Barriers in the path of yoga practice: An online survey

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ABSTRACT

Context: Clinical benefits of yoga have been well explored, but factors contributing to adherence to regular yoga practice are not well studied.

Aims: To study the factors influencing adherence to yoga practices on those participants who have completed 1-month Yoga Instructors’ course from a yoga university.

Settings and Design: Online survey was conducted on participants who had finished 1-month Yoga Instructors’ course at a yoga university.

Materials and Methods: Online survey was conducted using Survey Monkey web portal with response rate of 42.5%. A total of 1355 participants were approached. Demographic items and a checklist of 21 items on a 5-point likert scale were prepared based on traditional yoga texts. A few items to assess modern lifestyle barriers were also included.

Statistical Analysis: One-sample proportion test with chi square statistics was used for analysis.

Results: Irregularity in lifestyle, family commitments, and occupational commitments are perceived as significant strong barriers. Dullness, excessive talking, strictly adhering to rules, laziness, physical and mental overexertion, fickleness and wandering of mind, unsteadiness of mind, procrastination, and oversleeping are considered as significant barriers of moderate nature.

Conclusions: Modern lifestyle is the major challenge for yoga practitioners to adhere to regular practice of yoga. To address this, attention is required in strengthening the lifestyle management and the spiritual dimension of yoga practice as the spiritual component seems to be side-tracked.

Key words: Adherence; barriers; life style; obstacles; online survey; yoga practice.

INTRODUCTION

Yoga is becoming very popular not only in the East but also in the West. The results of the 2002 NHIS survey suggest that 5.1% of the U.S. population (over 10 million) practice yoga.[1] Published literature suggests that majority of people take to yoga for health reasons and overall wellbeing. Various degrees of efficacy of yoga in medical condition have been discussed in a number of published review articles. Yoga for cancer,[2] diabetes,[3] asthma,[4] and anxiety[5] are few examples. Although some studies have focused on healthy adults,[6,7] older adults,[8] and school children,[9] majority of other studies have focused on therapeutic efficacy of yoga along with cognitive functions. Very few studies have attempted to look into the adherence to yoga practice. We suggest that the study of adherence to yoga practice is very essential because efficacy of yoga would also vary depending upon subject’s involvement in therapy process. Importance of adherence in clinical trials is well acknowledged, especially interventions involving mind-body.[10] Even for the placebo treatment, patients who adhered to prescribed medical regime had better health outcomes than those who adhered poorly.[11] Strength and moderators of the adherence-outcome association in clinical setup have also been systematically reviewed.[12] Such an extensive effort to study the influence of adherence in yoga has not been attempted yet. As yoga therapy at deeper level involves mind-body system, adherence to yoga practice could...
be a potential predictor of clinical efficacy. No doubt, if conviction in the practice is high, adherence to yoga practice may be strong. In a recent study, Baspure et al., identified various factors including busy work schedule as barriers to yoga therapy for schizophrenia in India.\[13\] A previous study reported that motivational variables played a key role in adherence to Iyengar yoga in breast cancer survivors.\[14\] Therefore, it is necessary to understand various factors that determine long-term adherence to yoga practice. The current study aims at evaluating the factors influencing adherence to yoga practices by those who had completed 1-month Yoga Instructors’ course from a yoga university. In order to give better functional direction to the study, we used the term barriers, which is the other side of the coin of adherence. A checklist for the survey was prepared on the basis of the source of barriers mentioned in Hatha Yoga Pradipika\[15\] and Patanjali Yoga Sutra,\[16\] the classic texts of yoga. In addition, modern lifestyle barriers were also taken into consideration. We proposed two main research hypotheses: 1) The factors mentioned in Hatha Yoga Pradipika and Patanjali Yoga Sutra may have been perceived as the sources of barrier by the yoga practitioners and 2) daily occupational and family commitments may also be sources of hindrance in modern context. The results showed an interesting fact that modern lifestyle is a major challenge for continued yoga practice.

MATERIALS AND METHODS

A total of 1355 subjects who completed 1-month residential yoga instructors’ course from January 2006 to March 2012 at a yoga university in Bangalore, India, were sent request to participate in an online survey through e-mail mentioning details of study, link to survey web page, and request for consent. Of these, 282 voluntarily agreed and participated. Responses of participants were kept confidential and no sensitive information that could reveal their identity was gathered.

Preparation of the checklist for the survey

Initially, a draft of the checklist of barriers faced by yoga practitioners was developed from the classic yogic texts, Patanjali Yoga Sutra and Hatha Yoga Pradipika. Then, it was discussed with two yoga experts. The experts recommended inclusion of modern day barriers in the checklist. Subsequently, a checklist containing 21 statements was prepared. The final checklist was prepared after simplifying the language.

Assessment

The Survey Monkey web portal was chosen to host this study. The program was easy to use and also economical. Survey Monkey is a website that facilitates conducting online surveys. There were two pages of survey. In the first page, demographic details were collected with either open-ended questions or multiple choice questions. In the second page, specific responses toward various barriers faced by yoga practitioners were collected. There were 11 items in the first page and the second page had 21 items with 5-point likert scale ranging from ‘Never’ to ‘Always’. Once the survey page was designed, a test run was conducted by sending to other experimenters. Once it was tested, survey link was sent via e-mail attachment, which provided an easy and immediate means of response from the participants. All of the sent mails contained brief details of the survey stating the purpose and asking their voluntary consent. The mail also had a link to direct the eligible and interested subjects to Survey Monkey website where they could fill in all the details. All necessary directions to complete the survey were given in the first page. Each survey page had an institutional logo in order to assure the respondent that this was a genuine online survey and not a spam message. Experimenters’ name and contact number were also given in the mail to further ensure that it was not a junk mail. On the whole, the survey took approximately 5 minutes to complete. It was designed to be brief and targeted to attract maximum respondents.

Data analysis

Data were extracted from the Excel report generated by Survey Monkey. For further analysis, the data were imported to R statistical package.\[17\] Since all variables were considered as categorical at either nominal or ordinal levels of measurement, no assumptions for parametric test were checked. The main statistical test performed was one-sample proportion test.

To evaluate our main hypothesis, that is, to find various barriers faced by those students who had undergone 1-month residential yoga instructors’ course, we considered the responses of 21-items checklist. Originally, the responses were collected on a 5-point likert scale, with options as never, rarely, sometimes, often, and always. The 21 items were to be evaluated on this 5-point likert scale. For our analysis, we clubbed them into three categories with the following rationale: ‘Never’ category as the comparison group, i.e. including subjects who responded they did not perceive the listed item as a barrier in the practice of yoga. We labeled this ‘never’ group as ‘no barrier’ group. ‘Rarely’ and ‘sometimes’ were clubbed together to form ‘moderate barrier’ group. Finally ‘often’ and ‘always’ were clubbed together to form ‘strong barrier’ group. Now, the final three categories were: ‘No barrier’, ‘moderate barrier’, and ‘strong barrier’ groups, with first group acting as the comparison group. The one-sample proportion test tests the null hypothesis that true proportion between the two categories is 0.5, i.e., it has equal chances. Apart from the main analysis, sub analysis was also done to find variation by gender, nationality, and health status.
RESULTS

Response rate

There were a total of 1355 mails sent, of which, 693 did not reach the recipient due to e-mail id errors and other sending problems. The remaining 282 responded and 380 did not respond. Out of 282 responses, one of the subjects was found to have done the survey twice with different ids, hence one among the two responses that contained missing values was discarded. The final total was 281 with a response rate of 42.5%.

Demography

Table 1 illustrates the results of demographic details. This includes those subjects who did not respond to the second page of the survey. Other open-ended responses were not reported as they can be used for further analysis.

Analysis for the main research question

The Tables 2 and 3 give summary of analysis results.

From the Table 2, it is evident that dullness, excessive talking, strictly adhering to rules, laziness, overexertion (physical), fickleness and wandering of mind, unsteadiness of mind, procrastination (delaying), overexertion (mental), and oversleeping were perceived as significant barriers of moderate nature. Over-fasting and doubt about results of practice were perceived as significant non-barriers.

Coming to strong barriers, from Table 3, it is very clear that only irregularity in lifestyle, family commitments, and occupational commitments alone were perceived as significant strong barriers.

Further analysis to find out variations in gender, nationality, or health revealed no significant difference and hence will not be discussed further.

DISCUSSION

Our main aim was to evaluate major barriers faced by students who had undergone 1-month residential yoga instructors’ course. From the above results, it is very clear that modern lifestyle, family, and occupational commitments were perceived as serious barriers. Those barriers mentioned in traditional texts like Hatha Yoga Pradipika and Patanjali Yoga Sutras were perceived as either moderate barriers or barriers not relevant to today’s world. The results reveal that irregularity in lifestyle is also a major barrier. It can be noted that barrier factors extracted from scriptures were perceived only as moderate and some of the factors like ‘doubt about results of practice’ and ‘over fasting’ were perceived as significant non-barriers. Does this mean that some of the factors mentioned in classic texts are not relevant in modern times? Do we need to look into yoga from the perspective of modern times? We, however, suggest that these findings should not be taken at the face value as the sample on which this survey was done was based on modern lifestyle. There were no yoga practitioners who did intense practice to achieve higher goals in the path of yoga by following a strict regime. This indicates that the primary reason for taking up the path of yoga in the contemporary society is not for the attainment of any spiritual goal, rather for other goals like better health and quality of life. This is also echoed in Varambally’s and Gangadhar’s work, according to which, yoga practice today is being seen as a means to promote physical and mental health rather than for achieving self-realization, for which the philosophy was originally proposed. These findings though encourage the current scenario, pose a serious threat to the tradition of yoga. Yoga which used to be adopted primarily for spiritual culmination, harmonious health, and contentment as secondary natural outcome, is now being looked chiefly as a means to attain good health and harmony alone, side-tracking the main aspect of it. No doubt, awareness about giving importance to spiritual discipline (sadhana) is being stressed, although the voice seems to be quite feeble. More research has to be

| Questions | N  | Percentage |
|-----------|----|------------|
| Age*      | 34.5 (M) | 10.4 (SD) |
| Gender    |     |            |
| Male      | 135 | 48         |
| Female    | 146 | 52         |
| Nationality |   |            |
| Indian    | 192 | 68         |
| Foreigners| 89  | 32         |
| Occupation |  |            |
| Yoga      | 50  | 18         |
| Business  | 15  | 5          |
| Medical   | 25  | 9          |
| Student   | 23  | 8          |
| others    | 151 | 54         |
| No response | | 17  |
| Education |  |            |
| 10th standard (grade) | 1  | 0          |
| 12th standard (grade) | 16 | 6          |
| Under graduation | 81 | 29         |
| Post graduation | 143 | 51        |
| Above post graduation | 37 | 13         |
| N/A       | 3   | 1          |
| How often do you practice yoga (asana, pranayama, meditation) |  |  |
| Daily     | 204 | 73         |
| Weekly once | 37 | 13         |
| Once a month | 8  | 3          |
| Only in times of real need | 29 | 10         |
| Never     | 3   | 1          |
| Health status |  |            |
| Healthy   | 272 | 97         |
| Have chronic disease | 9  | 3          |

*One participant did not report his age; SD = Standard deviation
done to bring this vital component of yoga practice. One of the reasons why modern lifestyle related barriers were perceived as strong barriers is that, today, life seems to be centered around family and occupation and only a little scope is left out for community activities. Hectic night shift jobs and increasing daycare centers are self revealing to support this point. In order to cope with the demand, people seem to be pushed into disoriented lifestyle. In Baspure’s study,[13] it was found that, in spite of giving good orientation about merits of yoga practice and providing remuneration to attend the training, many could not come to attend the therapy classes, which shows how strongly social commitments like family and occupation could influence adherence. Those factors like laziness, overexertion, strictly adhering to rules, and wandering of mind, which were perceived as significant moderate barriers, are either related to lifestyle problems or personality factors. To face family and occupational commitments, social support may help to a great extent, as shown in Aggarwal et al.’s study that low social support is associated with non-adherence to diet in the family intervention trial for heart patients.[20] It has been reported in an integrative review that health coaching strategies could improve healthy lifestyle.[21] Culturally relevant lifestyle was recommended for Korean Americans in a study conducted to compare advice given on lifestyle by

**Table 2:** Comparison of no barrier group with moderate barrier group \((n=248)\)

| Questions | No barrier | Moderate barrier | Total | Chi Sq | P value | Interpretation |
|-----------|------------|------------------|-------|--------|---------|----------------|
| Irregularity in life style | 38 | 151 | 189 | 66.37 | <0.001 | Significant barrier |
| Over fasting | 167 | 76 | 243 | 33.33 | <0.001 | Significant non-barrier |
| Dullness | 87 | 139 | 226 | 11.51 | <0.001 | Significant barrier |
| Excessive talking | 97 | 132 | 229 | 5.05 | <0.001 | Significant barrier |
| Strictly adhering to rules | 59 | 120 | 179 | 20.11 | <0.001 | Significant barrier |
| Laziness | 54 | 147 | 201 | 42.11 | <0.001 | Significant barrier |
| Family commitments | 46 | 132 | 178 | 40.59 | <0.001 | Significant barrier |
| Overexertion (physical) | 60 | 165 | 225 | 48.07 | <0.001 | Significant barrier |
| Fickleness of mind | 75 | 136 | 211 | 17.06 | <0.001 | Significant barrier |
| Overeating | 101 | 129 | 230 | 3.17 | 0.075 | Non-significant barrier |
| Irrelevant discussions | 103 | 128 | 231 | 2.49 | 0.114 | Non-significant barrier |
| Wandering of mind | 48 | 138 | 186 | 42.59 | <0.001 | Significant barrier |
| Irrelevant social interaction | 105 | 125 | 230 | 1.57 | 0.210 | Non-significant barrier |
| Intense excessive yoga practice | 109 | 130 | 239 | 1.67 | 0.196 | Non-significant barrier |
| Diseases | 121 | 121 | 242 | 0.00 | 1.000 | Non-significant non-barrier |
| Doubt about results of practice | 147 | 91 | 238 | 12.71 | <0.001 | Significant non-barrier |
| Unsteadiness of mind | 82 | 133 | 215 | 11.63 | <0.001 | Significant barrier |
| Procrastination (delaying) | 63 | 140 | 203 | 28.45 | <0.001 | Significant barrier |
| Overexertion (mental) | 79 | 145 | 224 | 18.86 | <0.001 | Significant barrier |
| Over sleeping | 95 | 128 | 223 | 4.59 | <0.001 | Significant barrier |
| Occupational commitments | 54 | 109 | 163 | 17.89 | <0.001 | Significant barrier |

Sig level: \(P<0.05\)

**Table 3:** Comparison of no barrier group with strong barrier group \((n=248)\)

| Questions | No barrier | Strong barrier | Total | Chi Sq | P value | Interpretation |
|-----------|------------|----------------|-------|--------|---------|----------------|
| Irregularity in life style | 38 | 59 | 97 | 4.12 | 0.042 | Significant barrier |
| Over fasting | 167 | 5 | 172 | 150.70 | <0.001 | Significant non-barrier |
| Dullness | 87 | 22 | 109 | 37.58 | <0.001 | Significant non-barrier |
| Excessive talking | 97 | 19 | 116 | 51.11 | <0.001 | Significant non-barrier |
| Strictly adhering to rules/disciplines | 59 | 69 | 128 | 0.63 | 0.43 | Non-significant barrier |
| Laziness | 54 | 47 | 101 | 0.36 | 0.55 | Non-significant non-barrier |
| Family commitments | 46 | 70 | 116 | 4.56 | 0.033 | Significant barrier |
| Overexertion (physical) | 60 | 23 | 83 | 15.61 | <0.001 | Significant non-barrier |
| Fickleness of mind | 75 | 37 | 112 | 12.22 | <0.001 | Significant non-barrier |
| Overeating | 101 | 18 | 119 | 56.50 | <0.001 | Significant non-barrier |
| Irrelevant discussions | 103 | 17 | 120 | 60.21 | <0.001 | Significant non-barrier |
| Wandering of mind | 48 | 62 | 110 | 1.54 | 0.22 | Non-significant barrier |
| Irrelevant social interaction | 105 | 18 | 123 | 60.13 | <0.001 | Significant non-barrier |
| Intense excessive yoga practice | 109 | 9 | 118 | 83.06 | <0.001 | Significant non-barrier |
| Diseases | 121 | 6 | 127 | 102.33 | <0.001 | Significant non-barrier |
| Doubt about results of practice | 147 | 10 | 157 | 117.81 | <0.001 | Significant non-barrier |
| Unsteadiness of mind | 82 | 33 | 115 | 20.03 | <0.001 | Significant non-barrier |
| Procrastination (delaying) | 63 | 45 | 108 | 2.68 | 0.10 | Non-significant non-barrier |
| Overexertion (mental) | 79 | 24 | 103 | 28.31 | <0.001 | Significant non-barrier |
| Over sleeping | 95 | 25 | 120 | 39.68 | <0.001 | Significant non-barrier |
| Occupational commitments | 54 | 85 | 139 | 6.47 | 0.011 | Significant barrier |
healthcare providers for Korean Americans and native Koreans with hypertension. These evidences show that such kind of programs, if encouraged, might help develop healthy lifestyle. Although some of these programs might play their contributory role in alleviating the challenge of family and occupational commitments by promoting better lifestyle, still a lot needs to be done in lifestyle management, especially in an Indian societal setup.

It is encouraging that Büssing et al., reported development of specific aspect of spirituality during a 6-month intense yoga practice. The existing literature in yoga clearly shows greater clinical thrust rather than spiritual quest. Ross et al., suggest that home practice of yoga done without any external commitments is a better predictor of health than years of practice or class frequency. This indicates that if we are able to overcome the barriers, there will be better practice of yoga. Prolonged practice of yoga is quite necessary for effective outcome. For this, motivational factor is of great importance. Hence, the current study has brought out the importance of the study of adherence factor in yoga practices. It also adds the preliminary results to promote further research. There are a few studies that have reported adverse effects of yoga practice. Though, on one side, such alarming events may give rise to doubt about practice of yoga, practice of yoga under supervision is found to be more beneficial. Furthermore, such reported adverse evidences can be assessed censoriously if adherence factor is also considered, because overall efficacy of yoga comes from both external (therapy) and internal (adherence) factors. Also, mediating effect of adherence needs to be studied to evaluate better clinical efficacy of yoga. In India, a cross-sectional study conducted in Ahmadabad city showed that religious practices (78.4%), yoga (11.6%), and meditation (4.8%) are the most popular stress relieving practices. Hence, we recommend further studies to find out the role played by various adherence factors in yoga practices, emphasizing on modern lifestyle components.

The current study has few limitations. The results are limited to the population of respondents, especially given the survey’s relatively low rate of return. Many email addresses were not correctly reported. One major limitation of using online method was that those who were not comfortable with computer usage might have found this online survey a bit tough. As was seen, 33 (11.7%) did not go to the second page of survey to complete the main questionnaire list. Since response rate was moderate (42.5%), the results cannot be generalized. The study was conducted through online method and so it was easy to assess large number of respondents in a short span of 1 month. This ensured a wider sample and the results to be more representative and reliable. The results of the current study suggest that a nationwide survey to study the prevalence and details of yoga practice in India should be conducted in order to get a comprehensive picture. We need to study modern day hindrances to practice yoga among other yoga institutes in India to get a clear estimate. A funded project should be planned in order to accomplish this goal. This will guide not only policy makers but also yoga practitioners and academic institutes.

CONCLUSION

To conclude, the results of this short-term focused survey reveal that modern lifestyle can be perceived as the major challenge for yoga practitioners to adhere to regular yoga practice. To address this issue, attention is required in the direction of strengthening lifestyle management and the spiritual dimension of yoga practice, as the spiritual component seems to be side-tracked.

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