

Yoga and Obsessive-Compulsive Disorder

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Anonymous. Recovery from OCD (Obsessive Compulsive Disorder). Article available online: <http://www.alternativementalhealth.com/testimonials/khalsa.htm>.

“. . . a personal reflection by a female patient (age 20) that has recently undergone KY (Kundalini Yoga) therapy [as reported by her therapist, David Shannahoff-Khalsa, Ph.D.]. Her OCD symptoms began at age 10 and her BDD [body dysmorphic disorder—obsessive concern about physical appearance] and social anxiety started at age 17. Her OCD symptoms included only obsessions—the fear of harming others, she was convinced that if she called a relative or friend on their cell phones, she would cause a car accident, or something horrific. The fear she felt “was paralyzing.” Her most prevalent OCD fear came in the form of not saying the correct thing in any situation, something that left her “constantly fearful and in check of her own thoughts and words.”

”However, her BDD involved rituals—that of looking in a mirror, sometimes for several hours a day. She had the fear that her right eye and right side of her face were distorted. Previously to entering KY therapy, she had undergone insight-oriented psychotherapy with several therapists for approximately one year. And again, after seeing me the first time and not following through with KY treatment she again saw a therapist while away at her university.”

D’Epiro, Nancy Walsh. Can yoga tame OCD [obsessive-compulsive disorder]? *Patient Care for the Nurse Practitioner*, April 2000, pp. 17-20.

Leschin-Hoar, Claire. Seeking yoga’s soothing touch: Many say children with medical issues benefit from its use. *The Boston Globe*, 20 Nov 2003. Article available online: <http://www.itsybitsyyoga.com/bostonglobe.htm>.

Discusses the benefits of Yoga for individual children with asthma, allergies, apraxia, obsessive-compulsive disorder, ADHD, and Asperger’s syndrome.

Mahabir, Deolal. Likhita yoga. Available online: <http://www.mindexplorer.com/yoga.html>.

“People with obsessive-compulsive disorder will find great benefit from this practice, since it engages the senses into the present moment without [a] great deal of discipline and effort.”

Shannahoff-Khalsa, David S. Yogic meditation techniques are effective in the treatment of OCD. In Eric Hollander and Dan J. Stein, eds., *Obsessive-Compulsive Disorders: Diagnosis, Etiology, Treatment*. New York: Marcel Dekker Inc., 1997, pp. 283-329. Author email: dsk@ucsd.edu.

_____. *The Kundalini Yoga Meditation Video for Obsessive Compulsive Disorder*. Available from G. T. Enterprises, Box 13 Shady Lane, Espanola, NM, 87532,

1-800-829-3970, or 505-753-0563, email: Gtent@roadrunner.com. Author email: dsk@ucsd.edu.

Utilizes the same protocol that Shannahoff-Khalsa taught in his highly successful workshop at the Obsessive Compulsive Foundation Annual Conference in Chicago on August 11, 2000. This protocol was also previously published in complete written detail in the chapter “Yogic meditation techniques are effective in the treatment of obsessive compulsive disorders” in *Obsessive-Compulsive Disorders: Diagnosis, Etiology, Treatment* (see citation above).

One can learn to do the protocol exactly as it should be taught by viewing the video, and it can be used as a guide for daily practice. It is intended for use by those who suffer with OCD and/or other anxiety-related disorders, anger, or fear. Specific techniques are taught for OCD, a range of anxiety disorders, and also one specific for managing fear and one for anger. The video also is helpful for therapists who have patients that are “treatment resistant” to medication and/or refuse CBT. By viewing the 11 different meditation techniques and how they are to be practiced, someone with no experience whatsoever in yoga or meditation can now learn to practice the techniques that have been shown to be highly effective under rigorously controlled scientific conditions.

_____. Letter to the editor. *LA Yoga*, Jul/Aug 2003, p. 5.

Dr. Shannahoff-Khalsa replies to the description by Adam Skolnick of his work in the article “Beneath the Surface: A Glimpse within the Laboratory” in the May/June 2003 issue of *LA Yoga*. Mr. Skolnick had stated Dr. S-K’s beliefs as, “He believes that those who suffer from OCD are too left brained.” Dr. S-K replies, “When we talk about the physical manifestation, or brain based nature of the disorder, I have learned that OCD is a psychiatric disorder where the patient has primarily a ‘right brain defect or deficit.’ When reading the story one may make the assumption that simply left nostril breathing may correct or cure the disorder. However, in all fairness to the reader, it should be understood that the specific left-nostril breathing pattern employed here is a very difficult pranayama and it is only part of a specific Kundalini Yoga meditation protocol that helps condition the patient/client to be able to employ a pranayama that is regulated at one breath per minutes for 31 minutes, and it must be practiced for at least 90 days to overcome and cure the disorder. This is not to say that complete temporary relief is not achieved with a lesser skill.”

_____. Kundalini yoga meditation techniques for the treatment of obsessive-compulsive and OC spectrum disorders. *Brief Treatment and Crisis Intervention*, 2003, 3:369-382. Author email: dsk@ucsd.edu.

Abstract: The use of Kundalini yoga (KY) meditation techniques for the treatment of obsessive-compulsive disorder (OCD) are reviewed based on two published clinical trials. A specific meditation protocol has been subjected to uncontrolled conditions and to a comparison-control meditation group in a randomized matched-groups trial design. In addition to the long-term effects, the efficacy for short-term and rapid benefits are

presented in a patient's own words for a single case history of a young woman with OCD, body dysmorphic disorder (BDD), and social anxiety disorder. Meditation techniques are described in detail for the original time-tested KY-OCD protocol, including a technique for managing fear and one for anger; also, additional techniques are included that are claimed by yogis to be effective for depression, anxiety, and a range of nervous disorders.

Shannahoff-Khalsa, David S. Kundalini Yoga Meditation Techniques for Psychiatric Disorders course. American Psychiatric Association Annual Meeting, Atlanta, Georgia, May 2005.

Course objective: At the conclusion of this course, the participant should be able to (1) learn specific meditation techniques for treating OCD, anxiety disorders, depression, grief, fear, anger, and addictions and (2) be familiar with published results showing efficacy for new and “treatment refractory” OCD and OC spectrum and other comorbid patients.

_____, **and L. R. Beckett.** Clinical case report: Efficacy of yogic techniques in the treatment of obsessive compulsive disorder. *International Journal of Neuroscience*, Mar 1996, 85(1-2):1-17. Author email: dsk@ucsd.edu.

_____, **Leslie E. Ray, Saul Levine, Christopher C. Gallen, Barry J. Schwartz, and Jhn J. Sidorowich.** Randomized controlled trial of yogic meditation techniques for patients with obsessive-compulsive disorder. *CNS Spectrums: The International Journal of Neuropsychiatric Medicine*, Dec 1999, 4(12):34-47. Author email: dsk@ucsd.edu.

Patients finished the NIH-funded clinical trial with a 71% mean improvement on the Y-Yale-Brown Obsessive Compulsive Scale (Y-BOCS).

Abstract: The objective of this study was to compare efficacy of two meditation protocols for treating patients with obsessive-compulsive disorder (OCD). Patients were randomized to two groups—matched for sex, age, and medication status—and blinded to the comparison protocol. They were told the trial would last for 12 months, unless one protocol proved to be more efficacious. If so, groups would merge, and the group that received the less efficacious treatment would also be afforded 12 months of the more effective one. The study was conducted at Children’s Hospital, San Diego, Calif. Patients were selected according to *Diagnostic and Statistical Manual of Mental Disorders*, Third Edition-Revised (DMS-III-R) criteria and recruited by advertisements and referral. At baseline, Group 1 included 11 adults and 1 adolescent, and Group 2 included 10 adults. Group 1 employed a kundalini yoga meditation protocol and Group 2 employed the Relaxation Response plus Mindfulness Meditation technique. Baseline and 3-month interval testing was conducted using the Yale-Brown Obsessive Compulsive Scale (Y-BOCS), Symptoms Checklist-90-Revised Obsessive Compulsive (SCL-90-R OC) and Global Severity Index (SCL-90-R GSI) scales, Profile of Moods scale (POMS), Perceived Stress Scale (PSS), and Purpose in Life (PIL) test. Seven adults in each group completed 3 months of therapy. At 3 months, Group 1 demonstrated greater improvements (Student’s independent groups *t*-test) on the Y-BOCS, SCL-90-R OC and

GSI scales, and POMS, and greater but nonsignificant improvements on the PSS and PIL test. An intent-to-treat analysis (Y-BOCS) for the baseline and 3-months tests showed that only Group 1 improved. Within-group statistics (Student's paired *t*-tests) showed that Group 1 significantly improved on all six scales, but Group 23 had no improvements. Groups were merged for an additional year using Group 1 techniques. At 15 months, the final group (N=11) improved 71%, 62%, 66%, 74%, 39%, and 23%, respectively, on the Y-BOCS, SCL-90-R OC, Scl-90-R GSI, POMS, PSS, and PIL; $P < 0.003$ (analysis of variance). This study demonstrates that kundalini yoga techniques are effective in the treatment of OCD.

Singh, Nirbhay N., Robert G. Wahler, Alan S. W. Winton, and Angela D. Adkins. A mindfulness-based treatment of obsessive-compulsive disorder. *Clinical Case Studies*, Oct 2004, 3(4):275-287.

Abstract: Of those who suffer from obsessive-compulsive disorder (OCD), a substantial number do not respond well to the standard treatment of two trials of serotonin reuptake inhibitors and cognitive-behavioral therapy. In addition to being refractory to current treatments, these individuals often have comorbid disorders that contribute to a compromised quality of life. The authors present the case of such an individual who was assisted to improve her quality of life by accepting her OCD as a strength and enhancing her mindfulness so that she was able to incorporate her OCD in her daily life. Results showed that she successfully overcame her debilitating OCD and was taken off all medication within 6 months of intervention. Three years of postintervention follow-up showed that she was well adjusted, had a full and healthy lifestyle and that although some obsessive thoughts remained, they did not control her behavior.

Yoga and mental disorder. *Yoga and Total Health*, Dec 2001, 47(5):15.

Includes a report on research conducted on obsessive-compulsive disorder at Tehran Institute of Psychiatry Department. Twenty patients under medication suffering with OCD for from 6 months to 2 years were trained in Yoga education procedures standardized at The Yoga Institute, Santacruz, India. After six weeks of training, significant improvement had occurred. After 3 months, the L. Brown Y.B.O.C. psychology test and psychiatric interviews showed very good results. Some patients were able to stop medication, and the condition of patients was further improved after six months of Yoga training for up to 90% of the participants.