



INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

ANXIETY AND IT'S YOGIC MANAGEMENT

Monika Panwar

Research Scholar

University of Patanjali, Haridwar

Uttarakhand-249405

Abstract: Anxiety is a mood state characterized by marked negative affect and somatic symptoms of tension in which a person apprehensively anticipates future danger or misfortune. It is a state of uneasiness and apprehension, as about future uncertainties. It is a multisystem response to a perceived threat or danger. It reflects a combination of biochemical changes in the body, the patient personal history and memory, and the social situation. Anxiety is often described as having cognitive, somatic, emotional and behavioral components. The cognitive component entails expectations of a diffuse and uncertain danger somatically the body prepares the organism to deal with threat known as an emergency reaction, blood pressure and heart rate are increased, sweating is increased, blood flow to the major muscle groups is increased and immune and digestive system functions are inhibited. Externally, somatic signs of Anxiety may include pale skin, sweating and trembling. Emotionally, it causes a sense of dread or panic and physically causes nausea, and chills. Behaviorally, both voluntary and involuntary behaviors may arise directed at escaping or avoiding the source of Anxiety. These behaviors are frequent and often maladaptive, being most extreme in Anxiety disorders. However, Anxiety is not always pathological or maladaptive: It is a common emotion along with fear, anger, sadness and happiness and it has a very important function in relation to survival. Anxiety is a feeling of fear, dread, and uneasiness. An Anxiety disorders are among the most prevalent mental health problems found in the community in the United Kingdom to the survey carried out by the Office for National Statistics (ONS) in the year 2000. The aim of this study is to evaluate the evidence from a range of sources of the effectiveness of yoga for the treatment of Anxiety and its disorders.

Keywords- Anxiety, Yoga, Somatic, ONS, Uneasiness, Apprehension

INTRODUCTION

Anxiety can be normal in stressful situations such as public speaking or taking a test. Anxiety is only an indicator of underlying disease when feelings became excessive all-consuming and interfere with daily living. Experiencing occasional it is a normal part of life However; people with Anxiety disorders frequently have intense, excessive and persistent worry and fear about everyday situations. Often, Anxiety disorders involve repeated episodes of sudden feelings of intense Anxiety and fear or terror that reach a peak within minutes (panic attacks). These feelings of Anxiety and panic interfere with daily activities, are difficult to control and are out of proportion to the actual danger and can last a long time, one can avoid the places or situations to prevent these feelings. Symptoms may start during childhood or the teen years and continue into adulthood. Some of the examples of Anxiety disorders include Generalized Anxiety Disorder, Social Anxiety Disorder (social phobia), Specific phobias and Separation Anxiety Disorder. A person can have more than one Anxiety disorder at a time. Common Anxiety signs and symptoms include: feeling nervous, restless or tense, sense of impending danger, panic or doom, increased heart rate, breathing rapidly (hyperventilation), sweating, trembling, feeling weak or tired, trouble concentrating or thinking about anything other than the present worry, trouble sleeping, experiencing gastrointestinal (GI) problems, difficulty in controlling worry and the urge to avoid things that trigger Anxiety

TYPES OF ANXIETY DISORDERS

- **Agoraphobia** (ag-uh-ruh-FOE-be-uh) is a type of Anxiety disorder in which you fear and often avoid places or situations that might cause you to panic and make you feel trapped, helpless or embarrassed.
- **Anxiety disorder due to a medical condition** includes symptoms of intense Anxiety or panic that are directly caused by a physical health problem.
- **Generalized Anxiety Disorder** includes persistent and excessive Anxiety and worry about activities or events — even ordinary, routine issues. The worry is out of proportion to the actual circumstance, is difficult to control and affects how you feel physically. It often occurs along with other Anxiety disorders or depression. The best-estimate rates for 1-year and lifetime prevalence were 2.6% (95% CI, 1.4% to 4.2%) and 6.2% (95% CI, 4.0% to 9.2%)
- **Panic Disorder** involves repeated episodes of sudden feelings of intense Anxiety and fear or terror that reach a peak within minutes (panic attacks). You may have feelings of impending doom, shortness of breath, chest pain, or a rapid, fluttering or pounding heart

(heart palpitations). These panic attacks may lead to worrying about them happening again or avoiding situations in which they've occurred. The best-estimate rates for 1-year and lifetime prevalence were 0.99% (95%CI, 0.55% to 1.5%) and 1.2% (95%CI, 0.7% to 1.9%), and 1.6% (95%CI, 1.0% to 2.3%) and 3.8% (95%CI, 2.5% to 5.6%), respectively

- **Selective Mutism** is a consistent failure of children to speak in certain situations, such as school, even when they can speak in other situations, such as at home with close family members. This can interfere with school, work and social functioning.
- **Separation Anxiety Disorder** is a childhood disorder characterized by Anxiety that's excessive for the child's developmental level and related to separation from parents or others who have parental roles.
- **Social Anxiety Disorder (social phobia)** involves high levels of Anxiety, fear and avoidance of social situations due to feelings of embarrassment, self-consciousness and concern about being judged or viewed negatively by others. The best-estimate rates for 1-year and lifetime prevalence were 4.5% (95%CI, 3.0% to 6.4%) and 3.6% (95%CI, 2.0% to 5.6%), respectively.
- **Specific Phobias** are characterized by major Anxiety when you're exposed to a specific object or situation and a desire to avoid it. Phobias provoke panic attacks in some people. The best-estimate rates for 1-year and lifetime prevalence were 3.0% (95%CI, 0.98% to 5.8%) and 5.3% (95%CI, 3.4% to 7.9%), Respectively Obsessive–Compulsive Disorder The best-estimate rates for 1-year and lifetime prevalence were 0.54% (95%CI, 0.28% to 0.86%) and 1.3% (95%CI, 0.86% to 1.8%), respectively.
- **Substance-induced Anxiety disorder** is characterized by symptoms of intense Anxiety or panic that are a direct result of misusing drugs, taking medications, being exposed to a toxic substance or withdrawal from drugs.
- **Other specified Anxiety disorder and unspecified Anxiety disorder** are terms for Anxiety or phobias that don't meet the exact criteria for any other Anxiety disorders but are significant enough to be distressing and disruptive

The prevalence of Anxiety disorders appears to diminish over the course of adulthood. The replication of the National Comorbidity Survey (NCS-R; Kessler et al., 2005) examined prevalence across adult cohorts (ie, adults aged 18–29, 30–44, 45–59, 60 and older). While the lifetime prevalence of Anxiety disorders in adults under 60 years ranged from approximately 30–35%, for those 60 years and older the prevalence dropped to 15.3%. This age-related decline may provide some explanation for the inattention given to geriatric Anxiety. Consistent with the NCS-R data, in a recent survey of mental disorders in older African Americans, the National Survey of American Life (NASL; Ford et al., 2007), Anxiety disorders were more than twice as prevalent (13.23%) as mood disorders (6.33%) and the most frequently occurring category of psychiatric illness. Notably, Post-traumatic Stress Disorder (6.19%) and Social Phobia (4.49%) were the two most prevalent conditions in the Ford et al. (2007) study, whereas the NCS-R data found that Specific Phobia (7.5%) and Social Phobia (6.4%) were the most prevalent diagnoses. Interestingly, the Longitudinal Aging Study, which was conducted in Amsterdam, found Generalized Anxiety Disorder (7.3%) was the most prevalent condition and the overall prevalence of Anxiety disorders was 10.2% (Beekman et al., 1998). However, as noted above, regardless of the prevalence dropping by roughly half, Anxiety disorders remain the most frequently occurring diagnoses across all age groups including those aged 60 and above Epidemiologic Catchment Area Survey that found a 1-month Anxiety prevalence rate of 5.5% in adults 65 years and older[1].

Anxiety (2.3% prevalence), corresponding to level 4 of the GMS/AGECAT output, and 110 cases of very severe Anxiety (1.0% prevalence), equivalent to level 5 of the GMS/AGECAT schedule, were found within Latin America. In India on the other hand the prevalence of severe Anxiety was less than half (0.7%) and the estimate for very severe Anxiety was only 0 [3].

Anxiety disorders, including panic disorder with or without agoraphobia, generalized Anxiety disorder, social Anxiety disorder, specific phobias, and separation Anxiety disorder, are the most prevalent mental disorders and are associated with immense health care costs and a high burden of disease According to large population-based surveys, up to 33.7% of the population are affected by an Anxiety disorder during their lifetime Substantial Under recognition and undertreatment of these disorders have been demonstrated. There is no evidence that the prevalence rates of Anxiety disorders have changed in the past years. In cross-cultural comparisons, prevalence rates are highly variable It is more likely that this heterogeneity is due to differences in methodology than to cultural influences. Anxiety disorders follow a chronic course; however, there is a natural decrease in prevalence rates with older age Anxiety disorders are highly comorbid with other Anxiety disorders and other mental disorders [2,4].

The etiology of Anxiety and affective disorders has traditionally been focused on genetic factors More recently, evidence has been accumulating indicating that epigenetic factors, independent of DNA sequence variations, determine the course of affective disorders, panic disorder (PD), posttraumatic stress disorder (PTSD), social Anxiety disorder (SAD) as well as withdrawal Anxiety following drug addiction. Drugs, chronic stress as well as traumatic memories encode persistent epigenetic reprogramming that change brain interaction with the environment and lead to dysfunctional behaviors.

YOGIC MANAGEMENT OF ANXIETY

The effect of exercise on Anxiety has, however, been reviewed. There is some evidence of an anxiolytic effect, with aerobic exercise possibly more beneficial than non-aerobic exercise. There is also some evidence that exercise may be particularly beneficial in people with more severe Anxiety. There are a number of studies that look at the effects of yoga on Anxiety levels in non-clinical samples. Berger and Owen compared the effects of swimming, fencing, body conditioning, and yoga classes and found that only the yoga treatment group recorded a significant short term reduction in state Anxiety [6] reported that yoga reduced Anxiety but only among male students. Netz and Lidor showed that participants in yoga as well as swimming and the Feldenkrais method recorded lower Anxiety levels than a control group. However, in a study of elderly people, found that yoga participants fared worse than those in an aerobic exercise group and no better than the other treatment regimens on Anxiety measures.

It is difficult to predict on the basis of the findings of these studies the effect of yoga on people with Anxiety or a specific Anxiety disorder, and therefore it is important to identify the evidence that is currently available. The effect of exercise on Anxiety has, however, been reviewed. There is some evidence of an anxiolytic effect, with aerobic exercise possibly more beneficial than non-

aerobic exercise There is also some evidence that exercise may be particularly beneficial in people with more severe Anxiety. None of these reviews, however, appear to have included yoga as a form of exercise. There are a number of studies that look at the effects of yoga on Anxiety levels in non-clinical samples. Berger and Owen compared the effects of swimming, fencing, body conditioning, and yoga classes and found that only the yoga treatment group recorded a significant short term reduction in state Anxiety. Ray et al reported that yoga reduced Anxiety but only among male students. Netz and Lidor showed that participants in yoga as well as swimming and the Feldenkrais method recorded lower Anxiety levels than a control group. However, in a study of elderly people, Blumenthal et al found that yoga participants fared worse than those in an aerobic exercise group and no better than the other treatment regimens on Anxiety measures.

It is difficult to predict based on the findings of these studies the effect of yoga on people with Anxiety or a specific Anxiety disorder, and therefore it is important to identify the evidence that is currently available yoga has its origins in ancient and in its original form, spiritual, moral and material included a system of practices. The central and common aspects of the practice today, focusing the mind to achieve relaxation and wellness that aims to enhance various physical postures (asana) and breathing exercises (pranayama) are located. Various health benefits of yoga have been described in previous studies. Many studies reported on Anxiety, stress reduction and general wellbeing as the beneficial effects of yoga. Studies show that even low or moderate levels of stress can interfere with the performance Inability to concentrate stress results in cognitive reactions. Yoga is a way of life, balance, health, harmony, and is characterized by ecstasy. Meditation, the seventh limb of Ashtanga Yoga warning leisure is a state that is part of yoga, as is being said by Maharishi Mahesh Yogi. The practice of yoga, a person favorable or unfavorable reaction to external events as well as the person in control, and where the mental fortitude reactions are moderate in intensity, the situation is supposed to reach. Asana (ie, posture), pranayama (ie, breathing exercises aimed at influencing the vital forces), kriyas (cleansing processes), Mudra (ie, fixed interval approach), and bandhans (ie, neuromuscular locks) as Hatha Yoga practices, are mostly taught as physical practices. The changes are aimed at developing the individual [7]. Meditation can be done for improving the concentration and to stabilize the mind. It has been proven to be a very good solution for stress management. This practice is a promising new treatment for stress related disorders. Meditation indicates a potential role in reducing maladaptive and compulsive behaviours. These techniques alter theta and alpha EEG patterns significantly more than regular relaxation.

Meditation, asana, pranayama through its own technology to manage stress in adolescents yields a positive effect. A study of yogasanas and care for a 4 week program to reduce students' aggressive behavior that is found. In another study note (a) maladaptive behaviors associated with fewer problems, (b), have reported increased emotional and physical health and psychological well-being, (c) thought to reduce substance abuse the frequency, (d) low, and (e) generally improved quality of life [11].

A few asanas like Vrikshasana, Tadasana, Vajrasana, Shashankasana, Shavasana, Uttanpadasana, Makarasana coupled with pranayama like anulom- vilom, on a regular basis, helps to flush out all the negative thoughts and tiredness of the minds[9,12]. There are many types of yoga. Some popular forms include:

- Satyananda: This style includes gentle poses, deep relaxation, and meditation. It is suitable for beginners and can help reduce stress.
- Hatha yoga: One of the most popular forms of yoga, Hatha is also quite gentle. It involves holding poses and concentrating on breathing. Hatha yoga is suitable for beginners and can help to reduce stress.
- Power yoga: As the name suggests, this tends to be more intense and involves more movement through poses. It focuses on fitness as well as relaxation.

The line of treatment should be to retard the hyperactive state of mind. The Yogic practices prescribed are:

Kriyas: Jalanti, Sutraneti, Kapalabhati (mild strokes)

Yogic Sukshma Vyayama and Sthula Vyayama: Medha shakti vikasaka kriya, Smarana shakti vikasaka kriya, Buddhi tatha dhriti shakti

vikasaka kriya, Urdhwagati

Yogasana: Tadasana, Katichakrasana, Pavanamuktasana, Sarvangasana, Sarala Matsyasana, Gomukhasana, Vakrasana, Ardhamatsyendrasana, Ushtrasana, Shashankasana, Paschimottanasana, Makarasana, Bhujangasana, Dhanurasana, Shavasana

Pranayama: Nadishuddhi, Ujjayi, Sitali/Sitkari and Bhramari

Meditation: Breath awareness, Om chanting, Om meditation

CONCLUSION

Yoga helps with anxiety by reducing levels of stress hormones in the body. The body releases stress hormones as part of the fight, flight, or freeze response. This response can lead to symptoms of anxiety. Slowing and concentrating on the breath can reduce the fast heartbeat and rapid breathing that people with anxiety often experience. The meditation part of yoga can also help people to clear their minds and become calm. It is worth noting that all types of exercise trigger the body to release endorphins. Endorphins are neurotransmitters, a type of hormone that boosts a person's mood and reduces stress. Yoga is a form of exercise that focuses on breathing, stretching, and relaxing. It does this by reducing the level of stress hormone in the body and helping people feel calm. There are many types of yoga and different poses that people can try. These include Downward-Facing Dog, Upward-Facing Dog, Child's Pose, and Savasana. People can experiment with different poses to find those that work best for them.

Further, while yoga can reduce symptoms of anxiety and stress, it is not considered to be a stand-alone treatment, and it may not be effective for helping severe anxiety such as anxiety disorders. People experiencing extreme stress and anxiety may want to consider seeking help from a mental health professional or their primary doctor.

REFERENCES

- [1]. Bandelow, B., & Michaelis, S. (2015). Epidemiology of Anxiety disorders in the 21st century. *Dialogues in clinical neuroscience*, 17(3), 327.
- [2]. Prina, A., Ferri, C., Guerra, M., Brayne, C., & Prince, M. (2011). Prevalence of Anxiety & its correlates among older adults in Latin America, India and China: cross cultural.
- [3]. Gupta, N., Khera, S., Vempati, R. P., Sharma, R., & Bijlani, R. L. (2006). Effect of yoga based lifestyle intervention on state and trait Anxiety. *Indian journal of physiology and pharmacology*, 50(1), 41.
- [4]. Christopher McNamara, Mahrya Johnson, Lisa Read, Heidi Vander Velden, Megan Thygeson, Meixia Liu, Laura Gandrud, John McNamara, "Yoga Therapy in Children with Cystic Fibrosis Decreases Immediate Anxiety and Joint Pain", *Evidence-Based Complementary and Alternative Medicine*, vol. 2016,
- [5]. Lemay, V., Hoolahan, J., & Buchanan, A. (2019). Impact of a yoga and meditation intervention on students' stress and Anxiety levels. *American journal of pharmaceutical education*, 83(5).
- [6]. Subramanya, P., & Telles, S. (2009). Effect of two yoga-based relaxation techniques on memory scores and state Anxiety. *BioPsychoSocial Medicine*, 3(1), 1-5.
- [7]. Araújo, R. V., Fernandes, A. F. C., Campelo, R. C. V., Silva, R. A., & Nery, I. S. (2021). Effect of Raja Yoga Meditation on the Distress and Anxiety Levels of Women with Breast Cancer. *Religions*, 12(8), 590.
- [8]. Araújo, R. V., Fernandes, A. F. C., Campelo, R. C. V., Silva, R. A., & Nery, I. S. (2021). Effect of Raja Yoga Meditation on the Distress and Anxiety Levels of Women with Breast Cancer. *Religions*, 12(8), 590.
- [9]. Cramer, H., Lauche, R., Anheyer, D., Pilkington, K., de Manincor, M., Dobos, G., & Ward, L. (2018). Yoga for Anxiety: A systematic review and meta-analysis of randomized controlled trials. *Depression and Anxiety*, 35(9), 830-843.
- [10]. Gallagher, A., Kring, D., & Whitley, T. (2020). Effects of yoga on Anxiety and depression for high risk mothers on hospital bedrest. *Complementary Therapies in Clinical Practice*, 38, 101079..
- [11]. Stern, J. R., Khalsa, S. B. S., & Hofmann, S. G. (2012). A yoga intervention for music performance Anxiety in conservatory students. *Medical problems of performing artists*, 27(3), 123-128.
- [12]. Chung, S. C., Brooks, M. M., Rai, M., Balk, J. L., & Rai, S. (2012). Effect of Sahaja yoga meditation on quality of life, Anxiety, and blood pressure control. *The Journal of Alternative and Complementary Medicine*, 18(6), 589-596.

