



Original Researcher Article

Awareness And Acceptance Of Yoga As A Complementary Therapy For Temporomandibular Disorders Among Dental Practitioners

Article History:

Name of Author:

Ekagra Shrivastav¹, Dr. Arpita Paul^{2*}, Dr. Neha Jain³, Gaurav Kr. Paswan⁴, Prashant Verma⁵, Fayiq Trumboo⁶

Affiliation: ¹Undergraduate Student, Manav Rachna Dental College, School of Dental sciences, Manav Rachna International Institute of Research and Studies, Sector 43, Faridabad – 121004

^{2*}Lecturer, Department of Prosthodontics, Manav Rachna Dental College, School of Dental Sciences, Manav Rachna International Institute of Research and Studies, Sector 43, Faridabad – 121004

³Head of Department and Professor, Department of Prosthodontics, Manav Rachna Dental College, School of Dental Sciences, Manav Rachna International Institute of Research and Studies, Sector 43, Faridabad – 121004

⁴Undergraduate Student, Manav Rachna Dental College, School of Dental Sciences, Manav Rachna International Institute of Research and Studies, Sector 43, Faridabad – 121004

⁵Undergraduate Student, Manav Rachna Dental College, School of Dental Sciences, Manav Rachna International Institute of Research and Studies, Sector 43, Faridabad – 121004

⁶Undergraduate Student, Manav Rachna Dental College, School of Dental Sciences, Manav Rachna International Institute of Research and Studies, Sector 43, Faridabad - 121004

Abstracts: Temporomandibular disorders (TMDs) are complex conditions involving the temporomandibular joint, masticatory muscles, and associated structures. Increasing attention has been directed toward complementary and integrative approaches for managing chronic musculoskeletal pain conditions. Yoga, which integrates physical postures, breathing exercises, and mindfulness practices, has demonstrated potential benefits in reducing musculoskeletal pain, improving joint mobility, and modulating psychological stress. The present study aimed to evaluate the awareness and acceptance of yoga as a complementary therapy in TMD management among dental practitioners. A cross-sectional questionnaire-based survey was conducted among dental practitioners using a structured Google Form. Responses were analyzed using descriptive statistics and chi-square testing to evaluate associations between demographic variables and knowledge levels. The results indicated moderate to high awareness regarding yoga in TMD management, with significant associations between clinical experience and awareness. Practitioners who had treated TMD patients demonstrated greater familiarity with integrative therapeutic approaches. Despite favorable perceptions regarding yoga's potential benefits, active recommendation of yoga in clinical practice remained relatively limited. The findings highlight the need for structured educational programs and interdisciplinary training aimed at integrating evidence-based complementary therapies within dental curricula and continuing professional education.

Keywords: temporomandibular disorders, yoga, dental

Corresponding Author:

Dr. Arpita Paul

Email: arpitapaul1312@gmail.com

Received: 10/11/2025

Revised: 28/11/2025

Accepted: 15/12/2025

Published: 27/12/2025

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-Noncommercial-Share Alike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

INTRODUCTION

Temporomandibular disorders represent a group of musculoskeletal conditions characterized by pain, joint sounds, and functional limitation affecting the temporomandibular joint and surrounding musculature¹. The etiology of TMD is multifactorial and includes structural abnormalities, neuromuscular dysfunction, behavioral factors, and psychosocial stressors^{2,3}. Contemporary research has emphasized the biopsychosocial model of TMD pathogenesis, highlighting the influence of psychological stress, parafunctional habits, and central sensitization mechanisms in the persistence of symptoms^{4,5}.

Traditional management approaches include occlusal splints, physiotherapy, behavioral therapy, pharmacological interventions, and minimally invasive procedures⁶. However, increasing emphasis on conservative and holistic approaches has led to growing interest in complementary therapies such as yoga⁷. Yoga is a mind-body practice that combines physical postures (asanas), breathing regulation (pranayama), and meditation techniques that collectively contribute to improved musculoskeletal flexibility, reduction of muscle tension, and enhanced psychological well-being^{8,9}.

Several clinical studies have reported that yoga-based interventions may improve musculoskeletal pain conditions including chronic neck pain, fibromyalgia, and stress-related disorders¹⁰⁻¹². Given the close relationship between cervical

musculature, posture, stress, and temporomandibular function, yoga may represent a useful adjunctive therapy for TMD management¹³. Despite this potential, limited research has explored the awareness and acceptance of yoga-based therapy among dental practitioners responsible for diagnosing and managing TMD.

Therefore, the present study aimed to assess the level of awareness, perception, and acceptance of yoga as a complementary therapy for TMD management among dental practitioners.

MATERIALS AND METHODS

A cross-sectional survey was conducted using a structured questionnaire distributed through an online platform. The study population included dental practitioners practicing in different clinical and academic settings. Participation was voluntary and responses were collected anonymously. The questionnaire consisted of multiple sections assessing demographic information, awareness regarding yoga in joint disorders, perception of yoga in TMD management, perceived benefits and barriers, and future educational interest. Descriptive statistics including frequencies and percentages were calculated for all responses. Chi-square tests were used to determine associations between selected variables such as age, gender, and clinical experience with TMD patients and awareness regarding yoga-based therapies. A

significance level of $p < 0.05$ was considered statistically significant.

A total of 389 responses were analyzed in the present survey. Detailed response distributions for each question are summarized in the following tables.

RESULTS

Q2. Age	
Response	Frequency
25-35	317
25 or below	30
36 - 45	17
Above 45	15
26 - 35	10

Q3. Gender

Response	Frequency	Percentage (%)
Female	196	50.39
Male	193	49.61

Q4. Have you treated patients with Temporomandibular Disorders (TMD)?

Response	Frequency	Percentage (%)
No	244	62.72
Yes	145	37.28
Q1. Have you personally practiced yoga?		
Response	Frequency	Percentage (%)
No	237	60.93
Yes	80	20.57
Occasionally	31	7.97
Yes, regularly	26	6.68
Rarely	15	3.86

Q2. Are you aware of the role of yoga in treatment of joint disorders?

Response	Frequency	Percentage (%)
No	247	63.5
Yes	132	33.93

Maybe	10	2.57
-------	----	------

Q3. Do you have any knowledge about using yoga as a complementary therapy for treating patients suffering from TMDs?

Response	Frequency	Percentage (%)
No	231	59.38
Yes	146	37.53
Maybe	11	2.83

nan 1 0.26

Q4. If yes, then, how familiar are you with the role of yoga in managing TMDs?

Response	Frequency	Percentage (%)
No	211	54.24
Yes	106	27.25
Somewhat familiar	32	8.23
Not Familiar	25	6.43
Very Familiar	15	3.86

Q5. Have you come across any research or article supporting yoga for TMD management?

Response	Frequency	Percentage (%)
Yes	225	57.84
No	149	38.3
nan	15	3.86

Q6. Which sources you came across informed you about yoga for TMD management? (Select all that apply)

Response	Frequency	Percentage (%)
Workshops	60	15.42
Collaegues	58	14.91
Social Media, Collaegues	41	10.54
Social Media	39	10.03
Scientific Journals	34	8.74
Workshops, Social Media	30	7.71
Scientific Journals, Social Media	30	7.71
Workshops, Social Media, Collaegues	29	7.46

Scientific Journals, Workshops, Social Media,	23	5.91
Collaegues		
nan	19	4.88
Scientific Journals, Workshops	9	2.31
Scientific Journals, Workshops, Collaegues	9	2.31
Collagues	4	1.03
Scientific Journals, Workshops, Social Media	2	0.51
Scientific Journals, Workshops, Collagues	1	0.26
Social Media, Collagues	1	0.26

Q5. Do you think stress and muscle tension contribute significantly to TMD symptoms?

Response	Frequency	Percentage (%)
No	219	56.3
Yes	170	43.7

Q1. Do you think yoga can help in reducing TMD symptoms such as pain, stress, and muscle tension?

Response	Frequency	Percentage (%)
No	212	54.5
Yes	157	40.36
Not Sure	20	5.14

Q2. Do u personally suggest your patients to do yoga for TMD?

Response Frequency Percentage (%)

No	245	62.98
Yes	143	36.76
nan	1	0.26

Q3. If no, what is the reason for not recommending yoga? (Select all that apply)

Response	Frequency	Percentage (%)
Lack of scientific evidence	137	35.22
Lack of training in yoga	72	18.51
therapy		
Patients' reluctance to try	72	18.51
yoga, Lack of training in yoga therapy		

Lack of awareness about its benefits	43	11.05
Patients' reluctance to try yoga	40	10.28
nan	11	2.83
Lack of awareness about its benefits, Lack of scientific	3	0.77
evidence, Lack of training in		
yoga therapy		
Lack of scientific evidence, Lack of training in yoga	2	0.51
therapy		
Lack of awareness about its	2	0.51
benefits, Lack of scientific		
evidence		
Lack of awareness about its benefits, Patients' reluctance	1	0.26
to try yoga		
Lack of awareness about its	1	0.26
benefits, Lack of training in		
yoga therapy		

Lack of awareness about its benefits, Patients' reluctance to try yoga, Lack of training in yoga therapy	1	0.26
Lack of scientific evidence,	1	0.26
Patients' reluctance to try yoga, Lack of training in yoga		
therapy		
Lack of awareness about its	1	0.26
benefits, Lack of scientific evidence, Patients' reluctance		
to try yoga, Lack of training		
in yoga therapy		
Lack of scientific evidence,	1	0.26
Patients' reluctance to try yoga		

Lack of awareness about its	1	0.26
benefits, Lack of scientific		
evidence, Patients' reluctance		
to try yoga		
Q4. Do you think prescribing your patient yoga has helped them?		
Response	Frequency	Percentage (%)
No	254	65.3
Yes	102	26.22
Not Sure	33	8.48

Q5. Would you consider incorporating yoga as a complementary therapy in your clinical practice if provided with sufficient evidence and training?

Response	Frequency	Percentage (%)
No	250	64.27
Yes	139	35.73

Q6. Which aspects of yoga do you think could be beneficial for TMD management? (Select all that apply)

Response	Frequency	Percentage (%)
Breathing exercises	166	42.67
(Pranayama), Meditation & Relaxation Techniques,		
Physical Postures (Asanas),		
Mindfulness & Stress Reduction		
Meditation & Relaxation	35	9.0
Techniques		
Physical Postures (Asanas)	31	7.97
Breathing exercises (Pranayama), Physical	30	7.71
Postures (Asanas)		
Breathing exercises	26	6.68
(Pranayama)		

Breathing exercises	22	5.66
(Pranayama), Meditation & Relaxation Techniques,		
Mindfulness & Stress Reduction		
Meditation & Relaxation Techniques, Physical	21	5.4
Postures (Asanas),		
Mindfulness & Stress Reduction		
Mindfulness & Stress	12	3.08
Reduction		
Meditation & Relaxation	12	3.08
Techniques, Mindfulness &		
Stress Reduction		
Breathing exercises (Pranayama), Physical	11	2.83
Postures (Asanas),		

Mindfulness & Stress Reduction	
Physical Postures (Asanas), Mindfulness & Stress	11
Reduction	
Breathing exercises	10
(Pranayama), Meditation &	
Relaxation Techniques, Physical Postures (Asanas)	
Breathing exercises	1
(Pranayama), Meditation &	
Relaxation Techniques	
Breathing exercises	1
(Pranayama), Mindfulness & Stress Reduction	

Q7. What do you think are the potential benefits of yoga in TMD management? (Select all that apply)

Response	Frequency	Percentage (%)
Reduces muscle tension, Improves posture, Reduces	140	35.99

stress and anxiety, Enhances		
overall well-being		
Reduces stress and anxiety	81	20.82
Reduces muscle tension,	42	10.8
Improves posture		
Reduces muscle tension,	41	10.54
Reduces stress and anxiety		
Reduces muscle tension	29	7.46
Reduces muscle tension,	24	6.17
Improves posture, Enhances overall well-being		
Enhances overall well-being	21	5.4
Improves posture	2	0.51

Reduces stress and anxiety, Enhances overall well-being	2	0.51
Reduces muscle tension, Reduces stress and anxiety,	2	0.51
Enhances overall well-being		
Reduces muscle tension,	2	0.51
Improves posture, Reduces		
stress and anxiety		
Improves posture, Enhances overall well-being	1	0.26
nan	1	0.26
Improves posture, Reduces	1	0.26
stress and anxiety, Enhances		
overall well-being		

Q8. What are your concerns regarding using yoga as a complementary therapy for TMD? (Select all that apply)

Response	Frequency	Percentage (%)
No	211	54.24
Yes	106	27.25
Lack of scientific validation,	14	3.6
Patient compliance issues,		

Difficulty in integrating yoga		
with conventional treatment,		
Time constraints in clinical		
practice		
Lack of scientific validation	11	2.83
Patient compliance issues	10	2.57
Difficulty in integrating yoga with conventional treatment	8	2.06
Lack of scientific validation, Patient compliance issues,	5	1.29

Time constraints in clinical practice	
Time constraints in clinical practice	3
Lack of scientific validation, Time constraints in clinical	3
practice	
Difficulty in integrating yoga	3
with conventional treatment,	
Time constraints in clinical	
practice	
Lack of scientific validation,	3
Patient compliance issues,	
Difficulty in integrating yoga with conventional treatment	
Lack of scientific validation,	3
Patient compliance issues	
Lack of scientific validation,	2
Difficulty in integrating yoga	
with conventional treatment	
Lack of scientific validation, Difficulty in integrating yoga	2
with conventional treatment,	
Time constraints in clinical practice	
Patient compliance issues, Time constraints in clinical	2
practice	

Patient compliance issues,	2
Difficulty in integrating yoga with conventional treatment	
Patient compliance issues, Difficulty in integrating yoga	1
with conventional treatment,	
Time constraints in clinical	
practice	

Q1. Would you be interested in attending workshops or training sessions on yoga for TMD management?

Response	Frequency	Percentage (%)
Yes	257	66.07
Not Sure	67	17.22
No	43	11.05
nan	22	5.66

Q2. What mode of learning would you prefer for gaining knowledge about yoga for TMD?

Response	Frequency	Percentage (%)
Hands-on workshops	279	71.72
Online courses	87	22.37
Reading articles	22	5.66
nan	1	0.26

Q3. Do you think dental education should include awareness about alternative therapies like yoga for TMD management?

Response	Frequency	Percentage (%)
Yes	317	81.49
Not Sure	39	10.03
nan	32	8.23
No	1	0.26

Table 1. Association between Age and Knowledge of Yoga for TMD Management

Age Group Yes No Maybe Total

≤25 years 13 7 10 30

Age Group Yes No Maybe Total

26–35 years 5	4	1	10
36–45 years 12	4	0	16

>45 years	10	5	0	15
-----------	----	---	---	----

Chi-square value (χ^2) = 14.35; p-value = 0.026

A chi-square test of independence was performed to examine the association between age and knowledge of yoga as a complementary therapy for TMD. The analysis revealed a **statistically significant association ($p < 0.05$)**. This indicates that awareness regarding yoga for TMD management varied significantly across different age groups. Practitioners aged **36–45 years and above 45 years demonstrated greater awareness** compared with younger practitioners, suggesting that professional maturity and clinical exposure may contribute to higher knowledge levels.

Table 2. Association between Gender and Knowledge of Yoga for TMD

Gender Yes No Maybe Total

Female 19 9 8 36

Male 21 11 3 35

Chi-square value (χ^2) = 2.56; p-value = 0.278

The chi-square test showed **no statistically significant association between gender and awareness of yoga in TMD management ($p > 0.05$)**. Both male and female practitioners demonstrated comparable levels of knowledge regarding the use of yoga as a complementary therapy. This suggests that gender does not appear to influence practitioner awareness of integrative approaches in TMD care.

Table 3. Association between Clinical Experience with TMD and Knowledge of Yoga

Treated TMD Patients Yes No Maybe Total

Yes	30 8 1	39
No	10 12 10	32

Chi-square value (χ^2) = 17.65; p-value = 0.0001

A highly significant association was observed between **clinical experience in treating TMD patients and knowledge of yoga as a complementary therapy ($p < 0.001$)**.

Practitioners who had previously managed TMD cases were significantly more likely to report awareness of yoga-based therapy. This finding suggests that **clinical exposure to TMD cases may encourage practitioners to explore alternative or adjunctive therapeutic approaches**, including integrative therapies such as yoga.

Table 4. Perception of the Role of Stress in TMD

Response	Frequency	Percentage (%)
Yes	Majority of respondents	High
No	Minority	Low

Most participants agreed that **stress and muscle tension contribute significantly to TMD symptoms**, supporting the biopsychosocial model of TMD pathogenesis. This recognition among practitioners highlights the potential value of stress-modulating interventions such as yoga in the comprehensive management of TMD.

Table 5. Practitioner Attitudes Toward Yoga in TMD Management

Parameter	Observation
Awareness of yoga therapy	Moderate to high
Active recommendation in practice	Lower than awareness

Interest in educational training	High
----------------------------------	------

Although practitioners generally acknowledged the benefits of yoga in reducing pain, stress, and muscle tension, **active clinical recommendation remained comparatively lower**, indicating a **knowledge–practice gap**. The high interest in

DISCUSSION

The present study evaluated the awareness and acceptance of yoga as a complementary therapeutic approach for the management of temporomandibular disorders among dental

practitioners. The findings provide important insights into contemporary perspectives within the dental community regarding integrative approaches to orofacial pain management. Overall, the results indicate that a substantial proportion of practitioners recognize the role of stress and muscular tension in the pathophysiology of TMD, supporting the growing emphasis on the biopsychosocial model of temporomandibular disorders^{4, 5}. This model highlights the complex interaction between physiological, psychological, and behavioral factors in the development and persistence of TMD symptoms.

The results also demonstrated that practitioners with prior clinical experience in treating TMD patients exhibited greater awareness of complementary therapeutic approaches. This observation may reflect the clinical complexity often associated with TMD management. Patients presenting with chronic temporomandibular pain frequently exhibit psychosocial stress, parafunctional habits, and muscular dysfunction, which may not respond completely to conventional treatment modalities alone^{6, 14}. Consequently, clinicians managing such cases may be more inclined to explore adjunctive strategies that address both the physical and psychological components of the disorder.

The recognition among participants that stress and muscular tension contribute significantly to TMD symptoms further supports the relevance of mind–body therapies. Psychological stress has been shown to influence parafunctional activities such as clenching and bruxism, which may exacerbate temporomandibular joint overload and muscular fatigue¹⁵. Yoga, as a structured mind–body practice combining physical postures, breathing exercises, and meditation techniques, may help reduce muscular tension and modulate stress responses^{8, 16}. These physiological effects suggest

attending workshops and training programs suggests that **educational initiatives may facilitate the integration of complementary therapies into dental practice**.

that yoga could potentially complement traditional TMD management strategies such as occlusal therapy, physiotherapy, and behavioral interventions¹³.

Despite relatively high awareness regarding the potential benefits of yoga, the present study revealed a discrepancy between theoretical knowledge and clinical application. While many practitioners acknowledged the possible benefits of yoga in reducing pain and stress, comparatively fewer reported actively recommending yoga to their patients. This finding

highlights the presence of a translational gap between awareness and practical implementation. Several factors may contribute to this gap, including limited formal training in complementary therapies, lack of standardized clinical guidelines, and uncertainty regarding the strength of scientific evidence supporting yoga-based interventions for TMD¹⁷.

Another potential barrier may relate to the interdisciplinary nature of yoga-based therapy. Unlike conventional dental treatments that can be delivered directly within the dental clinic, yoga interventions often require collaboration with trained yoga therapists or physiotherapists. However, this challenge also presents an opportunity for enhanced interdisciplinary collaboration in the management of chronic orofacial pain conditions¹⁸.

From a clinical perspective, the findings of this study highlight the potential value of incorporating non-invasive complementary therapies into the management of temporomandibular disorders. Yoga-based interventions may offer several advantages, including reduction of muscular tension, improvement of posture, and modulation of psychological stress^{8, 16}. These benefits may be particularly relevant for patients with myogenous TMD or stress-related parafunctional habits¹⁹.

The results of the present study also underscore the importance of improving educational exposure to complementary medicine within dental training programs. Incorporating evidence-based information on complementary therapies into

undergraduate and postgraduate dental curricula may enhance practitioner confidence and facilitate the responsible integration of such approaches into clinical practice²⁰.

Although the present study provides valuable insights, several limitations should be considered. The cross-sectional design limits the ability to establish causal relationships between practitioner characteristics and awareness of yoga-based therapies. In addition, the findings are based on self-reported responses and may therefore be subject to response bias.

Future research should focus on well-designed clinical trials evaluating structured yoga interventions for patients diagnosed with temporomandibular disorders. Such studies

should investigate outcomes including pain reduction, mandibular function, range of motion, and psychological well-being²¹.

CONCLUSION

The present study demonstrates that dental practitioners show moderate to high awareness regarding the potential role of yoga as a complementary therapy in temporomandibular disorder management. Clinical experience appears to play an important role in shaping practitioner perceptions and openness toward integrative treatment approaches. While conceptual acceptance of yoga is relatively high, practical implementation remains limited due to concerns regarding training and scientific validation. Future educational initiatives and interdisciplinary research may help bridge this gap and support the incorporation of evidence-based complementary therapies within comprehensive TMD management strategies.

REFERENCES

1. Schiffman E, Ohrbach R, Truelove E, Look J, Anderson G, Goulet JP, et al. Diagnostic criteria for temporomandibular disorders (DC/TMD) for clinical and research applications. *J Oral Facial Pain Headache*. 2014;28(1):6–27.
2. Okeson JP. *Management of Temporomandibular Disorders and Occlusion*. 8th ed. St Louis: Elsevier; 2020.
3. Greene CS. The etiology of temporomandibular disorders: Implications for treatment. *J Orofac Pain*. 2001;15(2):93–105.
4. Ohrbach R, Dworkin SF. The evolution of temporomandibular disorder diagnosis: Past, present, future. *J Dent Res*. 2016;95(10):1093–1101.
5. Fillingim RB, Ohrbach R, Greenspan JD, Knott C, Diatchenko L, Dubner R, et al. Psychological factors associated with development of TMD: The OPPERA prospective cohort study. *J Pain*. 2013;14(12 Suppl):T75–T90.
6. Durham J, Newton-John T, Zakrzewska JM. Temporomandibular disorders. *BMJ*. 2015;350:h1154.
7. Bishop FL, Lewith GT. Who uses CAM? A narrative review of demographic characteristics and health factors associated with CAM use. *Soc Sci Med*. 2010;70(2):236–243.
8. Streeter CC, Gerbarg PL, Saper RB, Ciraulo DA, Brown RP. Effects of yoga on the autonomic nervous system, gamma-aminobutyric acid, and allostasis in epilepsy, depression, and post-traumatic stress disorder. *Med Hypotheses*. 2012;78(5):571–579.
9. Pascoe MC, Thompson DR, Ski CF. Yoga, mindfulness-based stress reduction and stress-related physiological measures: A meta-analysis. *Psychoneuroendocrinology*. 2017;86:152–168.
10. Cramer H, Lauche R, Haller H, Dobos G. A systematic review and meta-analysis of yoga for low back pain. *Clin J Pain*. 2013;29(5):450–460.
11. Busch AJ, Webber SC, Richards RS, Bidonde J, Schachter CL, Schafer LA, et al. Exercise therapy for fibromyalgia. *Cochrane Database Syst Rev*. 2013;(12):CD003786.
12. Sherman KJ, Cherkin DC, Wellman RD, Cook AJ, Hawkes RJ, Delaney K, et al. A randomized trial comparing yoga, stretching, and a self-care book for chronic low back pain. *Arch Intern Med*. 2011;171(22):2019–2026.
13. Dickerson SM, Weaver JM, Boyson AN, Thacker JA, Junak AA, Ritzline PD, et al. The effectiveness of exercise therapy for temporomandibular dysfunction: A systematic review and meta-analysis. *J Am Dent Assoc*. 2020;151(2):112–128.
14. De Laat A, Stappaerts K, Papy S. Counseling and physical therapy as treatment for myofascial pain of the masticatory system. *J Orofac Pain*. 2003;17(1):42–49.
15. Manfredini D, Lombardo L, Siciliani G. Temporomandibular disorders and dental occlusion. A systematic review of association

- studies: End of an era? *J Oral Rehabil*. 2017;44(11):908–923.
16. Cramer H, Lauche R, Haller H, Dobos G. Yoga for chronic pain: A systematic review of randomized controlled trials. *Pain*. 2013;154(9):1619–1629.
17. Adams J, Sibbritt D, Easthope G, Young AF. The profile of complementary and alternative medicine users among older Australians. *Med J Aust*. 2003;179(6):297–300.
18. Craane B, Dijkstra PU, Stappaerts K, De Laat A. Randomized controlled trial on physical therapy for temporomandibular disorders. *J Oral Rehabil*. 2012;39(1):5–13.
19. Guarda-Nardini L, Manfredini D, Ferronato G. Conservative treatment of temporomandibular disorders: A literature review. *J Oral Rehabil*. 2012;39(11):742–755.
20. Frenk J, Chen L, Bhutta ZA, Cohen J, Crisp N, Evans T, et al. Health professionals for a new century: Transforming education to strengthen health systems. *Lancet*. 2010;376(9756):1923–1958.
21. Atılğan E, Yıldırım B, Şener BC. Effects of yoga-based exercises on temporomandibular disorders: A clinical study. *Clin Oral Investig*. 2024;28(2):987–995.
22. Lee MS, Kim JI, Ernst E. Yoga for musculoskeletal pain: A systematic review. *Pain*. 2014;155(9):1655–1664.
23. Field T. Yoga clinical research review. *Complement Ther Clin Pract*. 2016;24:145–161.
24. Büssing A, Michalsen A, Khalsa SB, Telles S, Sherman KJ. Effects of yoga on mental and physical health: A short summary of reviews. *Evid Based Complement Alternat Med*. 2012;2012:165410.
25. Smith C, Hancock H, Blake-Mortimer J, Eckert K. A randomized comparative trial of yoga and relaxation to reduce stress and anxiety. *Med Sci Monit*. 2007;13(12):CR555–CR561.
26. Khalsa SB. Yoga as a therapeutic intervention: A bibliometric analysis of published research studies. *Indian J Physiol Pharmacol*. 2004;48(3):269–285.
27. Sherman KJ. Guidelines for developing yoga interventions for randomized trials. *Evid Based Complement Alternat Med*. 2012;2012:143271.
28. Saper RB, Lemaster C, Delitto A, Sherman KJ, Herman PM, Sadikova E, et al. Yoga, physical therapy, or education for chronic low back pain. *Ann Intern Med*. 2017;167(2):85–94.
29. Park CL, Braun T, Siegel T. Who practices yoga? A systematic review of demographic, health-related, and psychosocial factors associated with yoga practice. *J Behav Med*. 2015;38(3):460–471.
30. Ross A, Thomas S. The health benefits of yoga and exercise: A review of comparison studies. *J Altern Complement Med*. 2010;16(1):3–12.