpts from the publication relevant to the query while remaining blinded to other identifying details such as the study citation, design, size, risk of bias and results).

If a study did not contain the required PICO information for a decision to be made regarding its eligibility, the information was sought from the study's authors, through an open-ended request. Trial registration numbers, author names and study titles, locations and dates were used to identify multiple reports arising from the same study. As per Cochrane guidelines the unit of analysis is considered to be the study, not the report, to avoid including the same data multiple times. Published errata or corrigenda identified in the search were checked and linked to the appropriate study.

All studies identified for inclusion were cross checked with the <u>Retraction Watch</u> database via <u>Zotero</u>. There were no retracted studies identified. Eligible studies that are not available in English were noted and managed as described in the below under *Studies published in languages other than English*.

## A5.2 Evidence provided through the Department's public call for evidence

Potentially relevant primary studies identified by the NTWC, NTREAP, and other key stakeholders were considered for inclusion if they satisfied the eligibility criteria described in **Appendix A4**.

The submitted literature was collated, tabulated, and cross-referenced with the evidence identified in the literature search (see **Appendix A3**). In-scope studies not identified in the literature search were incorporated into the evidence evaluation. A rationale for exclusion is provided for all studies considered out of scope (see **Appendix C2**).

## A5.3 Studies published in languages other than English

Studies assessed as potentially eligible for inclusion in the review were recorded in a '*Studies Awaiting Classification*' table (see **Appendix C4**), with this information also reflected in the PRISMA flow.

Studies published in languages other than English underwent title and abstract translation using Google translate. If online translation did not facilitate understanding of the title and abstract, then these studies were listed in a table as 'Studies unable to be translated or interpreted at the title/abstract stage' (see Appendix C4.4).

Translated titles and abstracts were reviewed and evaluated against the study selection criteria outlined in Appendix A4. Irrelevant citations were removed, with articles excluded at full text screen reported in the *'Results of the search'* (see **Appendix C1**). Full text translation did not occur to determine eligibility.

### A5.4 Collation of studies

A framework used for confirming and reviewing eligible studies is provided below (Framework 3).

All potential studies identified for inclusion were imported into an Excel 'progress' spreadsheet and sorted according to a Study ID (using separate tabs for eligible studies, studies awaiting classification, and ongoing studies). Preliminary data extraction of each study then ensued, which included a summary of the PICO criteria entered into specified columns (illustrated in Table A.8). Cells were highlighted if there were queries that required clarification either from the lead reviewer or the NTWC.

Study ID	ICD-11 Category	Population	Intervention	Control (inactive)	Active control 1	Active control 2	Co-intervention	Outcome 1	Outcome 2
Kuloor 2019	01 Certain infectious and parasitic diseases	People living with HIV	Yoga	Control (waitlist)			Antiretroviral therapy		
Moadel 2007	02 Neoplasms	Breast cancer (mixed)	Yoga	Control (waitlist)					
Pardasany 2010	05 Endocrine, nutritional and metabolic diseases	Diabetes (type 2)	Hatha yoga	Control (no intervention)	Tai chi (Yang style)				
Kavak 2019	06 Mental and behavioural disorders	Schizophrenia and related	Yoga Therapy Program	Control (no intervention)			Standard medical care (antipsychotics, psychosocial support)		
Ahmadi 2013	08 Diseases of the nervous system	Multiple sclerosis	Yoga	Control (waitlist)	Aerobic exercise (treadmill)				
Kattiyar 2005	12 Diseases of the respiratory system	Chronic obstructive pulmonary disease (N=48)	Yogic breathing	Control (no intervention)			Standard medical care and physical therapy		
Tavakoli 2019	13 Diseases of the digestive system	Functional gastrointestinal disorders (irritable bowel syndrome) (N=60)	Laughter yoga		Anti-anxiety medication	Standard medical care (symptomatic treatment)		IBS Severity	Anxiety severity
Kirca 2019	16 Diseases of the genitourinary system	Female infertility (females undergoing IVF)	Yoga	Control (no intervention)					

#### Table A.8 Sample preliminary data extraction (for prioritisation and progress checks)

Abbreviations: HIV, human immunodeficiency virus; IBS, irritable bowel syndrome; ICD-11, International Classification of Diseases for Mortality and Morbidity Statistics (ICD-11 MMS) 11th Revision; IVF, in vitro fertilisation

Each Study ID was assessed or checked by the lead reviewer, which had been assigned an ICD-11 category based on the population enrolled in the study (see Figure A.2). The focus was to ensure the study had been assigned to the most appropriate ICD-11 category; being that which was considered the primary underlying clinical or preclinical condition, rather than the presenting symptoms or potential outcome. For example, a study that assessed the effect of yoga on sleep quality could be assigned to ICD-11 Category 07 (Sleep-Wake Disorders) if the participants had been diagnosed with insomnia; or the study could be assigned to ICD-11 Category 21 (Menopausal symptom or complaint) if the participants were female in peri- or post-menopause.

ICD-11 categories were used to help facilitate management of the project, to provide an understanding of the population/ underlying condition, and to help determine the most appropriate place a study would contribute for evidence synthesis (i.e. to ensure the same data was not used in the analysis across multiple conditions, and to minimise heterogeneity). ICD-11 population groupings were assigned prior to any critical appraisal, data synthesis or review of study size or results.

Other areas that were checked or confirmed related to the description of the comparator (being 'inactive' or 'active') or whether there was a co-intervention delivered to both treatment groups). Where yoga was delivered as an adjunct to usual care (i.e. yoga plus usual care versus usual care), the usual care was listed as a co-intervention and the comparator listed as Control (no intervention, waitlist, usual activities). Where yoga was compared to an intervention described as usual care, a judgement was made as to whether it active or inactive (described as Control (usual care)). Active 'usual care' interventions were then further described (e.g. Physiotherapy (TENS, massage, stretching)).





Abbreviations: NTWC, Natural Therapies Working Committee.





Abbreviations: ICD-11, International Classification of Diseases for Mortality and Morbidity Statistics (ICD-11 MMS) 11th Revision; FT, full text; NTREAP, Natural Therapies Review Expert Advisory Panel; NTWC, Natural Therapies Working Committee.







appropriate.

to the underlying condition

For example:

disorder).

NTWC

#### Figure A.2 Overview of potential ICD-11 categories



Abbreviations: COPD, chronic obstructive pulmonary disease; GI, gastrointestinal; ICD-11, International Classification of Diseases for Mortality and Morbidity Statistics (ICD-11 MMS) 11th Revision; NTWC, Natural Therapies Working Committee.

## A6 Refining the research questions

This appendix documents how populations and outcomes were prioritised to inform the data synthesis for the systematic review on the effect of yoga for preventing and treating any health condition.

Throughout the population and outcome prioritisation exercise, the NTWC remained blinded to the screening results (i.e. number of studies identified) or characteristics of included studies (e.g. study design, size, quality) to prevent any influence on decision-making.

Framework 4 outlines the process for refining the research questions and conducting the evidence review.

Framework 5 outlines the process for prioritising eligible populations for inclusion in the evidence review.

## A6.1 Population prioritisation process

To ensure populations were ranked in order of priority to the types of conditions and populations seen by yoga practitioners in Australia, Australian survey data including Practitioner Research and Collaboration Initiative (PRACI) data were sourced from representatives on NTREAP and NTWC. Populations reported in each survey were ranked according to the most reported populations, to the least reported populations. The most reported populations in each survey were then cross matched against the populations identified by the evidence reviewer at screening.

A spreadsheet listing each identified condition (based on the ICD-11 category) was provided to the NTWC and NTREAP to prioritise the list of conditions to be included in the evidence synthesis. The prioritised populations are shown in Table A.9. It is noted that the mechanism of action of yoga was considered when ranking populations, with the practise of yoga often not intended to act as disease modifier, rather its practise is intended to manage symptoms associated with a condition.

Population	Ranking (in order of priority)
Perceived stress (including prevention of mental illness in populations at risk)	1
Low back pain	2
Anxiety	3
Neck pain with or without shoulder pain	4
Depression	5
Insomnia and sleep disorders	6
Headache (including tension, migraine)	7
Post-traumatic stress disorder	8
Chronic pain	9
Hypertension	10
Asthma	11
Pregnancy/post-partum	12^
Menopausal symptoms (including peri and/or post menopause)	13^
Joint pain (osteoarthritis, rheumatoid arthritis, etc.)	14*
Premenstrual syndrome	15^

#### Table A.9 Prioritised populations

Cancer	16 #
Gastrointestinal conditions (e.g. irritable bowel syndrome)	17 #
Obesity and overweight	18 #
Metabolic syndrome	19 #
Osteoporosis	20 #
Obsessive Compulsive Disorder	21 #

Abbreviations: NTWC, Natural Therapies Working Committee; RA, rheumatoid arthritis

\* At the outcome prioritisation phase, the committee requested that the chronic pain and joint pain population be considered as one in the evidence synthesis

 It was intended that up to 15 priority populations would be considered in the evidence synthesis (maximum 100 studies). Due to a priori resource constraints, the evidence synthesis was stopped after 96 studies were reviewed (the next group [12] included 27 studies).

# Studies were marked as low priority.





Abbreviations: GRADE, Grading of Recommendations Assessment, Development and Evaluation; NHMRC, National Health and Medical Research Council; NTREAP, Natural Therapies Review Expert Advisory Panel; NTWC, Natural Therapies Working Committee; PICO, Population, Intervention, Comparator, Outcome.

^ ICD-11, International Classification of Diseases for Mortality and Morbidity Statistics (ICD-11 MMS) 11th Revision (available at https://icd.who.int/browse11/I-m/en).

\* No identifying information about study ID, study design, study size, study quality or outcome results available (see Framework 5).

# Preliminary data extraction of included studies began at step 3 to inform outcome domains.



#### Framework 5 Framework for prioritising eligible populations for inclusion in the evidence review

Abbreviations: NRSI, nonrandomised study of an intervention; NTREAP, Natural Therapies Review Expert Advisory Panel; NTWC, Natural Therapies Working Committee; PRACI, Practitioner Research and Collaboration Initiative; RCT, randomised controlled trial.
### A6.2 Outcome prioritisation process

A spreadsheet listing each population and condition, with associated outcome domains and outcome measures (including measurement tools) was developed and provided to the NTWC to prioritise critical and important outcomes for inclusion in the evidence synthesis.

To ensure the process for prioritising outcomes was blinded, a 2 staged prioritisation process was developed.

- Stage 1 involved developing a list of the outcome domains for populations and conditions prioritised for analysis (see sample in Table A.10).
  - To minimise potential bias within the review, the list of outcome domains from included studies was supplemented with outcomes identified in core outcome sets for a particular condition (where available).
  - Core outcome sets were identified by searching COMET (<u>http://www.comet-initiative.org/</u>), ICHOM (<u>https://www.ichom.org/</u>), and PubMed (simple search "core outcome set" OR "core outcome measure" AND "XXX" [where XXX equals the population/condition of interest]). In the absence of a published core outcome sets, outcomes reported in relevant Cochrane reviews for that condition were also listed (if available).
  - In determining the critical and important outcomes, the NTWC sought NTREAP advice on priority outcome domains for each population and condition and used the GRADE rating scale (see Figure A-3) to rate outcome domains, with the focus being on the relevance of outcome domains for the intervention and research question.
- Stage 2 of the outcome prioritisation process involved NTWC prioritisation of the most relevant and valid outcome measures for each prioritised outcome domain (see stage 1 process) and the validity of outcome measures (5).

The final prioritised outcomes for each prioritised condition are provided in Tables in Appendix D.

Condition (population)	Outcome domain	Working Group Consensus Rating (1-9)	Outcome measure (as reported in eligible studies)	Eligible measur e (Y/N)	NTWC Priority Rank	Comments
Anxiety	Anxiety *^^	8	Generalised anxiety disorder-7	Υ	1	We will use SMD analysis to combine data from different instruments measuring the same domain (where appropriate) and as per protocol (Section 3.3.8, p.24)
			Hamilton Anxiety Scale*	Υ		
			Beck Anxiety Inventory	Υ		
			State Trait Anxiety Inventory	Υ	-	
			Visual analogue scale-Anxiety	Υ		
			Screen for Child Anxiety Related Emotional Disorders	Y		
			Acute Panic Inventory	?		
			Taylor's Manifest Anxiety Scale	Υ		
			Penn State Worry Questionnaire	Y		
	Perceived stress #	7	Perceived Stress Scale	Y	1	
	Emotional function*	7	PROMIS-29 Mental health	Y	1	

Table A.10	Sample outcome s	preadsheet (	(for	prioritisation)
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Condition (population)	Outcome domain	Working Group Consensus Rating (1-9)	Outcome measure (as reported in eligible studies)	Eligible measur e (Y/N)	NTWC Priority Rank	Comments
	Physical functioning / mobility*	7	PROMIS physical function	Y	1	
	Sleep quality#	7	Pittsburgh Sleep Quality Index	Y	1	
	HR- Quality of life#		WHO QoL-BREF	Y	1	Can be presented as SMD with PROMIS-29
			Paediatric Quality of Life Inventory	Y	2	Validated in children, not specific to anxiety.
			PROMIS 29	Y	2	
	Life satisfaction (subjective- well-being)	7	Brief Multidimensional Students' Life Satisfaction Scale-Peabody Treatment Progress Battery version	Y	1	
			Generic Quality of Life Inventory	?	2	

Abbreviations: NTWC, Natural Therapies Working Committee; PROMIS, Patient-Reported Outcome Measurement Information System; QoL, quality of life; SMD, standardised mean difference; WHO, World Health Organization.

\* Core outcome domains or measures (based on one or more of the core outcomes sets)

^ Identified as a primary outcome in a relevant/related Cochrane review

# Identified as a secondary outcome in a relevant/related Cochrane review

#### Figure A.3 GRADE rating scale



Source: Adapted from Schünemann, et al. (2013) (5) Abbreviations: SoF summary of findings

The outcome domains and measures were derived from the outcomes reported in studies identified for inclusion in the review. Only rating scales that had been described in peer-reviewed journals were included. We anticipated that existing studies in the literature would use different measures to assess outcomes relevant to this review; in particular, a variety of rating scales or patient-reported outcome measures. Therefore, each reported outcome was grouped into an appropriate outcome domain of interest, and then listed with the most common and relevant measures or tools for that outcome domain (see Figure A.4).



#### Figure A.4 Sample outcome domain and outcome measure constructs

# A7 Summary screening results

#### A7.1 Search of published literature

Studies were excluded based on hierarchical, prespecified exclusion criteria, with all citations returned by the literature searches reviewed based on information in the publication title and abstract (where available). Relevant publications were retrieved and reviewed in full text before a final decision was made on their inclusion or exclusion for the review. The NTWC was consulted in cases where further judgement was required.

Results of the literature search and application of the study selection criteria are summarised in Table A.11.

Table A.11	Screening results: studies identified in the literature search and additional evidence
	provided through the Department's public call for evidence

Database (no. of hits)	RCTs	Submitted literature	Total CITATIONs
Medline 1946 to June 19, 2020	2076		2076
Embase 1974 to June 19, 2020	3566		3566
Emcare to 2020 week 25	1645		1645
PsycINFO to June Week 3 2020	545		545
AMED	227		227
SPORTDiscus	679		679
CINAHL	1855		1855
Cochrane (CCRCT)	3327		3327
PubMed (not Medline)	385		385
PEDro	560		560
РАНО	342		342
Submitted literature		153	153
TOTAL	15 207	153	15 360

Database (no. of hits)	RCTs	Submitted literature	Total CITATIONs
Duplicates removed in Endnote	8034		8036
Duplicates removed by Covidence	118		118
Duplicate citation submitted to the Department (RCT already identified in this SR)		97	97
TOTAL DUPLICATES	8152	97	8249
Number of citations screened in Covidence TITLE/ABSTRACT	7055	56	7111
Nonhuman study	3	0	3
Intervention out of scope	465	2	467
Comparator out of scope	46	0	46
Population out of scope	100	5	105
Outcome out of scope (patient experience/satisfaction)	3	0	3
Publication type out of scope			
Opinion piece, editorials, books, etc.	656	0	656
Not an interventional study examining effectiveness	396	1	397
Grey literature	84	0	84
Study design out of scope			
Nonsystematic reviews	470	5	475
Systematic review of RCTs and/or NRSIs	794	31	825
Nonrandomised studies of interventions	308	0	308
Case series, case reports, noncomparative studies etc.	541	11	552
TOTAL irrelevant	3866	55	3921
Unable to be translated or interpreted at the title/abstract stage	6	0	6
Number of citations screened in Covidence FULL TEXT	3183	1	3184
Intervention out of scope	688	0	688
Comparator out of scope	29	0	29
Population out of scope	303	0	303
Outcome out of scope	0	0	0
Publication type out of scope			
Opinion piece, editorials, books, etc.	159	0	159
Not an interventional study examining effectiveness	21	0	21
Grey literature	26	0	26
Study design out of scope			
Nonsystematic reviews	27	0	27
Systematic review of RCTs and/or NRSIs	16	0	16
Nonrandomised studies of interventions	233	0	233
Case series, case reports, noncomparative studies etc.	71	0	71
Other			

Database (no. of hits)	RCTs	Submitted literature	Total CITATIONs
Duplicate data (multiple reports arising from the same study)	0	0	0
Superseded (study has been updated or more recent data from the primary study is available)	0	0	0
Withdrawn	14	0	14
Erratum	0	0	0
TOTAL EXCLUDED	1587	0	1587
Relevant citations	1596	1	1597
Awaiting classification	234 citations		
Conference proceeding	160 studies	0	160 studies
Publication not available in English	33 studies	0	33 studies
Article not able to be retrieved	14 studies	0	14 studies
Study published after lit search data	9 studies	0	9 studies
Ongoing studies	313 citations (308 studies)	0	313 citations (308 studies)
TOTAL STUDIES TO FOLLOW UP	547 citations (524 studies)	0	547 citations (524 studies)
INCLUDED CITATIONS	1049	1	1050
CORRESPONDING NUMBER OF STUDIES	519	1	520

Abbreviations: NRSI, nonrandomised study of an intervention; RCT, randomised controlled trial; SR, systematic review.

#### A7.2 Evidence provided through the Department's public call for evidence

A total of 153 citations were received through the Department's public call for evidence. Of these, 41 were already identified through our literature search and included. A further 56 were already identified and had been excluded from the review. The remaining 56 additional citations were screened for inclusion, with 1 additional citation identified as relevant, which was identified as eligible for inclusion in the review.

A summary of the application of the study selection criteria to studies provided through the Department's public call for evidence is provided in Table A.12.

Citation details of studies provided through the Department's public call for evidence (with reasons for inclusion/exclusion) are listed in **Appendix C2**.

Table A.12	Screening results: eviden	ce provided through the	e Department's public o	all for evidence
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	Submitted literature	Duplicate citations	Totals
Total submitted	153		
Duplicate citation (already identified in the review)		97	
Number of new citations to screen	56		
Nonhuman study	0	0	0

Intervention out of scope	2	3	5
Comparator out of scope	0	1	1
Population out of scope	5	3	8
Outcome out of scope	0	0	0
Publication type out of scope			
Opinion piece, editorials, books, etc.	0	0	0
Not an interventional study examining effectiveness	1	0	1
Grey literature	0	0	0
Study design out of scope			
Nonsystematic reviews	5	3	8
Systematic review of RCTs and/or NRSIs	31	34	65
NSRI or non-randomised comparative study	0	4	4
Case series, case reports, noncomparative studies etc.	11	8	19
TOTAL Excluded	55	56	111
RELEVANT CITATIONS	1	41	42
Relevant but additional follow-up needed			
Ongoing study	0		0
Publication not available in English	0		0
Conference proceeding, poster or abstract	0		0
Article not able to be retrieved	0		0
TOTAL ONGOING/AWAITING CLASSIFICATION	0		0
INCLUDED CITATIONS	1	41	42

Abbreviations: NRSI, nonrandomised study of an intervention; RCT, randomised controlled trial.

# Appendix B Methods of data appraisal, collection, analysis and reporting (included studies)

This appendix documents the methods used to critically appraise, data extract, synthesise and develop evidence statements about the effect of yoga on priority populations and outcomes.

# B1 Risk of bias

### B1.1 Tools used

The risk of bias of RCTs was assessed using the revised Cochrane Risk of Bias tool (RoB v2.0) (14, 15), which assesses the risk of bias according to the following domains:

- bias arising from the randomisation process,
- bias due to deviations from intended interventions,
- bias due to missing outcome data,
- bias in measurement of the outcome, and
- bias in selection of the reported result.

For each included RCT, potential sources of bias were assessed and a judgement recorded against each domain specific to RoB v2.0 (i.e. 'high', 'low', or 'some concerns'). Concerns of bias were raised when it was considered plausible (i.e. likely, probable, possible or conceivable) that bias was present, with the algorithm provided for the RoB v2.0 tools (available online at <u>https://www.riskofbias.info</u>) used to guide decision-making.

Supporting information and a rationale for each judgement is provided in Appendix E.

Consistent with the order of preference for analysis of intervention studies to inform health policy decisions (see **Section B2.1**) as recommended by the Australian Government , 17) (when claiming superiority), The Cochrane Collaboration , 18) and GRADE (5), the risk of bias for domain 2 was judged according to the effect of assignment to the intervention (the intention-to-treat effect).

Other considerations specific to domain 2 and domain 3 included the following:

- Bias due to deviations from the intended intervention. Although there is a potential for bias associated with non-blinding of trial participants or trial personnel to intervention group (which was often not possible due to the nature of the intervention), the only deviations from the intended intervention that were assessed were (i) those considered to arise because of the trial context (i.e. unconscious or conscious processes associated with recruitment and engagement activities), (ii) those considered to be inconsistent with the trial protocol, and (iii) those judged likely to have affected the outcome (as per guidance for RoB v2.0). This means that any deviations considered to occur outside the trial context (e.g. dropout due to a change in participants' ability to attend sessions), do not lead to a judgement of bias for the effect of assignment to the intervention.
- Bias due to missing outcome data. No hard rule was set for an expected dropout rate to be considered reasonable for an exercise intervention (can range between 5% and 50%) (19-21) (domain 2); and, for continuous outcomes, if more than 5% data was missing a judgement was made on the likelihood the missingness of data would affect the outcome (domain 3).

An overall risk of bias judgement for each RCT (based on the specified primary outcome for that study or the key reported outcome) was then described in the '*Characteristics of included studies*' table (**Appendix F**), which was based on the following criteria:

- overall low risk of bias low risk of bias for all key domains
- some concerns at least one domain has some concerns raised, but none are found to be at high risk of bias
- overall high risk of bias high risk of bias for one or more key domains

#### B1.2 Assessment process

The risk of bias for each included study was assessed by one reviewer (RM, IR, CW, KN, TA). The lead reviewer (MJ, RM) then checked and confirmed all assessments made. Disagreements were resolved by discussion, with advice sought from the project lead (MJ) where needed.

To ensure consistency among reviewers, pretesting of risk of bias assessments was achieved by all reviewers completing assessments for 3 RCTs. The project lead (MJ) then inspected the forms to ensure consistency, and any differences were resolved through discussion.

Initial assessments were done for all studies at 2 levels: (i) subjective outcome measures (e.g. patientreported measures such as pain visual analogue scale, that could be influenced by knowledge of the intervention received) and (ii) objective outcome measures (e.g. measures that cannot be influenced, such as blood glucose).

Checks made by the second reviewer against the initial risk of bias assessment were made at the same time as the evidence synthesis (i.e. when examining the outcome results for inclusion in a metaanalysis and when developing GRADE summary of findings tables), with the focus of the assessment being on the outcome of interest. That is, the reviewer checked that the 'study level' assessment was appropriate for the outcome (e.g. for domain 3, confirming if outcome data were available for all, or nearly all, randomised participants), with any additional notes added to the RoB comment column in **Appendix E**.

At that time, robvis (22) was used to create risk-of-bias traffic light and summary plots. The assessment reported in the traffic light and summary plots (including the overall assessment) is based on the primary outcome measure for that study (if stated) or the key reported outcome/s (usually the subjective measure). Studies included in a priority population that do not report a critical or important outcome were checked by the second reviewer, although the assessment was not outcome specific.

When considering treatment effects for an outcome in the GRADE summary of findings tables, the risk of bias of each study (for that outcome) that contributed data was considered as per the GRADE process (see **Appendix B4.1**).

### B2 Data extraction process

The characteristics of all included studies were extracted by one reviewer using a standardised data collection form (see **Appendix F2**). Outcome data were extracted after agreement had been reached regarding the critical and important outcomes to be appraised (see **Appendix A4.4**). All data extraction forms were checked for completeness and accuracy by the lead reviewers (RM, IR). Where there was uncertainty or disagreement regarding included data, a decision was made through discussion with the project lead (MJ).

#### B2.1 Data items

A standardised data collection form was used to collect all data items relating to the study features (see **Appendix F1**). This included (but was not limited to) the following:

- Study identifier (author date)
- Study Reference (including all citations)
- Study design (RCT, cluster RCT, quasi-RCT, NRSI)
- Author affiliation
- Source of funds
- Declared interests of study authors
- Setting & provider (such as hospital, community, nursing home, research clinic)
- Country(s) & region (if reported)
- Enrolment period (if reported)
- Length of treatment & duration of follow-up
- Description of population (including the number of participants, inclusion and exclusion criteria and any notable demographics or comorbidities,)
- Description of intervention & comparators (including the number of sessions, session duration, and program duration, if the practitioner/instructor was certified, if the comparator was considered inactive)
- Description of co-interventions
- List of Outcomes, including the following:
  - o outcome (as reported by the study authors)
  - timing of measurements (e.g. baseline, mid-treatment (6 wks), end of treatment (12 wks)
  - o outcome measure used to measure the outcome and any measure details reported by the study authors required to interpret the measure (e.g. scale range, cut-offs used, direction of effect)

Outcome results reported by the study authors at the end of treatment were subsequently extracted into a different form (see **Appendix F2**) after agreement was reached with the NTWC regarding critical and important outcomes to be considered in the evidence synthesis (see **Appendix A6**).

The extracted data included (but were not limited to) the following:

- Condition (e.g. Low back pain)
- Comparison (yoga vs control or yoga vs 'other')
- Outcome domain to which the outcome had been broadly categorised during the prioritisation process (e.g. functional disability, pain, quality of life, emotional wellbeing, physical wellbeing)
- Timing of measurement (preference was for end of treatment scores, but in the absence of this information we reported the mean change from baseline results)
- Outcome measure and scale range (e.g. Oswestry Disability Index (0-100))
- Measure interpretation (e.g. higher score means more disability in activities of daily living)
- Number of participants in the intervention group / comparator group
- Reported results in the intervention group / comparator group (e.g. means and standard deviations or medians and interquartile ranges)
- Estimates of effect (e.g. mean differences or adjusted mean differences), 95% confidence intervals, p-values)
- Risk of bias judgement for that outcome

If a study used (and reported) different approaches to assess the effect of the intervention, we reported the effect based on the following order of preference (14):

- 1. Full intention-to-treat analysis (i.e. an analysis of participants in the intervention groups to which they were randomised at baseline, regardless of the intervention they received).
  - a. When outcome data were missing, imputations for the missing data were made by the study authors using either:
    - i. a model-based approach (e.g. likelihood-based analysis, inverse-probability weighting) (preferred), or

- ii. calculated as if they were observed (e.g. last observation carried forward, mean imputation, regression imputation, stochastic imputation).
- 2. Modified intention-to-treat analysis (i.e. an analysis that adheres to intention-to-treat principles except certain data are justifiably not included). This includes participants with missing outcome data, certain patients who never start treatment, and individuals deemed ineligible after randomisation.
- 3. An 'as-treated' or 'per protocol' analysis (i.e. an analysis of the effect of adhering to the intervention as described in the trial protocol). This includes participants analysed according to the intervention they received, even if randomised to a different treatment group; or the exclusion of individuals who did not adhere to the assigned intervention.

#### B2.2 Requests for data

No attempts were made to obtain or clarify data from published peer-reviewed studies. There was also no attempt made to obtain additional information or data from eligible primary studies not published in English, ongoing trials and studies published as conference abstracts.

#### B2.3 Transformations of data

All reported data included in the evidence synthesis were collected from the published reports and entered in RevMan 5.4. No additional transformations of the data were made (e.g. adjustments for skewed baseline data, transformation of data reported in figures or graphs). If the reported information allowed for direct calculation of effect estimates or imputation of missing statistics (e.g. standard deviations), calculations were performed within RevMan 5.4 (usually transformed from published confidence intervals or standard errors of the mean).

#### B2.4 Missing outcome data

All outcomes measured in the included studies were extracted into the study details sheet (see Appendix F1). Outcomes measures in the studies awaiting classifications, and outcomes listed in the ongoing studies were recorded in the progress sheets.

No imputation for missing outcome data within a study was conducted. Studies with a missing result from a particular synthesis were included alongside other studies for that synthesis; either in the narrative (non-quantitative) synthesis of results or on forest plots showing the sample size. Investigations into missing data within a study (e.g. a review of the clinical trial protocol) were noted when assessing the risk of bias (in particular 'bias in selection of the reported result') for that study. Where outcome data were not available for a particular synthesis and it was considered that this was likely because the outcome was not measured by the trialists, this was noted in the forest plot.

Implications of the missing data and results were considered when interpreting the evidence in GRADE and are also discussed under '*Overall completeness and applicability of evidence*' (see Section B3.3).

### B3 Data analysis

This appendix documents the methods used to synthesise the evidence for priority populations and outcomes to inform the evaluation of the effect of Yoga for preventing and treating any health condition.

#### B3.1 Measures of treatment effect

#### B3.1.1 Effect measures

For each study, continuous data were reported as a mean and standard deviation (SD), along with the number of participants for each group. Effect estimates were reported as either mean difference (MD) or standardised mean difference (SMD) (when different scales were used to measure the same conceptual outcome [e.g. function]) with a 95% confidence interval (CI) and *p*-values. To ensure that all the scales point in the same direction of effect in the forest plot, data were adjusted by multiplying the mean value by –1 if needed (i.e. where a higher score is better, the MD appears as a negative value so an effect favouring yoga sits on the left-hand side of the forest plot).

Dichotomous data were presented as risk ratios (RR) with 95% confidence intervals and *p*-values. Time-to-event data were to be presented as hazard ratios, however this was not required.

Any variables that were adjusted by trialists were recorded.

#### B3.1.2 Clinical relevance

Given the broad range of populations and outcomes eligible for inclusion in the review, the minimal clinically important difference (MCID) for each outcome was not prespecified. At the time of synthesis, the MCID (and other scoring information for the measure used) was sourced from published reports (where possible). This involved quick searches of relevant databases (e.g. <u>Physiopedia</u>), by directly searching for published reports relating to licensed outcome measurement tools (e.g. <u>Pittsburgh Sleep</u>), or by sourcing expert opinion via a relevant society (e.g. <u>The National Heart Foundation of Australia</u>).

For each outcome, we stated and referenced the relevant source in the technical report (see **Appendix D**), taking care to note that the reported value used was an MCID (clinical) (i.e. the smallest difference between the scores in a questionnaire that the patient perceives to be beneficial); not a minimal detectable change (MDC: statistical) (i.e. the smallest change in score that likely reflects true change more than measurement error alone).

In the absence of an MCID, the magnitude of the effect estimate was considered on 3 levels: small (MD <10% of the scale), moderate (MD between 10% to 20% of the scale) or large (MD more than 20% of the scale). If the effect was quantified using an SMD (or was not it possible to use the scale), we used Cohen's guidance for interpreting the magnitude of the SMD: 0.2 represents a small difference, 0.5 is moderate, and 0.8 is a large difference (24). If the effect estimate did not meet the threshold of a small effect (i.e. SMD <0.2), then it was judged to be "little (to no) effect".

For binary outcomes, a 25% relative reduction (i.e. RR < 0.75) or increase (i.e. RR > 1.25) was considered important.

#### B3.2 Unit-of-analysis issues

#### B3.2.1 Cluster-randomised trial

No cluster RCTs were included in the evidence synthesis, noting there were no plans to adjust for intervention-related clustering using a statistical method.

#### B3.2.2 Crossover trial

To avoid a unit-of-analysis error in a crossover trial, only data from the first period was included in the analysis. Three trials (de Manincor 2016, Ravindran 2020, Saptharishi 2009) with a crossover design were included in the analysis for Depression and Hypertension.

Studies reporting paired analysis are discussed separately, and the potential impact of selective reporting is discussed under 'Overall completeness and applicability of evidence'.

#### B3.2.3 Repeated observations

To avoid a unit-of-analysis error in studies reporting results from more than one timepoint, results from a single timepoint were selected for any given outcome, and only data from that timepoint have been presented in the analysis. The timepoint selected was based on that determined to be critical or important for decision-making as outlined in **Appendix A4.4**.

#### B3.2.4 Studies with more than 2 intervention groups

If the included studies have multiple treatment groups, only single pairwise comparisons of the intervention with a comparator (i.e. 'control' or 'other') were considered. If appropriate to combine like groups, we combined to create a single pairwise comparison. The combining of summary statistics across groups is as described in Chapter 6 of the Cochrane Handbook (23).

#### B3.3 Risk of reporting bias across studies

Judgements regarding missing results *across* the identified studies were made based on available information (e.g. through inspection of outcomes reported in studies identified for a condition, including potentially eligible studies listed as '*Ongoing*' or '*Awaiting Classification*') (See **Appendix C6**). Here, an assessment of 'known-unknowns' (i.e. non-reporting of results from identified studies or non-inclusion of results from studies published in a language other than English)) was made through judgement on whether missingness of the results was likely related to the observed effect (e.g. in favour of the comparator, no observed effect) and if the missing result for the outcome would materially influence the meta-analysis results. For example, if the proportion of missing data relative to the total sample size in the analysis was small, then the result was considered unlikely to be overturned. Conversely, if the proportion of missing data was substantial, non-reporting was considered likely to impact the results. Other times, the size of the estimate of effect was large such that missing results were considered unlikely to materially influence the results.

A judgement about 'unknown-unknowns' was made based on the likelihood that missing data from studies not identified was likely to have included that outcome. Here, reporting bias was suspected when the evidence for an outcome was limited to a small number of small trials.

If more than 10 RCTs are included for a PICO, funnel plots (of effect estimates against their standard errors) were generated in RevMan 5.4 to determine possible non-reporting bias. If, after visual inspection of the funnel plot there was evidence of asymmetry (suggesting small-study effects or missing results), a brief statement about the potential impact on the overall conclusions of the evidence review was included under the relevant sections of the review (**Appendix D** results section for that outcome). Other possible reasons for funnel plot asymmetry were also considered at this time (e.g. poor methodological quality, true heterogeneity, chance) (25). No additional statistical analysis for testing for small-study effects was conducted.

#### B3.4 Data synthesis

Given the size and breadth of this review, a broad approach to data synthesis was implemented. This meant that summary estimates were calculated for an outcome domain (e.g. pain) measured at a single time point (end-of treatment) using any reported (and appropriate) measurement tool (e.g. McGill Pain Questionnaire, Visual Analogue Scale, Numeric Rating Scale). This approach was intended to capture as many studies as possible for any given PICO.

#### B3.4.1 Quantitative synthesis

Synthesis was only undertaken for studies that compared yoga with 'control' (no intervention, wait list, or usual [inactive] activities).

For each comparison and outcome, data synthesis from RCTs was performed using RevMan 5.4 and forest plots presented (see Evaluation Report). Effect estimates were combined across studies using a random effects model (accounting for the expected differences between studies). Statistical heterogeneity was assessed by visually inspecting the overlap of confidence intervals on the forest plots, formally testing for heterogeneity using the Chi<sup>2</sup> test (using a significance level of  $\alpha$ =0.1), and quantifying heterogeneity using the l<sup>2</sup> statistic (26).

Effect estimates were not combined across outcomes if analysis of covariance was used to adjust for baseline measures (e.g. due to skewed data), This is because means and SDs are not separately available for each intervention group. If available, the adjusted mean change from baseline scores were reported and included in the analysis; otherwise the end-of-treatment scores were extracted and a footnote included in the data extraction sheet (see **Appendix F2**) and in the forest plot (see main report).

No time-to-event data (hazard ratios) were encountered.

Results data from studies comparing yoga with 'other' interventions were extracted and presented in data tables but were not synthesised or considered further. Data comparing yoga with 'other' interventions are presented as an 'evidence inventory' to provide a snapshot of the available evidence comparing yoga with 'other' interventions (see **Appendix F2**).

#### B3.4.2 Non-quantitative synthesis

The narrative summary included a brief description of the condition and studies identified (including study design, size and population demographics). Where possible, a visual representation of the results of included studies is presented in a forest plot (without a summary estimate) grouped by study design features.

Results from each study were reported, with the range and magnitude of observed effects noted. If the results of a study were not completely reported (i.e. only the direction of effect of reported; the effect estimate is reported but with no confidence intervals; or the direction of effect is reported along with a *p*-value, but there is of no effect estimate), we reported the available information. If the reported information allowed for calculation of effect estimates or imputation of missing statistics (e.g. SD), we performed the calculations as described in Chapter 6 of the Cochrane Handbook (16).

To describe an overall effect across multiple studies for each outcome within the GRADE summary of findings tables (for studies comparing yoga with control only), we described the magnitude, range and distribution of observed effects across the studies using a simple vote count based on direction of effect (e.g. X/Y studies reported an effect favouring the intervention for the outcome Z).

Any important differences in study size or design features that may influence the interpretation of results were considered and discussed in the text for that outcome (**Appendix D**). Qualitative descriptors describing the size of the effect (small, large etc.) were used only in relation to the clinical importance (**see Section B3.1**) and, where available, were based on the smallest difference that patients perceive as beneficial (or detrimental) for that outcome.

#### B3.4.3 Subgroup analyses and investigations of heterogeneity

We did not undertake any subgroup analyses of subsets of participants within studies; however, if there was inconsistency between effect estimates, subgroup analysis was used to explore possible sources of heterogeneity relating to delivery of the intervention. Studies were grouped according to intervention characteristics (i.e. intensity, duration, mode of delivery, or who delivers) and a standard test for heterogeneity across the subgroups was reported.

Note: For some outcomes, results are presented in forest plots showing separate measures, but these were not examined further (i.e. the intent was to assist in interpreting MCIDS, not to explore inconsistent effects).

#### B3.4.4 Addressing risk of bias

All eligible RCTs were included in the review, regardless of judgements made regarding risk of bias. To examine the robustness of outcome results specifically related to the inclusion of studies judged to be at high risk of bias, a sensitivity analysis was conducted if there were more than 2 studies available for a PICO, with studies judged to be at high risk of bias removed from the analysis. The impact of this change was noted and discussed in the narrative summary for that outcome (see **Appendix D**).

#### B3.4.5 Sensitivity analysis

No additional sensitivity analyses were undertaken.

# B4 Evidence statements

This appendix documents how the data were used to assess the certainty of evidence and to develop evidence statements about the effect of yoga for preventing and treating any health condition.

#### B4.1 Summary of findings and certainty of the evidence

For each population, we assessed the certainty of the evidence for each outcome using the GRADE approach (5). All evidence comparing yoga with 'control' was presented, regardless of whether the findings demonstrated a clinical meaningful change.

GRADE certainty of evidence is categorised as follows:

- High ( $\oplus \oplus \oplus \oplus$ ): we are very confident that the true effect lies close to that of the estimate of the effect.
- Moderate (⊕⊕⊕⊖): we are moderately confident in the effect estimate: the true effect is probably close to the estimate of the effect, but there is a possibility that it is substantially different.
- Low (⊕⊕⊖⊝): our confidence in the effect estimate is limited: the true effect may be substantially different from the estimate of the effect.
- Very low (⊕⊖⊖⊖): we have very little confidence in the effect estimate: the true effect is likely to be substantially different from the estimate of the effect.

GRADE provides a framework for determining the certainty of the evidence and is based on consideration of the following 5 factors:

- *Risk of bias*. Based on a summary assessment (i.e. the overall risk of bias) across studies for each outcome reported (27). For example, serious concerns were raised if the outcome result was influenced by the inclusion of studies judged to be at high risk of bias (i.e. removing these studies changed the size of the effect) (see **Appendix B3.4**). When sensitivity analysis was not able to be conducted, serious concerns were raised if it was considered plausible (i.e. likely, probable or conceivable) that the risk of bias made a difference to the estimated effect (considering the weight of studies at some or high risk of bias).
- Inconsistency. Based on heterogeneity in the observed intervention, effects across studies that suggest important differences in the effect of the intervention across studies and whether this can be explained (28). This included considering measures of statistical heterogeneity (e.g. I<sup>2</sup> statistic) and any non-overlap of confidence intervals (suggesting important difference in the observed effect). Inconsistency was not downgraded when there was only one study.
- Imprecision. Based on interpretation of the upper and lower confidence limits of the pooled result in relation to a minimal clinically important threshold (i.e. the confidence interval includes both appreciable benefit and harm); and whether the optimal information size has been reached (i.e. the total number of patients meets the required sample size for a sufficiently powered individual study) (29). In the absence of a published clinically important threshold a rough guide was used: for dichotomous outcomes a 25% relative risk reduction or increase; for continuous outcomes based on the threshold defined for a small effect (the mean difference being less than 10% of the scale) (see **Appendix B3.1**).
- Indirectness. Based on important differences between the review questions and the characteristics of included studies (population or intervention) that may lead to important differences in the intervention effects (30). For example, a judgement on whether evidence in older women is also generalisable to young men (sensible to apply) or if yoga was delivered as typically practised in Australia.

• *Publication bias.* Based on the extent to which the evidence is available (see **Appendix B3.3**). This included: checking trial registries for missing outcome results in published studies, checking the ongoing studies and studies awaiting classification (including those published in a language other than English) and making a judgement on whether the studies were not complete (e.g. stopped early), failed to report an outcome, were not published (or translated) due to the nature of their results (i.e. selective non-reporting of results). Where results came from a small number of small studies, any missing results due to non-reporting in a meta-analysis was considered likely to impact the results. Publication bias was also strongly suspected when the evidence was limited to a small number of small trials (31).

For each factor, a judgement was made about whether there were no concerns, or if the concerns were serious or very serious. Footnotes were used to record judgements made when downgrading the evidence. Scoring of the certainty of the evidence began as 'high' for RCTs (score=4), which was downgraded by –1 for each domain with serious concerns or –2 for very serious concerns (5, 32).

For each population, findings for the critical and important outcomes (see **Appendix A4.4**), were reported in summary of findings tables prepared using the GRADEpro GDT software (<u>www.gradepro.org</u>). Estimates of treatment effects for each outcome are reported as absolute and relative risks (or standardised means/ mean difference). In the absence of quantitative data, a narrative synthesis was provided. All critical and important outcomes were reported, regardless of whether the findings demonstrate a clinically meaningful change. The summary of findings tables provide a summary of each of the included outcomes and the certainty of evidence rating for each outcome in a quick and accessible format (5).

#### B4.2 Development of evidence statements

As part of the summary of findings table, an evidence statement pertaining to each outcome was included. This statement used standard wording provided in GRADEPro (33), with the preferred statement selected listed in Table B.1.

Size of the effect estimate	Suggested statements*
HIGH Certainty of the evidence	
Large effect	X results in a large reduction/increase in outcome
Moderate effect	X reduces/increases outcome
Small important effect	X reduces/increases outcome slightly
Trivial, small unimportant effect or no effect	X results in little to no difference in outcome
MODERATE Certainty of the evidence	
Large effect	X probably results in a large reduction/increase in outcome
Moderate effect	X probably reduces/increases outcome
Small important effect	X probably results in a slight reduction/increase in outcome
Trivial, small unimportant effect or no effect	X probably results in little to no difference in outcome
LOW Certainty of the evidence	
Large effect	X may result in a large reduction/increase in outcome
Moderate effect	X may result in a reduction/increase in outcome
Small important effect	X may result in a slight reduction/increase in outcome
Trivial, small unimportant effect or no effect	X may result in little to no difference in outcome
VERY LOW Certainty of the evidence	
Any effect	The evidence is very uncertain about the effect of X on outcome

Table B.1 List of informative statements to communicate results of systematic reviews

Source: Modified from Santesso, et al. (2020) (33)

\* Replace X with intervention, replace 'reduce/increase' with direction of effect, replace 'outcome' with name of outcome, include 'when compared with Y' when needed)

# Appendix C Details of studies assessed at full text but not included

# C1 Citation details of studies from search results excluded (not eligible)

This appendix documents the studies that were screened in full text for a systematic review on the effect of yoga for preventing and treating any health condition but were not included in the evidence synthesis as they did not meet the eligibility criteria.

As per Cochrane guidelines the table does not list every study that was excluded, only those that appear on the surface to meet eligibility criteria, but which turn out not to. The table is sorted by reason for exclusion. Each study notes the primary reason for exclusion, but there may have been multiple reasons.

# Table C.1Citation details of studies screened and excluded at full text (by reason for exclusion):<br/>Yoga

(See separate file)

# C2 Citation details of studies provided through the Department's public call for evidence

This appendix documents the studies that were provided through the Department's public call for evidence for a systematic review on the effect of yoga for preventing and treating any health condition.

Studies that were already identified through the search of published literature were noted as duplicate citations, with the reason for exclusion (or inclusion) noted under the eligibility criteria. Studies that were not previously identified in the literature search were subsequently screened, with their reasons for inclusion/exclusion noted. The table is sorted first by whether the studies had already been found in the search (duplicate studies), then by whether they were excluded (with reasons) or included. As above, studies could be not eligible for multiple reasons, but only one reason is listed for each.

# Table C.2Citation details of studies provided through the Department's public call for evidence with<br/>reasons: Yoga

(See separate file)

# C3 Citation details of studies from low and non-priority populations

This appendix documents the studies that met the prespecified inclusion criteria for a systematic review on the effect of yoga for preventing and treating any health condition but were not included in the evidence synthesis. These studies (ordered by ICD-11 category and condition) are listed in Table C.3.

Study ID	Study design	ICD-11 category	Population	Intervention	Control (inactive)	Active comparators	Co-interventions
Cade 2010 (34)	Quasi RCT	01 Certain infectious and parasitic diseases	People living with HIV	Ashtanga Vinyasa yoga	Control (no intervention)		Anti-retroviral therapy (ART)
Kuloor 2019 (35)	RCT	01 Certain infectious and parasitic diseases	People living with HIV	Yoga	Control (waitlist)		Antiretroviral therapy
Mawar 2015 (36)	RCT	01 Certain infectious and parasitic diseases	People living with HIV	Sudarshan Kriya yoga	Control (no intervention)		Standard care
Naoroibam 2016 (37)	RCT	01 Certain infectious and parasitic diseases	People living with HIV	Yoga	Control (usual activities)		Anti-retroviral therapy (ART)
Quigley 2019 (38,39)	RCT	01 Certain infectious and parasitic diseases	People living with HIV	Hatha yoga	Control (usual activities)		
Visweswaraia h 2004 (40)	RCT	01 Certain infectious and parasitic diseases	Pulmonary tuberculosis	Yoga		Attention control (breath awareness)	Standard care (anti- tuberculosis treatment)
Danhauer 2009 (41)	RCT	02 Neoplasms	Breast cancer (mixed)	Restorative yoga	Control (waitlist)		
Moadel 2007 (42, 43)	RCT	02 Neoplasms	Breast cancer (mixed)	Yoga	Control (waitlist)		
Winters- Stone 2018 (44)	RCT	02 Neoplasms	Breast cancer (mixed)	Yoga (DVD)	Control (no intervention)		Educational advice

 Table C.3
 Characteristics of studies from low or non-priority populations (ordered by ICD-11 category): Yoga

Study ID	Study design	ICD-11 category	Population	Intervention	Control (inactive)	Active comparators	<b>Co-interventions</b>
Carson 2017 (45-47)	RCT	02 Neoplasms	Breast cancer (mixed, metastatic)	Yoga of Awareness		Social Support Group	
Harder 2015 (48)	RCT	02 Neoplasms	Breast cancer (pre/post- surgery)	Yoga	Control (no intervention)		Standard medical care
Pruthi 2012 (49, 50)	Quasi RCT	02 Neoplasms	Breast cancer (pre/post- surgery)	Yoga	Control (usual care)		
Utz Billing 2010 (51, 52)	RCT	02 Neoplasms	Breast cancer (pre/post- surgery)	Yoga	Control (waitlist)		
Kovačič 2011 (53-55)	RCT	02 Neoplasms	Breast cancer (pre/post- surgery)	Yoga in Daily Life			
Blank 2005 (56, 57)	Quasi RCT	02 Neoplasms	Breast cancer (survivors)	lyengar yoga	Control (waitlist)		
Culos-Reed 2004 (58, 59)	RCT	02 Neoplasms	Breast cancer (survivors)	Yoga	Control (waitlist)		
Eyigor 2018 (60)	RCT	02 Neoplasms	Breast cancer (survivors)	Hatha yoga	Control (no intervention)		
Hughes 2015 (61)	RCT	02 Neoplasms	Breast cancer (survivors)	Yoga-based exercise		Individualised exercise program Exercise of choice	
Kiecolt- Glaser 2014 (62-65)	RCT	02 Neoplasms	Breast cancer (survivors)	Hatha yoga	Control (waitlist)		
Kumar 2013 (66)	RCT	02 Neoplasms	Breast cancer (survivors)	Sudarshan Kriya Yoga and Pranayam	Control (no intervention)		Standard medical care
Littman 2012 (67)	RCT	02 Neoplasms	Breast cancer (survivors)	Viniyoga	Control (waitlist)		
Odynets 2019 (68-70)	RCT	02 Neoplasms	Breast cancer (survivors)	Hatha yoga		Aerobic exercise (aquatic) OR Pilates	-
Taylor 2017 (71)	RCT	02 Neoplasms	Breast cancer (survivors)	Restorative yoga	Control (waitlist)		

Study ID	Study design	ICD-11 category	Population	Intervention	Control (inactive)	Active comparators	Co-interventions
Yatli 2015 (72)	RCT	02 Neoplasms	Breast cancer (survivors)	Yoga	Control (no intervention)		Aerobic Exercise
Vadiraja 2017 (73, 74)	RCT	02 Neoplasms	Breast cancer (survivors, metastatic)	Integrated Approach of Yoga Therapy		Supportive counselling with education	
Artese 2020 (75)	Quasi RCT	02 Neoplasms	Breast cancer (survivors, post menopause)	Yin Yoga		Aerobic exercise (Functional Impact Training)	
Loudon 2012 (76, 77)	RCT	02 Neoplasms	Breast cancer (survivors, with lymphedema)	Satyananda Yoga	Control (waitlist)		Standard medical care (compression sleeve etc)
Pasyar 2019 (78)	RCT	02 Neoplasms	Breast cancer (survivors, with lymphedema)	Yoga	Control (usual care)		Standard medical care
Bower 2011 (79-81)	RCT	02 Neoplasms	Breast cancer (survivors, with persistent fatigue)	lyengar yoga		Wellness education program	
Stan 2013 (82-84)	RCT	02 Neoplasms	Breast cancer (survivors, with persistent fatigue)	Yoga (DVD-based)		Strength training	
Anestin 2017 (85)	RCT	02 Neoplasms	Breast cancer (undergoing chemotherapy)	Bali Yoga Program for Breast Cancer	Control (waitlist)		Standard medical care
Cohen 2014 (86-90)	RCT	02 Neoplasms	Breast cancer (undergoing chemotherapy)	Tibetan yoga	Control (no intervention)	Stretching program	Standard medical care
Danhauer 2015 (91)	RCT	02 Neoplasms	Breast cancer (undergoing chemotherapy)	Yoga for People with Cancer		Wellness education program	Standard medical care
Dominique 2010 (92, 93)	RCT	02 Neoplasms	Breast cancer (undergoing chemotherapy)	Bali Yoga Program for Breast Cancer	Control (waitlist)		Standard medical care
Taso 2014 (94)	RCT	02 Neoplasms	Breast cancer (undergoing chemotherapy)	Yoga	Control (no intervention)		Standard medical care

Study ID	Study design	ICD-11 category	Population	Intervention	Control (inactive)	Active comparators	Co-interventions
Jong 2018 (95)	RCT	02 Neoplasms	Breast cancer (undergoing neoadjuvant chemo)	Dru yoga	Control (waitlist)		Standard medical care
Wiedemann 2011 (96-98)	Quasi RCT	02 Neoplasms	Breast cancer (undergoing neoadjuvant chemo)	lyengar Yoga		Conventional physical exercise	Standard medical care
Banerjee 2007 (99)	RCT	02 Neoplasms	Breast cancer (undergoing radiotherapy)	Integrated Yoga Program		Supportive counselling with education	Standard medical care (+/- chemotherapy)
Chakrabarty 2013 (100-102)	RCT	02 Neoplasms	Breast cancer (undergoing radiotherapy)	Pranayama (Nadishodhana, Brahmari and Sheethali)	Control (no intervention)		
Cohen 2006 (103-105)	RCT	02 Neoplasms	Breast cancer (undergoing radiotherapy)	Yoga	Control (waitlist)		
Cohen 2011b (106-111)	RCT	02 Neoplasms	Breast cancer (undergoing radiotherapy)	Yoga	Control (waitlist)	Stretching program	
Raghavendra 2009 (112-115)	RCT	02 Neoplasms	Breast cancer (undergoing radiotherapy)	Yoga		Supportive counselling with education	
Raghavendra 2007 (116-123)	RCT	02 Neoplasms	Breast cancer (undergoing surgery, chemo or radiotherapy)	Yoga		Supportive counselling with education	
Hardoerfer 2018 (124)	RCT	02 Neoplasms	Cancer, any (mixed - undergoing treatment and survivors)	Yoga	Control (waitlist)		
Clark 2011 (125, 126)	RCT	02 Neoplasms	Cancer, any (survivors with chemotherapy induced neuropathy)	Hatha Yoga		Reiki Mindfulness Meditation Wellness education program	

Study ID	Study design	ICD-11 category	Population	Intervention	Control (inactive)	Active comparators	Co-interventions
Mustian 2010 (127-148)	RCT	02 Neoplasms	Cancer, any (survivors)	Yoga for Cancer Survivors (YOCAS) (Hatha + restorative)	Control (usual care)		
Dhruva 2012 (149, 150)	RCT	02 Neoplasms	Cancer, any (undergoing chemotherapy)	Pranayama (4 breathing exercises)	Control (no intervention)		
Farifteh 2014 (151)	RCT	02 Neoplasms	Cancer, any (undergoing chemotherapy)	Laughter yoga	Control (no intervention)		
Jakhar 2015 (152, 153)	RCT	02 Neoplasms	Cancer, any (undergoing chemotherapy)	Yoga	Control (no intervention)		Standard medical care (antiemetics)
Nia 2019 (154)	RCT	02 Neoplasms	Cancer, any (undergoing chemotherapy)	Laughter Yoga	Control (no intervention)		Educational advice
Pokhrel 2014 (155, 156)	RCT	02 Neoplasms	Cancer, colorectal (survivors)	Yoga	Control (waitlist)		
Milbury 2017a (157-160)	RCT	02 Neoplasms	Cancer, glioma (undergoing radiotherapy)	Dyadic yoga (caregiver & patient)	Control (waitlist)	Caregiver yoga (Caregiver only)	
Murphy 2016 (161-163)	RCT	02 Neoplasms	Cancer, head and neck (survivors)	Hatha yoga	Control (waitlist)		
Cohen 2004 (164-166)	RCT	02 Neoplasms	Cancer, lymphoma (undergoing chemotherapy)	Tibetan yoga	Control (waitlist)		
Huberty 2017 (167-169)	RCT	02 Neoplasms	Cancer, myeloproliferative neoplasms	Online yoga	Control (waitlist)		
Barassi 2018 (170)	Quasi RCT	02 Neoplasms	Cancer, non-small cell lung (preoperative)	Yogic breathing		Standard deep/slow breathing	
Milbury 2017b (171, 172)	RCT	02 Neoplasms	Cancer, Non-small cell lung or oesophageal (undergoing radiotherapy)	Dyadic yoga (caregiver & patient)	Control (waitlist)		

Study ID	Study design	ICD-11 category	Population	Intervention	Control (inactive)	Active comparators	Co-interventions
Ben-Josef 2017 (173)	RCT	02 Neoplasms	Cancer, prostate (undergoing radiotherapy)	Eischens Yoga	Control (no intervention)		
Moody 2017 (174)	RCT	03 Diseases of the blood or blood- forming organs	Sickle cell disease (with vaso-occlusive crisis)	Yoga		Relaxation	
Kerr 2002 (175)	RCT	05 Endocrine, nutritional and metabolic diseases	Diabetes (mixed)	Hatha Yoga		Wellness education program and Simple exercises	
Cokolic 2013 (176)	RCT	05 Endocrine, nutritional and metabolic diseases	Diabetes (type 2)	Laughter yoga	Control (no intervention)		
Ebrahimi 2017 (177, 178)	RCT	05 Endocrine, nutritional and metabolic diseases	Diabetes (type 2)	Yoga		Aerobic exercise (treadmill)	
Esha 2019 (179)	RCT	05 Endocrine, nutritional and metabolic diseases	Diabetes (type 2)	Yoga		Alternate yoga & walking OR Aerobic exercise (walking)	
Gordon 2008 (180-182)	Quasi RCT	05 Endocrine, nutritional and metabolic diseases	Diabetes (type 2)	Yoga	Control (no intervention)	Conventional physical training exercises	Educational advice
Gupta 2018 (183, 184)	RCT	05 Endocrine, nutritional and metabolic diseases	Diabetes (type 2)	Yoga-based lifestyle modification	Control (usual care)	Lifestyle modification educational videos	
Hegde 2011 (185)	Quasi RCT	05 Endocrine, nutritional and metabolic diseases	Diabetes (type 2)	Hatha Yoga	Control (waitlist)		
Hegde 2020 (186)	Quasi RCT	05 Endocrine, nutritional and metabolic diseases	Diabetes (type 2)	Hatha Yoga		Sham yoga (non- aerobic exercises)	

Study ID	Study design	ICD-11 category	Population	Intervention	Control (inactive)	Active comparators	Co-interventions
Jyotsna 2012 (187-189)	RCT	05 Endocrine, nutritional and metabolic diseases	Diabetes (type 2)	Sudarshan Kriya Yoga and Pranayam	Control (no intervention)		Conventional lifestyle modifications plus oral hypoglycaemic agents
Kumpatla 2015 (190)	Quasi RCT	05 Endocrine, nutritional and metabolic diseases	Diabetes (type 2)	Yogasanas	Control (no intervention)		Standard medical care (Oral hypoglycaemics)
Kyizom 2010 (191, 192)	Quasi RCT	05 Endocrine, nutritional and metabolic diseases	Diabetes (type 2)	Yoga (pranayama and asanas)	Control (no intervention)		Standard medical care
Monro 1992 (193)	Quasi RCT	05 Endocrine, nutritional and metabolic diseases	Diabetes (type 2)	Yoga-based lifestyle intervention	Control (no intervention)		
Mullur 2016 (194)	RCT	05 Endocrine, nutritional and metabolic diseases	Diabetes (type 2)	Chair Yoga (10-min seated)	Control (no intervention)		Standard medical care
Nagarathna 2012 (195)	RCT	05 Endocrine, nutritional and metabolic diseases	Diabetes (type 2)	Yoga-based lifestyle intervention		Exercise based Lifestyle modification Program	
Pardasany 2010 (196)	Quasi RCT	05 Endocrine, nutritional and metabolic diseases	Diabetes (type 2)	Hatha yoga	Control (no intervention)	Tai chi (Yang style)	
Shantakumar i 2012 (197)	Quasi RCT	05 Endocrine, nutritional and metabolic diseases	Diabetes (type 2)	Yoga	Control (no intervention)		Standard medical care (Oral hypertensives)
Shantakumar i 2013 (198)	Quasi RCT	05 Endocrine, nutritional and metabolic diseases	Diabetes (type 2)	Yoga	Control (no intervention)		Standard medical care (Oral hypoglycaemics)
Sharma 2020 (ii) (199)	Quasi RCT	05 Endocrine, nutritional and metabolic diseases	Diabetes (type 2)	Yoga	Control (no intervention)		Standard medical care (Oral hypoglycaemics)

Study ID	Study design	ICD-11 category	Population	Intervention	Control (inactive)	Active comparators	Co-interventions
Singh 2018 (200)	Quasi RCT	05 Endocrine, nutritional and metabolic diseases	Diabetes (type 2)	Integrated Approach of Yoga Therapy	Control (no intervention)		
Singh 2020 (201)	RCT	05 Endocrine, nutritional and metabolic diseases	Diabetes (type 2)	Yoga		Aerobic exercise	
Skoro- Kondza 2009 (202)	RCT	05 Endocrine, nutritional and metabolic diseases	Diabetes (type 2)	Yoga	Control (waitlist)		
Sreedevi 2017 (203, 204)	RCT	05 Endocrine, nutritional and metabolic diseases	Diabetes (type 2)	Yoga	Control (usual care)	Peer support	
Subramaniya n 2012 (205)	RCT	05 Endocrine, nutritional and metabolic diseases	Diabetes (type 2)	Yoga		Aerobic exercise (brisk walking)	Standard medical care
Thind 2018 (206-208)	RCT	05 Endocrine, nutritional and metabolic diseases	Diabetes (type 2)	lyengar Yoga		Aerobic exercise	
Vaishali 2012 (209)	RCT	05 Endocrine, nutritional and metabolic diseases	Diabetes (type 2)	Yoga		Educational advice (leaflets)	
Yadav 2013 (210)	Quasi RCT	05 Endocrine, nutritional and metabolic diseases	Diabetes (type 2)	Yoga Therapy Program	Control (no intervention)		
Balaji 2019 (211)	RCT	05 Endocrine, nutritional and metabolic diseases	Diabetes (with diabetic lung)	Rishiculture Ashtanga	Control (no intervention)		Standard medical care
Cohen 2008 (212)	RCT	05 Endocrine, nutritional and metabolic diseases	Metabolic syndrome	Yoga	Control (waitlist)		

Study ID	Study design	ICD-11 category	Population	Intervention	Control (inactive)	Active comparators	Co-interventions
Harbans 2011 (213)	Quasi RCT	05 Endocrine, nutritional and metabolic diseases	Metabolic syndrome	Yoga		Ayurvedic herbs (Lashunadi compound and Isabgol husk)	
Kanaya 2013 (214-218)	RCT	05 Endocrine, nutritional and metabolic diseases	Metabolic syndrome	Restorative Yoga		Active stretching	
Khatri 2007 (219)	Quasi RCT	05 Endocrine, nutritional and metabolic diseases	Metabolic syndrome	Yoga	Control (no intervention)		Standard medical care
Kim 2013 (220, 221)	Quasi RCT	05 Endocrine, nutritional and metabolic diseases	Metabolic syndrome	Hatha Yoga	Control (waitlist)		
Manchanda 2013 (222)	RCT	05 Endocrine, nutritional and metabolic diseases	Metabolic syndrome	Yoga	Control (no intervention)		Conventional lifestyle modifications
Siu 2015 (223, 224)	RCT	05 Endocrine, nutritional and metabolic diseases	Metabolic syndrome	Yoga	Control (no intervention)		
Sohl 2016 (225)	RCT	05 Endocrine, nutritional and metabolic diseases	Metabolic syndrome	Yoga	Control (no intervention)		Wellness education program
Tundwala 2012 (226)	Quasi RCT	05 Endocrine, nutritional and metabolic diseases	Metabolic syndrome	Yoga	Control (no intervention)		Diet and lifestyle modification plan
Yadav 2019 (227)	RCT	05 Endocrine, nutritional and metabolic diseases	Metabolic syndrome	Yoga-based lifestyle intervention		Dietary intervention	
Cramer 2016 (i) (228, 229)	RCT	05 Endocrine, nutritional and metabolic diseases	Obesity	Yoga	Control (waitlist)		

Study ID	Study design	ICD-11 category	Population	Intervention	Control (inactive)	Active comparators	Co-interventions
Jakhotia 2015 (230)	Quasi RCT	05 Endocrine, nutritional and metabolic diseases	Obesity	Suryanamaskar yoga	Control (no intervention)	Aerobic exercise (circuit training) OR Aerobic exercise (treadmill walking)	
Jorrakate 2015 (231)	Quasi RCT	05 Endocrine, nutritional and metabolic diseases	Obesity	Yoga	Control (usual activities)		
Ravi 2016 (232)	RCT	05 Endocrine, nutritional and metabolic diseases	Obesity	Paschimottanasana and Kapalabhati	Control (no intervention)		Diet restriction plan
Rshikesan 2016 (233- 236)	RCT	05 Endocrine, nutritional and metabolic diseases	Obesity	Integrated Approach of Yoga Therapy	Control (usual activities)		
Ruby 2016 (237)	Quasi RCT	05 Endocrine, nutritional and metabolic diseases	Obesity	Yoga-Stretching (with Pilates strengthening)	Control (no intervention)	Aerobic exercise (Functional Resistance Training)	Diet restriction plan (Protein-pacing diet)
Seo 2011 (238, 239)	Quasi RCT	05 Endocrine, nutritional and metabolic diseases	Obesity	Yoga	Control (no intervention)		
Shukla 2014 (240)	RCT	05 Endocrine, nutritional and metabolic diseases	Obesity	Paschimottanasana and Kapalabhati	Control (no intervention)		Diet restriction plan
Telles 2014 (241)	RCT	05 Endocrine, nutritional and metabolic diseases	Obesity	Yoga		Aerobic exercise (walking)	
Yazdanparast 2020 (242)	RCT	05 Endocrine, nutritional and metabolic diseases	Obesity	Hatha yoga	Control (no intervention)		Diet restriction plan
Lee 2012 (243)	Quasi RCT	05 Endocrine, nutritional and metabolic diseases	Obesity (post- menopause)	Yoga	Control (no intervention)		

Study ID	Study design	ICD-11 category	Population	Intervention	Control (inactive)	Active comparators	Co-interventions
Nidhi 2012 (244-247)	RCT	05 Endocrine, nutritional and metabolic diseases	Polycystic ovary syndrome	Yoga		Conventional exercise program	Counselling (1-hr session)
Patel 2018 (248, 249)	RCT	05 Endocrine, nutritional and metabolic diseases	Polycystic ovary syndrome	Yoga	Control (no intervention)		
Hegde 2013 (250)	RCT	05 Endocrine, nutritional and metabolic diseases	Prediabetes	Yoga	Control (waitlist)		
McDermott 2012 (251, 252)	RCT	05 Endocrine, nutritional and metabolic diseases	Prediabetes	Yoga		Aerobic exercise (walking)	
Keerthi 2017 (253)	RCT	05 Endocrine, nutritional and metabolic diseases	Prediabetes & diabetes (type 2)	Yoga	Control (no intervention)		Standard medical care
Nagarathna 2019 (254, 255)	RCT	05 Endocrine, nutritional and metabolic diseases	Prediabetes & diabetes (type 2)	Yoga-based lifestyle intervention	Control (waitlist)		
Singh 2019 (256)	Quasi RCT	05 Endocrine, nutritional and metabolic diseases	Prediabetes (women)	Diabetic Yoga Protocol	Control (waitlist)		
Carei 2007 (257, 258)	RCT	06 Mental and behavioural disorders	Feeding-Eating disorders (anorexia, bulimia, NOS)	Viniyoga	Control (no intervention)		Standard medical care
McIver 2009 (259)	RCT	06 Mental and behavioural disorders	Feeding-Eating disorders (binge eating)	Yoga	Control (waitlist)		
Brennan 2020 (260)	Quasi RCT	06 Mental and behavioural disorders	Feeding-Eating disorders (bulimia, binge eating)	Yoga	Control (waitlist)		
Karlsen 2018 (261)	RCT	06 Mental and behavioural disorders	Feeding-Eating disorders (bulimia, NOS)	Hatha yoga	Control (waitlist)		
Pacanowski 2017 (262)	Quasi RCT	06 Mental and behavioural disorders	Feeding-Eating disorders (not specified)	Yoga	Control (usual care)		

Study ID	Study design	ICD-11 category	Population	Intervention	Control (inactive)	Active comparators	Co-interventions
Weinstock 2016 (263)	RCT	06 Mental and behavioural disorders	Mood disorders (Bipolar)	Hatha Yoga		Self-directed bibliotherapy	Standard medical care (stabilisers)
Park 2020 (264)	RCT	06 Mental and behavioural disorders	Neurocognitive (Dementia)	Chair yoga		Music Control Chair-based exercise	
Eyre 2017 (265)	RCT	06 Mental and behavioural disorders	Neurocognitive (Mild cognitive impairment)	Yoga		Usual care (memory enhancement training)	
Lavretsky 2015 (266- 268)	RCT	06 Mental and behavioural disorders	Neurocognitive (Mild cognitive impairment)	Yoga		Usual care (memory enhancement training)	
Yang 2016 (i) (269)	Quasi RCT	06 Mental and behavioural disorders	Neurocognitive (Mild cognitive impairment)	Kundalini Yoga		Memory enhancement training	
Cohen 2018 (270)	RCT	06 Mental and behavioural disorders	Neurodevelopmental (attention deficit disorder, with hyperactivity)	Yoga	Control (no intervention)		
Jensen 2004 (271)	Quasi RCT	06 Mental and behavioural disorders	Neurodevelopmental (attention deficit disorder, with hyperactivity)	Yoga		Cooperative activities	
Sotoodeh 2017 (272)	Quasi RCT	06 Mental and behavioural disorders	Neurodevelopmental (autism)	Yoga Training Program	Control (no intervention)		
Vidyashree 2019 (273)	RCT	06 Mental and behavioural disorders	Neurodevelopmental (autism)	Yoga	Control (no intervention)		
Kim 2019 (274)	Quasi RCT	06 Mental and behavioural disorders	Neurodevelopmental (intellectual development or autism)	Yoga program		Creative rhythmic movement program	
Uma 1989 (275)	Quasi RCT	06 Mental and behavioural disorders	Neurodevelopmental (intellectual development)	Yoga	Control (no intervention)		

Study ID	Study design	ICD-11 category	Population	Intervention	Control (inactive)	Active comparators	Co-interventions
Shannahoff- Khalsa 1999 (276-278)	RCT	06 Mental and behavioural disorders	Neurotic, stress-related (Obsessive Compulsive Disorder)	Kundalini Yoga		Relaxation and mindfulness	
Shannahoff- Khalsa 2019 (279)	RCT	06 Mental and behavioural disorders	Neurotic, stress-related (Obsessive Compulsive Disorder)	Kundalini Meditation		Relaxation meditation	
lkai 2017 (280)	RCT	06 Mental and behavioural disorders	Psychiatric disorders (mixed, inpatients)	Chair yoga	Control (usual care)		
Sureka 2014 (281)	RCT	06 Mental and behavioural disorders	Psychiatric disorders (mixed, prisoners)	Sudarshan Kriya Yoga		Attention control (eyes closed and breath awareness)	
Behere 2011 (282)	RCT	06 Mental and behavioural disorders	Schizophrenia and related	Yoga	Control (waitlist)	Conventional physical exercise	Standard medical care (antipsychotics)
Bhatia 2014 (283-286)	RCT	06 Mental and behavioural disorders	Schizophrenia and related	Yoga	Control (no intervention)	Conventional physical exercise	Standard medical care (antipsychotics)
Caponnetto 2019 (287)	RCT	06 Mental and behavioural disorders	Schizophrenia and related	Yoga Vidya	Control (no intervention)		Standard medical care (antipsychotics)
Duraiswamy 2007 (288)	RCT	06 Mental and behavioural disorders	Schizophrenia and related	Yoga therapy		Conventional physical exercise	Standard medical care (antipsychotics)
lkai 2013 (289)	RCT	06 Mental and behavioural disorders	Schizophrenia and related	Yoga		Regular day-care program	Standard medical care (antipsychotics)
lkai 2014 (290)	RCT	06 Mental and behavioural disorders	Schizophrenia and related	Hatha yoga		Regular day-care program	Standard medical care (antipsychotics)
Jayaram 2013 (291)	Quasi RCT	06 Mental and behavioural disorders	Schizophrenia and related	Yoga	Control (waitlist)		Standard medical care (antipsychotics)
Kavak 2019 (292)	Quasi RCT	06 Mental and behavioural disorders	Schizophrenia and related	Yoga Therapy Program	Control (no intervention)		Standard medical care (antipsychotics, psychosocial support)
Manjunath 2013 (293)	RCT	06 Mental and behavioural disorders	Schizophrenia and related	Yoga		Conventional physical exercise	Standard medical care (+/- antipsychotics)

Study ID	Study design	ICD-11 category	Population	Intervention	Control (inactive)	Active comparators	Co-interventions
Paikkatt 2012 (294, 295)	Quasi RCT	06 Mental and behavioural disorders	Schizophrenia and related	Yoga	Control (usual care)		Standard medical care (antipsychotics)
Vancampfort 2011 (296)	RCT	06 Mental and behavioural disorders	Schizophrenia and related	Hatha yoga	Control (no intervention)	Aerobic exercise (bicycle ergometer)	Standard medical care (antipsychotics)
Varambally 2012 (297)	RCT	06 Mental and behavioural disorders	Schizophrenia and related	Yoga	Control (waitlist)	Conventional physical exercise	Standard medical care (antipsychotics)
Visceglia 2011 (298)	RCT	06 Mental and behavioural disorders	Schizophrenia and related	Yoga Therapy Program	Control (waitlist)		Standard medical care (antipsychotics)
Chen 2012 (299-307)	RCT	06 Mental and behavioural disorders	Schizophrenia and related (early psychosis, women)	Hatha Yoga	Control (waitlist)	Aerobic exercise (walking and cycling)	Standard medical care (+/- antipsychotics)
Bichler 2017 (308)	RCT	06 Mental and behavioural disorders	Substance abuse, rehabilitation (alcohol)	Yoga	Control (no intervention)	Nordic Walking	
Hallgren 2014 (309)	RCT	06 Mental and behavioural disorders	Substance abuse, rehabilitation (alcohol)	Yoga	Control (no intervention)		Standard medical care
Vedamurtha char 2006 (310)	Quasi RCT	06 Mental and behavioural disorders	Substance abuse, rehabilitation (alcohol)	Sudarshan Kriya Yoga	Control (usual care)		
Gaihre 2018 (i) (311, 312)	RCT	06 Mental and behavioural disorders	Substance abuse, rehabilitation (any psychoactive)	Yoga		Conventional physical exercise	Conventional rehabilitation therapy
Sureka 2015 (313)	RCT	06 Mental and behavioural disorders	Substance abuse, rehabilitation (any psychoactive)	Sudarshan Kriya Yoga		Attention control (eyes closed and breath awareness)	
Wimberly 2018 (314, 315)	RCT	06 Mental and behavioural disorders	Substance abuse, rehabilitation (any psychoactive); People living with HIV)	Hatha Yoga	Control (usual care)		
Agarwal 2015 (316)	RCT	06 Mental and behavioural disorders	Substance abuse, rehabilitation (crack cocaine)	Yoga	Control (no intervention)		

Study ID	Study design	ICD-11 category	Population	Intervention	Control (inactive)	Active comparators	<b>Co-interventions</b>
Bock 2010 (317, 318)	RCT	06 Mental and behavioural disorders	Substance abuse, rehabilitation (nicotine)	Vinyasa Yoga		Wellness education program	Cognitive behavioural therapy
Bock 2014 (319, 320)	RCT	06 Mental and behavioural disorders	Substance abuse, rehabilitation (nicotine)	lyengar yoga		Wellness education program	Cognitive behavioural therapy
Elibero 2011 (321)	RCT	06 Mental and behavioural disorders	Substance abuse, rehabilitation (nicotine)	Hatha yoga	Control (no intervention)	Aerobic exercise (treadmill)	
Jeffries 2020 (322, 323)	RCT	06 Mental and behavioural disorders	Substance abuse, rehabilitation (nicotine)	Hatha yoga		Educational advice (leaflets)	
Lotfalian 2020 (324)	RCT	06 Mental and behavioural disorders	Substance abuse, rehabilitation (nicotine)	Yogic breathing (Ujjayi breathing)	Control (no intervention)	Cognitive Behavioural Therapy	
Shahab 2013 (325)	RCT	06 Mental and behavioural disorders	Substance abuse, rehabilitation (nicotine)	Yogic breathing		Attention Control (breathing video)	
Sharma 2006 (326)	Quasi RCT	06 Mental and behavioural disorders	Substance abuse, rehabilitation (nicotine)	Yoga-based intervention		Educational advice (leaflets)	National quit helpline
Dhawan 2015 (327)	RCT	06 Mental and behavioural disorders	Substance abuse, rehabilitation (opioids)	Sudarshan Kriya Yoga	Control (no intervention)		Standard medical care (buprenorphine)
Marefat 2011 (328)	RCT	06 Mental and behavioural disorders	Substance abuse, rehabilitation (opioids)	Yoga	Control (waitlist)		
Shaffer 1997 (329)	RCT	06 Mental and behavioural disorders	Substance abuse, rehabilitation (opioids)	Hatha yoga		Psychotherapy (group)	Standard medical care (Methadone maintenance)
Uebelacker 2019 (330)	RCT	06 Mental and behavioural disorders	Substance abuse, rehabilitation (opioids)	Hatha Yoga		Wellness education program	
Zhuang 2013 (331)	RCT	06 Mental and behavioural disorders	Substance abuse, rehabilitation (opioids)	Yoga	Control (no intervention)		Standard medical care (hospital)
Innes 2012 (332, 333)	RCT	07 Sleep-wake disorders	Restless leg syndrome	lyengar yoga		Wellness education program	
Selfe 2019 (334, 335)	RCT	07 Sleep-wake disorders	Restless leg syndrome	lyengar yoga		Wellness education program	
Garfinkel 1998 (336)	RCT	08 Diseases of the nervous system	Carpal tunnel syndrome	Yoga		Usual care (wrist splint)	None

Study ID	Study design	ICD-11 category	Population	Intervention	Control (inactive)	Active comparators	Co-interventions
Bellad 2012 (337)	RCT	08 Diseases of the nervous system	Carpal tunnel syndrome (laboratory workers with symptoms of)	Yoga	Control (no intervention)		Physiotherapy
Oka 2014 (338, 339)	RCT	08 Diseases of the nervous system	Chronic fatigue syndrome	Isometric Yoga	Control (no intervention)		Standard medical care
Dhargave 2018 (340, 341)	RCT	08 Diseases of the nervous system	Duchenne muscular dystrophy	Yoga		Physiotherapy	Standard medical care (Prednisolone) and physiotherapy
Kanhere 2018 (342)	RCT	08 Diseases of the nervous system	Epilepsy (children 8-12 yrs)	Yoga	Control (no intervention)		Standard medical care (Anti-epileptic drugs)
Dahl 2005 (343, 344)	RCT	08 Diseases of the nervous system	Epilepsy (drug-refractory)	Yoga		Acceptance and Commitment Therapy	Standard medical care (Anti-epileptic drugs)
Panjwani 1995 (345- 347)	Quasi RCT	08 Diseases of the nervous system	Epilepsy (drug-refractory)	Sahaja Yoga	Control (no intervention)	Attention control (mimicking exercises, quiet rest)	Standard medical care (Anti-epileptic drugs)
Sendhilkuma r 2013 (348)	RCT	08 Diseases of the nervous system	Guillain-Barre syndrome	Yoga	Control (no intervention)		Rehabilitation (pharmacotherapy, physiotherapy, occupational therapy and orthotic management)
Ahmadi 2010 (349)	Quasi RCT	08 Diseases of the nervous system	Multiple sclerosis	Hatha yoga	Control (no intervention)		
Ahmadi 2013 (350)	Quasi RCT	08 Diseases of the nervous system	Multiple sclerosis	Yoga	Control (waitlist)	Aerobic exercise (treadmill)	
deOliveira 2016 (351)	RCT	08 Diseases of the nervous system	Multiple sclerosis	Yoga	Control (waitlist)		
Doulatabad 2012 (352)	Quasi RCT	08 Diseases of the nervous system	Multiple sclerosis	Yoga	Control (no intervention)		

Study ID	Study design	ICD-11 category	Population	Intervention	Control (inactive)	Active comparators	Co-interventions
Ensari 2016 (353)	RCT	08 Diseases of the nervous system	Multiple sclerosis	Yoga		Aerobic exercise (treadmill) Attention Control (quiet rest)	
Hassanpour- Dehkordi 2014 (354- 357)	RCT	08 Diseases of the nervous system	Multiple sclerosis	Yoga	Control (no intervention)	Aerobic exercise	
Hosseini 2018 (358)	RCT	08 Diseases of the nervous system	Multiple sclerosis	Hatha Yoga	Control (no intervention)	Resistance training	
Najafi 2017 (359)	Quasi RCT	08 Diseases of the nervous system	Multiple sclerosis	Yoga	Control (no intervention)		
Najafidoulata bad 2014 (360)	Quasi RCT	08 Diseases of the nervous system	Multiple sclerosis	Yoga	Control (no intervention)		
Oken 2004 (361)	RCT	08 Diseases of the nervous system	Multiple sclerosis	lyengar yoga	Control (waitlist)		Standard medical care
Razazian 2016 (362, 363)	RCT	08 Diseases of the nervous system	Multiple sclerosis	Hatha yoga		Aerobic exercise (aquatic) Attention control (social contact, non- exercise activities)	Standard medical care (immune modulators)
Velikonja 2010 (364)	Quasi RCT	08 Diseases of the nervous system	Multiple sclerosis	Hatha Yoga		Sports climbing	
Young 2019 (365, 366)	RCT	08 Diseases of the nervous system	Multiple sclerosis	Adapted Yoga (Hatha)	Control (waitlist)	Movement-to-Music program	
Coote 2009 (I) (367-372)	RCT	08 Diseases of the nervous system	Multiple sclerosis (independent)	Yoga	Control (usual activities)	Strength and aerobic exercise (physio-led) Aerobic exercise (Fitness-instructor led)	

Study ID	Study design	ICD-11 category	Population	Intervention	Control (inactive)	Active comparators	Co-interventions
Coote 2009 (II) (367-372)	RCT	08 Diseases of the nervous system	Multiple sclerosis (requiring bilateral support)	Yoga	Control (usual activities)	Group physiotherapy, Individual physiotherapy	
Colgrove 2012 (373, 374)	RCT	08 Diseases of the nervous system	Parkinson's Disease	lyengar yoga	Control (no intervention)		
Khuzema 2020 (375)	Quasi RCT	08 Diseases of the nervous system	Parkinson's Disease	Yoga		Tai chi, Conventional Balance Exercise Program	
Kwok 2017 (376-379)	RCT	08 Diseases of the nervous system	Parkinson's Disease	Mindfulness Yoga for PD		Stretching and resistance training exercises	
Memarian 2017 (380)	Quasi RCT	08 Diseases of the nervous system	Parkinson's Disease	Laughter Yoga	Control (no intervention)		
Ni 2016 (i) (381, 382)	RCT	08 Diseases of the nervous system	Parkinson's Disease	Power Yoga Program		Usual activities and education Power training	
Van Puymbroeck 2016 (383- 392)	RCT	08 Diseases of the nervous system	Parkinson's Disease	Yoga	Control (waitlist)		
Ji 2018 (393)	Quasi RCT	08 Diseases of the nervous system	Stroke recovery	Yoga Therapy	Control (no intervention)		Conventional rehabilitation therapy
Schmid 2012 (394-402)	RCT	08 Diseases of the nervous system	Stroke recovery	Yoga Therapy	Control (waitlist)		
Silverman McGuire 2020 (403)	Quasi RCT	08 Diseases of the nervous system	Stroke recovery (with aphasia)	Laughter yoga	Control (waitlist)		
Chan 2012 (404)	RCT	08 Diseases of the nervous system	Stroke recovery (with chronic hemiparesis)	Yoga	Control (no intervention)		
Immink 2011 (405, 406)	RCT	08 Diseases of the nervous system	Stroke recovery (with chronic hemiparesis)	Yoga	Control (no intervention)		
Study ID	Study design	ICD-11 category	Population	Intervention	Control (inactive)	Active comparators	Co-interventions
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Gopinathan 2012 (407)	RCT	09 Disease of the visual system	Disorders of refraction and accommodation (mixed)	Trataka Yoga Kriya		Bates eye exercises	
Tiwari 2018 (408)	RCT	09 Disease of the visual system	Disorders of refraction and accommodation (Myopia)	Trataka Yoga Kriya		Bates eye exercises	
Jeter 2015 (409-412)	RCT	09 Disease of the visual system	Visual impairment (Adults)	Ashtanga Yoga	Control (waitlist)		
Telles 1999 (413)	Quasi RCT	09 Disease of the visual system	Visual impairment (Children)	Yoga		Physical activity (nonspecific movements)	
Kröner- Herwig 1995 (414)	Quasi RCT	10 Diseases of the ear or mastoid process	Tinnitus	Hatha yoga	Control (waitlist)	Tinnitus Coping Training 1 Tinnitus Coping Training 2	
Pandey 2010 (415)	Quasi RCT	10 Diseases of the ear or mastoid process	Tinnitus	Bhramari Pranayama		Ginko biloba Masking therapy Combination (all 3)	
Nilsson 2013 (416, 417)	RCT	11 Diseases of the circulatory system	Cardiac arrhythmias (paroxysmal atrial fibrillation)	MediYoga (modified Kundalini)	Control (no intervention)		Standard medical care (medication, cardio version and catheter ablation)
Wahlstrom 2018 (418, 419)	RCT	11 Diseases of the circulatory system	Cardiac arrhythmias (paroxysmal atrial fibrillation)	MediYoga (modified Kundalini)	Control (no intervention)	Relaxation program (music)	Standard medical care (medication, cardio version and catheter ablation)
Tillin 2019 (420)	RCT	11 Diseases of the circulatory system	Cardiac rehabilitation (after acute event)	Yoga	Control (no intervention)		Standard Cardiac Rehabilitation Program
Grabara 2020 (421)	RCT	11 Diseases of the circulatory system	Cardiac rehabilitation (after angioplasty)	Hatha yoga	Control (no intervention)		Standard Cardiac Rehabilitation Program

Study ID	Study design	ICD-11 category	Population	Intervention	Control (inactive)	Active comparators	Co-interventions
Fakharirad 2020 (422)	Quasi RCT	11 Diseases of the circulatory system	Cardiac rehabilitation (after CABG)	Yoga	Control (no intervention)		Cardiac rehabilitation training
Raghuram 2014 (423, 424)	RCT	11 Diseases of the circulatory system	Cardiac rehabilitation (after CABC)	Yoga-based lifestyle intervention		Physiotherapy-based lifestyle modification program	Standard medical care
Toise 2011 (425-427)	RCT	11 Diseases of the circulatory system	Cardiac rehabilitation (after implant)	Yoga	Control (no intervention)		Standard medical care
Christa 2018 (428, 429)	RCT	11 Diseases of the circulatory system	Cardiac rehabilitation (after myocardial infarction)	Yoga-Care Program		Educational advice (leaflets)	Standard medical care
Prabhakaran 2018 (430- 432)	RCT	11 Diseases of the circulatory system	Cardiac rehabilitation (after myocardial infarction)	Yoga-Care Program		Educational advice (leaflets)	Standard medical care
Patil 2013 (433-435)	RCT	11 Diseases of the circulatory system	Heart disease (increased pulse pressure (>60 mmHg, >60 yrs))	Yoga		Aerobic exercise (brisk walking)	
Pal 2011 (436, 437)	RCT	11 Diseases of the circulatory system	Heart disease (ischaemic)	Yoga	Control (usual care)		Standard medical care (pharmacotherapy)
Sharma 2020 (i) (438)	RCT	11 Diseases of the circulatory system	Heart disease (ischaemic)	Integrated Approach of Yoga Therapy	Control (usual care)		Standard medical care
Bidgoli 2016 (439)	RCT	11 Diseases of the circulatory system	Heart disease (undergoing coronary angiography)	Sukha pranayama	Control (usual care)		
Hagglund 2013 (440- 443)	RCT	11 Diseases of the circulatory system	Heart failure	Yoga		Aerobic exercise with hydrotherapy	
Krishna 2014 (444-447)	RCT	11 Diseases of the circulatory system	Heart failure	Yoga	Control (no intervention)		Standard medical care

Study ID	Study design	ICD-11 category	Population	Intervention	Control (inactive)	Active comparators	Co-interventions
Pullen 2008 (448)	Quasi RCT	11 Diseases of the circulatory system	Heart failure	Hatha yoga	Control (usual care)		Standard medical care (home walk progression) and educational advice
Pullen 2009 (449, 450)	Quasi RCT	11 Diseases of the circulatory system	Heart failure	Hatha yoga	Control (usual care)		Standard medical care (home walk progression)
Artchoudane 2018 (451)	RCT	12 Diseases of the respiratory system	Chronic obstructive pulmonary disease	Yoga	Control (no intervention)		Standard medical care
Donesky 2006 (452- 454)	RCT	12 Diseases of the respiratory system	Chronic obstructive pulmonary disease	Modified Iyengar Yoga	Control (no intervention)		Standard medical care
Fukuoka 2016 (455)	RCT	12 Diseases of the respiratory system	Chronic obstructive pulmonary disease	Laughter yoga	Control (no intervention)		Pulmonary rehabilitation program (exercise training, education, lung physiotherapy, nutrition counselling)
Gupta 2014 (456)	RCT	12 Diseases of the respiratory system	Chronic obstructive pulmonary disease	Yogic breathing	Control (no intervention)		Standard medical care
Kaminsky 2016 (457, 458)	RCT	12 Diseases of the respiratory system	Chronic obstructive pulmonary disease	Yogic breathing	Control (no intervention)		Standard medical care and educational advice
Katiyar 2005 (459, 460)	RCT	12 Diseases of the respiratory system	Chronic obstructive pulmonary disease	Yogic breathing	Control (no intervention)		Standard medical care and physical therapy
Ranjita 2016 (461, 462)	Quasi RCT	12 Diseases of the respiratory system	Chronic obstructive pulmonary disease	Integrated Approach of Yoga Therapy	Control (waitlist)		Standard medical care
Soni 2012 (463)	Quasi RCT	12 Diseases of the respiratory system	Chronic obstructive pulmonary disease	Yoga	Control (no intervention)		Standard medical care (pharmacotherapy)
Thokchom 2018 (464)	RCT	12 Diseases of the respiratory system	Chronic obstructive pulmonary disease	Yoga	Control (no intervention)		Standard medical care

Study ID	Study design	ICD-11 category	Population	Intervention	Control (inactive)	Active comparators	Co-interventions
Yudhawati 2019 (465)	Quasi RCT	12 Diseases of the respiratory system	Chronic obstructive pulmonary disease	Yoga	Control (no intervention)		Standard medical care and educational advice
Papp 2017 (466, 467)	RCT	12 Diseases of the respiratory system	Obstructive pulmonary disease (COPD or asthma)	Hatha yoga		Conventional exercise program (cycling and strength)	Standard medical care
Abishek 2019 (468)	RCT	12 Diseases of the respiratory system	Upper respiratory tract disorders	Bhramari pranayama	Control (no intervention)		Standard medical care (steroid nasal spray and saline nasal irrigations)
Chanta 2019 (469, 470)	Quasi RCT	12 Diseases of the respiratory system	Upper respiratory tract disorders	Hatha yoga	Control (no intervention)		
Korterink 2015 (471, 472)	RCT	13 Diseases of the digestive system	Functional gastrointestinal disorders (Abdominal pain-related, children 8-18 yrs)	Yoga	Control (no intervention)		Standard medical care
Davydov 2019 (473)	RCT	13 Diseases of the digestive system	Functional gastrointestinal disorders (irritable bowel syndrome)	lyengar yoga		Non-aerobic exercise (walking)	
Kavuri 2015 (474)	RCT	13 Diseases of the digestive system	Functional gastrointestinal disorders (irritable bowel syndrome)	Remedial Yoga Module	Control (waitlist)	Remedial Yoga Module (with reduced medication)	Standard medical care
Kuttner 2006 (475)	Quasi RCT	13 Diseases of the digestive system	Functional gastrointestinal disorders (irritable bowel syndrome)	Yoga	Control (waitlist)		
Schumann 2017 (476, 477)	RCT	13 Diseases of the digestive system	Functional gastrointestinal disorders (irritable bowel syndrome)	Yoga		Low-FODMAP diet	

Study ID	Study design	ICD-11 category	Population	Intervention	Control (inactive)	Active comparators	Co-interventions
Shahabi 2016 (478)	Quasi RCT	13 Diseases of the digestive system	Functional gastrointestinal disorders (irritable bowel syndrome)	lyengar yoga		Nonaerobic exercise (walking)	
Taneja 2004 (479)	Quasi RCT	13 Diseases of the digestive system	Functional gastrointestinal disorders (irritable bowel syndrome)	Yoga		Standard medical care (symptomatic treatment)	
Tavakoli 2019 (480)	RCT	13 Diseases of the digestive system	Functional gastrointestinal disorders (irritable bowel syndrome)	Laughter yoga		Anti-anxiety medication Standard medical care (symptomatic treatment)	
Evans 2011b (481-483)	RCT	13 Diseases of the digestive system	Functional gastrointestinal disorders (irritable bowel syndrome, adolescents and young adults 14-26 yrs)	lyengar yoga	Control (waitlist)		
Agarwal 2012 (484)	RCT	13 Diseases of the digestive system	Haemorrhoids (rehabilitation after surgery)	Yoga	Control (no intervention)		
Sharma 2015 (ii) (485)	RCT	13 Diseases of the digestive system	Inflammatory bowel disease (Ulcerative colitis and Crohn's Disease)	Yoga	Control (no intervention)		Standard medical care
Langhorst 2016 (486- 489)	RCT	13 Diseases of the digestive system	Inflammatory bowel disease (Ulcerative colitis)	Yoga		Self-care with educational advice	Standard medical care
Sareen 2007 (490)	RCT	13 Diseases of the digestive system	Pancreatitis	Yoga	Control (usual care)		
Mahendra 2017 (491)	RCT	13 Diseases of the digestive system	Periodontal disease	Pranayama (Sudarshankriya)	Control (no intervention)		Scaling and Root Planing

Study ID	Study design	ICD-11 category	Population	Intervention	Control (inactive)	Active comparators	Co-interventions
Sudhanshu 2017 (492)	RCT	13 Diseases of the digestive system	Periodontal disease	Yoga	Control (no intervention)		Standard medical care
Greendale 2009 (493)	RCT	15 Diseases of the musculoskeletal system or connective tissue	Deforming dorsopathies (Kyphosis)	Hatha yoga		Social Support Group & Education (monthly seminars and mailings)	
GrahnKronhe d 2020 (494)	RCT	15 Diseases of the musculoskeletal system or connective tissue	Osteoporosis (with vertebral fracture, 60+ yrs)	Mindfulness/Medical Yoga	Control (no intervention)		Wellness education program & standard medical care
Pandya 2019 (495)	RCT	15 Diseases of the musculoskeletal system or connective tissue	Sarcopenia	Yoga education program		Routine exercises and walking	
Birdee 2014 (496, 497)	RCT	16 Diseases of the genitourinary system	Chronic kidney disease (on haemodialysis)	Yoga		Wellness education program	
Gordon 2012 (498, 499)	Quasi RCT	16 Diseases of the genitourinary system	Chronic kidney disease (on haemodialysis)	Hatha yoga	Control (no intervention)		
Yurtkuran 2007 (500)	RCT	16 Diseases of the genitourinary system	Chronic kidney disease (on haemodialysis)	Modified Yoga	Control (no intervention)		
Nalgirkar 2018 (501)	RCT	16 Diseases of the genitourinary system	Dysfunctional uterine bleeding	Integrated Approach of Yoga Therapy	Control (waitlist)		
Goncalves 2017 (502)	RCT	16 Diseases of the genitourinary system	Endometriosis	Yoga	Control (no intervention)		
Kirca 2019 (503)	RCT	16 Diseases of the genitourinary system	Female infertility (women undergoing IVF)	Yoga	Control (no intervention)		
Biswas 2012 (504)	RCT	16 Diseases of the genitourinary system	Fibroadenosis (benign breast disease)	Raj-yoga meditation	Control (no intervention)		Standard medical care
Monika 2012 (505)	RCT	16 Diseases of the genitourinary system	Menstrual irregularities, mixed	Yoga Nidra	Control (no intervention)		

Study ID	Study design	ICD-11 category	Population	Intervention	Control (inactive)	Active comparators	Co-interventions
Rani 2011 (i) (506, 507)	RCT	16 Diseases of the genitourinary system	Menstrual irregularities, mixed	Yoga nidra	Control (no intervention)		Standard medical care (pharmacotherapy)
Rani 2011 (ii) (508-510)	RCT	16 Diseases of the genitourinary system	Menstrual irregularities, mixed	Yoga nidra	Control (no intervention)		Standard medical care (pharmacotherapy)
Rani 2016 (511)	RCT	16 Diseases of the genitourinary system	Menstrual irregularities, mixed	Yoga nidra	Control (no intervention)		Standard medical care (pharmacotherapy)
Sweta 2018 (512)	RCT	16 Diseases of the genitourinary system	Pelvic organ prolapse	Mula Bandha Yoga	Control (no intervention)		Standard medical care
Kamalifard 2017 (513)	RCT	16 Diseases of the genitourinary system	Pelvic pain associated with genital organs or menstrual cycle (premenstrual tension syndrome)	Yoga	Control (no intervention)		
Vaghela 2019 (514)	RCT	16 Diseases of the genitourinary system	Pelvic pain associated with genital organs or menstrual cycle (premenstrual tension syndrome)	Yoga		Physical activity (aerobic)	
Mamidi 2013 (515)	Quasi RCT	16 Diseases of the genitourinary system	Premature ejaculation	Yoga		Naturopathy	
Huang 2013 (516-519)	RCT	16 Diseases of the genitourinary system	Urinary incontinence (ambulatory women)	lyengar yoga	Control (waitlist)		Incontinence management pamphlets
Huang 2019 (520-522)	RCT	16 Diseases of the genitourinary system	Urinary incontinence (ambulatory women)	lyengar yoga		Stretching/strengthe ning program (nonspecific)	
Rajalaxmi 2019 (523)	RCT	16 Diseases of the genitourinary system	Urinary incontinence (diabetic women)	Yoga		Pelvic floor muscle exercises Cognitive behavioural therapy	

Study ID	Study design	ICD-11 category	Population	Intervention	Control (inactive)	Active comparators	Co-interventions
Timlin 2017 (524)	RCT	18 Pregnancy, childbirth or the puerperium	Postpartum mothers (healthy)	Dru Yoga	Control (no intervention)		
Dabas 2019 (525)	RCT	18 Pregnancy, childbirth or the puerperium	Postpartum mothers (with preterm neonates admitted to NICU)	Audio assisted relaxation technique	Control (usual care)		
Deshpande 2013 (526)	RCT	18 Pregnancy, childbirth or the puerperium	Pregnant women (high risk)	Yoga therapy (meditative)		Physical activity (antenatal)	Educational advice (Diet & Nutrition)
Rakhshani 2012 (527, 528)	RCT	18 Pregnancy, childbirth or the puerperium	Pregnant women (high risk)	Yoga		Physical activity (Walking)	Standard antenatal care
Gallagher 2020 (529)	RCT	18 Pregnancy, childbirth or the puerperium	Pregnant women (high risk, hospitalised on bedrest)	Yoga	Control (no intervention)		
Babbar 2016 (530)	RCT	18 Pregnancy, childbirth or the puerperium	Pregnant women (low risk)	Yoga		Educational advice	
Bhartia 2019 (531)	Quasi RCT	18 Pregnancy, childbirth or the puerperium	Pregnant women (low risk)	Yoga		Physical activity	
Chen 2017 (532)	RCT	18 Pregnancy, childbirth or the puerperium	Pregnant women (low risk)	Yoga	Control (no intervention)		Standard antenatal care
Holden 2016 (533)	RCT	18 Pregnancy, childbirth or the puerperium	Pregnant women (low risk)	Prenatal yoga		Educational advice	
Maharana 2013 (534)	RCT	18 Pregnancy, childbirth or the puerperium	Pregnant women (low risk)	Integrated Approach of Yoga Therapy		Physical activity (antenatal)	
Rakhshani 2010 (535)	RCT	18 Pregnancy, childbirth or the puerperium	Pregnant women (low risk)	Integrated Approach of Yoga Therapy		Physical activity (antenatal)	

Study ID	Study design	ICD-11 category	Population	Intervention	Control (inactive)	Active comparators	Co-interventions
Satyapriya 2009 (536)	RCT	18 Pregnancy, childbirth or the puerperium	Pregnant women (low risk)	Integrated Approach of Yoga Therapy		Physical activity (antenatal)	
Satyapriya 2013 (537)	RCT	18 Pregnancy, childbirth or the puerperium	Pregnant women (low risk)	Integrated Approach of Yoga Therapy		Physical activity (antenatal)	
Akarsu 2018 (538)	RCT	18 Pregnancy, childbirth or the puerperium	Pregnant women (low risk, primipara/ primigravida)	Yoga	Control (no intervention)		Standard antenatal care
Bolanthakodi 2018 (539)	RCT	18 Pregnancy, childbirth or the puerperium	Pregnant women (low risk, primipara/ primigravida)	Yoga	Control (no intervention)		Standard antenatal care
Chuntharapa t 2008 (540)	RCT	18 Pregnancy, childbirth or the puerperium	Pregnant women (low risk, primipara/ primigravida)	Yoga	Control (usual care)		
Cutinho 2016 (541)	Quasi RCT	18 Pregnancy, childbirth or the puerperium	Pregnant women (low risk, primipara/ primigravida)	Yoga	Control (no intervention)		
Jahdi 2017 (542)	RCT	18 Pregnancy, childbirth or the puerperium	Pregnant women (low risk, primipara/ primigravida)	Yoga	Control (usual care)		
Newham 2011 (543)	RCT	18 Pregnancy, childbirth or the puerperium	Pregnant women (low risk, primipara/ primigravida)	Antenatal yoga	Control (usual activities)		
Pont 2019 (544)	Quasi RCT	18 Pregnancy, childbirth or the puerperium	Pregnant women (low risk, primipara/ primigravida)	Prenatal yoga	Control (no intervention)		
Davis 2015 (545)	RCT	18 Pregnancy, childbirth or the puerperium	Pregnant women (low risk, with depression)	Ashtanga Vinyasa yoga	Control (usual care)		
Field 2012 (546)	RCT	18 Pregnancy, childbirth or the puerperium	Pregnant women (low risk, with depression)	Yoga	Control (usual care)	Alternative therapy (Massage)	

Study ID	Study design	ICD-11 category	Population	Intervention	Control (inactive)	Active comparators	Co-interventions
Field 2013 (547)	RCT	18 Pregnancy, childbirth or the puerperium	Pregnant women (low risk, with depression)	Yoga		Social Support Group	
Mitchell 2012 (548)	RCT	18 Pregnancy, childbirth or the puerperium	Pregnant women (low risk, with depression)	Yoga		Attention Control (Parenting Education)	
Uebelacker 2016 (549)	Quasi RCT	18 Pregnancy, childbirth or the puerperium	Pregnant women (low risk, with depression)	Yoga		Educational advice	
Mohyadin 2020 (550)	RCT	18 Pregnancy, childbirth or the puerperium	Pregnant women (nulliparous)	Yoga	Control (no intervention)		
Martins 2014 (551)	RCT	18 Pregnancy, childbirth or the puerperium	Pregnant women (with pelvic pain)	Hatha yoga		Educational advice (Postural orientation)	
Reena 2019 (552)	Quasi RCT	21 Symptoms, signs or clinical findings, NEC	Abnormalities of breathing (snoring, apnoea)	Kapalabhati Pranayama, Bhujangasana		Oropharyngeal exercises	
Dwivedi 2015 (553, 554)	RCT	21 Symptoms, signs or clinical findings, NEC	Aggressive behaviour (counterproductive work behaviour)	Yoga		Light exercise, breathing & rest	
Medina 2015 (555, 556)	RCT	21 Symptoms, signs or clinical findings, NEC	Emotional eating, women (25-45 yrs) with elevated perceived stress	Bikram Yoga	Control (waitlist)		
Avis 2014 (557)	Quasi RCT	21 Symptoms, signs or clinical findings, NEC	Menopausal symptoms or complaint (peri- and post-menopausal women)	Integral Yoga	Control (waitlist)	Educational advice	
Carson 2009 (558)	RCT	21 Symptoms, signs or clinical findings, NEC	Menopausal symptoms or complaint (peri- and post-menopausal women)	Yoga of Awareness program	Control (waitlist)		

Study ID	Study design	ICD-11 category	Population	Intervention	Control (inactive)	Active comparators	Co-interventions
Chattha 2008 (559, 560)	RCT	21 Symptoms, signs or clinical findings, NEC	Menopausal symptoms or complaint (peri- and post-menopausal women)	Yoga		Physical activity (Nonaerobic)	
Joshi 2011a (561)	Quasi RCT	21 Symptoms, signs or clinical findings, NEC	Menopausal symptoms or complaint (peri- and post-menopausal women)	Yoga	Control (no intervention)		
LaCroix 2012 (562)	RCT	21 Symptoms, signs or clinical findings, NEC	Menopausal symptoms or complaint (peri- and post-menopausal women)	Yoga	Control (usual activities)	Physical activity (aerobic)	
Elavsky 2007 (563-565)	RCT	21 Symptoms, signs or clinical findings, NEC	Menopausal symptoms or complaint (peri- and postmenopausal women)	lyengar yoga	Control (no intervention)	Physical activity (Walking)	
Jayabharathi 2014 (566)	RCT	21 Symptoms, signs or clinical findings, NEC	Menopausal symptoms or complaint (post- menopausal women)	Yoga	Control (waitlist)		
Jorge 2012 (567, 568)	RCT	21 Symptoms, signs or clinical findings, NEC	Menopausal symptoms or complaint (post- menopausal women)	Hatha Yoga	Control (waitlist)	Physical activity (Stretching)	
Vora 2014 (569)	Quasi RCT	21 Symptoms, signs or clinical findings, NEC	Menopausal symptoms or complaint (post- menopausal women)	Yoga	Control (no intervention)		
Nambi 2020 (570)	RCT	22 Injury, poisoning or certain other consequences of external causes	Burns (circumferential burn of chest)	Pranayama breathing exercise		Conventional diaphragmatic breathing exercise	
Oswal 2011 (571)	RCT	22 Injury, poisoning or certain other consequences of external causes	Fractures (simple)	Yogic prana energisation technique	Control (no intervention)		Standard medical care (NSAIDs, immobilisation)

Study ID	Study design	ICD-11 category	Population	Intervention	Control (inactive)	Active comparators	Co-interventions
Guo 2019 (572, 573)	RCT	22 Injury, poisoning or certain other consequences of external causes	Hip fracture (elderly)	Upper-body Yoga		Abdominal breathing,	
Rachiwong 2015 (574)	Quasi RCT	22 Injury, poisoning or certain other consequences of external causes	Injured workers (paraplegia, acquired limb amputations)	Hatha yoga	Control (no intervention)		Rehabilitation program (Industrial)
Curtis 2017 (575)	RCT	22 Injury, poisoning or certain other consequences of external causes	Spinal cord injury	lyengar yoga	Control (waitlist)		
Madhusmita 2018 (576, 577)	RCT	22 Injury, poisoning or certain other consequences of external causes	Spinal cord injury	Integrated Approach of Yoga Therapy	Control (no intervention)		Physiotherapy
Krese 2020 (578, 579)	RCT	22 Injury, poisoning or certain other consequences of external causes	Traumatic brain injury	Yoga-based physical therapy		Physical therapy, Attention Control (quiet rest)	
Joshi 2011 (ii) (580, 581)	Quasi RCT	24 Factors influencing health status or contact with health services	Employment conditions, Worker <i>with</i> musculoskeletal disorders of upper limbs (associated with overuse)	Yoga	Control (no intervention)		Counselling
Hartfiel 2017 (582)	RCT	24 Factors influencing health status or contact with health services	Employment conditions, Workers <i>with</i> and without back pain	Dru yoga		Educational advice (evidence-based booklets)	
Patil 2019 (583)	RCT	25 Prevention	04 Diabetes, type 2 (Healthy offspring at risk of)	Yoga	Control (no intervention)		

Study ID	Study design	ICD-11 category	Population	Intervention	Control (inactive)	Active comparators	Co-interventions
Yang 2011 (584)	Quasi RCT	25 Prevention	04 Diabetes, type 2 (Healthy offspring at risk of)	Vinyasa Yoga		Educational advice (leaflets)	
Govindaraja 2017 (585)	RCT	25 Prevention	06 Aggression (Healthy adolescents at risk of)	Yoga		Conventional physical exercise	
Jarraya 2019 (586)	Quasi RCT	25 Prevention	06 Attention deficit & hyperactivity (Healthy children 5 yrs, at risk of)	Hatha yoga	Control (no intervention)	Physical education	
Mitchell 2007 (587)	RCT	25 Prevention	06 Feeding-eating disorders (healthy women with body dissatisfaction, at risk of)	Yoga	Control (no intervention)	Cognitive-dissonance program	
Butzer 2017 (588)	RCT	25 Prevention	06 Substance abuse (Healthy adolescents at risk of)	Yoga		Usual activities (physical education)	
Okhomina- 2018 (589, 590)	Quasi RCT	25 Prevention	11 Heart disease (African Americans at risk of)	High frequency Yoga		Moderate frequency Yoga, low frequency yoga, Walking, Health education	
Hunter 2018 (591-593)	RCT	25 Prevention	11 Heart disease, arterial stiffness (sedentary adults at risk of) (40-60 yrs)	Bikram yoga	Control (no intervention)	Thermoneutral Bikram yoga	
Hariprasad 2013 (594, 595)	RCT	25 Prevention	21 Age-related decline, frail older adults (>60 yrs) at risk of	Yoga	Control (waitlist)		
Manjunath 2005 (596, 597)	RCT	25 Prevention	21 Age-related decline, frail older adults (>60 yrs) at risk of	Yoga	Control (waitlist)	Ayurveda 'rejuvenating tonic' (Rasayana Kalpa)	
Talwadkar 2014 (598)	RCT	25 Prevention	21 Age-related decline, frail older adults (>60 yrs) at risk of	Trataka Yoga	Control (waitlist)		

Study ID	Study design	ICD-11 category	Population	Intervention	Control (inactive)	Active comparators	Co-interventions
Chen 2010 (599, 600)	RCT	25 Prevention	21 Age-related decline, frail older adults (>65 yrs) at risk of	Silver Yoga (long, 70- min)	Control (no intervention)		
Iranzo 2012 (601-603)	RCT	25 Prevention	21 Age-related decline, frail older adults (>65 yrs) at risk of	Yoga respiratory training	Control (no intervention)	Inspiratory threshold training	
Ozyemisci Taskiran 2014 (604)	RCT	25 Prevention	21 Age-related decline, frail older adults (>70 yrs) at risk of	Yoga		Pilates	
Marques 2017 (605)	Quasi RCT	25 Prevention	21 Age-related decline, frail older women (>60 yrs) at risk of	Chair yoga (Hatha)	Control (no intervention)		
Ramanathan 2017 (606, 607)	RCT	25 Prevention	21 Age-related decline, frail older women (>60 yrs) at risk of	Silver yoga	Control (waitlist)		
Gothe 2014 (608-611)	RCT	25 Prevention	21 Age-related decline, older adults (>55 yrs) at risk of	Hatha yoga		Stretching and strengthening exercises	
Pandya 2020 (612)	RCT	25 Prevention	21 Age-related decline, older adults (>55 yrs) at risk of	Yoga education program	Control (no intervention)		
Blumenthal 1989 (613-617)	Quasi RCT	25 Prevention	21 Age-related decline, older adults (>60 yrs) at risk of	Yoga	Control (waitlist)	Aerobic exercise	
Bowman 1997 (618)	Quasi RCT	25 Prevention	21 Age-related decline, older adults (>60 yrs) at risk of	Hatha Yoga		Aerobic exercise	
Cekanauskait e 2020 (619)	RCT	25 Prevention	21 Age-related decline, older adults (>60 yrs) at risk of	Yoga	Control (no intervention)		
Chen 2008 (620)	RCT	25 Prevention	21 Age-related decline, older adults (>60 yrs) at risk of	Silver Yoga (long, 70- min)	Control (waitlist)	Silver Yoga (short, 55- min)	

Study ID	Study design	ICD-11 category	Population	Intervention	Control (inactive)	Active comparators	Co-interventions
Chen 2009 (621)	RCT	25 Prevention	21 Age-related decline, older adults (>60 yrs) at risk of	Silver Yoga (long, 70- min)	Control (no intervention)		
Groessl 2018 (622)	RCT	25 Prevention	21 Age-related decline, older adults (>60 yrs) at risk of	Silver yoga		Wellness education program	
Haber 1983 (623)	Quasi RCT	25 Prevention	21 Age-related decline, older adults (>60 yrs) at risk of	Hatha yoga		Usual activities (film series or art class)	
Noradechan unt 2017 (624)	RCT	25 Prevention	21 Age-related decline, older adults (>60 yrs) at risk of	Thai yoga		Tai chi, Prescribed exercise advice (with telephone counselling)	
Santaella 2011 (625)	RCT	25 Prevention	21 Age-related decline, older adults (>60 yrs) at risk of	Yoga respiratory exercises (Bhastrika)		Stretching exercises	
Tew 2017 (626)	RCT	25 Prevention	21 Age-related decline, older adults (>60 yrs) at risk of	Adapted Yoga	Control (waitlist)		Educational advice
Wang 2010 (627)	Quasi RCT	25 Prevention	21 Age-related decline, older adults (>60 yrs) at risk of	Yoga		Social Support Group (movies)	
Bonura 2014 (628)	RCT	25 Prevention	21 Age-related decline, older adults (>65 yrs) at risk of	Chair yoga (Hatha)	Control (no intervention)	Chair fitness	
Oken 2006 (629)	RCT	25 Prevention	21 Age-related decline, older adults (>65 yrs) at risk of	lyengar Yoga	Control (waitlist)	Aerobic exercise (walking)	
Kumar 2017 (630)	Quasi RCT	25 Prevention	21 Age-related decline, older adults (50-65 yrs) at risk of	Yoga	Control (usual activities)		

Study ID	Study design	ICD-11 category	Population	Intervention	Control (inactive)	Active comparators	Co-interventions
Ojha 2016 (631)	Quasi RCT	25 Prevention	21 Age-related decline, older men (>60 yrs) at risk of	Yoga (Kapalbhati, Anulom Vilom, Brahmari, Tratak, Yoganidra, meditation)	Control (no intervention)		
Krejčí 2020 (632)	Quasi RCT	25 Prevention	21 Age-related decline, older men (>65 yrs) at risk of	Yoga in Daily Life	Control (usual activities)		
Aguiar Bezerra 2014 (633)	Quasi RCT	25 Prevention	21 Age-related decline, older women (>55 yrs) at risk of	Yoga	Control (no intervention)		
Taheri 2018 (634)	RCT	25 Prevention	21 Age-related decline, older women (>60 yrs) at risk of	Yoga	Control (no intervention)	Yoga based on biorhythms	
Yao 2019 (635)	RCT	25 Prevention	21 Age-related decline, older women (>65 yrs) at risk of	Chair yoga (Hatha)	Control (usual care)		
Saravanaku mar 2014 (636)	RCT	25 Prevention	21 Falls, frail older adults able to stand with support (>60 yrs) at risk of	Modified Yoga	Control (usual activities)	Tai chi	
Hamrick 2017 (637, 638)	RCT	25 Prevention	21 Falls, older adults (>60 yrs) at risk of	Hatha Yoga	Control (no intervention)		Relaxation exercises
Tiedemann 2012 (639, 640)	RCT	25 Prevention	21 Falls, older adults (>60 yrs) at risk of	lyengar Yoga	Control (no intervention)		Educational advice (falls prevention)
Wooten 2018 (641)	RCT	25 Prevention	21 Falls, older adults with history of falls (>50 yrs) at risk of	Meditation Yoga		Proprioception Training	
Ni 2014 (642, 643)	RCT	25 Prevention	21 Falls, older adults with history of falls (>60 yrs) at risk of	Yoga (Vinyasa)		Tai chi, Conventional Balance Exercise Program	

Study ID	Study design	ICD-11 category	Population	Intervention	Control (inactive)	Active comparators	Co-interventions
Nick 2016 (644)	RCT	25 Prevention	21 Falls, older adults with low berg balance score (>60 yrs) at risk of	Hatha Yoga	Control (no intervention)		
Lee 2017 (645)	RCT	25 Prevention	21 Falls, older women (>68 yrs) at risk of	Yoga		Augmented reality- based Otago exercise program, Otago exercise program	
Kim 2011 (646-648)	RCT	25 Prevention	21 Menopausal symptoms and complaints (healthy women 35-50 yrs, at risk of)	Ashtanga Yoga	Control (usual activities)		

Abbreviations: BAP, bone alkaline phosphatase; BMI, body mass index; BNDF, brain-derived neurotrophic factor; BP, blood pressure; CABG, coronary artery bypass graft; DHEA-S, dehydroepiandrosterone sulfate; FEV1, forced expiratory volume; FIVC, forced inspiratory vital capacity; FVC, forced vital capacity; FODMAP, fermentable oligosaccharides, disaccharides, monosaccharides and polyols; HIV, human immunodeficiency virus; HR, heart rate; HRQL, health-related quality of life; IBS, irritable bowel syndrome; ICD-11, International Classification of Diseases for Mortality and Morbidity Statistics (ICD-11 MMS) 11th Revision; IVF, in vitro fertilization; MEP, maximal expiratory pressure; Min, minutes; MIP, maximal inspiratory pressure; NOS, not otherwise specified; NSAID, non-steroidal anti-inflammatory drug; PD, Parkinson's disease; PEFR, peak expiratory flow rate; RCT, randomised controlled trial; RER, respiratory exchange ratio; RR, respiratory rate; TRAP-5b, tartrate-resistant acid phosphatase 5b; TV, tidal volume; VC, vital capacity; VE, minute ventilation; VO2, rate of oxygen consumption; yrs, years.

## C4 Citation details of studies awaiting classification

This appendix documents the studies that potentially met the prespecified inclusion criteria for a systematic review on the effect of yoga for preventing and treating any health condition, but certainty of inclusion is precluded by missing information (i.e. they were published in another language, incomplete reporting), or they were identified after the literature search date. An overview of studies awaiting classification (by ICD-11 disease category) is provided in Table C.4.

Table C.4	Overview of studies awaiting	a classification (k	by ICD-11 disease ca	ategory): Yoga
	overview of studies awarting	j classification (k	by ICD II discuse of	

Disease Category	# studies with incomplete information	# studies published in languages other than English	# studies not able to be retrieved	# studies published after literature search	TOTALS
01 Certain infectious and parasitic diseases	2	0	0	0	2
02 Neoplasms	22	3	0	0	25
05 Endocrine, nutritional, or metabolic diseases	10	6	0	1	17
06 Mental and behavioural disorders	23	6	5	3	37
07 Sleep-wake disorders	3	1	0	0	4
08 Diseases of the nervous system	20	2	1	1	24
09 Diseases of the visual system	2	0	0	0	2
11 Diseases of the circulatory system	18	1	1	0	20
12 Diseases of the respiratory system	11	3	0	0	14
13 Diseases of the digestive system	4	0	0	0	4
15 Diseases of the musculoskeletal system or connective tissue	7	1	1	0	9
16 Diseases of the genitourinary system	9	2	2	0	13
18 Pregnancy, childbirth or the puerperium	1	1	1	0	3
20 Developmental anomalies	1	0	0	0	1
21 Symptoms, signs or clinical findings, NEC	9	2	1	3	15
22 Injury, poisoning or certain other consequences of external causes	2	0	0	0	2
24 Factors influencing health status or contact with health services	2	1	1	0	4
25 Prevention	14	4	1	1	20
Grand Total	160	33	14	8	216

Abbreviations: ICD-11, International Classification of Diseases for Mortality and Morbidity Statistics (ICD-11 MMS) 11th Revision.

## C4.1 Studies with incomplete information or missing data

Table C.5	Characteristics of studies awaiting	classification (by ICD-11 dis	sease category): Yoga - 🤅	conference abstracts, posters etc.
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Study ID	Study design	ICD-11 Category	Population	N	Intervention	Details	Comparator	Co- interventions	Note
Vagga 2018 (649)	RCT	01 Certain infectious and parasitic diseases	Leprosy	152	Sudarshan Kriya Yoga	3 mos	Usual care		Conference abstract/poster
Rao 2012 (650)	RCT	01 Certain infectious and parasitic diseases	People living with HIV	70	Yoga	3 mos, 7x 60 min sessions per week	Waitlist		Conference abstract/poster
Raghavendra 2008 (651)	RCT	02 Neoplasms	Breast cancer (receiving chemotherapy)	62	Yoga	Duration of chemotherapy, 1x 60 mins per day	Supportive therapy		Conference abstract/poster
Van Wietmarschen 2018 (652)	RCT	02 Neoplasms	Breast cancer (receiving chemotherapy)	83	Yoga-based lifestyle intervention	6 mos	No intervention		Conference abstract/poster
Kumari 2015 (653)	RCT	02 Neoplasms	Breast cancer (receiving radiotherapy)	207	Yoga	6 weeks, 4x per week	No intervention	Standard medical care	Conference abstract/poster
Nithiya 2017 (654)	RCT	02 Neoplasms	Breast cancer (receiving radiotherapy)	?	Yoga	6 weeks, 5x 20min sessions per week	No intervention	Standard medical care	Conference abstract/poster
Ajaikumar 2008 (655)	RCT	02 Neoplasms	Breast cancer (receiving treatment)	38	Yoga	24 weeks, 7x 60 min sessions per week	Supportive therapy		Conference abstract/poster
Nair 2017 (656)	RCT	02 Neoplasms	Breast cancer (receiving treatment)	605	Yoga	1 yr, at least 4x 1 hour per week	No intervention	Standard medical care Conventional exercise	Conference abstract/poster
Gopinath 2011 (657)	RCT	02 Neoplasms	Breast cancer survivors	91	Yoga	3 mos	No intervention	Standard medical care	Conference abstract/poster

Study ID	Study design	ICD-11 Category	Population	Ν	Intervention	Details	Comparator	Co- interventions	Note
Luu 2014 (658)	RCT	02 Neoplasms	Breast cancer survivors	38	Hatha yoga	12 weeks, ?x 60min sessions per week	No intervention		Conference abstract/poster
Raghavendra 2010 (659)	RCT	02 Neoplasms	Breast cancer survivors	66	Yoga	12 weeks	Supportive therapy		Conference abstract/poster
Zhi 2019, NCT03292328 (660)	RCT	02 Neoplasms	Breast & gynaecological cancer (chemotherapy induced peripheral neuropathy)	40?	Hatha Yoga	12 wks, 1x 60 min session per wk (8 wks of classes, 4 wks at home)	Waitlist	Standard medical care	Conference abstract/poster
Herzog 2015 (661)	Quasi RCT	02 Neoplasms	Cancer (not defined)	37	Laughter yoga	3 wks, 1x 60 min session per wk	No intervention		Conference abstract/poster
Norris 2007 (662)	RCT	02 Neoplasms	Cancer survivors	118	Yoga	7 wks, 1x 75 mins per wk	No intervention		Conference abstract/poster
Archer 2013 (663)	RCT	02 Neoplasms	Gynaecological cancer	44	Yoga	Not defined	Not defined		Conference abstract/poster
Nelson 2018 (664)	RCT	02 Neoplasms	Gynaecological cancer	60	Yoga	6 wks, 5x per wk	No intervention		Conference abstract/poster
Jakhar 2016a (665)	RCT	02 Neoplasms	Head and neck cancer	73	Yoga	Duration of CRT, ?x 60 min sessions	Usual care		Conference abstract/poster
Milbury 2019d (666)	RCT	02 Neoplasms	Head and neck cancer	63 dyads	Dyadic yoga (caregiver & patient)	15 sessions	Waitlist		Conference abstract/poster
Fouladbakhsh 2016 (667)	RCT	02 Neoplasms	Non-small cell lung cancer	50	Yoga	12 wks	Physical activity		Conference abstract/poster
Khan 2016, Khan 2017 (668, 669)	RCT	02 Neoplasms	Non-small cell lung cancer	60	Yoga	16 wks	No intervention	Standard medical care	Conference abstract/poster

Study ID	Study design	ICD-11 Category	Population	N	Intervention	Details	Comparator	Co- interventions	Note
Mohanty 2011 (670)	Quasi RCT	02 Neoplasms	Stomach cancer (receiving chemotherapy)	?	Anulom Vilom (alternate nostril breathing)	2 wks, ?x 30 min sessions per day	No intervention		Conference abstract/poster
Avasarala 2018 (671)	Quasi RCT	05 Endocrine, nutritional and metabolic diseases	Diabetes (type 2)	60	Yoga asanas and pranayama	3 mos, 7x 60 min sessions per wk	Physical activity (Walking)		Conference abstract/poster
Gordon 1998 (672)	Quasi RCT	05 Endocrine, nutritional and metabolic diseases	Diabetes (type 2)	64	Yoga	Not defined	Physical activity		Conference abstract/poster
Gordon 2001 (673)	Quasi RCT	05 Endocrine, nutritional and metabolic diseases	Diabetes (type 2)	94	Yoga	6 mos, 2x ?min sessions per wk	Physical activity	Nutritional support	Conference abstract/poster
Vijayakumar 2020 (674)	RCT	05 Endocrine, nutritional and metabolic diseases	Diabetes (type 2)	60	Yoga	7 days, 1x 60min session per day	Physical activity (Walking)		Conference abstract/poster
Nishanth 2011 (675)	RCT	05 Endocrine, nutritional and metabolic diseases	Diabetes (type 2) (with distal polyneuropathy)	47	Yoga	12 wks, 3x 1 hour per wk	No intervention	Standard medical care	Conference abstract/poster
Sen 2018 (676)	RCT	05 Endocrine, nutritional and metabolic diseases	Diabetes (type 2) (with obesity and coronary heart disease)	750	Yoga	6 mos	Physical activity (Aerobic exercise)		Conference abstract/poster
Chaturvedi 2015 (677)	RCT	05 Endocrine, nutritional and metabolic diseases	Metabolic syndrome	64	Yoga	12 wks	Physical activity		Conference abstract/poster
Mishra 2012 (678)	RCT	05 Endocrine, nutritional and metabolic diseases	Obesity	46	Yoga	15 days, 2x 45 min sessions per day	Physical activity (Walking)		Conference abstract/poster
Sharma 2013a, Sharma 2013c (679, 680)	RCT	05 Endocrine, nutritional and metabolic diseases	Obesity	46	Yoga (residential)	15 days, 2x 45 min sessions per day	Physical activity (Walking)	Lifestyle modification	Conference abstract/poster

Study ID	Study design	ICD-11 Category	Population	N	Intervention	Details	Comparator	Co- interventions	Note
Madhu 2018 (681)	Quasi RCT	05 Endocrine, nutritional and metabolic diseases	Prediabetes	interi m data	Yoga	Continuous, 1x 40 mins daily	No intervention		Conference abstract/poster
Kiselev 2019 (682)	RCT	06 Mental and behavioural disorders	Attention deficit disorder (with hyperactivity)	14	Body-oriented therapy (yoga + breathing)	?	Conventional motor training		Conference abstract/poster
Kiselev 2019a (683)	RCT	06 Mental and behavioural disorders	Attention deficit disorder (with hyperactivity)	16	Body-oriented therapy (yoga + breathing)	Not defined	Conventional motor training		Conference abstract/poster
Kiselev 2019b (684)	RCT	06 Mental and behavioural disorders	Attention deficit disorder	15	Body-oriented therapy (yoga + breathing)	Not defined	Conventional motor training		Conference abstract/poster
Kiselev 2020a (685)	RCT	06 Mental and behavioural disorders	Attention deficit disorder	16	Yoga	8 wks	Conventional motor training		Conference abstract/poster
Kiselev 2020b (686)	RCT	06 Mental and behavioural disorders	Attention deficit disorder	16	Body-oriented therapy (yoga + breathing)	Not defined	Conventional motor training		Conference abstract/poster
Garg 2015 (687)	RCT	06 Mental and behavioural disorders	Children with disabilities	115	Yoga-based Get Ready to Learn program	12 wks	Waitlist		Conference abstract/poster
Mallik 2013 (688)	RCT	06 Mental and behavioural disorders	Dementia	20	Yoga	6 mos, 6x 120 min sessions per wk	Meditation	Medication	Conference abstract/poster
Pallavi 2014 (689)	RCT	06 Mental and behavioural disorders	Depression (diagnosed)	50	Yoga	12 wks, 3 x 60 mins per wk	No intervention	Medication	Conference abstract/poster
Ziv 2020 (690)	RCT	06 Mental and behavioural disorders	Eating disorders	15	Yoga	6 mos, 2x ? min sessions per wk	No intervention	Standard medical care	Conference abstract/poster
Polis 2017 (691)	RCT	06 Mental and behavioural disorders	Emotional disabilities	27	Yoga	6 wks, 2x ? min sessions per wk	Undefined		Conference abstract/poster
Tremont 2018 (692)	RCT	06 Mental and behavioural disorders	Mild cognitive impairment	24	Yoga	12 wks, 2x 60min sessions per wk	Education		Conference abstract/poster

Study ID	Study design	ICD-11 Category	Population	Ν	Intervention	Details	Comparator	Co- interventions	Note
Annapoorna 2011 (693)	RCT	06 Mental and behavioural disorders	Neurotic, stress-related (anxiety)	54	Yoga	3 mos	Medication	Standard medical care	Conference abstract/poster
Ranjbar 2011, IRCT138804242 181N1 (694)	RCT	06 Mental and behavioural disorders	Neurotic, stress-related (anxiety)	40	Hatha yoga	6 wks	Watching movies	Standard medical care	Conference abstract/poster
Subervi- Vazquez 2019 (695)	RCT	06 Mental and behavioural disorders	Oppositional Defiant Disorder	34	Yoga therapy	? wks, 12x 30- 45min sessions	Education		Conference abstract/poster
Buric 2019 (696)	Quasi RCT	06 Mental and behavioural disorders	Personality disorders (prison inmates)	30	Yoga	5 days, 1x 300min session per day	Waitlist		Conference abstract/poster
Kelly 2017 (697)	RCT	06 Mental and behavioural disorders	Post-traumatic stress/ Military sexual trauma	41	Trauma- Sensitive Yoga	10 wks	Cognitive Processing Therapy- Cognitive		Conference abstract/poster
Lin 2011 (698)	RCT	06 Mental and behavioural disorders	Psychosis (early)	60	Hatha yoga	12 wks, 2x 60 min sessions per wk	Waitlist		Conference abstract/poster
Bezgin 2017 (699)	RCT	06 Mental and behavioural disorders	Schizophrenia	32	Yoga	12 wks, 2x ? min sessions per wk	No intervention		Conference abstract/poster
Naik 2018 (700)	RCT	06 Mental and behavioural disorders	Schizophrenia	30	Yoga therapy	Not defined	Usual care	Medication	Conference abstract/poster
Saeko 2013 (701)	RCT	06 Mental and behavioural disorders	Schizophrenia	49	Yoga	8 wks, 1 x 60min session per wk	No intervention	Standard medical care	Conference abstract/poster
Todd 2016 (702)	RCT	06 Mental and behavioural disorders	Substance abuse (nicotine)	76	Yoga	5 wks, 7x 30min sessions per wk	Physical activity		Conference abstract/poster
Sharma 2018b (703)	RCT	06 Mental and behavioural disorders	Substance abuse (illicit drugs)	30	Yoga	10 wks, ?x ?min sessions per wk	No intervention		Conference abstract/poster
Aggarwal 2017 (704)	RCT	06 Mental and behavioural disorders	Substance abuse (nicotine)	124	Ashram Yoga	12 wks, 2x 60 min sessions per wk	No intervention	Behavioural counselling	Conference abstract/poster
Khalsa 2006 (705)	RCT	07 Sleep-wake disorders	Insomnia	20	Yoga (breathing + meditation)	8 wks, 7x 45 min sessions per wk	Sleep hygiene control		Conference abstract/poster

Study ID	Study design	ICD-11 Category	Population	N	Intervention	Details	Comparator	Co- interventions	Note
Singh 2010 (706)	RCT	07 Sleep-wake disorders	Insomnia	11	Kriya yoga	2 mos, ? x ?min session per ?	Education	Education	Conference abstract/poster
Kaur 2019 (707)	RCT	07 Sleep-wake disorders	Obstructive Sleep Apnoea	40	Pranayama and Oropharyngeal exercises	Not defined	Sham therapy		Conference abstract/poster
Oka 2013 (708)	RCT	08 Diseases of the nervous system	Chronic fatigue syndrome	20	Isometric Yoga	2 mos, 2x 20 min sessions per wk	No intervention	Standard medical care	Conference abstract/poster
Oka 2019 (709)	RCT	08 Diseases of the nervous system	Chronic fatigue syndrome	50	Isometric Yoga	3 mos, 2x 20 min sessions per wk	No intervention	Standard medical care	Conference abstract/poster
Amarell 2018 (710)	RCT	08 Diseases of the nervous system	Headache disorders (chronic headache)	45	Yoga	12 wks	No intervention		Conference abstract/poster
Sharma 2018a (711)	RCT	08 Diseases of the nervous system	Headache disorders (chronic headache)	82	Yoga	Not defined	No intervention	Standard medical care	Conference abstract/poster
Mu 2015 (712)	RCT	08 Diseases of the nervous system	Headache disorders (migraine)	20	Yoga	30 days, 7x 30 min sessions per wk	Usual care		Conference abstract/poster
Sahai- Srivastava 2014 (713)	RCT	08 Diseases of the nervous system	Headache disorders (migraine)	19	Laughter yoga	8 wks, 1x 60 min session + daily practice at home	No intervention	Standard medical care	Conference abstract/poster
Sarkar 2012 (714)	RCT	08 Diseases of the nervous system	Headache disorders (migraine)	60	Yoga	6 mos	Usual care	Standard medical care	Conference abstract/poster
Sharma 2012b, Sharma 2013b, NCT01488825 (715, 716)	RCT	08 Diseases of the nervous system	Headache disorders (migraine)	70	Yoga	12 wks, 4 x 60 min sessions per wk	Usual care		Conference abstract/poster
Talakad 2013a (717)	RCT	08 Diseases of the nervous system	Headache disorders (migraine)	27	Yoga	45 days, 30 x 60min sessions	No intervention	Standard medical care	Conference abstract/poster
Morris 2017 (718)	RCT	08 Diseases of the nervous system	Headache disorders (tension headache)	27	Yoga	2 wks	No intervention		Conference abstract/poster
Abasiyanik 2018 (719)	RCT	08 Diseases of the nervous system	Multiple sclerosis	29	Yoga	8 wks, 1x per wk	Pilates		Conference abstract/poster

Study ID	Study design	ICD-11 Category	Population	N	Intervention	Details	Comparator	Co- interventions	Note
Herman 2017 (720)	RCT	08 Diseases of the nervous system	Multiple sclerosis	41	Hatha yoga (adaptive)	12 wks, 3x 60 min sessions per wk	Physical activity (Dance)		Conference abstract/poster
Jajvandian 2011 (721)	RCT	08 Diseases of the nervous system	Multiple sclerosis	30	Yoga	6 wks, 3x 120 min session per wk	Undefined		Conference abstract/poster
Rahnama 2011 (722)	RCT	08 Diseases of the nervous system	Multiple sclerosis	30	Yoga	8 wks, 2x per wk	Usual care		Conference abstract/poster
Sadeghi Bahmani 2015 (723)	RCT	08 Diseases of the nervous system	Multiple sclerosis	54	Yoga	8 wks	Undefined	Standard medical care	Conference abstract/poster
Bega 2015 (724)	RCT	08 Diseases of the nervous system	Parkinson's Disease	17	Yoga	12 wks 2x ? min sessions per wk	Physical activity (Strength training)		Conference abstract/poster
Cheung 2019 (725)	RCT	08 Diseases of the nervous system	Parkinson's Disease	20	Yoga	12 wks, 2x 60 min sessions per wk	Waitlist		Conference abstract/poster
Feldman 2020 (726)	RCT	08 Diseases of the nervous system	Parkinson's Disease	24	Yoga	6 wks, 2x 60 min sessions per wk	Physical activity (Dance)		Conference abstract/poster
Sinam 2019 (727)	RCT	08 Diseases of the nervous system	Reflex syncope	97	Yoga	7 sessions + 6 mos, 5x 60 mins per wk at home	Usual care		Conference abstract/poster
Kaur 2018 (728)	RCT	08 Diseases of the nervous system	Stroke recovery	150	Yoga	Not defined	Comprehensive Neuropsychologi cal Rehabilitation with Aphasia Therapy		Conference abstract/poster
Sharma 2018c (729)	RCT	08 Diseases of the nervous system	Stroke recovery	340	Yoga	3 wks, 6x 1hr sessions per wk	Usual care	Medication	Conference abstract/poster
Kumar 2017 (730)	Quasi RCT	09 Disease of the visual system	Disorders of refraction and accommodation (Myopia)	59	Yogic eye exercises	6 mos, 2x per day	No intervention		Conference abstract/poster
Sankalp 2017 (731)	RCT	09 Disease of the visual system	Impaired vision (Glaucoma)	45	Yogic ocular exercises	28 days, 60 mins per day	Usual care	Standard medical care	Conference abstract/poster

Study ID	Study design	ICD-11 Category	Population	N	Intervention	Details	Comparator	Co- interventions	Note
Mayer-Berger 2010 (732)	RCT	11 Diseases of the circulatory system	Cardiac rehabilitation (male, with hypertension)	340	Viniyoga	3 wks + 12 mos follow-up	Progressive muscle relaxation (PMR)		Conference abstract/poster
Mayer-Berger 2016, 2017 (733, 734)	Quasi RCT	11 Diseases of the circulatory system	Cardiac rehabilitation (male, with hypertension)	233	Viniyoga	48 wks, ?x ?min sessions	Standard care		Conference abstract/poster
Jain 2019 (735)	RCT	11 Diseases of the circulatory system	Chronic heart failure	30	Yoga	12 wks, 7x 60 min per wk	No intervention	Standard medical care	Conference abstract/poster
Sivaraman 2010 (736)	RCT	11 Diseases of the circulatory system	Chronic heart failure (elective valve replacement surgery)	40	Yoga	In hospital	No intervention	Standard medical care	Conference abstract/poster
Vatutin 2015 (737)	Quasi RCT	11 Diseases of the circulatory system	Chronic heart failure	65	Yoga breathing exercises	?	Usual care		Conference abstract/poster
Venzheha 2018 (738)	RCT	11 Diseases of the circulatory system	Chronic heart failure	130	Yoga breathing exercises	During hospitalisation and 12 mos after	No intervention	Standard medical care	Conference abstract/poster
Khadka 2017 (739)	RCT	11 Diseases of the circulatory system	Hypertension	40	Yoga	1 mo, 7x 40 min sessions per wk	No intervention		Conference abstract/poster
Khadka 2018 (740)	RCT	11 Diseases of the circulatory system	Hypertension	50	Yoga	1 mo, 7x 40 min sessions per wk	No intervention		Conference abstract/poster
Patil 2016 (741)	RCT	11 Diseases of the circulatory system	Hypertension	44	Yoga	3 mos, 6x per wk	Physical activity (Walking)		Conference abstract/poster
Potdar 2013 (742)	Quasi RCT	11 Diseases of the circulatory system	Hypertension	60	Yoga basti	Not defined	Yoga, Virechana		Conference abstract/poster
Punita 2011 (743)	RCT	11 Diseases of the circulatory system	Hypertension (medicated)	70	Yoga	12 wks, 3x ? min per wk	No intervention	Lifestyle modifications+ Standard medical care	Conference abstract/poster
Hunter 2019 (744)	RCT	11 Diseases of the circulatory system	Hypertension (non medicated)	10	Bikram yoga	12 wks, 3x 60 min sessions per wk	No intervention		Conference abstract/poster
Pandey 2019 (745)	RCT	11 Diseases of the circulatory system	Hypertension (non medicated)	60	Yoga	3 mos, 3x 15 mins per wk	Stretching	Aerobic exercise	Conference abstract/poster

Study ID	Study design	ICD-11 Category	Population	N	Intervention	Details	Comparator	Co- interventions	Note
Fetter 2018, NCT03137849 (746)	RCT	11 Diseases of the circulatory system	Hypertension (post menopause)	24	Yoga asanas and ujjayi pranayama	12 wks, 2x 60 min sessions per wk	Yoga, asanas		Conference abstract/poster
Agarwal 2018 (747)	RCT	11 Diseases of the circulatory system	Hypertension (pre)	60	Yoga	3 mos & 6 mos	Conventional lifestyle modifications		Conference abstract/poster
Ramkumar 2014 (748)	RCT	11 Diseases of the circulatory system	Hypertension (pre)	100	Yoga	12 wks	No intervention	Lifestyle modification	Conference abstract/poster
Nilsson 2010 (749)	RCT	11 Diseases of the circulatory system	Myocardial infarction	60	Yoga	3 mos, 1x 60 min per wk	Physiotherapy		Conference abstract/poster
Prasad 2018 (750)	RCT	11 Diseases of the circulatory system	Myocardial infarction	100	Yoga	3 mos	Undefined		Conference abstract/poster
Divya 2013 (751)	RCT	12 Diseases of the respiratory system	Asthma	60	Yoga	8 wks	No intervention	Standard medical care	Conference abstract/poster
Satpathy 2013 (752)	RCT	12 Diseases of the respiratory system	Asthma	71	Yoga	4 mos	Usual care	Standard medical care	Conference abstract/poster
Soni 2011 (753)	RCT	12 Diseases of the respiratory system	Asthma	60	Yoga	2 mos	Undefined		Conference abstract/poster
Vedanthan 1998 (754)	RCT	12 Diseases of the respiratory system	Asthma	17	Yoga	16 wks, 3x ? min sessions per wk	No intervention		Conference abstract/poster
Venugopal 2012, 2014 (755, 756)	RCT	12 Diseases of the respiratory system	Asthma	30	Yoga breathing exercises	3 mos	No intervention	Standard medical care	Conference abstract/poster
Guleria 2015, Guleria 2018 (757, 758)	Quasi RCT	12 Diseases of the respiratory system	Chronic obstructive pulmonary disease	60	Yoga	12 wks, 2x 60 min sessions per wk for 4 wks then 8 wks of practice at home	Pulmonary rehabilitation		Conference abstract/poster
Rasam 2019 (759)	RCT	12 Diseases of the respiratory system	Chronic obstructive pulmonary disease	28	Yoga	8 wks, 2x per wk on site + 5x per wk at home	No intervention	Standard medical care	Conference abstract/poster

Study ID	Study design	ICD-11 Category	Population	N	Intervention	Details	Comparator	Co- interventions	Note
Sharma 2012a (760)	RCT	12 Diseases of the respiratory system	Chronic obstructive pulmonary disease	96	Yoga	6 mos home practice	Usual care		Conference abstract/poster
Singh 2016 (761)	RCT	12 Diseases of the respiratory system	Chronic obstructive pulmonary disease	84	Yoga	6 mos, 2x 30 min sessions per day at home	Pulmonary rehabilitation	Nutritional support+ psychological counselling	Conference abstract/poster
Kongpolprom 2019, TCTR201710310 04 (762)	RCT	12 Diseases of the respiratory system	Patients undergoing bronchoscopy	235	Yoga breathing exercises	1hr prior to scope procedure	No intervention		Conference abstract/poster
Leiby 2014 (763)	RCT	13 Diseases of the digestive system	Inflammatory bowel disease	12	Yoga	12 wks, ?	Waitlist	Standard medical care	Conference abstract/poster
Agarwal 2015 (764)	RCT	13 Diseases of the digestive system	Laparoscopic cholecystectomy	97	Yoga therapy	Not defined	Not defined		Conference abstract/poster
Ravindranath 2012 (765)	RCT	13 Diseases of the digestive system	Temporomandibular Disorders (Jaw muscle pain)	26	Yoga inclusive management program	4 wks, ?x ?min sessions per wk	Standard care		Conference abstract/poster
Kotwal 2011, Kotwal 2013, Kotwal 2015 (766-768)	RCT	13 Diseases of the digestive system	Upper GI endoscopy	63	Yogic posture (Shavasana)	Before and during procedure	No intervention		Conference abstract/poster
Kwon 2018 (769)	Quasi RCT	15 Diseases of the musculoskeletal system or connective tissue	Adhesive capsulitis (Frozen shoulder)	16	Yoga	12 wks, 3x 50 min sessions per wk	No intervention		Conference abstract/poster
Dubey 2016 (770)	RCT	15 Diseases of the musculoskeletal system or connective tissue	Inflammatory arthropathies (Rheumatoid arthritis)	?	Yoga	Not reported	Usual care		Conference abstract/poster
Mahidashtizad 2012 (771)	RCT	15 Diseases of the musculoskeletal system or connective tissue	Inflammatory arthropathies (Rheumatoid arthritis)	40	Yoga	12 wks	No intervention		Conference abstract/poster

Study ID	Study design	ICD-11 Category	Population	N	Intervention	Details	Comparator	Co- interventions	Note
Gautam 2019a (772)	RCT	15 Diseases of the musculoskeletal system or connective tissue	Inflammatory arthropathies (Rheumatoid arthritis), infertile men	72	Yoga-based lifestyle intervention	8 wks	No intervention	Medication	Conference abstract/poster
Gautam 2019b (773)	RCT	15 Diseases of the musculoskeletal system or connective tissue	Inflammatory arthropathies (Rheumatoid arthritis), infertile men	46	Yoga-based lifestyle intervention	8 wks	No intervention	Medication	Conference abstract/poster
Cheung 2012 (774)	RCT	15 Diseases of the musculoskeletal system or connective tissue	Osteoarthritis	36	Yoga	8 wks, 1x 60 min sessions per wk (instructor-led) & 4x 30 min sessions per wk (home)	Waitlist		Conference abstract/poster
Srivastava 2015 (775)	RCT	15 Diseases of the musculoskeletal system or connective tissue	Osteoarthritis	120	Yoga	24 wks, ?x 45min sessions per ?	No intervention	Standard medical care	Conference abstract/poster
Tripathi 2013 (776)	RCT	16 Diseases of the genitourinary system	Dysmenorrhoea	57	Yoga	Not defined	No intervention	Nutritional support	Conference abstract/poster
Tolahunase 2018c (777)	RCT	16 Diseases of the genitourinary system	Infertile couples	80	Yoga and meditation- based lifestyle intervention	12 wks	Undefined		Conference abstract/poster
Tolahunase 2018d (778)	RCT	16 Diseases of the genitourinary system	Infertile couples	74	Yoga and meditation- based lifestyle intervention	12 wks	Routine expectant management		Conference abstract/poster
Tolahunase 2016 (779)	RCT	16 Diseases of the genitourinary system	Infertility (men)	49	Yoga	12 wks	Waitlist		Conference abstract/poster
Tolahunase 2017 (780)	RCT	16 Diseases of the genitourinary system	Infertility (men)	74	Yoga+ meditation	12 wks	No intervention	Routine expectant management	Conference abstract/poster

Study ID	Study design	ICD-11 Category	Population	N	Intervention	Details	Comparator	Co- interventions	Note
Tolahunase 2018e (781)	RCT	16 Diseases of the genitourinary system	Infertility (men)	108	Yoga-based lifestyle intervention	12 wks	Waitlist		Conference abstract/poster
Nayar 2017 (782)	RCT	16 Diseases of the genitourinary system	Infertility (females undergoing IVF)	105	Yoga	3 mos, 30 sessions	No intervention		Conference abstract/poster
Nayar 2018 (783)	RCT	16 Diseases of the genitourinary system	Infertility (females undergoing IVF)	100	Yoga	3 mos, 30 sessions	No intervention		Conference abstract/poster
Sharma 2011 (784)	Quasi RCT	16 Diseases of the genitourinary system	Premenstrual syndrome	60	Yogasanas	7x ?min sessions the wk prior to menstrual cycle (3 cycles)	No intervention		Conference abstract/poster
Chatterjee 2015 (785)	Quasi RCT	18 Pregnancy, childbirth or the puerperium	Pregnant mothers (low risk)	60	Yoga	8 wks, 7x 30-45 min sessions per wk	No intervention		Conference abstract/poster
Salem 2018 (786)	RCT	20 Developmental anomalies	Down syndrome (aged 3 to 5 yrs)	24	Yoga	10 wks, 2x 30-40 mins per wk	Usual care		Conference abstract/poster
Nalli 2017 (787)	RCT	21 Symptoms, signs or clinical findings, NEC	Chronic arthritis & fibromyalgia	21	Yoga	12 wks, ?	Physiotherapy		Conference abstract/poster
Diaz 2013 (788)	RCT	21 Symptoms, signs or clinical findings, NEC	Chronic axial pain (not specified)	?	Yoga	10-12 wks, ?	Waitlist		Conference abstract/poster
Sharma 2019 (789)	RCT	21 Symptoms, signs or clinical findings, NEC	Chronic musculoskeletal pain	98	Yoga	16 wks, ?	Waitlist		Conference abstract/poster
Trivedi 2014 (790)	RCT	21 Symptoms, signs or clinical findings, NEC	Chronic pain (Fibromyalgia)	50	Classical Indian Yoga	24 wks, 3x 60min sessions per wk	Stretching and wellness education		Conference abstract/poster
Kumar 2011 (791)	RCT	21 Symptoms, signs or clinical findings, NEC	Low back pain (chronic)	60	Yoga	8 wks, 3x 60 min sessions per wk	Education		Conference abstract/poster
Biggs 2012 (792)	RCT	21 Symptoms, signs or clinical findings, NEC	Low back pain (chronic, nonspecific)	18	Yoga	Not defined	No intervention		Conference abstract/poster

Study ID	Study design	ICD-11 Category	Population	N	Intervention	Details	Comparator	Co- interventions	Note
Bussing 2017, Bussing 2018, DRKS00004651 (793, 794)	RCT	21 Symptoms, signs or clinical findings, NEC	Low back pain (chronic, nonspecific)	270	Yoga	8 wks, 1x 90 min session per wk	Eurythmy Therapy		Conference abstract/poster
Hassanpour 2010 (795)	RCT	21 Symptoms, signs or clinical findings, NEC	Low back pain (nonspecific)	30	Yoga	12 wks, 5x ?min sessions per wk	No intervention		Conference abstract/poster
Koo 2014 (796)	RCT	21 Symptoms, signs or clinical findings, NEC	Neck pain (chronic, with shoulder)	71	Yoga	12 wks	Physical activity		Conference abstract/poster
Sagar 2019 (797)	RCT	22 Injury, poisoning or certain other consequences of external causes	Lower limb amputation	20	Yoga	6 wks	No intervention	Standard medical care+ physiotherapy	Conference abstract/poster
Magia 2015 (798)	Quasi RCT	22 Injury, poisoning or certain other consequences of external causes	Spinal cord injury	?	Yoga breathing exercises	15 days, 12 mins per day	No intervention	Standard medical care	Conference abstract/poster
Rocha 2012 (799)	?	24 Factors influencing health status or contact with health services	Military personnel (at risk of stress, anxiety, depression)	?	Yoga		No intervention		Conference abstract/poster
Santos 2012 (800)	Quasi RCT	24 Factors influencing health status or contact with health services	Sedentary workers (at risk of musculoskeletal problems)	30	Hatha yoga				Conference abstract/poster
Bertisch 2019, NCT03392194 (801)	RCT	24 Factors influencing health status or contact with health services	Low income-minority at risk of poor sleep quality	33	Yoga	10 wks, 1x 60min session per wk	No intervention	Education	Conference abstract/poster
Iranzo 2011 (802)	RCT	25 Prevention	Age-related decline, frail older adults (with disabilities)	48	Pranayama breathing exercises	6 wks, 5x ?min sessions per wk	No intervention		Conference abstract/poster

Study ID	Study design	ICD-11 Category	Population	N	Intervention	Details	Comparator	Co- interventions	Note
Maria Dels Angels 2013 (803)	RCT	25 Prevention	Age-related decline, frail older adults	54	Yoga respiratory training	6 wks, 5x ?min sessions per wk	No intervention	Standard medical care	Conference abstract/poster
Halpern 2010 (804)	Quasi RCT	25 Prevention	Age-related decline, adults (>60 yrs)	74	Yoga (physical, meditative and daily home yoga)	12 wks 2x ?min session per wk	Undefined		Conference abstract/poster
Hieda 2017 (805)	RCT	25 Prevention	Age-related decline, adults (40-65 yrs) at risk of cardiac stiffness	61	Yoga	2 yrs, ?	Physical activity		Conference abstract/poster
Clifford 2011 (806)	RCT	25 Prevention	Age-related decline, adults (40-65 yrs)	?	Yoga	12 wks, ?	Physical activity (Strength training)		Conference abstract/poster
Gothe 2012 (807)	Quasi RCT	25 Prevention	Age-related decline, (females)	30	Yoga	Single session	Physical activity (Aerobic exercise)		Conference abstract/poster
Pandey 2016, Pandey 2017a (808, 809)	RCT	25 Prevention	Adults at risk of heart disease (at heart clinic)	45	Yoga	1x 15 min session	Relaxation		Conference abstract/poster
Pandey 2017b, Pandey 2018a, Pandey 2018b (810-812)	RCT	25 Prevention	Adults at risk of heart disease (at heart clinic)	60	Yoga	3 mos, 5x 15min sessions per wk	Relaxation		Conference abstract/poster
McNamara 2018 (813)	RCT	25 Prevention	Sedentary adults at risk of atrial fibrillation	61	Yoga	24 mo, ?	Physical activity		Conference abstract/poster
Choi 2018 (814)	RCT	25 Prevention	Sedentary adults (18-30 yrs) at risk of heart disease	25	Vinyasa yoga	8 wks, 3x 60min session per wk	Undefined		Conference abstract/poster
Omar 2016 (815)	RCT	25 Prevention	Sedentary adults (40- 60 yrs) at risk of heart disease	61	Yoga	2 yrs, 2x ?min sessions per wk	Physical activity (Aerobic exercise)		Conference abstract/poster

Study ID	Study design	ICD-11 Category	Population	N	Intervention	Details	Comparator	Co- interventions	Note
Hoogbruin 2012 (816)	RCT	25 Prevention	Sedentary females (post menopause) at risk of heart/metabolic disease	50	Yoga	12 wks, 2x 90min sessions per wk + 5x 30 min self- led at home per wk	Education		Conference abstract/poster
Kotwal 2012, Kotwal 2013 (817, 818)	RCT	25 Prevention	Students at risk of stress and/or burnout	114	Swasthya sukh satyam shivam sundaram meditation	12 wks ?	No intervention		Conference abstract/poster

Abbreviations: CRT, chemo-radiotherapy; HIV, human immunodeficiency virus; ICD-11, International Classification of Diseases for Mortality and Morbidity Statistics (ICD-11 MMS) 11th Revision; IVF, in vitro fertilisation; min, minutes; mos, months; NEC, not elsewhere classified; RCT, randomised controlled trial; wks, weeks; yrs, years.

## C4.2 Studies published in languages other than English

Table C.6	.6 Characteristics of studies awaiting classification (by ICD-11 disease category): Yoga – studies published in a lang	juage other than English
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Study ID	Study design	ICD-11 category	Population	N	Intervention	Details	Comparator (inactive)	Comparator (active)	Co- intervention s	Notes
Bernardi 2011, Bernardi 2013 (819, 820)	RCT	02 Neoplasms	Breast cancer (after mastectomy)	45	Yoga	? mos, 6x ?min sessions total	No intervention			Not in English
Wang 2014 (821)	RCT	02 Neoplasms	Breast cancer (receiving chemotherapy)	100	Yoga	4 mos	No intervention		Standard medical care	Not in English
Yazdani 2014, IRCT20130715 13998N1 (822)	RCT	02 Neoplasms	Breast cancer (receiving treatment)	80	Yoga	8 wks, ? 75min session per wk	No intervention			Not in English
Cespedes 2002 (823)	RCT	05 Endocrine, nutritional, and metabolic diseases	Diabetes (type 2)	40	Yoga	1 yr, 3x 60min sessions per wk		Physical activity (Aerobic exercise)	Nutritional support	Not in English
Najmeh 2018 (824)	RCT	05 Endocrine, nutritional, and metabolic diseases	Diabetes (type 2)	22	Yoga	8 wks, 2x 70 min sessions per wk	No intervention	Yoga + supplements		Not in English
Kim 2014 (825)	RCT	05 Endocrine, nutritional, and metabolic diseases	Metabolic syndrome	39	Yoga	12 wks	Waitlist			Not in English
Wang 2020 (826)	RCT	05 Endocrine, nutritional, and metabolic diseases	Obesity	30	Yoga	12 wks	No intervention			Not in English, Full text not able to be retrieved
Yan 2009 (827)	Quasi RCT	05 Endocrine, nutritional, and metabolic diseases	Obesity	24	Yoga (Middle intensity)	Not defined	Not defined			Not in English, Full text not able to be retrieved

Study ID	Study design	ICD-11 category	Population	Ν	Intervention	Details	Comparator (inactive)	Comparator (active)	Co- intervention s	Notes
Amini 2018, Bahrami 2019 (828, 829)	RCT	05 Endocrine, nutritional, and metabolic diseases	Polycystic ovary syndrome (infertile)	61	Yoga	6 wks	No intervention			Not in English
Beik 2015 (830)	Quasi RCT	06 Mental and behavioural disorders	Attention deficit disorder (with hyperactivity)	26	Yoga	12 wks	No intervention			Not in English
Haffner 2006 (831)	RCT	06 Mental and behavioural disorders	Attention deficit disorder (with hyperactivity)	19	Yoga	Not defined		Conventional motor training		Not in English
Kim 2012 (832)	Quasi RCT	06 Mental and behavioural disorders	Females with history of mental illness and substance abuse	34	Yoga breathing exercises	?		Physical activity		Not in English
Sharma 1991 (833)	RCT	06 Mental and behavioural disorders	Neurotic, stress- related (anxiety)	71	Yoga	1 wk training + daily practice	Placebo capsule			Not in English, Full text not able to be retrieved
Lin 2006 (834)	RCT?	06 Mental and behavioural disorders	Schizophrenia	60	Yoga	Not defined	No intervention		Medication	Not in English
Xie 2006 (835)	Quasi RCT	06 Mental and behavioural disorders	Schizophrenia	80	Yoga	8 wks, ?	Undefined			Not in English, Full text not able to be retrieved
Nagamatsu 2014 (836)	RCT	07 Sleep-wake disorders	Mild sleep disorder	7	Yoga stretching	? wks, 1x 10min session per ?		Sitting		Not in English
Rahnama 2011 (722)	RCT	08 Diseases of the nervous system	Multiple sclerosis	30	Yoga	8 wks, 2x per wk	Usual care			Not in English
Song 2013 (837)	RCT	08 Diseases of the nervous system	Stroke recovery	?	Yoga	8 wks, 3x 60min sessions per wk	No intervention			Not in English
Study ID	Study design	ICD-11 category	Population	N	Intervention	Details	Comparator (inactive)	Comparator (active)	Co- intervention s	Notes
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Ghazalian 2019 (422)	RCT	11 Diseases of the circulatory system	Rehabilitation after Coronary artery bypass graft surgery	14	Yoga	8 wks, 3x ?min sessions per wk	No intervention		Rehabilitatio n	Not in English
Chen 2009 (838)	Quasi RCT	12 Diseases of the respiratory system	Asthma	31	Yoga	7 wks, 3x 60 min sessions per wk	No intervention			Not in English, Full text not able to be retrieved
Fluge 1994 (839)	Quasi RCT	12 Diseases of the respiratory system	Asthma	36	Yoga	4 mos	No intervention	Breathing exercises		Not in English, Full text not able to be retrieved
Shi 2019 (840)	RCT	15 Diseases of the musculoskeletal system or connective tissue	Adhesive capsulitis (Periarthritis of shoulder)	90	Yoga	20x once per day	No intervention	Yoga	Acupuncture	Not in English, Full text not able to be retrieved
Mahmoodi 2018 (841)	RCT	16 Diseases of the genitourinary system	Chronic kidney disease (haemodialysis)	32	Hatha Yoga	12 wks, 2x 45min session per wk	No intervention			Not in English
Chen 2005 (841)	Quasi RCT	16 Diseases of the genitourinary system	Menstrual disorders	69	Yoga	18 mos		Physical activity (Aerobic exercise and walking)		Not in English, Full text not able to be retrieved
Amiri 2018 (843)	RCT	18 Pregnancy, childbirth or the puerperium	Pregnancy, third trimester	18	Pranayama	6 wks, 2x 60min sessions per wk	Undefined			Not in English
Atilgan 2018 (844)	Quasi RCT	21 Symptoms, signs or clinical findings, NEC	Low back pain (chronic, nonspecific)	40	Yoga	4 wks, 5x ? min sessions per wk		Physiotherapy		Not in English

Study ID	Study design	ICD-11 category	Population	N	Intervention	Details	Comparator (inactive)	Comparator (active)	Co- intervention s	Notes
Woitzek 2012 (845)	RCT	21 Symptoms, signs or clinical findings, NEC	Low back pain (chronic, nonspecific)	313	Yoga	3mos, 12x 75min session total	Usual care			Not in English
Bednar 2014 (846)	Quasi RCT	24 Factors influencing health status or contact with health services	Employment conditions, nurses at risk of musculoskeletal (back) pain	60	Khatu Pranam Yoga	3 mos, 3x 20min session per wk	No intervention		Education	Not in English, Full text not able to be retrieved
Nagamatsu 2008 (847)	RCT	25 Prevention	07 Sleep-wake disorders, healthy females at risk of	40	Yoga stretching	1 wk, 1x ?min session per wk	No intervention			Not in English
Gola Cabrera 2011 (848)	Quasi RCT	25 Prevention	Age-related decline	30	Hatha yoga	Not defined		Conventional motor training		Not in English
Choi 2012 (849)	RCT	25 Prevention	Age-related decline, females (>65 yrs)	?	Yoga	12 wks, 3x ?min sessions per wk	Usual care			Not in English
Kang 2014 (150)	Quasi RCT	25 Prevention	Age-related decline, females (>70 yrs)	?	Yoga	?		Physical activity (Dance and strength training)		Not in English

Abbreviations: ICD-11, International Classification of Diseases for Mortality and Morbidity Statistics (ICD-11 MMS) 11th Revision; min, minutes; mos, months; NEC, not elsewhere classified; RCT, randomised controlled trial; wks, weeks; yrs, years.

### C4.3 Studies not able to be retrieved

#### Table C.7 Characteristics of studies awaiting classification (by ICD-11 disease category): Yoga – studies not able to be retrieved

Study ID	Study design	ICD-11 Category	Population	N	Intervention	Details	Comparator (inactive)	Comparator (active)	Co- intervention s	Notes
Sharma 2007 (850)	RCT?	06 Mental and behavioural disorders	Depression (diagnosed)	60	Sahaj yoga	8 wks	No intervention	Yoga in healthy participants (no co- intervention)	Medication	Full text not able to be retrieved
Sharma 2008 (851)	RCT?	06 Mental and behavioural disorders	Depression (diagnosed)	45	Sahaj yoga	8 wks	No intervention	Yoga in healthy participants (no co- intervention)	Medication	Full text not able to be retrieved
Sahasi 1989 (852)	RCT?	06 Mental and behavioural disorders	Neurotic, stress- related (anxiety)	91	Yoga (selected practice)	3 mos, 5x ?min sessions per wk		Medication (diazepam)		Full text not able to be retrieved
Sahasi 1991 (853)	Quasi RCT?	06 Mental and behavioural disorders	Neurotic, stress- related (anxiety)	?	?	Not defined	Not defined			Full text not able to be retrieved
McIver 2004 (854)	Quasi RCT?	06 Mental and behavioural disorders	Substance abuse (nicotine)	?	Hatha yoga	Not defined	Not defined			Full text not able to be retrieved
Latha 1987 (855)	Quasi RCT?	08 Diseases of the nervous system	Headache disorders (migraine and tension headache)	?	Yoga	Not defined	Not defined			Full text not able to be retrieved
Mahajan 1999 (856)	RCT?	11 Diseases of the circulatory system	Angina & risk of coronary heart disease	93	Yoga	14 wks, ?	No intervention		Lifestyle modification	Full text not able to be retrieved
Lathadevi 2012 (857)	Quasi RCT?	12 Diseases of the respiratory system	Asthma	48	Yoga breathing exercises	6 wks	No intervention			Full text not able to be retrieved

Study ID	Study design	ICD-11 Category	Population	N	Intervention	Details	Comparator (inactive)	Comparator (active)	Co- intervention s	Notes
Garfinkel 1994 (858)	RCT?	15 Diseases of the musculoskeletal system or connective tissue	Osteoarthritis	?	Yoga	8 wks, 1 session per wk	No intervention			Full text not able to be retrieved
Sridevi 1996 (859)	Quasi RCT?	16 Diseases of the genitourinary system	Menstrual distress	40	Yoga	Not defined	Undefined			Full text not able to be retrieved
Choudhary 2013 (860)	RCT?	16 Diseases of the genitourinary system	Premenstrual syndrome	32	Yoga	Not defined	Not defined			Full text not able to be retrieved
Kundarti 2020 (861)	RCT?	18 Pregnancy, childbirth or the puerperium	Pregnant mothers (low risk)	59	Prenatal yoga	8 wks, 1x 90 min session per wk	No intervention			Full text not able to be retrieved
Palekar 2014 (862)	RCT?	21 Symptoms, signs or clinical findings, NEC	Chronic pain (Fibromyalgia)	20	Yogasanas	4 wks, 7x ?min sessions per wk		Pilates		Full text not able to be retrieved
Harbi 2018 (863)	RCT	24 Factors influencing health status or contact with health services	Caregivers (of elderly patients with Alzheimer's, females)	24	Conscious group yoga	8 wks, 1x 120 min sessions per wk		Mindfulness- based cognitive therapy		Full text not able to be retrieved
Manjunath 2006 (864)	RCT?	25 Prevention	Age-related decline, healthy adults (>60 yrs) at risk of	46	Yoga	?	Waitlist			Full text not able to be retrieved

Abbreviations: ICD-11, International Classification of Diseases for Mortality and Morbidity Statistics (ICD-11 MMS) 11th Revision; min, minutes; mos, months; NEC, not elsewhere classified; RCT, randomised controlled trial; wks, weeks; yrs, years.

### C4.4 Studies unable to be translated or interpreted at the title/abstract stage

Study ID	Study design	ICD-11 Category	Population	N	Intervention	Notes
Gopinath 2003 (865)	?	02 Neoplasms	Breast cancer	?	?	Conference abstract, possibly linked to Raghavendra 2007. Details regarding randomisation procedure and the outcomes data not clear.
Zhao 2018 (866)	?	05 Endocrine, nutritional and metabolic diseases	Diabetes (type 2)	?	Yoga	No information available.
Dudani 1989 (867)	?	08 Diseases of the nervous system	Epileptics	?	Sahaja yoga	Conference abstract, possibly linked to Gupta 1991. Details regarding randomisation procedure and the outcomes data not clear.
Raina 2001 (868)	?	06 Mental and behavioural disorders	Substance abuse (alcohol)	?	?	Published in a journal dedicated to thesis and awards. Likely a thesis summary or an opinion piece.
Chaudhary 1988 (869)	?	11 Diseases of the circulatory system	Hypertension	?	Yoga shavasan (single asana)	Not able to be retrieved. Appears to meet inclusion criteria. Identified in a SR (Wang 2013) but excluded as the outcome of Blood Pressure not reported. Wang 2013 stated: Early studies on yoga intervention for hypertension investigated the value of total body relaxation postures, primarily Savasana [Chaudhary 1988]. However, small numbers of subjects were utilized in the studies and there were no intervention control groups.
ValleAlonso 2016 (870)	?	11 Diseases of the circulatory system	Thalamic stroke	?	Yoga	No information available. Request for full text sent. Article not in English.

#### Table C.8 List of studies unable to be translated or interpreted at the title/abstract stage (by ICD-11 disease category): Yoga

Abbreviations: ICD-11, International Classification of Diseases for Mortality and Morbidity Statistics (ICD-11 MMS) 11th Revision; SR, systematic review.

### C4.5 Studies submitted or published after the literature search date

#### Table C.9 List of studies submitted or published after the literature search date

Study ID	Study design	ICD-11 Category	Population	N	Intervention	Details	Comparator (inactive)	Comparators (active)	Co- intervention s	Notes
CTRI/2018/04/0 13169 (871)	RCT	05 Endocrine, nutritional and metabolic diseases	Diabetes (type 2)	152	Yoga	12 wks, 1x 30 min session every 2 wks followed by 12 wks home practice	Control (usual care)			Published after search date
Mathersul 2019, Mathersul 2020, NCT02366403 (872-874)	RCT	06 Mental and behavioural disorders	Post-traumatic stress disorder (veterans)	85	Sudarshan Kriya Yoga (breathing meditation)	6 wks, 7x 150 min sessions 1st wk then 2x 60min sessions per wk		Cognitive processing therapy		Published after search date
NCT02640690 (875, 876)	RCT	06 Mental and behavioural disorders	Post-traumatic stress disorder (veterans, female)	21 0	Trauma- Sensitive Yoga	10 wks, 1x 60 min session per wk		Cognitive processing therapy		Published after search date
Hofman 2015, NCT01912287 (877-879)	RCT	06 Mental and behavioural disorders	Neurotic, stress- related (Generalised Anxiety Disorder)	22 6	Kundalini Yoga	12 wks, 1x 120 min session per week + 20 mins daily homework		CBT OR Educational services		Published after search date
ACTRN1261800 1922268, Dunne 2020 (880)	RCT	08 Diseases of the nervous system	Multiple sclerosis	10 0	Yoga	8 wks, 1x 120 min session per wk + daily 20 min home practice	Control (waitlist)			Published after search date
CTRI/2019/01/01 6985 (881)	RCT	21 Symptoms, signs or clinical findings, NEC	Neck pain (mechanical, subacute)	12 0	Yoga OR Yoga plus PNF	4 wks, 5 x 20 min sessions per week		PNF OR Active stretching, hot packs and ergonomic advice		Published after search date

Study ID	Study design	ICD-11 Category	Population	N	Intervention	Details	Comparator (inactive)	Comparators (active)	Co- intervention s	Notes
NCT02378025 (882, 883)	RCT	21 Symptoms, signs or clinical findings, NEC	Chronic pain (Gulf war illness)	75	Yoga	10 wks		Pain management wellness		Published after search date
NCT03790098 (884)	RCT	21 Symptoms, signs or clinical findings, NEC	Chronic pain (female >60 yrs)	38	Yoga	12 wks, 2x 60 min sessions per wk	No intervention			Published after search date
IRCT201901030 42225N1, Vaezi 2020 (885)	RCT	25 Prevention	Age-related decline, female (>60 yrs) at risk	58	Yoga	2 mos, 1x 60min session per wk	No intervention			Published after search date

Abbreviations: CBT, cognitive behavioural therapy; ICD-11, International Classification of Diseases for Mortality and Morbidity Statistics (ICD-11 MMS) 11th Revision; min, minutes; mos, months; NEC, not elsewhere classified; PNF, proprioceptive neuromuscular facilitation; RCT, randomised controlled trial; wk, weeks; yrs, years.

### C5 Citation details of ongoing studies

This appendix documents the studies that met the prespecified inclusion criteria for a systematic review on the effect of yoga for preventing and treating any health condition but outcome data from the study is not yet available. An overview of ongoing studies is provided in Table C.10

Table C.10	Overview of ongoin	g studies (by I	CD-11 disease ca	tegory): Yoga
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Disease Category	# studies Not yet recruiting	# studies Recruiting	# studies Active, not recruiting	# studies Recruitment complete	# studies Complete, results not yet available	# studies Brief results on registry	# status Unknow n	TOTAL
01 Certain infectious and parasitic diseases	1	0	0	0	3	0	0	4
02 Neoplasms	2	9	2	1	20	1	2	37
04 Diseases of the immune system	0	0	0	0	0	1	0	1
05 Endocrine, nutritional, or metabolic diseases	4	11	1	2	9	3	4	34
06 Mental, behavioural or neurodevelopmental	1	15	3	4	24	3	6	56
07 Sleep-wake disorders	2	1	0	1	3	1	0	8
08 Diseases of the Nervous system	2	4	0	0	5	0	3	14
09 Diseases of the visual system	0	0	0	0	1	0	2	3
01 Diseases of the ear or mastoid process	0	0	0	0	0	0	1	1
11 Disease of the circulatory system	2	7	0	2	6	2	6	25
12 Diseases of the respiratory system	1	1	1	0	3	0	5	11
13 Diseases of the digestive system	1	2	0	1	1	0	1	6
14 Disease of the skin	0	1		0	0	0	0	1
15 Diseases of the musculoskeletal system or connective tissue	1	4	0	2	8	3	2	20
16 Diseases of the genitourinary system	2	3	1	0	4	1	10	21
18 Pregnancy, childbirth and the puerperium	0	6	1	1	6	0	4	18
20 Developmental anomalies	0	1	0	0	0	0	0	1
21 Symptoms, signs or clinical findings, NEC	2	7	0	0	7	1	5	22
22 Injury, poisoning or certain other consequences of external causes	0	0	0	0	1	0	1	2

Disease Category	# studies Not yet recruiting	# studies Recruiting	# studies Active, not recruiting	# studies Recruitment complete	# studies Complete, results not yet available	# studies Brief results on registry	# status Unknow n	TOTAL
24 Factors influencing health status or contact with health services	0	3	0	0	3	0	0	6
25 Prevention	1	5	1	3	5	0	2	17
GRAND TOTAL	22	80	10	17	109	16	54	308

Abbreviations: ICD-11, International Classification of Diseases for Mortality and Morbidity Statistics (ICD-11 MMS) 11th Revision; NEC, not elsewhere classified.

#### Table C.11 Characteristics of ongoing studies (by ICD-11 Category): Yoga

(see separate file)

## C6 Implications of missing data

# Table C.12Studies in priority populations that are eligible for the main comparison (Yoga vs control): studies awaiting classification and ongoing studies<br/>(with results not available or published)

Study ID	Notes	ICD-11 Category	Population	N	Intervention	Comparator (inactive)	Comparator (other)	Co- interventions	Outcomes
Annapoorn a 2011	Conf abstract	06 Mental and behavioural disorders	Neurotic, stress- related (Anxiety Disorders)	54	Yoga	Control (no intervention)	Yoga alone	Standard medical care	Anxiety (HAM-A); Psychological general well-being; Anxiety status inventory; Satisfaction with life; Anthropometric parameters (BMI); Cardiovascular parameters (SBP, DBP, pulse rate, respiratory rate)
Sharma 1991	Not in English, Full text not retrieved	06 Mental and behavioural disorders	Neurotic, stress- related (Anxiety Disorders)	71	Yoga	Placebo capsule			Anxiety (HAM-A)
Polis 2017	Conf abstract	06 Mental and behavioural disorders	Neurotic, stress- related (anxiety) (females 11-18 yrs with trauma at risk of emotional disabilities)	27	Yoga	Not defined			Anxiety (STAI)
NCT022666 80	Complete, results not available	06 Mental and behavioural disorders	Neurotic, stress- related (Social Anxiety Disorder)	60	Yoga	Control (waitlist)	Rehabilitatio n (pulmonary)		Anxiety (Liebozitz social anxiety scale); Clinical global impression scale; Depression (HAM-D); QoL; Quick inventory of depressive symptomology
NCT026075 14	Complete, results not available	06 Mental and behavioural disorders	21 Negative mood symptoms (depression)	80	Bikram Yoga	Control (waitlist)			Depressive symptoms; Feasibility and tolerability
CTRI/2011/0 7/001883	Complete, results not available	06 Mental and behavioural disorders	Depression (diagnosed)	50	Yoga	Control (no intervention)		Standard medical care (SSRI)	Depression (BDI-II); Biomarkers (Serum cytokine, neurotrophins)

Study ID	Notes	ICD-11 Category	Population	N	Intervention	Comparator (inactive)	Comparator (other)	Co- interventions	Outcomes
NCT040580 80	Complete, results not available	06 Mental and behavioural disorders	Depression (diagnosed)	53	Bikram yoga	Control (waitlist)	Physical activity (aerobic)		Depression (HAM-D); Depression remission (HAM-D; Structured Clinical Interview for DSM-IV Axis Disorders); Hassles and uplifts (Hassles and Uplifts Scale); Rumination (Ruminative Responses Scale); Mindfulness (Philadelphia Mindfulness Scale); Cardiovascular parameters (HR, SBP, DBP); Stress sensitivity (Salivary Hormone and Trier Social Stress Test); Oxygen uptake (Submaximal Exercise Test)
Pallavi 2014	Conf abstract	06 Mental and behavioural disorders	Depression (diagnosed)	50	Yoga	Control (no intervention)		Standard medical care (antidepressan ts)	Depression (BDI); Anxiety (STAI); Serum cytokines; Biomarker parameters (Serum neurotrophins);
Sharma 2007	Full text not able to be retrieved	06 Mental and behavioural disorders	Depression (diagnosed)	60	Sahaj yoga	Control (no intervention)	Yoga in healthy participants (no co- intervention )	Standard medical care (antidepressan ts)	Alpha activity (EEG)
Sharma 2008	Full text not able to be retrieved	06 Mental and behavioural disorders	Depression (diagnosed)	45	Sahaj yoga	Control (no intervention)	Yoga in healthy participants (no co- intervention )	Standard medical care (antidepressan ts)	Cardiovascular parameters (Pulse rate); Respiratory rate; Galvanic skin response

Study ID	Notes	ICD-11 Category	Population	N	Intervention	Comparator (inactive)	Comparator (other)	Co- interventions	Outcomes
CTRI/2017/0 7/009070	Unknown	06 Mental and behavioural disorders	Major Depressive Disorder	150	Yoga	Control (no intervention)		Standard medical care (antidepressan ts)	Depression (HAM-D); Depression (Montgomery-Asverg Depression Rating Scale); Depression (Clinical Global Impressions Scale); Cardiovascular parameters (HR); Cortical inhibition (TMS parameters); Emotion matching and labelling task; Biochemical parameters (Plasma)
NCT033881 77	Unknown	06 Mental and behavioural disorders	Major Depressive Disorder	17 0	Yoga	Control (no intervention)		Standard medical care	Depression (HAM-D); Depression (DASS-21); Depression (DSMv5); Anxiety (DASS-21); Stress DASS-21); Healthcare consumption (costs); QoL (EQ-5D-5L); Repetitive thinking (Perseverative thinking Questionnaire); Attention (exogenous cuing task); Self compassion (Self- Compassion Scales); Implicit Association Test; Uncertainty (Uncertainty Scale-short Form); Mindfulness (Five-Facet Mindfulness Questionnaire-short form); Self- awareness (Scale of Body Connection); Role functioning (Work and Social Adjustment Scale); QoL (WHO Quality of Life Questionnaire- brief)

Study ID	Notes	ICD-11 Category	Population	N	Intervention	Comparator (inactive)	Comparator (other)	Co- interventions	Outcomes
NCT009624 03	Complete, results not available	06 Mental and behavioural disorders	Post-traumatic stress disorder	10 8	Kripalu yoga	Control (waitlist)			PTSD symptoms; Impact of events scale; Resilience scale; Urinary samples; Cardiovascular parameters (ECG); Depression (BDI); Anxiety (STAI); Sleep wake diaries; HRQoL; Enjoyment and satisfaction questionnaire (Q-LES-Q); Credibility expectancy questionnaire; Body- oriented state questionnaire; 5-facet mindfulness questionnaire; Perceived stress (PSS); Yoga follow- up questionnaire
NCT036844 73	Unknown	06 Mental and behavioural disorders	Post-traumatic stress disorder	50	Yoga	Control (waitlist)			Posttraumatic Stress Symptoms; Cardiovascular parameters (HRV, Respiratory rate); Pupil Diameter; HRQoL (SF-36); PTSD-Checklist for DSM-5 (PCL-5); Beck Anxiety Inventory (BAI); Beck Depression Index-II (BDI-II); 5-Facet Mindfulness Questionnaire (FFMQ);
NCT037481 21	Complete, results not available	06 Mental and behavioural disorders	Post-traumatic stress disorder	74	Pranayama Yoga	Control (no intervention)		Cognitive behavioural therapy	Intensity of symptoms; HRQoL; Ability of social participation; Anxiety; Depression; Distress tolerance; Emotion regulation; Body awareness; Breath holding duration; Acute emotional stress; Adverse events; Treatment expectation
Belcher 2009, NCT0152417 2	Complete, results not available	06 Mental and behavioural disorders	Post-traumatic stress disorder	20	Yoga Based Psychothera py Group	Control (usual care)			Acceptance rate; HRV, Behaviour; Post traumatic stress disorder symptoms, and functioning
NCT000338 65	Complete, results not available	07 Sleep-wake disorders	Insomnia	48	Yoga	Control (no intervention)		Sleep hygiene	Sleep quality (Sleep onset latency)

Study ID	Notes	ICD-11 Category	Population	N	Intervention	Comparator (inactive)	Comparator (other)	Co- interventions	Outcomes
NCT0325175 5	Complete, results not available	07 Sleep-wake disorders	Insomnia (with type 2 diabetes)	60	Chinese yoga	Control (usual care)		Educational advice	Sleep quality (PSQI); Body constitution questionnaire; Serum brain-derived neurotrophic factor; Ankle-brachial index
Amarell 2018	Conf abstract	08 Diseases of the nervous system	Headache disorders (chronic headache)	45	Yoga	Control (no intervention)			Headache frequency; Headache duration (NR); Headache intensity (NR)
Sharma 2018a	Conf abstract	08 Diseases of the nervous system	Headache disorders (chronic headache)	82	Yoga	Control (no intervention)		Standard medical care	Headache intensity; Headache QoL (HIT); Pain (medication quantification scale)
Latha 1987	Full text not able to be retrieved	08 Diseases of the nervous system	Headache disorders (migraine and tension headache)	?	Yoga	Not defined			Not defined
Mu 2015	Conf abstract	08 Diseases of the nervous system	Headache disorders (migraine)	20	Yoga	Control (usual care)			Cardiovascular parameters (Cardiac autonomic function); Headache QoL (HIT); Pain (VAS)
Sahai- Srivastava 2014	Conf abstract	08 Diseases of the nervous system	Headache disorders (migraine)	19	Laughter yoga	Control (no intervention)		Standard medical care	Headache frequency; Headache QoL (MSQLv2.1); Headache impact test (HIT); Fatigue (fatigue severity scale); Depression (PHQ-9)
Sarkar 2012	Conf abstract	08 Diseases of the nervous system	Headache disorders (migraine)	60	Yoga	Control (usual care)		Standard medical care	Hospital Anxiety and Depression Scale (HADS); Sleep (PSQI); Migraine disability (MIDAS)
Sharma 2012b, Sharma 2013b, NCT014888 25	Conf abstract	08 Diseases of the nervous system	Headache disorders (migraine)	70	Yoga	Control (usual care)			Headache intensity; Headache frequency (NR); Headache duration (NR); Functional status (NR); Depression (NR); Medication use
Talakad 2013a	Conf abstract	08 Diseases of the nervous system	Headache disorders (migraine)	27	Yoga	Control (no intervention)		Standard medical care	Headache frequency; Headache intensity (VAS); Immunological assessment (blood sample)

Study ID	Notes	ICD-11 Category	Population	N	Intervention	Comparator (inactive)	Comparator (other)	Co- interventions	Outcomes
NCT027218 49	Complete, results not available	08 Diseases of the nervous system	Headache disorders (migraine) (adolescents 12-16 yrs)	45	Yoga (adolescent/ parent dyad)	Control (no intervention)			Pain frequency (diary); Pain duration (diary); Pain intensity (diary); QoL (KIDSCREEN-27); Pain disability (P- PDI); Depression (DIKJ); Depression (BDI); Stress (PQ); Stress (PSS-10); Pain catastrophizing (PCS-P); QoL (WGIQOL-Bref)
Morris 2017	Conf abstract	08 Diseases of the nervous system	Headache disorders (tension headache)	27	Yoga	Control (no intervention)			Headache intensity (Likert scale); Headache disability (Likert scale); Depressive symptoms (self-reported); Biomarker parameters (cortisol response, saliva)
NCT031663 58	Unknown	08 Diseases of the nervous system	Headache disorders (tension headache) - paediatric	40	Yoga	Control (no intervention)			Headache frequency (diary); Headache intensity (diary); Pain- related functional disability (functional disability inventory); Physical functioning (HRQoL SF-36); Medication use (diary); Biochemical parameters (Hair cortisol concentrations, Cortisol reactivity, Alpha amylase reactivity)
CTRI/2019/0 7/020197	Recruiting (?complete )	08 Diseases of the nervous system	Menstrual migraine	58	Yoga	Control (no intervention)			Pain (Migraine pain scale); Migraine disability assessment; QoL (Migraine related)
NCT019845 93	Complete, results available but not published	11 Diseases of the circulatory system	Hypertension	19 0	Yoga	Control (no intervention)			Cardiovascular disease risk (Hypertension); QoL; Stress; Anxiety and depression
Dhungana 2018, CTRI/2017/0 2/007822	Recruitmen t complete	11 Diseases of the circulatory system	Hypertension	14 0	Yoga	Control (no intervention)		Educational advice	Cardiovascular parameters (SBP, DBP, heart rate); BMI

Study ID	Notes	ICD-11 Category	Population	N	Intervention	Comparator (inactive)	Comparator (other)	Co- interventions	Outcomes
Khadka 2017	Conf abstract	11 Diseases of the circulatory system	Hypertension	40	Yoga	Control (no intervention)			Body composition; Cardiovascular parameters (SBP, DBP, heart Rate, respiratory rate)
Khadka 2018	Conf abstract	11 Diseases of the circulatory system	Hypertension	50	Yoga	Control (no intervention)			Body composition; Cardiovascular parameters (SBP, DBP, heart Rate, respiratory rate)
NCT013025 35	Complete, results available but not published	11 Diseases of the circulatory system	Hypertension	83	Yoga (with supervision)	Control (no intervention)	Yoga (home- based)		Cardiovascular disease risk (Hypertension); QoL (WHOQOL- BREF)
NCT032741 93	Unknown	11 Diseases of the circulatory system	Hypertension	80	Yoga	Control (no intervention)			Cardiovascular disease risk (Blood pressure during rest/during psychological stress)
RBR-66xfxh	Unknown	11 Diseases of the circulatory system	Hypertension	30	Yoga	Control (no intervention)			Cardiovascular disease risk (Blood pressure); Cardiovascular disease risk (HRV); QoL; Physical function tests
Punita 2011	Conf abstract	11 Diseases of the circulatory system	Hypertension (medicated)	70	Yoga	Control (no intervention)	Physical activity	Lifestyle modifications + standard medical care (antihypertensi ves)	Cardiovascular parameters (SBP, DBP); Cardiovascular parameters (HRV); Deep breathing; Functional capacity (Isometric hand grip)
Hunter 2019	Conf abstract	11 Diseases of the circulatory system	Hypertension (non-medicated)	10	Bikram yoga	Control (no intervention)			Augmentation Index (SphygmoCor); Stress (PSS); Cardiovascular parameters (SBP, DBP)
CTRI/2017/0 9/009841	Complete, results not available	11 Diseases of the circulatory system	Hypertension (pre & stage 1)	150	Yoga	Control (no intervention)		Usual care	Cardiovascular disease risk (DBP, SBP); Stress
Ramkumar 2014, CTRI/2012/0 9/003017	Conf abstract	11 Diseases of the circulatory system	Hypertension (pre)	10 0	Yoga	Control (no intervention)		Lifestyle modification	Cardiovascular parameters (SBP, DBP); Cardiovascular autonomic function; Insulin resistance; Oxidative stress; Inflammation

Study ID	Notes	ICD-11 Category	Population	N	Intervention	Comparator (inactive)	Comparator (other)	Co- interventions	Outcomes
CTRI/2018/0 1/011341	Unknown	12 Diseases of the respiratory system	Asthma	60	Yoga	Control (no intervention)			Stress; Pulmonary function (Airway resistance); Inflammation
Chen 2009	Not in English, Full text not able to be retrieved	12 Diseases of the respiratory system	Asthma	31	Yoga	Control (no intervention)			Anthropometric parameters (BMI); Flexibility; Muscle strength; Cardiopulmonary fitness
Divya 2013	Conf abstract	12 Diseases of the respiratory system	Asthma	60	Yoga	Control (no intervention)		Standard medical care	Respiratory Airway resistance; Specific airway conductance (sGAW)
Fluge 1994	Not in English, Full text not able to be retrieved	12 Diseases of the respiratory system	Asthma	36	Yoga	Control (no intervention)	Breathing exercises		Pulmonary function (FEV1, VC)
Lathadevi 2012	Full text not able to be retrieved	12 Diseases of the respiratory system	Asthma	48	Yoga breathing exercises	Control (no intervention)			Pulmonary function (FEV1, FVC, PEFR)
Satpathy 2013	Conf abstract	12 Diseases of the respiratory system	Asthma	71	Yoga	Control (usual care)		Standard medical care	Dyspnoea; Asthma symptom score; Acute exacerbation; Medication use
Soni 2011	Conf abstract	12 Diseases of the respiratory system	Asthma	60	Yoga	Not defined			Pulmonary function; QoL (AQLQ)
Vedanthan 1998	Conf abstract	12 Diseases of the respiratory system	Asthma	17	Yoga	Control (no intervention)			Relaxation; Positive attitude; Medication use; Daily symptoms; Peak flow ; Spirometry; Yoga exercise tolerance;
Venugopal 2012, 2014	Conf abstract	12 Diseases of the respiratory system	Asthma	30	Yoga breathing exercises	Control (no intervention)	Breathing exercises (Buteyko + diaphragma tic breathing)	Standard medical care	Pulmonary function (Spirometry); QoL (AQLQ); Asthma Control Test; Medication use ( $\beta$ -agonist use)

Study ID	Notes	ICD-11 Category	Population	N	Intervention	Comparator (inactive)	Comparator (other)	Co- interventions	Outcomes
Kwon 2018	Conf abstract	15 Diseases of the musculoskeletal system or connective tissue	Adhesive capsulitis (Frozen shoulder)	16	Yoga	Control (no intervention)			Pain (VAS); Shoulder Pain and Disability Index; Range of Motion; Functional capacity (Strength); Pressure threshold
Shi 2019	Not in English, Full text not able to be retrieved	15 Diseases of the musculoskeletal system or connective tissue	Adhesive capsulitis (Periarthritis of shoulder)	90	Yoga	Control (no intervention)	Yoga alone (no acupunctur e)	Acupuncture	Pain; Shoulder functioning grading
NCT035269 65	Complete, results not available	15 Diseases of the musculoskeletal system or connective tissue	Cervical spondylosis	117	Yoga chikitsa	Control (usual care)			Pain (Neck); QoL
NCT0411347 3	Complete, results not available	15 Diseases of the musculoskeletal system or connective tissue	Cervical spondylosis	62	Yoga	Control (no intervention)			Pain (Neck); Physical function; QoL
Dubey 2016	Conf abstract	15 Diseases of the musculoskeletal system or connective tissue	Inflammatory arthropathies (Rheumatoid arthritis)	?	Yoga	Control (usual care)			Pain; Joint mobility; Psychological stress
Mahidashti zad 2012	Conf abstract	15 Diseases of the musculoskeletal system or connective tissue	Inflammatory arthropathies (Rheumatoid arthritis)	40	Yoga	Control (no intervention)			Pain (VAS); Anxiety (STAI); Knee joint ROM
Gautam 2019a	Conf abstract	15 Diseases of the musculoskeletal system or connective tissue	Inflammatory arthropathies (Rheumatoid arthritis), infertile men	72	Yoga-based lifestyle intervention	Control (no intervention)		Standard medical care (bDMARD)	Inflammatory biomarkers (ESR, CRP, IL-6, IL-17A, HLA-G); Biochemical parameters (seminal Reactive Oxygen Species); DNA fragmentation Index; Biomarker parameters (8- OHdG levels); QoL (WHO-QOL); Disease Activity Score (DAS-28-ESR); Pain acuity (VAS);

Study ID	Notes	ICD-11 Category	Population	N	Intervention	Comparator (inactive)	Comparator (other)	Co- interventions	Outcomes
Gautam 2019b	Conf abstract	15 Diseases of the musculoskeletal system or connective tissue	Inflammatory arthropathies (Rheumatoid arthritis), infertile men	46	Yoga-based lifestyle intervention	Control (no intervention)		Standard medical care (bDMARD)	Inflammatory biomarkers (ESR, CRP, IL-6, IL-17A, HLA-G); Biochemical parameters (seminal Reactive Oxygen Species); DNA fragmentation Index; Biomarker parameters (8- OHdG levels); QoL (WHO-QOL); Disease Activity Score (DAS-28-ESR); Pain acuity (VAS); Depression (Beck Depression Inventory-II)
NCT035002 76	Complete, results not available	15 Diseases of the musculoskeletal system or connective tissue	Inflammatory arthropathies (rheumatoid arthritis)	57	Yoga	Educational advice			QoL (SF-36); Biochemical parameters (Pro-inflammatory gene expression); biochemical parameter (hs-CRP); Pain intensity (VAS); Stress (Perceived Stress Scale); Rheumatoid arthritis activity (DAS28-CRP); Fatigue (FACIT Fatigue); Anxiety and depression (HADS)
Cheung 2012	Conf abstract	15 Diseases of the musculoskeletal system or connective tissue	Osteoarthritis	36	Yoga	Control (waitlist)			Arthritis symptoms (WOMAC global score); Physical function (Short Form Physical Performance Battery); Sleep quality (Pittsburgh Sleep Quality Index); QoL (SF-12); Cantril Self- Anchoring Scale
Garfinkel 1994	Full text not able to be retrieved	15 Diseases of the musculoskeletal system or connective tissue	Osteoarthritis	?	Yoga	Control (no intervention)			Pain; Strength; Motion; Functional capacity (Joint circumference); Tenderness; Functional capacity (Stanford Hand Assessment questionnaire)

Study ID	Notes	ICD-11 Category	Population	N	Intervention	Comparator (inactive)	Comparator (other)	Co- interventions	Outcomes
NCT0211341 0	Complete, results available but not published	15 Diseases of the musculoskeletal system or connective tissue	Osteoarthritis	131	Chair Yoga (Sit N Fit)	Educational advice			Pain (PROMIS Pain Interference); Arthritis Symptoms (WOMAC- Osteoarthritis Index); Physical function (PROMIS Physical Function); Physical function (Gait Speed Test); Balance (Berg Balance Scale); Physical function (6-Minute Walk Test); Depression (PROMIS Emotional Distress-Depression); Fatigue (PROMIS Fatigue Scale); QoL (PROMIS Ability to Participate in Social Activities); QoL (LSITA-SF)
Srivastava 2015	Conf abstract	15 Diseases of the musculoskeletal system or connective tissue	Osteoarthritis	120	Yoga	Control (no intervention)		Standard medical care	Inflammatory biomarkers (IL-6, IL-10); Severity of OA knee (WOMAC)
CTRI/2017/0 3/008030	Recruitmen t complete	15 Diseases of the musculoskeletal system or connective tissue	Osteoarthritis (knee)	78	Yoga	Educational advice			QoL; Physical function (ADL); Pain (VAS); Increase in level of knowledge of patients; Hospital visits (number)
CTRI/2018/0 1/011095	Recruiting (?complete )	15 Diseases of the musculoskeletal system or connective tissue	Osteoarthritis (knee)	60	Yoga	Control (no intervention)		Usual care	Knee pain and stiffness; Physical function; Physical function (ROM); QoL; Biochemical parameters (IL6); Biochemical parameters (CRP);;
IRCT201708 27035926N 2	Recruitmen t complete	15 Diseases of the musculoskeletal system or connective tissue	Osteoarthritis (knee)	60	Chair yoga	Control (no intervention)			Pain (WOMAC); Arthritis Symptoms (WOMAC-Osteoarthritis Index); Balance (Berg balance scale); Fear of falling (Fall efficacy scale)
NCT025280 84	Complete, results not available	15 Diseases of the musculoskeletal system or connective tissue	Rotator cuff injury	10	Yoga	Control (no intervention)	Physical activity		Shoulder Pain and Disability Index (Pain Level); ROM (Shoulder Impairment); Treatment satisfaction

Study ID	Notes	ICD-11 Category	Population	N	Intervention	Comparator (inactive)	Comparator (other)	Co- interventions	Outcomes
Saper 2016, NCT022241 83	Complete, results not available	21 Symptoms, signs or clinical findings, NEC	Low back pain (chronic, veterans)	120	Hatha Yoga	Educational advice			Pain (intensity); Physical function (Back-related function); Pain medicine use; HRQoL; Pain (Pain interference); Overall improvement; Patient satisfaction; Post traumatic stress; Depression; Sleep quality; Generalised anxiety disorder; Coping strategies; Neurobehavioral symptom inventory; Pain self- efficacy; Family functioning; Employment status
Diaz 2013	Conf abstract	21 Symptoms, signs or clinical findings, NEC	Chronic axial pain (not specified)	?	Yoga	Control (waitlist)	Mindfulness		Physical fitness (BMI, HR, BP); Pain; Psychosocial adjustment to illness; Depression; Anxiety; Empathy levels; QoL
Sharma 2019	Conf abstract	21 Symptoms, signs or clinical findings, NEC	Chronic musculoskeletal pain	98	Yoga	Control (waitlist)			Pain (Box scale-11); Sleep quality; QoL
CTRI/2017/11 /010550	Recruiting (?complete )	21 Symptoms, signs or clinical findings, NEC	Chronic pain (Fibromyalgia)	90	Yoga	Control (waitlist)			Corticomotor excitability; Symptom severity (Fibromyalgia impact questionnaire)
CTRI/2018/0 2/011936	Complete, results not available	21 Symptoms, signs or clinical findings, NEC	Chronic pain (unexplained)	88	Yoga	Control (usual care)			Mental health (PHQ-15); Disability (WHO-DAS 2.0); QoL (WHO QoL); Socioeconomic correlates
NCT037900 98	Published after search date	21 Symptoms, signs or clinical findings, NEC	Chronic pain (women >60 yrs.)	38	Yoga	Control (no intervention)			Biochemical parameters (Inflammatory biomarkers); Pain (Brief pain inventory); Functional capacity (chair stand test, arm curl test, 2-minute step test, chair sit and reach test, back scratch test, 8-foot up and go)

Study ID	Notes	ICD-11 Category	Population	N	Intervention	Comparator (inactive)	Comparator (other)	Co- interventions	Outcomes
CTRI/2018/1 0/016132	Unknown	21 Symptoms, signs or clinical findings, NEC	Low back pain (chronic)	45	Yoga	Control (no intervention)	Physical therapy (Back exercise)		Pain; Physical function (Disability questionnaire); Range of motion
Biggs 2012	Conf abstract	21 Symptoms, signs or clinical findings, NEC	Low back pain (chronic, nonspecific)	18	Yoga	Control (no intervention)			Pain; Disability (RMDQ); Disability (Oswestry index)
NCT042038 88	Recruiting (?complete )	21 Symptoms, signs or clinical findings, NEC	Low back pain (chronic, nonspecific)	60	Yoga	Control (usual care)	Massage (Swedish)		Satisfaction; Pain (Daily pain intensity); Pain (Daily pain interference); Pain (Ecological momentary assessment of pain); Ecological momentary assessment of fatigue; Perceived stress (Ecological momentary assessment of stress); Pain medication use; Daily steps
Woitzek 2012	Not in English	21 Symptoms, signs or clinical findings, NEC	Low back pain (chronic, nonspecific)	313	Yoga	Control (usual care)			Disability (RMDQ); Pain; Independence; Physical and mental health status ; Medication use; General health measures
CTRI/2015/0 5/005761	Unknown	21 Symptoms, signs or clinical findings, NEC	Low back pain (nonspecific)	138	Yoga	Control (no intervention)	Physical therapy	Homeopathic remedies (Hot fermentation)	QoL; Motivation; Trunk muscle strength
Hassanpou r 2010	Conf abstract	21 Symptoms, signs or clinical findings, NEC	Low back pain (nonspecific)	30	Yoga	Control (no intervention)			Pain
IRCT201505 19022320N1 1	Unknown	21 Symptoms, signs or clinical findings, NEC	Musculoskeletal pain (older women)	60	Yoga	Control (no intervention)			Pain (Musculoskeletal pain score)
NCT029071 38	Complete, results not available	24 Factors influencing health status or contact with health services	Elevated perceived stress/anxiety	45	Medical Yoga	Control (usual care)			Stress; Anxiety and Depression (DASS-21); HRQoL; Thorax excursion

Abbreviations: bDMARD, biological disease modifying antirheumatic drug; BMI, body mass index; DASS-21, 21-item depression, anxiety stress scale; DBP, diastolic blood pressure; EQ-5D, European quality of life-5 dimensions; GAD-7, 7-item generalised anxiety disorder; HAM-A, Hamilton anxiety rating scale; HAM-D, Hamilton depression rating scale; HRQoL, health-related quality of life; min, minutes; mos, months; NDI, neck disability index; NEC, not elsewhere classified; NR, not reported; PTSD, post-traumatic stress disorder; ROM, range of motion; SF-36, 36-item short form; STAI, stat-trait anxiety index; WHO, World Health Organization; wks, weeks; yrs, years.

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The following reviewers contributed to the evidence review but are not listed as authors. Santwona Baidya, Stephanie Allerdice, Kevin Phan. Contributions were made in the following areas: design and conduct of the literature search, screening for eligible studies.

# Contributions of authors

The Evidence Evaluation Report was developed and written by **HT**ANALYSTS, with evidence synthesis (statistical analysis and GRADE) conducted by: Roxanne Maurin, Isabelle Ryder, Tania Anthony, Kate Nolan, Christian White, Margaret Jorgensen. Expert advice was provided by NTREAP and NTWC, especially in relation to intervention, study design and eligibility criteria.

A methodological review of the draft evaluation report was conducted by Cochrane Australia.

## Declarations of interest

All named authors declare they have no financial, personal or professional interests that could be construed to have influenced the conduct or results of this systematic review.

In line with the process to establish any NHMRC committee, each committee member was asked to disclose their interests. Potential conflicts of interest among NHMRC NTWC members are lodged with the NHMRC and are available <u>online</u>.

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