Integrating Yoga Into Cancer Care

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Although yoga has been practiced in Eastern culture for thousands of years as part of life philosophy, classes in the United States only recently have been offered to people with cancer. The word yoga is derived from the Sanskrit root yuj, meaning to bind, join, and yoke. This reflection of the union of the body, mind, and spirit is what differentiates yoga from general exercise programs. Yoga classes in the United States generally consist of asanas (postures), which are designed to exercise every muscle, nerve, and gland in the body. The postures are combined with pranayama, or rhythmic control of the breath. As a complementary therapy, yoga integrates awareness of breath, relaxation, exercise, and social support—elements that are key to enhancing quality of life in patients with cancer. Yoga practice may assist cancer survivors in managing symptoms such as depression, anxiety, insomnia, pain, and fatigue. As with all exercise programs, participants need to be aware of potential risks and their own limitations. The purpose of this article is to familiarize nurses with yoga as a complementary therapy, including current research findings, types of yoga, potential benefits, safety concerns, teacher training, and ways to integrate yoga into cancer care.

Yoga traditionally is believed to have beneficial effects on physical and psychological health. Only recently has it been subjected to empirical studies. Bower, Woolery, Sternlieb, and Garet (2005) extensively reviewed yoga research, including published papers and abstracts of conference presentations, that was conducted with patients with cancer and survivors. They reviewed studies of yoga used among patients who did not have cancer, evaluating the symptoms that commonly occur in patients with cancer, such as insomnia, fatigue, depression, and pain. Bower et al. concluded that the study results have provided preliminary support for the efficacy of yoga interventions among patients with cancer. Positive effects were reported in a variety of outcomes, including sleep quality, mood, stress, cancer-related distress, cancer-related symptoms, and overall quality of life, as well as functional and physiologic measures. As evidence for yoga interventions in cancer care accumulates, yoga is being incorporated into cancer programs and national symptom management guidelines.

Exercise is recommended as an evidence-based intervention for fatigue related to cancer in the Oncology Nursing Society’s published guidelines (Mitchell, Beck, Hood, Moore, & Tanner, 2007). The recommendation was based on strong evidence from rigorously designed studies, including two that found that yoga-like positioning and relaxation breathing significantly reduced fatigue levels (Decker, Cline-Elsen, & Gallagher, 1992; Kim & Kim, 2005). Few randomized, controlled trials of yoga in patients with cancer have been published. However, in one study, 39 patients with lymphoma who were undergoing treatment or had finished treatment within the past 12 months were assigned to a Tibetan yoga group or a wait-list control group (Cohen, Warneke, Fouladi, Rodriguez, & Chaoul-Reich, 2004). Tibetan yoga focuses on meditative techniques, emphasizing controlled breathing, visualization, mindfulness techniques, and gentle, simple movements. Fifty-eight percent of the participants attended at least five of seven weekly yoga sessions, which combined yoga postures with specific breathing patterns. Daily home practice was encouraged with written materials and audiotapes. Patients in the yoga group reported significantly lower sleep disturbance during follow-up compared with patients in the wait-list control group. No significant differences were found between the groups in terms of anxiety, depression, or fatigue. In another study of 38 cancer survivors, participants were randomly assigned to an intervention (yoga)