ORIGINAL PAPER

Physiotherapy Quarterly (ISSN 2544-4395)
2026, 34(4), 65–71
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Effects of selected kriyas and yogic practices on cardiopulmonary functions in asthmatic women

DOI: https://doi.org/10.5114/pq/218717

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Abstract

Introduction. The present study aimed to determine the effects of selected kriyas and yogic practices on cardiopulmonary functions among female asthmatic patients aged 30–35 years.

Methods. The study recruited 77 participants randomly assigned to two groups: the kriya with yoga intervention group (KYIG) and the control group (CG). KYIG participated in 64 yoga sessions that included kriyas, pranayama, basic asanas and yoga nidra. These sessions were conducted on the college premises four days a week for 16 weeks. CG did not receive any practices. Cardiopulmonary functions were evaluated at baseline and after the intervention. Statistical analyses were conducted using independent *t*-tests and a Wilcoxon signed-rank test with a significance level set at $p < 0.05$.

Results. The yoga group demonstrated statistically significant differences in the mean scores of cardiopulmonary functions, including heart rate (HR), breathing rate (BR), and forced vital capacity (FVC), when compared to the control group. Notably, there was a significant decrease in BR [20.833 ± 3.761, 95% *CI* (–3.175, –1.815), $p < 0.001$] and in HR [80.267 ± 6.097, 95% *CI* (–2.418, –1.209), $p < 0.001$]. Additionally, there were significant increases in FVC [3.23 ± 0.263, 95% *CI* (3.308, 5.149), $p < 0.001$], all with a large effect size.

Conclusions. These results indicate that a consistent 16-week yoga program significantly reduced HR and BR while enhancing FVC in patients with asthma.

Key words: asthma, kriya, forced vital capacity, heart rate, breathing rate

Introduction

Asthma is a common chronic disease that affects the airways. It leads to restricted breathing, increased sensitivity, thickening of the airway walls, and higher production of mucus [1]. It is frequently associated with breathlessness, coughing, chest tightness, and shortness of breath [2–5]. People of all ages can develop this condition. In 2017, there were 43.12 million new cases and 272.68 million existing asthmatics [6]. It is one of the most common chronic non-communicable diseases, resulting in over 450,000 deaths each year. Alarmingly, 96% of asthma-related fatalities occur in low- and middle-income countries, primarily due to the high cost or lack of access to inhaled medications, particularly those containing inhaled corticosteroids [3]. This condition also affects children, with approximately 10% diagnosed with asthma. Asthma impacts about 1 in 15 individuals, and its prevalence persists into adulthood [7]. According to the 2019 Global Burden of Disease study, 34.3 million people in India have asthma, which accounts for 13.09% of the global burden. However, India experiences a mortality rate from asthma that is three times higher than the global average, as well as more than double the disability-adjusted life years (DALYs) compared to the worldwide burden [8, 9].

The latest guidelines from the Global Initiative for Asthma (GINA) indicate that engaging in physical activity can be an effective method for managing asthma, alongside the use of standard treatments such as inhaled corticosteroids [10]. Many asthmatic patients practice yoga [11]. Yoga is a holistic practice that is gaining popularity worldwide and can assist individuals with asthma in addressing both their physical and mental challenges [12]. Yogic practices enhance muscular strength and flexibility and improve respiratory and cardiovascular function [13]. Yoga is a mind-body intervention that includes physical postures (asanas), breath control (pranayama), cleansing practices (kriya) [14] and meditation techniques, all designed to promote balance in both the body and mind [15–17].

The Hatha Yoga Pradipika and Gheranda Samhita describe the Shatkarmas. The term 'shat' means six, while 'karma' refers to action. Shatkarma includes six cleansing methods: Dhauti, Basti, Neti, Trataka, Nauli, and Kapalabhati [18–20]. Among the six traditional Shatkarmas, three techniques like Kapalabhati, Jalaneti, and Vamandhaut were selected due to their documented benefits in improving upper respiratory tract cleansing, enhancing pulmonary ventilation, and reducing bronchial congestion, making them especially suitable for individuals with asthma. Kunjal kriya (vamana dhauti) is a yogic cleansing practice designed to detoxify the digestive and respiratory systems. The process involves drinking salt water and then vomiting it. This method aids the digestive system and helps the body eliminate toxins. Scientific studies suggest that kunjal kriya effectively removes pollutants from the respiratory system [21, 22]. Kapalabhati is a rapid yogic breathing exercise characterised by strong exhalations followed by effortless inhalations. Research indicates that it improves cognitive function, respiratory capacity, mental clarity, cardiovascular health, and overall physical well-being [23–25].

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Received: 18.09.2025
Accepted: 02.03.2026

Citation: Saravanakumar T, Mohanakrishnan R. Effects of selected kriyas and yogic practices on cardiopulmonary functions in asthmatic women. Physiother Quart. 2026;34(4):65–71; https://doi.org/10.5114/pq/218717.

Neti eliminates Kaphaja disorders and enhances vision [20, 26]. Asanas enhance the benefits of pranayama by stretching and expanding the muscles used in breathing, increasing lung capacity and improving efficiency. Integrating asanas with pranayama can help increase respiratory endurance [27–29]. Spirometry is a fundamental and effective method for evaluating pulmonary function tests (PFTs) [30]. To the authors' knowledge, no study has compared the effects of selected kriyas with other yoga interventions, such as asana, pranayama, and yoga nidra, on cardiopulmonary functions. Given this context, this study examined the impact of 16 weeks of kriya combined with yogic practices on cardiopulmonary functions in patients with asthma.

Subjects and methods

Study type and design

This study was conducted as a randomised, active-controlled, open-label trial to investigate the effects of kriyas combined with yogic practices. Participants were patients from the outpatient department of Respiratory Medicine at SRM Hospital in Chennai, India. Data collection occurred from August 2024 to December 2024.

Participants and study setting

Participants were selected from individuals diagnosed with asthma. A total of 102 patients with asthma were screened; among these, 77 patients were eligible for the study. Patients provided informed consent and agreed to participate. They were randomly assigned into two groups: the kriya with yoga intervention group (KYIG) and the control group (CG).

Inclusion criteria

Study participants were eligible for inclusion if they were female patients aged 30 to 35 years, with a clinically confirmed diagnosis of asthma based on reversible airflow obstruction on spirometry or positive bronchial challenge testing, in accordance with established diagnostic standards. All participants were required to have a history of asthma for at least one year prior to enrolment and to be on a stable asthma treatment regimen for a minimum predefined period before screening. Additionally, eligible participants demonstrated the ability to understand the study procedures and provide written informed consent prior to any study-related activities.

Exclusion criteria

Participants were excluded if they were pregnant, breastfeeding, or planning pregnancy during the study period, to avoid potential confounding hormonal effects and ensure participant safety. Individuals with other significant respiratory diseases (*e.g.*, chronic obstructive pulmonary disease, cystic fibrosis, active pulmonary infection) or recent asthma exacerbations requiring systemic corticosteroids or hospitalisation were not eligible. Further exclusions included current smokers or those with a significant smoking history, as well as individuals with comorbid conditions that could interfere with study outcomes or participant safety. Participants who had used systemic corticosteroids or investigational medications within a specified timeframe prior to enrolment were also excluded to preserve the internal validity of the study and avoid treatment confounders.

Randomisation and blinding

The patients were categorised based on age, sex, height, and weight to ensure homogeneity in randomisation after their pretest scores were obtained. Participants were randomised using a computer-generated randomisation sequence, and allocation concealment was maintained through an on-site computer system. Because the study utilised an open-label design, blinding or masking was not implemented. The patients were assigned to two groups in a 1:1 allocation ratio through simple random sampling: the kriya with yoga intervention group (KYIG), which received the intervention, and the control group (CG), which did not receive an intervention. Both groups continued their regular medications.

Intervention

Procedure

All participants were provided with detailed information about the study's procedure, and their signed consent was obtained. The cardiopulmonary parameter scores of participants in both the KYIG and CG groups were assessed through pre- and post-tests conducted before and after the 16-week training period.

Training regimen

The KYIG group participated in an integrated yoga practice (Table 1) as an alternative therapy while continuing their prescribed conventional medications. Yoga intervention descriptions are given in Appendix 1. The KYIG group practiced yogic practices for 60 min each day, four days a week, over the course of 16 weeks. This intervention included a combination of kriyas, asanas, pranayama, and yoga nidra. Of all these yogic practices, kunjal kriya was offered only every fortnight. In contrast, the control group was prohibited from engaging in any yoga activities during the sixteen-week intervention period and continued with their regular conventional medications without change.

Outcome measurement tools

FVC was measured using spirometry or pulmonary function tests (PFT). PFTs play an important role in the diagnosis and follow-up of asthma. Forced vital capacity (FVC) is essential for assessing lung function in individuals with asthma [30]. It indicates the total volume of air a person can forcibly exhale after taking a deep breath. A reduced FVC may indicate air trapping from narrowed airways, a common feature in asthma.

Table 1. Training schedule for 60 min kriya with yoga intervention

No.	Name of yogic practice	Duration
1	Opening prayer	3 min
2	Kriya (Jala Neti, Kapalabhati, Kunjal Kriya)	15 min
3	Asana (Vakrasana, Bhujangasana, Artha Ushtrasana, Parivruta Janusirasasana, Katichakrasana)	10 min
4	Pranayama (Surya Bedan, Chandra Bedan, Nadi Suddhi, Bhramari)	20 min
5	Yoga nidra	10 min
6	Ending prayer	2 min

It was measured before and after the use of bronchodilators to help evaluate the reversibility of airway obstruction, a key characteristic of asthma. Heart rate was measured with a pulse oximeter, while respiratory rate was measured using a stopwatch. All cardiopulmonary measurements were recorded under standardised resting conditions after 10 min of seated rest.

Defining sample size

An a priori power analysis was conducted using G*Power version 3.1.9.2, with an alpha level established at 0.05 and a target power of 0.8. Based on these parameters, the required sample size was at least sixty participants, with 30 in each group with a non-centrality parameter of 2.517, a critical value of 1.671, and degrees of freedom of 58. To account for potential dropouts, seventeen additional participants were included in the sample.

Statistical analysis

Data analysis focused on cardiopulmonary parameters. The JASP 0.19.2.0 statistics package was used for data evaluation. The distribution of numerical values was assessed using the Shapiro–Wilk normality test, while the homogeneity of variances was evaluated with Levene's test. To compare the two groups, an independent-samples *t*-test was conducted. A Wilcoxon signed-rank test was employed to analyse within the intervention group. The significance level was established at a *p*-value of < 0.05.

Results

Participants

A total of 105 participants enrolled in the study at both sites, as illustrated in Figure 1. Of these participants, only 77 met the inclusion criteria. These 77 participants were allocated to the KYIG and CG groups, with 35 in KYIG and 34 in CG. Eight participants withdrew from the study due to a lack of interest at the time of allocation. Five patients from the KYIG group and four from the CG group opted out due to time constraints at follow-up. In total, 60 patients completed the study.

As shown in Table 2, all variables were comparable, and no significant differences ($p < 0.05$) were observed between the two groups. The subjects in both groups were well matched regarding age, height, weight, body mass index (BMI), marital status, religion, and duration of asthma.

Table 3 indicates that an independent *t*-test revealed no significant changes in cardiopulmonary function indices within the control group or in the baseline values of either group

Table 2. Baseline characteristics of the participants in both groups

Parameter	KYIG	CG	*p*-value
Age (year, mean ± *SD*)	32.067 ± 1.66	32.033 ± 1.81	0.941[a]
Height (m, mean ± *SD*)	1.502 ± 0.109	1.507 ± 0.091	0.858[a]
Weight (kg, mean ± *SD*)	58.733 ± 9.595	61.067 ± 9.875	0.357[a]
BMI (mean ± *SD*)	26.318 ± 5.089	27.302 ± 6.071	
underweight [% (*n*)]	27.7 (8)	40 (12)	0.419[a]
normal weight [% (*n*)]	30 (9)	23.3 (7)	
overweight [% (*n*)]	6.6 (2)	6.6 (2)	
obesity [% (*n*)]	36.66 (11)	30 (9)	
Marital status [% (*n*)]			
married	83 (25)	80 (24)	0.744[a]
unmarried	17 (5)	20 (6)	
Religion [% (*n*)]			
Hindu	76.7 (23)	80 (24)	0.759[a]
Muslim	23.3 (7)	20 (6)	
Duration of asthma [% (*n*)]			
1–5 years	36.7 (11)	43.3 (13)	0.605[a]
6–10 years	63.3 (19)	56.7 (17)	

KYIG – kriya with yoga intervention group (yoga intervention group)
CG – control group
[a] obtained from the independent *t*-test

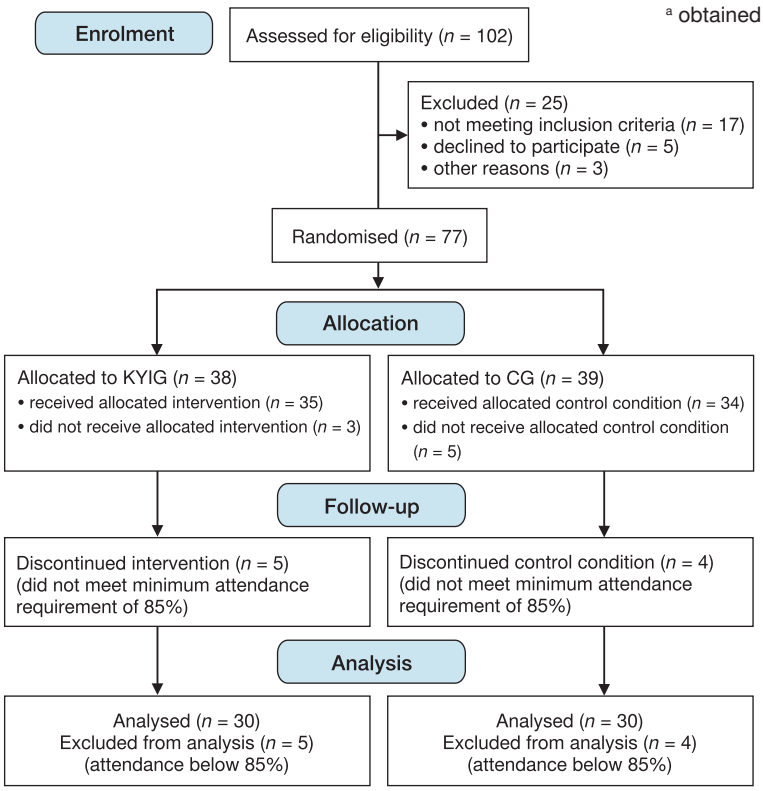


Figure 1. Participants flow diagram as per CONSORT

KYIG – kriya with yoga intervention group (yoga intervention group)
CG – control group

Table 3. Independent *t*-test between the intervention and control groups

Variable	Test	KYIG mean (*SD*)	CG mean (*SD*)	*t*	*p*	Cohen's *d*	*SE* Cohen's *d*	95% *CI* for	
								lower	upper
FVC	pre	2.179 (0.228)	2.126 (0.197)	0.951	0.346	0.245	0.260	–0.264	0.752
	post	3.233 (0.263)	2.201 (0.222)	16.400	< 0.001*	4.234	0.605	3.308	5.149
HR	pre	89.667 (4.780)	90.233 (5.788)	–0.413	0.681	–0.107	0.259	–0.613	0.400
	post	80.267 (6.097)	90.967 (5.660)	–7.045	< 0.001*	–1.819	0.349	–2.418	–1.209
BR	pre	28.667 (3.651)	29.433 (3.070)	–0.880	0.382	–0.227	0.260	–0.734	0.281
	post	20.833 (3.761)	29.300 (2.961)	–9.688	< 0.001*	–2.501	0.413	–3.175	–1.815

KYIG – kriya with yoga intervention group, CG – control group, FVC – forced vital capacity in litres, HR – heart rate in beats per minute, BR – respiration per minute, $p < 0.001$, * highly significant

Table 4. Wilcoxon signed-rank test for the intervention group

Variable	*W*	*Z*	*p*	Rank-biserial correlation	*SE* rank-biserial correlation	95% *CI*	
						lower	upper
FVC	178.5	–5.422	< 0.001*	–0.805	0.147	–0.886	–0.676
HR	1391	4.146	< 0.001*	0.626	0.150	0.413	0.774
BR	1491	4.920	< 0.001*	0.743	0.150	0.579	0.849

FVC – forced vital capacity in litres, HR – heart rate in beats per minute, BR – respiration per minute
$p < 0.001$, * highly significant

throughout the study. Conversely, the kriya with yoga intervention group showed a progressive improvement over the same period. Significant mean differences were observed between the KYIG and CG over the sixteen weeks in FVC, BR, and HR. The post-intervention FVC value for the KYIG was mean ± *SD* = 3.233 ± 0.263 [$t = 16.4$, $p < 0.001$, 95% *CI*: 3.308, 5.149], indicating a large effect size (Cohen's $d = 4.234$) and was significantly higher than the CG mean ± *SD* [2.201 ± 0.222]. The post-intervention BR value for the KYIG was mean ± *SD* = 20.833 ± 3.761 [$t = –9.688$, $p < 0.001$, 95% *CI*: –3.175, –1.815], with a large effect size (Cohen's $d = –2.501$), and was significantly lower than the CG mean ± *SD* [29.433 ± 3.07]. The post-intervention HR value for the KYIG was mean ± *SD* = 80.267 ± 6.097 [$t = –7.045$, $p < 0.001$, 95% *CI*: –2.418, –1.209], with a large effect size (Cohen's $d = –1.819$), and was significantly lower than the CG mean ± *SD* [90.967 ± 5.66].

Table 3 indicates that an independent *t*-test revealed no significant changes in cardiopulmonary function indices within the control group or in the baseline values of either group throughout the study. Conversely, the yoga intervention group showed a progressive improvement during the same period. Significant mean differences in forced vital capacity (FVC), breathing rate (BR), and heart rate (HR) were observed between the yoga intervention group (KYIG) and the control group (CG) over the sixteen weeks. The post-intervention FVC value for the KYIG was mean ± *SD* = 3.233 ± 0.263 [$t = 16.4$, $p < 0.001$, 95% *CI*: 3.308, 5.149], which showed a large effect size (Cohen's $d = 4.234$) and was significantly higher than the CG mean ± *SD* [2.201 ± 0.222]. The post-intervention BR value for KYIG was mean ± *SD* = 20.833 ± 3.761 [$t = –9.688$, $p < 0.001$, 95% *CI*: –3.175, –1.815] with a large effect size (Cohen's $d = –2.501$), and was significantly lower than CG mean ± *SD* [29.433 ± 3.07]. The post-intervention HR value for the KYIG was mean ± *SD* = 80.267 ± 6.097 [$t = –7.045$, $p < 0.001$, 95% *CI*: –2.418, –1.209], with a large effect size (Cohen's $d = –1.819$), and was significantly lower than the CG mean ± *SD* [90.967 ± 5.66].

Table 4 shows the Wilcoxon signed-rank test values obtained for the intervention group. The changes in the yoga intervention group were statistically significant for FVC, BR and HR compared with the values before the intervention period. The post-intervention FVC mean value for the KYIG group was 3.233 ± 0.263, which was significantly higher than its pre-intervention mean value [2.179 ± 0.228], with a confidence level of $p < 0.001$. The post-intervention BR mean value for the KYIG group was 20.833 ± 3.761, which was significantly lower than its pre-intervention mean value [28.667 ± 3.651], with a confidence level of $p < 0.001$. The post-intervention HR mean value for the KYIG group was 80.267 ± 6.097, which was significantly lower than its pre-intervention mean value [89.667 ± 4.78], with a confidence level of $p < 0.001$.

Discussion

This study evaluated the effects of sixteen-week selected kriyas and yogic practices on cardiopulmonary functions among women asthmatic patients. This study highlights the effectiveness of a simple yogic technique in improving the cardiopulmonary function of people with asthma. The study results showed a significant improvement in forced vital capacity (FVC) and a significant reduction in heart and breathing rates. Initially, both groups exhibited very low FVC values, which the study used to evaluate the effects of specific kriyas combined with yogic practices on lung function prior to treatment. However, following treatment, the scores demonstrated significant improvements in the KYIG group compared to the CG group. Previous studies reported similar findings regarding the effects of yoga therapy on pulmonary functions, specifically forced expiratory volume in one second (FEV1), forced vital capacity (FVC), and the FEV1/FVC% ratio were improved in yoga intervention group [31–34]. Yoga as a supplementary treatment in addition to pharmacological treatment enhanced respiratory efficiency and relaxed the voluntary respiratory muscles [35–37]. Thus, the results of the present study are in parallel with the results of previous studies.

Patil and Sawant [38] found that regular pranayama practice leads to improvement in vital capacity due to increased development of respiratory musculature. In a study involving patients with bronchial asthma, Saxena and Saxena [39]

observed a notable increase in respiratory functions among the pranayama group compared to the control group. The current study utilised various combinations of pranayamas, including Surya Bhedan, Chandra Bhedan, Nadisuddhi, and Bhramari, which were incorporated into the training schedule. Regular pranayama practice enhances muscle strength and flexibility by promoting muscle hypertrophy. It increases thoracic and pulmonary compliance by promoting more efficient use of the diaphragmatic and abdominal muscles [40].

Asana involves changing one's posture to enhance breathing capacity. These isometric exercises prepare the body for pranayama by strengthening respiratory muscles, including the diaphragm and back muscles [41, 42]. Asana also contributes to relaxing the voluntary respiratory muscles (including both inspiratory and expiratory) and enhancing respiratory efficiency [31]. The current study utilised various combinations of asanas, including Vakrasana, Bhujangasana, Artha Ushtrasana, Parivruta Janusirasasana and Katichakrasana, which were incorporated into the training schedule. These asanas strengthened the respiratory and diaphragmatic muscles and enhanced respiratory functions.

Manik [21] showed that four weeks of kriya yogic practices produced improvement in pulmonary function in an individual with bronchial asthma [21]. During kunjal kriya, the vagus nerve triggers vomiting, which boosts diaphragmatic function, improves respiratory muscle endurance, and reduces airway resistance [14].

Research conducted by Woodyard [13] revealed that yoga helps to calm fear, aggression, and anger while activating the middle forebrain and other areas associated with pleasure, resulting in increased happiness and enjoyment. This effect reduces anxiety, heart rate, respiration rate, blood pressure, and cardiac output among individuals practicing yoga and meditation [13]. Previous research by Walkikar and Mishra [22] showed that the straightforward practice of Neti Karma can reduce respiratory issues. Clay *et al.* [44] demonstrated that a 30-minute hatha yoga routine significantly decreased heart rate. This study's results paralleled those of previous studies. This finding is significant because it offers a more effective method for enhancing cardiopulmonary function and a lower dependence on bronchodilators in patients with asthma.

Strengths and limitations of the study

The current study offers several notable strengths. Integrating a standardised yoga protocol ensured consistency in the intervention and minimised procedural variations. The study contributes valuable evidence to the limited literature on the role of traditional yogic practices, specifically Kunjal Kriya, as an adjunct therapy in asthma management.

The study exclusively examined women with asthma, which may restrict the relevance of the findings for male asthmatic patients or for individuals from varied age groups or socioeconomic backgrounds. The study did not control for environmental factors such as season, air quality, or allergen exposure, which may have influenced lung function measurements. Additionally, variations in individual skill levels could have affected the uniformity of the intervention's impact. These factors should be considered when interpreting the findings of the present study.

Practical implications

Integrating structured yoga practice with standard asthma therapy may offer a simple, low-cost approach to improve lung function and symptom control in patients with mild-to-moderate asthma. Encouraging patients to adopt regular yoga routines can enhance self-management and support overall respiratory well-being.

Conclusions

People with mild to moderate bronchial asthma can improve lung function and overall respiratory health by practicing yoga regularly along with taking their medicine. These findings highlight yoga as a safe, accessible, and effective complementary approach that can strengthen conventional asthma management strategies. Incorporating evidence-based yoga practices into clinical recommendations may empower patients, improve adherence to holistic care, and improve quality of life.

Data availability

Due to ethical and privacy concerns, the data supporting the study's findings are not publicly available.

Ethical approval

The research related to human use complied with all the relevant national regulations and institutional policies, followed the tenets of the Declaration of Helsinki, and was approved by the Ethics Committee of the Institutional Ethical Review Board at SRM Medical College and Hospital in Chennai, India (approval No.: ECR/8811/INST/TN/2013/RR-19, 26 March 2024). The protocol was registered with the Clinical Trials Registry, India on 10-07-2024, after which the first participant was enrolled (CTRI/2024/07/070380).

Informed consent

Informed consent was obtained from all individuals included in this study.

Disclosure statement

No author has any financial interest or received any financial benefit from this research.

Conflict of interest

The authors state no conflict of interest.

Funding

This research received no external funding.

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Appendix 1. Description of yoga intervention

Practice name	Procedure	Purpose
Opening prayer		
Sahana Vavatu	Participants sit comfortably, eyes closed, and chant after the instructor: "Om Sahana Vavatu… Shantih."	Creates focus, calmness, and readiness for practice.
Kriya		
Jala Neti	Jala Neti is performed by pouring warm saline water through one nostril using a neti pot, allowing it to flow out through the other nostril, then repeating on the opposite side to cleanse nasal passages.	Clears nasal passages, reduces congestion, improves airflow.
Kapalabhati	Kapalabhati involves rapid, forceful exhalations using abdominal contractions while inhalation remains passive, practiced in short rounds to clear the airways and stimulate respiratory function.	Enhances ventilation, strengthens respiratory muscles, clears secretions.
Kunjal Kriya (Vaman Dhauti)	Kunjal Kriya involves drinking warm saline water on an empty stomach and voluntarily expelling it by inducing vomiting. It helps remove excess mucus from the upper respiratory and digestive tract, promoting easier breathing. The practice must be performed only under trained supervision.	Reduces throat irritation and excess mucus; improves breathing comfort.
Asana		
Vakrasana	Seated twisting posture with spinal rotation.	Improves spinal and thoracic flexibility.
Bhujangasana	Prone back-extension with chest lifting.	Expands chest; improves lung capacity; strengthens back.
Ardha Ushtrasana	Half Camel pose performed in kneeling position.	Enhances rib cage mobility and respiratory muscle activation.
Parivrtta Janu Sirsasana	Side bend with twist from seated position.	Increases lateral thoracic flexibility.
Katichakrasana	Standing twist with rhythmic rotation.	Promotes trunk mobility and relaxed breathing.
Pranayama		
Surya Bhedana	Close the left nostril and inhale through the right; then close the right nostril and exhale through the left. Continue smooth rounds with relaxed breathing.	Stimulates respiratory flow; warms the system; increases alertness.
Chandra Bhedana	Close the right nostril and inhale through the left; then exhale through the right. Maintain slow, even breaths for the required rounds.	Induces relaxation; reduces breathing rate.
Nadi Shuddhi	Inhale through the left, exhale through the right; then inhale through the right and exhale through the left. Practice continuous alternate-nostril cycles at a steady rhythm.	Balances the autonomic function and improves ventilatory efficiency.
Bhramari	Inhale gently through the nose and exhale slowly while making a soft humming (bee-like) sound. Keep facial muscles relaxed and repeat several rounds.	Calms mind; reduces HR and RR; relaxes airway muscles.
Yoga Nidra	Supine relaxation with body scan, breath awareness, visualizstion, and quiet observation.	Induces deep relaxation and autonomic balance.
Closing prayer		
Poornamadah	Recitation of "Om Poornamadah Poornamidam… Shantih."	Concludes the session with calmness and mental clarity.

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