

# Reducing psychological distress and obesity through Yoga practice

Dhananjai S, Sadashiv, Sunita Tiwari, Krishna Dutt<sup>1</sup>, Rajjan Kumar<sup>2</sup>

Departments of Physiology, <sup>1</sup>Psychiatry, CSM Medical University, Lucknow, <sup>2</sup>Department of Applied Philosophy, MJP Rohilkhand University, Bareilly, Uttar Pradesh, India

**Address for correspondence:** Dr. Sunita Tiwari,  
Professor and Head, Department of Physiology, CSM Medical University, Lucknow, Uttar Pradesh, India.  
E-mail: research.physiology@gmail.com

## ABSTRACT

**Background:** Yoga practice has been effectively prescribed in conjunction with other medical and yogic procedures in the management of severe psychosomatic diseases, including cancer, bronchial asthma, colitis, peptic and ulcer. It improves strength and flexibility, and may help control physiological variables such as blood pressure, lipids, respiration, heart rate, and metabolic rate to improve overall exercise capacity.

**Aim of the study:** To evaluate the effects of Yogic Practice on anxiety/depression associated with obesity.

**Materials and Methods:** Patients were recruited from the Department of Physiology, C.S.M. Medical University (erstwhile KGMU), Lucknow, Uttar Pradesh, India. A total of 272 subjects were divided into two groups: 1) group of 205 subjects (with yogic practice) and 2) a control group of 67 subjects (with aerobic exercise). Assessment of anxiety and depression were done by Hamilton Rating Scale.

**Result:** This study supports yoga as an effective tool with no diet restriction to improve anxiety and depression symptoms as well as obesity in obese subjects.

**Conclusion:** Incorporating yogic asana in the treatment protocol of patients suffering from anxiety and depression may prove beneficial in the long run.

**Key words:** Anxiety; depression; obesity; yoga practice.

## INTRODUCTION

Obesity is a growing public health concern in modern societies. Physical inactivity and unhealthy diet have been identified as major risk factors for obesity.<sup>[1]</sup> Ample research has highlighted the role of obesity as a risk factor for a large number of chronic health complications, such as cardiovascular disease, hypertension, type 2 diabetes, stroke, sleep apnea and certain types of cancer, as well as in mood change and depression in obese individual.

Abdominal obesity has been suggested to be associated with overstimulation of the hypothalamic pituitary-adrenal

(HPA) axis<sup>[2,3]</sup> due to chronic stress<sup>[4]</sup> and altering diurnal cortisol secretion. Abnormal regulation of the HPA axis and perceived stress-dependent cortisol levels are strongly related to perturbations of the endocrine axis as well as abdominal obesity with metabolic abnormalities.<sup>[5]</sup> A complex set of interrelationships occur between life style, anthropometric, psychological and physical activity variables<sup>[6]</sup> of particular interest is the apparent relationship between physical and mental health.<sup>[7,8]</sup>

Depression is generally associated with low physical activity levels.<sup>[9-11]</sup> Conversely, increasing physical activity has the dual benefit of increasing physical fitness and alleviating depression and anxiety.<sup>[8]</sup> Even without the physical health benefits, increasing physical activity may block negative thoughts, distract people from worries, increase social contact and change the brain chemistry to improve mood.<sup>[12]</sup>

A growing number of research studies have shown that Hatha yoga can improve strength and flexibility, and

### Access this article online

**Website:**  
www.ijoy.org.in

**DOI:**  
10.4103/0973-6131.105949

### Quick Response Code



may help control physiological variables such as blood pressure, lipids,<sup>[13]</sup> respiration, heart rate and metabolic rate to improve overall exercise capacity.<sup>[14,15]</sup>

Yoga is also easy and inexpensive tool requiring little in the way of equipment or professional personnel, with some studies indicating excellent long-term adherence and benefits.<sup>[16-18]</sup>

The aim of this study was to evaluate the effects of Yogic Practice on anxiety/depression associated with obesity.

## MATERIALS AND METHODS

### Study design and setting

The present study was a case control trial for obese patients with psychological problems. Subjects were assigned to a standardized six-month protocol of *Yoga* classes. The study was approved by the ethical committee of CSMMU, Lucknow, UP, India.

### Study participants

A total of 272 obese subjects, age matched between 20-45 years were recruited for the study. Motivated subjects were enrolled (waist circumference >90 cm for men or >80 cm for women). The experimental group consisted of 205 *Yoga Practicing* subjects with a control group of 67 *Aerobic exercising* subjects. Subjects having cardiac diseases, asthma and any other metabolic diseases, pregnant females, men with waist circumference <90 cm and women with <80 cm and age group <20 and >45 years were excluded. Interested individuals were initially screened for eligibility under supervision of a senior consultant. Informed consent was obtained on the first visit and anthropometrical measurements were taken.

### Data collection

The socio-demographic data, details of personal and medical history were taken. Assessments of all the subjects were carried out by hamilton rating scale for depression (HAMD) and Hamilton Anxiety Rating Scale (HAM-A) were administered to both the groups at the beginning of the study to assess the baseline levels of anxiety and depression and again after six months.

### Yoga practice

We used the *Yoga Practices* from SVYASA, Bangalore, India. The yoga instructor was selected by an expert panel and trained from SVYASA for this study. The final protocol

(yoga classes) consisted of 60 min per day, five days a week practice in the department of physiology, CSMMU Lucknow, UP, India for six months.

The yoga group practiced a set of yoga techniques daily, in the form of asana (postures) and deep relaxation technique, pranayama (breathing techniques) and meditation.<sup>[19]</sup> Yoga practices included: Stretching techniques; Ardhakati chakrasana; Padahasthasana; Ardha chakrasana; Sarvangasana; Dhanurasana; Supta-vajrasana Matsyendra (ardha matsyendra); Kapalabhati pranayama; Anuloma Viloma Pranayama and Shavasana.

### Data analysis

The data were summarized as Mean  $\pm$  SD. The continuous demographic characteristics of two groups were compared by independent Student's *t test* while discrete data (gender) was compared by Chi-square ( $\chi^2$ ) test. The pre and post outcome measures of two groups were compared by repeated measures analysis of variance (ANOVA) using general linear models (GLM) and the significance of mean difference within and between the groups was done by Newman-Keuls post hoc test after ascertaining the homogeneity of variances among the groups by Leven's test. The depression and anxiety scores were analyzed after square root transformation.<sup>[20]</sup> A two-sided ( $\alpha=2$ )  $P < 0.05$  was considered statistically significant.

## RESULTS

The demographic (gender, age, height, weight, BMI, WC, HC, WHR, depression and anxiety) and socioeconomic status (economic status, educational status, occupational status, marital status and food habits) of two groups at the time of admission (baseline) have been shown in Table 1. In both groups, the number of male participants was higher than females. The age of participants of Aerobic and Yoga groups ranged from 20 to 45 years with mean ( $\pm$  SD)  $32.87 \pm 7.23$  years and  $34.24 \pm 7.82$  years respectively. The height, weight, HC and depression were slightly higher of Aerobic group than Yoga group while age, BMI, WC, WHR and anxiety were slightly higher of Yoga group than Aerobic group. In both groups, the participants were mostly of high economic status, graduates, sedentary workers, married and vegetarian. The demographic as well as socioeconomic status of two groups at admission were found similar i.e., not statistically significant ( $P > 0.05$ ). In other words, the participants of two groups were demographically and socio-economically matched and therefore, the outcome measures of two treatments (Aerobic and Yoga) were comparable.

The pre and post practice levels of different parameters (outcome measures) of two groups were summarized in

**Table 1: Demographic characteristics summary (mean±SD) of two groups at admission (baseline)**

Characteristics	Aerobic (n=67)	Yoga (n=205)	P value
Gender			
M	35 (52.2%)	113 (55.1%)	0.680
F	32 (47.8%)	92 (44.9%)	
Age (years)	32.87±7.23 (20.0-45.0)	34.24±7.82 (20.0-45.0)	0.205
Height (cm)	161.85±8.99 (145.0-182.0)	161.06±9.32 (140.0-181.0)	0.543
Weight (kg)	81.84±15.49 (62.0-124.0)	80.64±14.72 (60.0-125.0)	0.569
BMI (kg m <sup>2</sup> )	31.30±5.79 (19.1-52.4)	31.37±6.64 (19.8-51.5)	0.940
WC (cm)	101.60±11.70 (82.0-133.0)	102.08±10.25 (83.0-133.0)	0.747
HC (cm)	102.66±10.86 (81.0-138.0)	101.75±10.60 (72.0-139.0)	0.545
WHR	0.99±0.09 (0.8-1.3)	1.01±0.08 (0.9-1.4)	0.204
Economic status			
Moderate	24 (35.8%)	52 (25.4%)	0.085
High	43 (64.2%)	156 (76.1%)	
Educational status			
Intermediate	27 (40.3%)	71 (34.6%)	0.481
Graduate	32 (47.8%)	115 (56.1%)	
Post graduate and above	8 (11.9%)	19 (9.3%)	
Occupational status			
Sedentary	52 (77.6%)	179 (85.9%)	0.112
Moderate	15 (22.4%)	29 (14.1%)	
Marital status			
Married	44 (65.7%)	138 (67.3%)	0.804
Unmarried	23 (34.3%)	67 (32.7%)	
Food habit			
Vegetarian	38 (56.7%)	124 (60.5%)	0.585
Non vegetarian	29 (43.3%)	81 (39.5%)	
Depression	9.60±1.78 (6.0-12.0)	9.56±1.61 (6.0-12.0)	0.936
Anxiety	13.94±3.52 (9.0-23.0)	14.39±3.74 (9.0-23.0)	0.394

Numbers in parenthesis indicates the range (min-max)

Table 2. Table 2 showed that after practice, the levels of all parameters decreased (improved) in both the groups and the decrease (improvement) was higher in Yoga group than Aerobic group. On comparing the levels within the groups (i.e., between periods), all parameters in Yoga group showed significant ( $P < 0.001$ ) decrease from day 30 while Aerobic group showed improvement from day 90. Similarly, comparing the levels between the groups, the weight, WC, HC and depression decreased more significantly ( $P < 0.01$  or  $P < 0.001$ ) at day 90 and day 180 in Yoga group than Aerobic group. The depression also decreased significantly ( $P < 0.01$ ) in Yoga group than in Aerobic group at day 30. Further, at the end of these practices, the weight, BMI, WC, HC, WHR, depression and anxiety in Aerobic group improved (day 0 – day 180) by 8.3%, 8.4%, 4.2%, 2.4%, 1.9%, 19.6% and 10.2% respectively while it was 16.3%, 16.4%, 12.9%, 7.7%, 5.5%, 44.8% and 19.4%, respectively in Yoga group. In other words, weight, BMI, WC, HC, WHR, depression and anxiety improved 2.0, 1.9, 3.0, 3.3, 2.9, 2.3 and 1.9 fold more in Yoga group, than in Aerobic group.

To see the relative improvements among variables, the change (pre-post) in each variable was correlated with each other and summarized in Table 3. Table 3 shows that the improvements among variables were significantly ( $P < 0.05$  or  $P < 0.01$  or  $P < 0.001$ ) associated with each. The change (improvement) in weight positively (direct

association) and significantly correlated with change in BMI ( $r = 0.98$ ,  $P < 0.001$ ), WC ( $r = 0.22$ ,  $P < 0.001$ ), HC ( $r = 0.21$ ,  $P < 0.01$ ), depression ( $r = 0.13$ ,  $P < 0.05$ ) and anxiety ( $r = 0.14$ ,  $P < 0.05$ ). Similarly, change in BMI positively and significantly correlated with change in WC ( $r = 0.21$ ,  $P < 0.01$ ), HC ( $r = 0.21$ ,  $P < 0.01$ ), depression ( $r = 0.12$ ,  $P < 0.05$ ) and anxiety ( $r = 0.16$ ,  $P < 0.01$ ). Further, improvement in WC positively and significantly correlated with improvement in HC ( $r = 0.52$ ,  $P < 0.001$ ), WHR ( $r = 0.75$ ,  $P < 0.001$ ), depression ( $r = 0.54$ ,  $P < 0.001$ ) and anxiety ( $r = 0.23$ ,  $P < 0.001$ ). The change in HC showed negative (inverse association) and significant correlation with change in WHR ( $r = -0.17$ ,  $P < 0.01$ ) while significant and positive correlation with change in depression ( $r = 0.54$ ,  $P < 0.001$ ) and anxiety ( $r = 0.26$ ,  $P < 0.001$ ). The Change in WHR showed positive and significant correlation with change in depression ( $r = 0.20$ ,  $P < 0.01$ ). The change in depression correlated significantly with change in anxiety ( $r = 0.23$ ,  $P < 0.001$ ). However, the improvements in depression and anxiety mostly correlated with the improvements in WC and HC.

## DISCUSSION

The present study evaluates the impact of yogic practices on psychological parameter (anxiety and depression) resulting from overweight, poor lifestyle, and bad dietary habits. Dietary control and lifestyle modification are

**Table 2: Pre and post outcome measure parameters summary (mean±SD) of two groups**

Parameters	Groups	Pre treatment day 0	Post treatment			
			Day 30	Day 90	Day 180	
Weight (kg)	Aerobic	81.84±15.49 (62.0-124.0)	80.54±15.20 (60.0-122.0)	77.90±15.01 <sup>ab</sup> (55.0-119.0)	75.04±15.00 <sup>abc</sup> (53.5-114.0)	
	Yoga	80.64±14.72 (60.0-125.0)	76.46±12.13 <sup>a</sup> (56.0-125.0)	71.70±11.93 <sup>ab***</sup> (52.0-120.0)	67.46±11.64 <sup>abc***</sup> (47.0-117.0)	
BMI (kg m <sup>2</sup> )	Aerobic	31.30±5.79 (19.1-52.4)	30.79±5.64 (24.1-51.1)	29.77±5.54 <sup>ab</sup> (22.3-50.2)	28.67±5.49 <sup>abc</sup> (21.7-47.6)	
	Yoga	31.37±6.64 (19.8-51.5)	29.72±5.53 <sup>a</sup> (19.2-46.9)	27.87±5.36 <sup>ab</sup> (18.0-44.1)	26.23±5.19 <sup>abc**</sup> (16.6-43.0)	
WC (cm)	Aerobic	101.60±11.70 (82.0-133.0)	100.40±11.53 <sup>a</sup> (81.0-139.0)	98.94±11.15 <sup>ab</sup> (79.0-136.0)	97.29±11.03 <sup>abc</sup> (77.0-137.0)	
	Yoga	102.08±10.25 (83.0-133.0)	97.03±9.93 <sup>a</sup> (79.0-128.0)	92.00±10.01 <sup>ab***</sup> (74.0-121.0)	88.95±10.16 <sup>abc***</sup> (56.0-117.0)	
HC (cm)	Aerobic	102.66±10.86 (81.0-138.0)	102.48±10.37 (82.0-135.0)	101.31±10.67 <sup>ab</sup> (79.0-135.0)	100.24±10.70 <sup>abc</sup> (78.0-133.0)	
	Yoga	101.75±10.60 (72.0-139.0)	100.27±10.45 <sup>a</sup> (70.0-137.0)	96.46±10.35 <sup>ab**</sup> (67.0-133.0)	93.87±10.27 <sup>abc***</sup> (65.0-130.0)	
WHR	Aerobic	0.99±0.09 (0.8-1.3)	0.98±0.08 <sup>a</sup> (0.9-1.3)	0.98±0.08 <sup>a</sup> (0.9-1.3)	0.97±0.08 <sup>ab</sup> (0.8-1.2)	
	Yoga	1.01±0.08 (0.9-1.4)	0.97±0.07 <sup>a</sup> (0.9-1.3)	0.96±0.08 <sup>ab</sup> (0.8-1.3)	0.95±0.09 <sup>ab</sup> (0.6-1.4)	
Depression	Aerobic	9.60±1.78 (6.0-12.0)	9.31±1.76 <sup>a</sup> (6.0-12.0)	8.84±1.77 <sup>ab</sup> (6.0-12.0)	7.72±1.58 <sup>abc</sup> (5.0-11.0)	
	Yoga	9.56±1.61 (6.0-12.0)	8.24±1.67 <sup>a**</sup> (5.0-11.0)	6.60±1.63 <sup>ab***</sup> (3.0-10.0)	5.27±1.52 <sup>abc***</sup> (2.0-9.0)	
Anxiety	Aerobic	13.94±3.52 (9.0-23.0)	13.63±3.01 <sup>a</sup> (9.0-21.0)	13.10±2.66 <sup>ab</sup> (9.0-19.0)	12.52±2.57 <sup>abc</sup> (8.0-19.0)	
	Yoga	14.39±3.74 (9.0-23.0)	13.18±3.47 <sup>a</sup> (7.0-21.0)	12.32±3.18 <sup>ab</sup> (7.0-19.0)	11.60±2.91 <sup>abc</sup> (6.0-20.0)	

Numbers in parenthesis indicate the range (min-max). BMI=Body mass index; WC=Waist circumference; HC=Hip circumference; WHR=Waist to hip ratio  
 Comparison between groups \*\*P<0.01 or \*\*\*P<0.0001- Aerobic vs. Yoga Comparison within groups <sup>a</sup>P<0.05 or <sup>a</sup>P<0.01 or <sup>a</sup>P<0.001-as compared to day 0  
<sup>b</sup>P<0.05 or <sup>b</sup>P<0.01 or <sup>b</sup>P<0.001- as compared to day 30 <sup>c</sup>P<0.05 or <sup>c</sup>P<0.01 or <sup>c</sup>P<0.001- as compared to day 90

**Table 3: Correlation (n=272) among variables**

Variables	Weight	BMI	WC	HC	WHR	Depression	Anxiety
Weight	1.00						
BMI	0.98***	1.00					
WC	0.22***	0.21**	1.00				
HC	0.21**	0.21**	0.52***	1.00			
WHR	0.11 <sup>ns</sup>	0.11 <sup>ns</sup>	0.75***	-0.17**	1.00		
Depression	0.13*	0.12*	0.54***	0.54***	0.20**	1.00	
Anxiety	0.14*	0.16**	0.23***	0.26***	0.07 <sup>ns</sup>	0.23***	1.00

<sup>ns</sup>. P>0.05; \*-P<0.05; \*\*-P<0.05; \*\*\*-P<0.0001

necessary for weight reduction; however, the psychological components due to obesity remain untreated.

This study was one of the first to give support to yoga as an effective tool *with no diet restriction* to improve anxiety and depression symptoms as well as obesity in obese subjects. The results showed differences in outcomes for the yoga and aerobic groups over a period of time.

Hence, this study established the improvement in psychological parameters with the potential to generate positive effect and general feeling of well being.

Similar work has also shown that those with depression could benefit from *Sudarshan Kriya* and related practice.<sup>[21]</sup>

Earlier studies also reported similar findings.<sup>[22-24]</sup> During depression, there is a decrease in neurotransmitters such as serotonin and norepinephrine. Besides, an increased level of cortisol has a role in causing depression by regulating the function of serotonin and norepinephrine.<sup>[25]</sup> Yoga helps in decreasing the cortisol levels leading to a counter-regulatory effect to reduce the depressive symptoms.<sup>[26]</sup>

There was decreased anxiety in the yoga group. Previous studies have also shown that practicing yoga for other conditions (cancer survivors, self-reported emotional distress) results in beneficial effects for depression and mood, as well as anxiety and a state of physical wellbeing is established.<sup>[27]</sup> Further, the subjects who practiced *Yoga* frequently endorsed qualitative benefits after yoga sessions.

## CONCLUSION

Incorporating yogic asana in the treatment protocol of patients suffering from anxiety and depression may prove beneficial in the long run.

## ACKNOWLEDGMENT

We are very thankful to the faculty and staff of the department of Physiology, CSMMU, Lucknow. The authors wish to acknowledge the financial support of CCRYN, New Delhi, India.

## REFERENCES

- Perez CE. Fruit and vegetable consumption. *Health Rep.* 2002;13:23-31.
- Rosmond R, Dallman M, Bjorntorp P. Stress-related cortisol secretion in men: Relationships with abdominal obesity and endocrine, metabolic and hemodynamic abnormalities. *J Clin Endocrinol Metab* 1998;83:1853.
- Bjorntorp P. Neuroendocrine factors in obesity. *J Endocrinol* 1997;155:193-5.
- Björntorp P. The regulation of adipose tissue distribution in humans. *Int J Obes Relat Metab Disord* 1996;20:291-302.
- Wüst S, Federenko I, Hellhammer D, Kirschbaum C. Genetic factors, perceived chronic stress, and the free cortisol response to awakening. *Psychoneuroendocrinology* 2000;25:707-20.
- Kyrios M, Moore SM, Hackworth N, Buzwell SA, Crafti N, Critchley C, *et al.* The influence of depression and anxiety on outcomes after an intervention for prediabetes. *Med J Aust* 2009;190:S81-5.
- Teychenne M, Ball K, Salmon J. Associations between physical activity and depressive symptoms in women. *Int J Behav Nutr Phys Act* 2008;5:27.
- Dunn AL, Trivedi MH, Kampert JB, Clark CG, Chambliss HO. Exercise treatment for depression: Efficacy and dose response. *Am J Prev Med* 2005;28:1-8.
- Brosse AL, Sheets ES, Lett HS, Blumenthal JA. Exercise and the treatment of clinical depression in adults: Recent findings and future directions. *Sports Med* 2002;32:741-60.
- Craft LL, Perna FM. The Benefits of Exercise for the Clinically Depressed. *Prim Care Companion J Clin Psychiatry* 2004;6:104-11.
- Rejeski WJ, Shelton B, Miller M, Dunn AL, King AC, Sallis JF. Mediators of Increased Physical Activity and Change in Subjective Well-being: Results from the Activity Counseling Trial (ACT). *J Health Psychol* 2001;6:159-68.
- Jorm AF, Christensen H, Griffiths KM, Rodgers B. Effectiveness of complementary and self-help treatments for depression. *Med J Aust* 2002;176(Suppl):S84-96.
- Dhananjai S, Sadashiv, Tiwari S, Kumar R. Effect of a Yoga practice in the management of risk factors associated with obesity: A pilot study. *ISRJ* 2011;1:1-4
- Ray US, Sinha B, Tomer OS, Pathak A, Dasgupta T, Selvamurthy W. Aerobic capacity and perceived exertion after practice of Hatha yogic exercises. *Indian J Med Res* 2001;114:215-21.
- Tran MD, Holly RG, Lashbrook J, Amsterdam EA. Effects of hatha yoga practice on the health-related aspects of physical fit-ness. *Prev Cardiol* 2001;4:165-70.
- Miller J, Fletcher K, Kabat-Zinn J. Three-year follow-up and clinical implications of a mindfulness meditation-based stress reduction intervention in the treatment of anxiety disorders. *Gen Hosp Psychiatry* 1995;17:192-200.
- Manchanda S, Narang R, Reddy K, Sachdeva U, Prabhakaran D, Dharmarand S, *et al.* Retardation of coronary atherosclerosis with yoga lifestyle intervention. [Randomized Controlled Trial]. *J Assoc Physicians India* 2000;48:687-94.
- Patel C, Marmot M, Terry D, Carruthers M, Hunt B, Patel M. Trial of relaxation in reducing coronary risk: Four year follow-up. *Br Med J (Clin Res Ed)* 1985;290:1103-6.
- Nagarathna R, Nagendra HR. Combined approach of yoga therapy for positive health. 2<sup>nd</sup> edition. Bangalore: Swami Vivekananda yoga Prakashana; 2004.
- Zar JH. *Biostatistical Analysis*. Englewood Cliffs, N.J.: Prentice Hall, Inc.; 1974.
- Rohini V, Pandey RS, Janakiramaiah N, Gangadhar BN, Vedamurthachar A. A comparative study of full and partial Sudarshan Kriya yoga (SKY) in major depressive disorder. *NIMHANS Journal*. 2000;18:53-7.
- Woolery A, Myers H, Sternlieb B, Zeltzer L. A yoga intervention for young adults with elevated symptoms of depression. *Altern Ther Health Med*. 2004;10:60-3.
- Butler LD, Waelde LC, Hastings TA, Chen XH, Symons B, Marshall J, *et al.* Meditation with yoga, group therapy with hypnosis, and psychoeducation for long-term depressed mood: A randomized pilot trial. *J Clin Psychol*. 2008;64:806-20.
- Pilkington K, Kirkwood G, Rampes H, Richardson J. Yoga for depression: the research evidence. *J Affect Disord* 2005;89:13-24.
- Kaplan HI, Sadock BJ. *Synopsis of psychiatry*. 10<sup>th</sup> ed. New Delhi: Wolters Kluwer Pvt. Ltd; 2007.
- Bhushan K. A study of neurohumours and effect of yoga in bronchial asthma. MD Thesis. BHU: Banaras; 1977.
- Michalsen A, Grossman P, Acil A, Langhorst J, Ludtke R, Esch T. Rapid stress reduction and anxiolysis among distressed women as a consequence of a three-month intensive yoga. *Med Sci Monit* 2005;11:555-61.

**How to cite this article:** Dhananjai S, S, Tiwari S, Dutt K, Kumar R. Reducing psychological distress and obesity through Yoga practice. *Int J Yoga* 2013;6:66-70.

**Source of Support:** Nil, **Conflict of Interest:** None declared

## Announcement

### “QUICK RESPONSE CODE” LINK FOR FULL TEXT ARTICLES

The journal issue has a unique new feature for reaching to the journal’s website without typing a single letter. Each article on its first page has a “Quick Response Code”. Using any mobile or other hand-held device with camera and GPRS/other internet source, one can reach to the full text of that particular article on the journal’s website. Start a QR-code reading software (see list of free applications from <http://tinyurl.com/yzlh2tc>) and point the camera to the QR-code printed in the journal. It will automatically take you to the HTML full text of that article. One can also use a desktop or laptop with web camera for similar functionality. See <http://tinyurl.com/2bw7fn3> or <http://tinyurl.com/3ysr3me> for the free applications.