



**EFFECT OF ISOLATED AND COMBINED NATUROPATHY AND YOGASANA PRACTICES
ON SELECTED PHYSIOLOGICAL, BIOCHEMICAL AND PSYCHOLOGICAL VARIABLES
AMONG TYPE 2 DIABETES MELLITUS PATIENTS**

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Abstract

Type 2 Diabetes Mellitus is a chronic metabolic condition in which glycemic imbalance, insulin resistance, excess body weight, altered lipid metabolism and psychological stress often occur together. The present analytical paper examines the likely effect of isolated naturopathy practices, isolated yogasana practices and their combined application on selected physiological, biochemical and psychological variables among Type 2 Diabetes Mellitus patients. The paper follows a descriptive analytical approach and is designed as a ready framework for future field validation. It synthesizes evidence from diabetes lifestyle-management literature, yoga-based intervention studies, naturopathy-based clinical observations, official health guidelines and recent integrative medicine discussions. Physiological variables include body mass index, waist circumference, resting pulse rate, respiratory efficiency and blood pressure. Biochemical variables include fasting blood glucose, post-prandial blood glucose, HbA1c, lipid profile and insulin resistance indicators. Psychological variables include perceived stress, anxiety, depressive symptoms, mindfulness, diabetes distress and health-related quality of life. The analysis suggests that isolated naturopathy may influence glycemic control through dietary regulation, hydrotherapy, weight reduction, digestive rest and structured natural lifestyle discipline. Isolated yogasana may support metabolic control through muscular activity, autonomic balance, breathing regulation, stress reduction and improved self-care behavior. The combined intervention is expected to produce stronger multidimensional benefits because it addresses the dietary, physical, neuroendocrine and psychological dimensions of diabetes simultaneously. The paper also highlights safety concerns, medication supervision, hypoglycemia monitoring and the need for physician-guided implementation. Policy recommendations focus on integrating evidence-based yoga and naturopathy modules into diabetes education, community health centers, lifestyle clinics and patient follow-up systems.

Keywords: Type 2 Diabetes Mellitus, naturopathy, yogasana, glycemic control, biochemical variables, physiological variables, psychological variables, integrative health, lifestyle intervention, diabetes management

1. Introduction

1.1 Nature of Type 2 Diabetes Mellitus

Type 2 Diabetes Mellitus is one of the most common chronic metabolic disorders and is largely characterized by impaired insulin action, abnormal glucose regulation and progressive risk of vascular and neurological complications. Its management does not depend only on medicine; it also requires diet regulation, physical activity, weight management, sleep discipline, psychological stability and regular monitoring. The World Health Organization identifies healthy diet, regular physical activity, maintenance of normal body weight



and avoidance of tobacco as important measures for preventing or delaying Type 2 Diabetes Mellitus and its complications (World Health Organization, 2024a).

The condition has special relevance in India because diabetes is no longer limited to older age groups or economically affluent sections. Rapid urbanization, reduced physical activity, high-calorie diets, long sitting hours and stress-based lifestyles have made diabetes a broader public health challenge. This wider context makes non-pharmacological and behavior-centered interventions important, especially those that can be practiced safely under supervision and sustained in daily life.

1.2 Growing burden and the need for lifestyle support

Global diabetes estimates show that the disease burden is expanding in both developed and developing regions, with serious implications for health systems, families and patient quality of life. The IDF Diabetes Atlas 2025 reports detailed prevalence estimates for 2024 and projections for 2050, emphasizing diabetes as a growing worldwide health concern (International Diabetes Federation, 2025). In India, the ICMR-INDIAB study estimated a far higher metabolic disease burden than earlier reports, including 101 million people with diabetes and 136 million with prediabetes in 2021 (Anjana et al., 2023).

These figures show why diabetes management should not remain confined to drug therapy alone. Medication is necessary for many patients, but long-term control is strongly shaped by patient behavior. Therefore, the present paper considers naturopathy and yogasana practices not as replacements for medical care, but as structured complementary practices that may strengthen physiological regulation, biochemical control and psychological resilience.

1.3 Relevance of integrative non-pharmacological practices

Diabetes care increasingly recognizes that clinical outcomes improve when treatment is linked with patient education, physical activity, diet modification, psychosocial support and continuous self-management. The American Diabetes Association Standards of Care present lifestyle behavior, physical activity, weight management and psychosocial screening as important components of diabetes care (American Diabetes Association, 2026). This approach is consistent with the logic of integrative health, where safe traditional practices may be placed alongside conventional monitoring instead of being used in isolation.

Naturopathy and yogasana practices are particularly relevant because they are lifestyle-oriented. Naturopathy emphasizes natural diet, digestive rest, hydrotherapy, mud therapy, fasting discipline, sun exposure, massage and daily routine correction. Yogasana emphasizes posture, breathing, stretching, relaxation, concentration and self-regulation. Both practices demand consistency, but they work through different pathways. This makes it important to examine their isolated and combined effects separately.

1.4 Yogasana practices as therapeutic movement

Exercise and physical activity improve glycemic control by increasing energy expenditure, improving insulin sensitivity and reducing sedentary time. Physical activity also contributes to prevention and management of diabetes and supports mental health and well-being (World Health Organization, 2024b). The American College of Sports Medicine consensus statement emphasizes regular physical activity, reduction of sedentary behavior and frequent movement breaks for individuals with Type 2 Diabetes Mellitus (Kanaley et al., 2022). Yogasana differs from conventional exercise because it combines controlled muscular effort with breathing, relaxation and attention training. This combination may be helpful for diabetes patients who require low-impact, flexible and psychologically calming activity.

Yogasana practices are not uniform. Some postures are dynamic and improve muscular activation, while others are gentle and improve flexibility, balance, abdominal compression and breathing control. Pranayama and relaxation practices can influence autonomic balance and perceived stress. This paper therefore treats yogasana as a multidimensional practice rather than as a simple exercise routine.



1.5 Objectives of the Study

1. To examine the likely effect of isolated naturopathy practices on selected physiological, biochemical and psychological variables among Type 2 Diabetes Mellitus patients.
2. To examine the likely effect of isolated yogasana practices on selected physiological, biochemical and psychological variables among Type 2 Diabetes Mellitus patients.
3. To compare the expected effect of combined naturopathy and yogasana practices with isolated intervention approaches.
4. To identify the major pathways through which naturopathy and yogasana may influence glycemic control, body composition, cardiovascular indicators and mental well-being.
5. To develop a structured methodological framework for future primary data collection and field-based validation.

Analytical pathway for naturopathy and yogasana practices

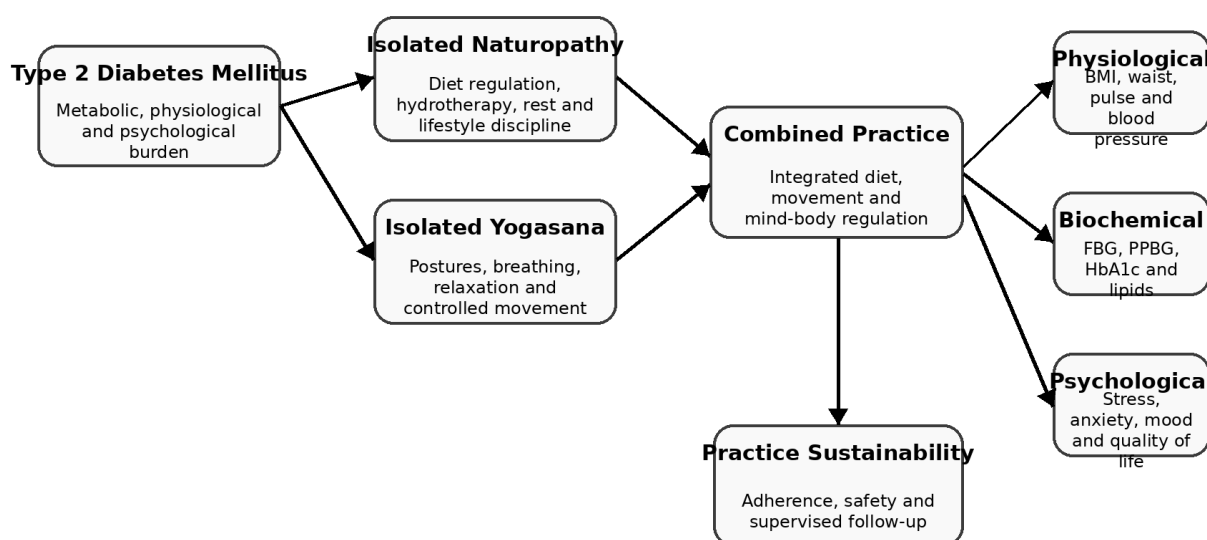


Figure 1. Analytical pathway linking isolated and combined naturopathy and yogasana practices with physiological, biochemical and psychological outcomes.

2. Literature Review

2.1 Diabetes, lifestyle and self-management

The literature on diabetes management consistently shows that long-term control requires continuous self-management. Medication helps regulate blood glucose, but day-to-day outcomes are shaped by diet, physical activity, stress, sleep, medication adherence and screening for complications. Lifestyle practices are therefore not peripheral; they are part of the daily treatment environment in which medical care becomes effective.

For patients with Type 2 Diabetes Mellitus, the challenge is not only to reduce glucose readings at one point in time. The larger challenge is to create a sustainable behavioral routine that improves metabolic control without increasing risk. In this sense, naturopathy and yogasana have potential value when they are structured, supervised and adapted to the age, fitness level, medication status and complication profile of the patient.



2.2 Evidence on yoga and glycemic control

Controlled trial evidence and systematic reviews suggest that yoga-based practices may improve several diabetes-related outcomes, including glycemic control, lipid profile and body composition. A systematic review of controlled trials reported that yoga may improve glycemic control, lipid levels and body composition, with additional possible benefits for blood pressure, oxidative stress, mood and quality of life (Innes & Selfe, 2016).

Another systematic review and meta-analysis found that yoga improved glycemic outcomes compared with control conditions and also showed benefits for lipid profile and blood pressure. These findings indicate that yoga may operate through both metabolic and cardiovascular pathways, although the quality and standardization of intervention designs remain important concerns (Thind et al., 2017).

More recent meta-analytic evidence also points to the short-term value of yoga for biochemical markers. Yoga training has been associated with improvement in blood glucose and lipid profile among patients with Type 2 Diabetes Mellitus, but the authors also highlighted the need for larger and longer randomized trials before making strong long-term claims (Chen et al., 2022).

2.3 Evidence on naturopathy and diabetes-related outcomes

Naturopathy-based interventions have been studied in India through residential programs, prospective cohorts and clinical observations. One prospective cohort study from India reported that adjunctive naturopathy was associated with improved glycemic control and reduced medication need among Type 2 Diabetes Mellitus patients, while also emphasizing the need for careful interpretation because of observational design limitations (Bairy et al., 2016).

A later prospective cohort study on an integrated naturopathy and yoga program reported reductions in blood glucose and HbA1c after a three-month residential intervention. The program included naturopathy treatment, low-calorie salt-restricted diet and yoga, suggesting that intensive lifestyle exposure can influence glycemic outcomes when patients are closely supervised (Bairy et al., 2020).

Recent retrospective evidence from a residential yoga and naturopathy intervention also reported significant reductions in fasting blood glucose, post-prandial blood glucose, body mass index, waist circumference, blood pressure, pulse rate and perceived stress after intervention, while recommending prospective randomized trials to confirm the findings (Mooventhan et al., 2025).

2.4 Combined yoga-based and lifestyle-based interventions

The combined approach is important because diabetes has multiple causes and consequences. A single practice may influence one domain, but combined programs can act on diet, movement, stress, weight, sleep and self-care at the same time. An integrated yoga therapy protocol was found to improve glycemic control, insulin resistance and key biochemical parameters in patients with Type 2 Diabetes Mellitus, showing the value of multi-component practice rather than posture alone (Gowri et al., 2022).

A meta-analysis comparing yoga and walking found that both approaches had positive effects on glycemic control when combined with oral hypoglycemic agents, while yoga showed relatively stronger effects on several glycemic indices. This finding is useful for the present topic because it supports the need to compare isolated and combined practice effects rather than assuming that all physical activities produce equal outcomes (Dhali et al., 2023).

2.5 Psychological dimension of diabetes care

Psychological distress is deeply connected with diabetes self-management. Patients who experience stress, anxiety, depressive symptoms or diabetes distress may find it difficult to follow diet plans, exercise routines, medication schedules and glucose monitoring. A study on yoga intervention among adults with Type 2 Diabetes Mellitus reported improvements in stress, depression, mindfulness and cognitive function, indicating that mental health outcomes deserve attention along with glucose control (Subramani et al., 2025).



An intensive lifestyle modification study in India also found reductions in symptoms of anxiety and depression among individuals with Type 2 Diabetes Mellitus. This supports the argument that diabetes programs should include psychological support and lifestyle correction instead of focusing only on laboratory values (Tripathi et al., 2024).

The broader stress literature suggests that yoga may influence stress through relaxation, controlled breathing, parasympathetic activation and mindfulness-based awareness. A systematic review of yoga for stress reported short-term benefits compared with passive control conditions, while also noting limitations in evidence quality and study heterogeneity (Schleinzer et al., 2024).

2.6 Traditional and integrative medicine context

Traditional, complementary and integrative medicine is increasingly discussed in relation to evidence, safety, affordability and universal health coverage. The WHO Traditional Medicine Global Summit recommendations emphasized evidence-based implementation, scientific validation and knowledge exchange for traditional and integrative practices (World Health Organization, 2025). This position is relevant because yoga and naturopathy should be integrated through protocols, monitoring and research rather than through unverified claims.

India has a strong institutional context for yoga. Common yoga protocols and disease-specific yoga resources are promoted through public institutions and the Ministry of AYUSH framework. However, disease-specific use among diabetic patients must be adapted to medical status, age, joint mobility, neuropathy risk, cardiovascular condition and medication schedule. Therefore, the present paper gives more importance to supervised and measurable practice than to general wellness claims.

3. Topic-Specific Analytical Section

3.1 Meaning of combined naturopathy and yogasana practice

Combined practice means that naturopathy and yogasana are implemented together as a structured lifestyle intervention. This approach is expected to be more comprehensive because it targets food intake, physical movement, autonomic balance, psychological stress, body weight and self-monitoring simultaneously. It may also improve adherence because patients experience a more organized routine.

However, combined intervention also carries greater implementation responsibility. Patients may find the routine demanding if the schedule is too strict. Therefore, the combined module should be progressive, safe and realistic. The intervention should avoid extreme fasting, strenuous postures and sudden medication changes. Medical monitoring is essential when glucose values fall quickly during lifestyle modification.

Table 1. Classification of selected variables for the proposed analytical framework.

Variable category	Indicative measures	Expected direction of change	Relevance to Type 2 Diabetes Mellitus
Physiological variables	Body mass index, waist circumference, resting pulse rate, systolic and diastolic blood pressure, respiratory rate, flexibility	Reduction in excess body weight, better cardiovascular response, improved functional comfort	Shows whether the intervention affects body composition and functional health
Biochemical variables	Fasting blood glucose, post-prandial blood glucose, HbA1c, total cholesterol, triglycerides, HDL, LDL, HOMA-IR where feasible	Improved glycemic regulation, healthier lipid profile, better insulin sensitivity	Captures the metabolic effect of naturopathy and yogasana practices



Psychological variables	Perceived stress scale, anxiety score, depression score, diabetes distress score, mindfulness score, quality-of-life scale	Lower stress burden, improved emotional regulation and better self-care confidence	Shows whether the intervention supports the mental-health side of diabetes management
Behavioral variables	Attendance, home practice record, diet adherence, sleep routine, medication adherence, glucose-monitoring regularity	Improved consistency and self-management	Explains whether outcomes are linked to actual practice participation

3.2 Analytical comparison of intervention pathways

The isolated and combined pathways are not competing in a simple way. Isolated naturopathy may be more effective for diet-driven metabolic correction, while isolated yogasana may be more acceptable for movement, stress reduction and daily home practice. The combined approach may produce wider benefits, but it also requires greater motivation, supervision and follow-up. The analytical comparison is summarized below.

Table 2. Suggested 12-week intervention framework for future field validation.

Week range	Naturopathy module	Yogasana module	Monitoring focus
Weeks 1-2	Diet history, safe meal correction, hydration routine, basic hydrotherapy where indicated	Gentle warm-up, breathing awareness, simple seated and standing postures	Medical clearance, baseline glucose, blood pressure, symptoms and comfort level
Weeks 3-6	Structured plant-based diet support, portion control, digestive rest, sleep and routine correction	Progressive asana practice, pranayama and relaxation for 35 to 45 minutes	Attendance, medication record, hypoglycemia symptoms, perceived stress
Weeks 7-10	Supervised lifestyle discipline, weight-management support and individualized naturopathy adjustments	Improved posture duration, controlled breathing, relaxation and home-practice diary	Midline body weight, blood pressure, glucose review and adherence
Weeks 11-12	Consolidation of sustainable routine and education for continuation after study	Stable yoga sequence with safety modifications and self-practice guidance	Post-test measurements and adverse-event review

4. Methodology

4.1 Nature of the study

The present paper adopts a descriptive analytical approach. It does not claim to report completed clinical trial results. Instead, it develops an academic framework for examining the effect of isolated and combined naturopathy and yogasana practices on selected variables among Type 2 Diabetes Mellitus patients. The structure is suitable for a seminar paper, synopsis background, pilot-study proposal or future intervention-based research design.



The study is analytical because it synthesizes existing literature, identifies variables, compares likely intervention pathways and proposes a practical data collection procedure. It is also applied in orientation because the focus is on measurable outcomes that can be used in future fieldwork.

4.2 Proposed research design for field validation

For future primary data collection, a quasi-experimental pre-test and post-test design with four groups may be used. The groups may include: Group I receiving isolated naturopathy practices, Group II receiving isolated yogasana practices, Group III receiving combined naturopathy and yogasana practices, and Group IV receiving routine care or control conditions. Random allocation may be used where feasible, but if clinical and practical constraints exist, matched group allocation can be adopted.

The proposed duration may be 12 weeks because this period is long enough to observe changes in fasting glucose, post-prandial glucose, body weight, blood pressure and psychological scores. HbA1c reflects approximately three months of glycemic exposure, making it suitable for pre-test and post-test assessment over this duration.

4.3 Population and sample

The target population consists of adult patients diagnosed with Type 2 Diabetes Mellitus. A future field study may include men and women between 35 and 65 years who are medically stable and willing to participate in supervised lifestyle practices. A pilot sample of 80 participants, with 20 participants in each group, may be adequate for initial validation. A larger sample would be required for stronger inferential conclusions.

The sampling technique may be purposive sampling in the pilot stage and stratified random sampling in a larger study. Stratification by gender, age category, diabetes duration, medication type and baseline HbA1c level would help reduce group imbalance.

4.4 Inclusion and exclusion criteria

1. **Inclusion criteria:** Adults with diagnosed Type 2 Diabetes Mellitus; medically stable participants; willingness to attend supervised sessions; ability to provide informed consent; permission from treating physician if on glucose-lowering medication.
2. **Exclusion criteria:** Type 1 diabetes, pregnancy, severe uncontrolled hypertension, recent cardiac event, advanced neuropathy with balance risk, severe retinopathy, active foot ulcer, renal failure, severe psychiatric illness, or inability to perform mild physical practice.
3. **Withdrawal criteria:** Repeated absence, medical instability, hypoglycemic episodes requiring urgent care, injury, unwillingness to continue, or physician recommendation to stop participation.

4.5 Sources of data

The present analytical paper uses secondary sources such as peer-reviewed journal articles, official health guidelines, diabetes burden reports, yoga and naturopathy intervention studies and integrative medicine policy discussions. For future validation, primary data may be collected through clinical measurements, biochemical reports, psychological scales, attendance registers and participant feedback sheets.

4.6 Tools and measures

Table 3. Proposed tools and measures for future primary data collection.

Domain	Variable	Suggested tool or method	Timing
Physiological	Height, weight and body mass index	Standard weighing scale and stadiometer	Pre-test and post-test
Physiological	Waist circumference and waist-hip ratio	Non-stretchable measuring tape	Pre-test and post-test
Physiological	Blood pressure and pulse rate	Validated digital or mercury sphygmomanometer; pulse oximeter or manual pulse count	Pre-test, midline and post-test



Biochemical	Fasting blood glucose and post-prandial blood glucose	Laboratory report or calibrated glucometer protocol	Pre-test and post-test; optional weekly monitoring
Biochemical	HbA1c	Laboratory report	Pre-test and post-test after 12 weeks
Biochemical	Lipid profile	Laboratory report for total cholesterol, triglycerides, HDL and LDL	Pre-test and post-test
Psychological	Perceived stress	Perceived Stress Scale or equivalent validated scale	Pre-test and post-test
Psychological	Anxiety and depression	GAD-7 and PHQ-9 or equivalent validated tools	Pre-test and post-test
Psychological	Diabetes distress and quality of life	Diabetes Distress Scale and health-related quality-of-life tool	Pre-test and post-test
Behavioral	Adherence and practice consistency	Attendance register, home-practice diary and diet-adherence checklist	Weekly

4.7 Proposed statistical techniques

- Frequency and percentage may be used to present demographic characteristics such as age, gender, diabetes duration, medication type and baseline health status.
- Mean and standard deviation may be used for physiological, biochemical and psychological variables measured before and after intervention.
- Paired sample t-test may be used to examine within-group pre-test and post-test differences where data are normally distributed.
- Wilcoxon signed-rank test may be used for within-group comparison when normality assumptions are not met.
- One-way ANOVA or ANCOVA may be used to compare post-test differences among intervention groups, with baseline values controlled where appropriate.
- Effect size should be reported to interpret practical significance instead of relying only on p-values.
- Thematic coding may be used for short qualitative feedback related to adherence, barriers, perceived benefits and safety concerns.

5. Data Collection and Analytical Procedure

5.1 Pre-intervention procedure

Before starting the intervention, participants should undergo screening and medical clearance. Baseline demographic details, disease history, medication use, diet pattern, physical activity level and sleep routine should be recorded. Baseline physiological measurements and biochemical reports should be collected using standardized procedures. Psychological scales should be administered in a quiet setting with clear instructions.

5.2 Intervention procedure

The intervention should be conducted in a supervised setting by qualified yoga and naturopathy professionals. The isolated naturopathy group should follow only the naturopathy module, while the isolated yogasana group should follow only the yogasana module. The combined group should receive both practices in a coordinated routine. The control group should continue routine medical advice without additional structured intervention during the study period.



Session timing should be suitable for diabetic patients, preferably avoiding prolonged fasting before practice. Blood glucose monitoring should be encouraged for patients who are at risk of hypoglycemia. Each participant should maintain an attendance and practice diary. Dietary changes should be documented because diet can strongly influence biochemical outcomes.

5.3 Analytical procedure

The analysis should begin with data cleaning and screening. Missing values, outliers and inconsistent records should be examined before statistical testing. Baseline equivalence among groups should be checked because large initial differences can distort interpretation. The main analysis should compare change within each group and then compare the magnitude of change across groups.

The most useful interpretation would not be limited to statistical significance. For example, a small decrease in stress score may be statistically significant but clinically modest, while a moderate decrease in HbA1c may be more meaningful for long-term diabetes management. Therefore, the final interpretation should combine statistical results, effect size, safety, adherence and practical feasibility.

Proposed data collection and analysis sequence

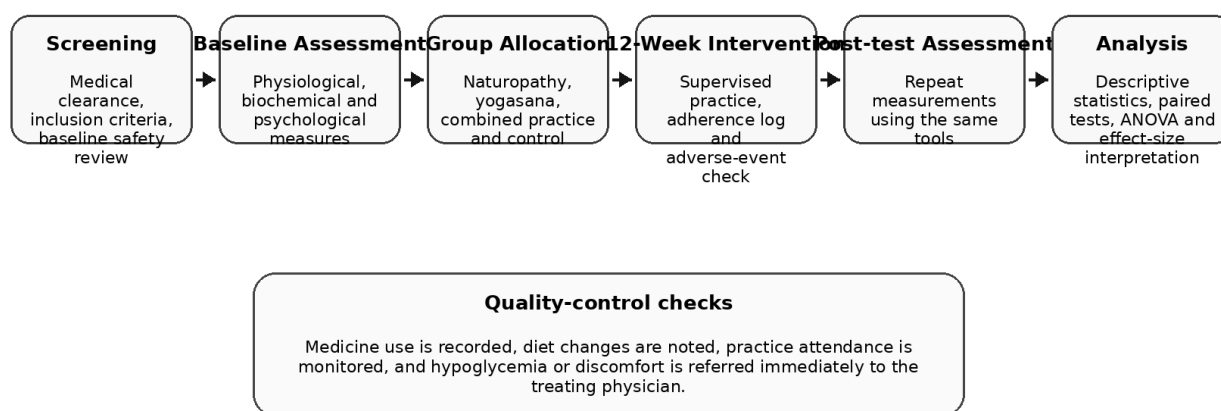


Figure 2. Proposed data collection and analytical sequence for future field validation.

6. Analytical Discussion

6.1 Expected effect on physiological variables

Physiological variables are expected to respond through changes in daily routine, body movement, calorie balance and autonomic regulation. Isolated naturopathy may lead to reduction in body weight and waist circumference because it directly addresses diet, portion control and digestive rest. Isolated yogasana may improve flexibility, resting pulse rate, blood pressure and breathing pattern through regular movement, stretching and relaxation.

The combined intervention is expected to show better physiological improvement because it integrates food discipline with physical activity and stress regulation. Body mass index and waist circumference may decline more clearly when diet regulation and yogasana are practiced together. Blood pressure and pulse rate may improve if relaxation, breathing and weight reduction occur simultaneously.

6.2 Expected effect on biochemical variables

Biochemical variables are central to diabetes research because they provide objective evidence of metabolic change. Fasting blood glucose may improve when overnight glucose regulation and diet discipline improve. Post-prandial glucose may improve when meal composition, portion size, digestive timing and muscle glucose uptake improve. HbA1c may change more slowly because it reflects average glycem exposure across several weeks.



Naturopathy may influence biochemical outcomes through dietary correction, calorie restriction and weight reduction. Yogasana may influence biochemical outcomes through muscular activity, improved insulin sensitivity and stress-related hormonal balance. The combined approach may therefore produce a stronger effect on fasting glucose, post-prandial glucose, HbA1c and lipid profile than either isolated practice alone, provided that adherence is maintained and medication use is monitored.

6.3 Policy Recommendations

- Develop standardized diabetes-specific yoga and naturopathy modules that can be safely used in community health and wellness centers.
- Ensure that yoga and naturopathy interventions for diabetes patients are linked with physician supervision, medication review and biochemical monitoring.
- Train practitioners to identify warning signs such as hypoglycemia, dizziness, chest discomfort, neuropathy-related balance issues and uncontrolled blood pressure.
- Include psychological screening in diabetes lifestyle programs because stress, anxiety and depression can directly affect adherence and self-care.
- Promote low-cost group sessions in urban and semi-urban areas where patients may not afford private lifestyle clinics.
- Encourage hospitals, AYUSH institutions and diabetes clinics to conduct well-designed comparative studies on isolated and combined intervention effects.
- Avoid exaggerated claims of cure and present naturopathy and yogasana as complementary, evidence-informed and patient-centered supportive practices.
- Create simple patient education booklets explaining safe food practices, home yogasana routine, glucose monitoring and when to consult a physician.

Summary

The present analytical paper examined the expected effect of isolated and combined naturopathy and yogasana practices on selected physiological, biochemical and psychological variables among Type 2 Diabetes Mellitus patients. The discussion shows that Type 2 Diabetes Mellitus is a multidimensional condition requiring medical care, lifestyle discipline, physical activity, dietary regulation and psychological support. Naturopathy and yogasana practices may be valuable when they are used as supervised complementary practices rather than substitutes for medical treatment.

Isolated naturopathy is likely to influence body weight, waist circumference, food habits, fasting glucose, lipid profile and routine discipline through dietary correction, hydrotherapy, digestive rest and natural lifestyle regulation. Isolated yogasana is likely to influence flexibility, resting pulse rate, blood pressure, glucose utilization, stress, anxiety, mood and mindfulness through posture, breathing and relaxation. The combined intervention may offer wider benefit because it addresses metabolic, physical and psychological pathways together. However, stronger benefit depends on adherence, safety, medical monitoring and realistic program design.

The paper also proposed a future field-validation framework with four groups, pre-test and post-test measurements, selected physiological, biochemical and psychological variables, ethical safeguards and suitable statistical techniques. The key recommendation is that diabetes-related naturopathy and yogasana programs should be evidence-based, supervised, patient-centered and clinically coordinated. A careful integration of these practices can support long-term diabetes self-management, but claims should remain measured and supported by data.



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