

Role of Yoga for Psychological Distress in Orphaned Adolescents

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Letter to the Editor

The absence of family support influences the general health behaviour of the adolescent and the factors that lead to the development of disease at a given point in time are likely to have their roots in a complex chain of environmental events that may have begun a year earlier.^[1] The death (orphan) or disappearance (separated) of one (single orphan/separated) or both parents (double orphan/ separated) often involves psychological distress, risk-taking behaviours, caregiver abuse and human rights violations.^[2] An orphaned adolescent (OA) who often experience caregiver changes and report higher psychological distress, depression, suicidal tendency, alcohol abuse and impaired academic performance are at increased risk of maltreatment and sexual abuse compared to non-orphan.^[3] Therefore a better understanding about their experiences may help inform policy as well as prevention and intervention efforts.

First of all, there is a need to consider alternative and potentially empowering approaches to psychological distress in OA. Yoga-related self-care or self-management strategies are widely accessible, are empowering, and may address the mind-body symptoms of stress related disorders.^[4] Yoga is a feasible and acceptable activity with self-reported benefits to child mental and physical health. A study on effectiveness of three months yoga for OA reported that yoga enhances their executive function and may have potential implications on learning, classroom behaviour and in handling the adverse circumstances and stand as a preventive measure for mental health problems.^[5] Furthermore, an evidence-based yoga review suggests that certain postures, breathing techniques, concentration and meditation practices helps for effective rehabilitation in orphans.^[6] As per previous report that children with trauma-related distress shows improvements in symptoms after participation in an 8-week yoga program compared to controls,^[7] it may suggested that regular yoga practice by OA may serve as a useful adjunctive component of trauma-focused treatment to build skills in tolerating and modulating physiologic and affective states that have become deregulated by trauma exposure. Based

on previous research findings, suggested evidence-based yoga program for OA may include^[4-7] Suryanamaskara (salutations to the sun), Jalaneti (nasal cleansing with water), Nadishodhana Pranayama (alternate nostril breathing) and Om meditation.

Conflict of Interest

All authors disclose that there was no conflict of interest.

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