

**THE SCIENCE, PRACTICE, AND FUTURE OF YOGA FOR CHILDREN: A REVIEW ARTICLE****Dr. Pranav Kamathe<sup>1</sup>, Dr. Sachin Prakash Gwalani<sup>2\*</sup>, Dr. Pratik Kadu<sup>3</sup>**<sup>1</sup>PG Scholar, Dept. of Kaumarbhritya, SMBT Ayurved College & Hospital, Nashik.<sup>2\*</sup>Professor, Dept. of Kaumarbhritya, SMBT Ayurved College & Hospital, Nashik.<sup>3</sup>PG Scholar, Dept. of Kaumarbhritya, SMBT Ayurved College & Hospital, Nashik.

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**\*Corresponding Author****Dr. Sachin Prakash Gwalani**

Professor, Dept. of Kaumarbhritya,  
SMBT Ayurved College & Hospital,  
Nashik.



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**ABSTRACT**

**Background:** In recent years yoga is more and more practiced by the children and adolescents in educational, community, and healthcare settings and studied for possible positive impact on physical, psychological, cognitive, and behavioural parameters. However, there is great variability in understanding, choosing, prescribing, and evaluating the practices. The relationship between traditional principles of yoga, pediatric practice, available guidelines and modern evidence-based knowledge is poorly combined. **Aim of the study:** This paper reviews the classical concepts of yoga related to contemporary pediatric practice, modern models of children's yoga programs, available recommendations, difficulties in prescribing and teaching yoga, and strengths and weaknesses of existing scientific evidence.

**Main Results:** Classical books such as the Yoga Sutras of Patanjali, Hatha Yoga Pradipika, Shiva Samhita, and Gheranda

Samhita describe yoga as multidimensional, sequential discipline consisting of behavioral, physical, respiratory, sensory, and mental yoga. However, they do not contain standardized pediatric protocols. Modern pediatric yoga programs differ greatly in their components, target age groups, duration, frequency, progression, supervision, and qualification of instructors. Institutional recommendations present only general directions on safe practice in accordance with age but lack a unified age classification, types of exercises, dosages, progression, contraindications, and required skills of practitioners. Scientific studies suggest the possibility of positive impact on stress, anxiety, psychological well-being, attention, self-regulation,

flexibility, and balance, but there is no strong evidence for specific diseases. The methodological diversity, small sample size, absence of standard outcome measures, poor reports of adverse effects, and lack of dose-response evidence limit the definite conclusions.

**Conclusions:** Yoga seems to be a promising complementary treatment in enhancing certain aspects of health and well-being in children. Future studies should address not only the question of overall effectiveness of yoga for children, but also the question of effectiveness of specific practices for specific children and their particular stages of development and outcomes.

## 1. INTRODUCTION

Yoga practice in children and adolescents has been gaining popularity recently as a way to promote physical health, psychological wellbeing, cognitive performance, and behavioral control. The scope of practice has become broader going from traditional yoga institutions to schools, community centers, clinical applications, and research trials. Due to the increased interest in scientific studies, the effects of yoga practice on diverse aspects of health and various pediatric disorders have been researched recently.<sup>[1-5]</sup>

However, despite growing use of yoga practice, contemporary pediatric yoga practice is rather heterogeneous. There are significant differences in choosing yogic techniques, in the age of start, in session duration and frequency, in methods of progression, in supervision and safety.<sup>[1,2,5]</sup> Classical literature of yoga gives philosophical and practical basis of yoga, there are different guidelines of pediatric yoga practice now; however, the connection between them and scientific evidence is rather weak.

This review aims to analyze the classic bases of yoga, the development and features of contemporary pediatric yoga practice, available guidelines and recommendations, the challenges in prescription of yoga to children, and evidence regarding its positive effects on health. Integrating the mentioned aspects, the review will try to determine the existing gaps and needs of creating safe, age-specific, standardized and evidence-based recommendations for children's yoga practice.

## 2. Classical Foundations of Yoga

**2.1 Evolution and Historical Roots of Yoga Literature:** Yoga is an ancient and dynamic system of philosophy and practice developed in India. While modern literature tends to focus mainly on the physical aspect of yoga (asanas and pranayama), classic literature describes

yoga as a multi-dimensional practice that includes ethics, control of body and breath, senses, concentration, meditation and higher levels of consciousness.<sup>[6]</sup>

The early notions of yoga practices were expressed in the Upanishads. The Katha Upanishad connects yoga with the regulation of the senses and mind, while the Shvetashvatara Upanishad speaks about the body positions, regulation of the senses and breath control in meditation practice. The Maitri Upanishad provides a six-step process consisting of pranayama, pratyahara, dhyana, dharana, tarka and Samadhi.<sup>[7-9]</sup>

The Yoga Sutras of Patanjali later gave a philosophical foundation to yoga describing it as citta-vritti-nirodha and presenting an eightfold (Ashtanga) path of yama, niyama, asana, pranayama, pratyahara, dharana, dhyana and Samadhi.<sup>[10,11]</sup> Further the practice of yoga was expanded in the later Hatha Yoga texts. The Hatha Yoga Pradipika emphasizes bodily and respiratory practices as a way of achieving Raja Yoga, the Shiva Samhita combines philosophical teachings with the practice of asanas, pranayama, mudras and meditation and the Gheranda Samhita describes a sevenfold practice of purification, posture, mudra, sensory regulation, breath control, meditation and Samadhi.<sup>[6,12-14]</sup>

Taken together, this literature illustrates that classical yoga is not only physical exercises but rather an integrated and progressive discipline which involves the development of behaviour, body, respiration, senses and mind. However, these classical texts were not specially written as manuals for children. Instead, they provide a conceptual base from which contemporary yoga practices emerged.

**2.2 Concept and Purpose of Yoga:** Synthesis of Classical Literature: The concept and the ultimate goal of yoga varies among classical literature although they all share the general purpose of regulated and transformed individual. The Yoga Sutras defines yoga as citta-vritti-nirodha and describes its final state as kaivalya. The Hatha Yoga Pradipika considers Hatha Yoga as a preliminary step for achieving Raja Yoga, while the Shiva Samhita combines physical, respiratory, meditative and philosophical practices. The Gheranda Samhita describes a progressive sevenfold practice that aims at purification, strength, steadiness, calmness, lightness, realization and liberation.<sup>[10,12-14]</sup>

Despite the variations in terminology and structure, these texts combine to express yoga as a progressive and multi-dimensional discipline. The regulation of behaviour, body, breath, senses and mind is the recurring element in all classical traditions.

This point becomes significant in terms of children yoga because although the ultimate spiritual goals expressed in classical literature cannot be directly translated into modern goals in children's health, this multi-dimensional perspective allows to consider yoga as a holistic approach to the development.

**2.3 Components of Yogic Practice Related to Children:** The classical yoga texts describe several interconnected elements of practice including yama, niyama, asana, pranayama, pratyahara, dharana and dhyana, with additional elements such as shatkarma, mudra and bandha in later Hatha Yoga texts.<sup>[10,12-14]</sup>

Among these elements yama and niyama represent the foundation for behaviour and conduct, while asana builds stability and readiness of body. Pranayama focuses on the regulation of breathing while pratyahara and dharana are the regulation of senses and concentration. Dhyana is a meditative awareness.

These elements require a cautious consideration in terms of children. Elements related to ethical conduct, simple postures, breathing, relaxation and attention can be adapted according to the capabilities of child. On the other hand, such practices as complex purification procedure, vigorous and long breathing, advanced mudra and bandha techniques are not necessarily appropriate just because they are mentioned in the classical literature.

Therefore, classical literature gives a wide range of practices but does not provide any standard pediatric yoga routine. The translation of these traditional elements into contemporary practice requires the consideration of age, development, safety, supervision, intensity and progression.

**2.4 Traditional Approach to Yogic Education and Practice in Children:** There is no distinct and standardized yogic system in classical literature which was especially developed for children. However, yogic tradition developed in broader context of teacher-guided education which emphasized discipline, ethical conduct, self-regulation and progressive acquiring of knowledge.

The Yoga Sutras emphasized abhyasa, ethical discipline through yama and niyama and progression from external to internal practices. The Hatha Yoga texts also stressed the importance of preparation, moderation, individual capability, appropriate conditions for practice and guidance.<sup>[10,12-14]</sup>

The claims that historically children followed some standardized regimen of asanas, pranayama, meditation or Surya Namaskara should be made cautiously as there is a lack of direct evidence of any universal pediatric regimen in the classical texts. Therefore, the most important contribution of traditional yogic education could be the principle of progressive learning, regular practice, individual capability, supervision and integration of physical and mental development.

### **2.5 Synthesis of Classical Yogic Principles Relevant to Contemporary Pediatric Yoga:**

The classical yoga texts are different in their philosophical approaches and methods of practice; however, there are several common principles. Yoga is always a multi-dimensional practice involving the regulation of behaviour, body, breath, senses and mind. It is organized progressively and focuses on the regularity, preparation, moderation, individual capability and guidance.<sup>[6,10,12-14]</sup>

These principles provide a conceptual background for contemporary pediatric yoga but do not give any specific recommendations for children. There is no age-based protocol, duration and frequency of practice, progression criteria, safety standards or methods of instruction in classical literature. This makes it necessary to explore how yoga is practiced and recommended for children now.

## **3. Yoga Practice in Children: From Traditional Approaches to Contemporary Practice**

**3.1 Development of Yoga Practice for Children:** Yoga practice for children has evolved from teacher-led systems into organized programs conducted in educational institutions, communities, healthcare settings, and research institutions. The development of yoga adapted for children is mostly a recent trend driven by educational, preventive and therapeutic goals.<sup>[1-4]</sup>

Educational programs usually transform traditional aspects of practice such as asana, pranayama, relaxation, and dhyana into shortened versions. Yoga is also becoming

increasingly used in healthcare and research settings for physical fitness, stress, anxiety, attention, behavioral problems, and pediatric conditions.

Recent programs may utilize simplified postures, breathing techniques, games, storytelling, music, mindfulness and relaxation techniques. Thus, recent pediatric yoga can be considered an adaptation of yoga rather than its direct modification into a standardized classical system for children.

**3.2 Present Settings and Models of Pediatric Yoga Practice:** Pediatric yoga programs are currently delivered in education-related, community, clinical and home settings.<sup>[1-5]</sup> School-based programs are one of the most common forms of pediatric yoga, while community-based programs are delivered through yoga centers, recreational institutions and specialized classes.

Yoga practice is increasingly used in clinical and therapeutic settings as a complement to therapy for children with physical, psychological, behavioral and neurodevelopmental conditions. Home and digital-based programs are recently developed models that could increase accessibility but pose questions on supervision, compliance, proper execution and safety.

**3.3 Features of Contemporary Pediatric Yoga Programs:** Contemporary pediatric yoga programs typically include multiple practices such as asana, pranayama, relaxation, concentration, meditation or mindfulness. Additional aspects such as philosophy and ethics of yoga, chanting, games, storytelling, music or creative movement may be included in some programs.<sup>[1-5]</sup>

The programs differ significantly in their structure and delivery, and young children are taught through simplified postures, imitation, play, and shortened activities, while programs for older children and adolescents often involve structured sequences of practice, breathing control, relaxation and meditation.

Thus, the programs which are called "yoga" could differ greatly in their content, intensity, frequency, duration and instruction.

**3.4 Variability and Lack of Standardization in Current Practice:** Although pediatric yoga practice has been increasingly used, great variability exists in the current interventions.

Interventions differ in practice selection and sequencing, participant age, duration and frequency of practice, duration of interventions, instruction and supervision.<sup>[1,2,5]</sup>

There are no consistent criteria for modifying practices based on age and developmental needs. Variability also exists in the qualifications of instructors, teaching approaches, safety and reporting of adverse events. These inconsistencies create difficulties for practitioners, parents, educators, researchers and healthcare providers and point at the necessity to examine current guidelines.

#### **4. Current Guidelines and Recommendations for Yoga in Children**

**4.1 Existing Guidelines and Authoritative Recommendations:** There are several recommendations and practical documents that concern yoga in children. In India, there is Yoga for Children issued by the Morarji Desai National Institute of Yoga (MDNIY). There are also Guidelines for Child Yoga issued by the National Commission for Protection of Child Rights. Moreover, Indian Academy of Pediatrics issues some parent-oriented recommendations.<sup>[15-17]</sup>

In general, the documents recommend age-appropriate practices, avoidance of excessive load, supervision and physical capacity consideration. However, the documents vary widely in their scope and objectives and cannot serve as a single evidence-based guideline.

**4.2 Recommendations Regarding Age and Selection of Practices:** Current recommendations support simple and age-appropriate practices. There is a lack of consensus on age limits to use certain yogic techniques.<sup>[15-17]</sup>

Simple postures, breathing awareness, relaxation and concentration exercises can be adjusted to children, while complicated postures, long-term asana maintenance, forceful breathing, breath holding and other advanced techniques need more attention.

However, there are no detailed age-appropriate progresses. There is no consensus about what asanas, pranayamas, kriyas, mudras, meditation techniques should be used, adjusted or abandoned at certain age and stage of development.

**4.3 Recommendations Regarding Duration, Frequency, and Progression:** Current recommendations emphasize regular exercise, short-duration sessions for young children, avoidance of excessive fatigue and progressive increase.<sup>[15-16]</sup> However, there is an absence

of clear consensus on how many sessions and what duration is optimal to use to achieve positive results.<sup>[1,2,5]</sup>

The criteria for progression are absent too. As a result, there is no consensus on what is the optimal duration, frequency and progress of yoga for different ages and diseases in children.

**4.4 Safety, Contraindications, and Supervision:** The yoga is considered as low-risk activity when it is carefully selected and done properly. Current recommendations highlight avoidance of excessive strain, prolonged difficult postures, forceful breathing and techniques that are too advanced for the child.<sup>[15–17]</sup>

However, the recommendations do not always clarify the qualification and competence requirements for instructors. The safety evaluation is also hindered by inconsistency in adverse event reporting in the pediatric yoga research. The absence of reports about adverse events does not mean their absence.<sup>[18]</sup>

**4.5 Critical Appraisal of Existing Guidelines:** The guidelines provide useful general information but differ in scope and objectives. There is an absence of consensus on age categories and developmental characteristics. The duration, frequency, intensity, progression, contraindications, qualifications, adverse events monitoring are also poorly described.<sup>[15–18]</sup>

A number of guidelines are practical and do not describe systematic evidence assessment and grading of recommendations. Therefore, there is no universal evidence-based guidance on pediatric yoga.

## **5. Practical Confusions and Challenges in Prescribing Yoga to Children**

**5.1 Age of Initiation and Developmental Readiness:** One of the key uncertainties concerns the age of initiation. While there is no clear universal age at which yoga practice can be started.<sup>[15–17]</sup>

Physical age alone might not be enough since children differ physically, in attention span, in emotional maturity, in ability to follow instructions. The ambiguity of dividing informal practice from structured practice complicates the situation.

**5.2 Choice of Asana and Surya Namaskar:** Asana practice is one of the most popular components of yoga for children. However, there are uncertainties as to which poses are best for which age groups and how to choose, sequence, and progress them.

Surya Namaskar is often included in the practice of children too, but there is no unified recommendations concerning the age of initiation, amount of rounds, speed and adjustments. Selection should be done taking into account age, development, capacities, health condition and goals.

**5.3 Pranayama and Breath Control Practices:** The prescription of pranayama is a unique challenge. Modern programs include not only breathing exercises, but also alternate nostril breathing, bee's breath, powerful breathing, breath retention.

Such exercises are very different in physiological effects. The question of proper age, duration of exercises, repetitions, progression, contraindications remains open. Differentiation of simple breathing exercises and classical pranayamas becomes crucial.

**5.4 Meditation, Relaxation, and Attention Practices:** Techniques like relaxation, concentration, meditation and mindfulness are widely used in pediatric yoga practice. However, there are substantial differences in terminology and teaching methods.

Children differ greatly in attention span and cognitive capacities. That's why practices which could be good for adolescents might be inappropriate for younger children. Developmental adaptation is needed.

**5.5 Shatkarma, Mudra, Bandha and Advanced Yogic Practices:** Traditional texts of Hatha Yoga describe advanced practices – shatkarma, mudra, and bandha.<sup>[12–14]</sup> Their implementation into pedagogical program brings about questions concerning necessity, appropriateness, safety and supervision.

Merely the presence of a practice in the tradition does not give reason to its application to children. Until there will be a clear evidence, advanced practices should be chosen carefully.

**5.6 Dose of Yoga Practice:** Duration, Frequency, Intensity, Progression: The appropriate "dose" of yoga is not adequately defined yet. Programs vary greatly in their duration, frequency, intensity, duration of intervention period and progression.<sup>[1,2,5]</sup>

There are no criteria of how children should move from simple to more complex postures, start to practice breathing exercises and concentration or meditation.

**5.7 Who Should Prescribe and Teach Yoga to Children:** Yoga for children can be taught by yoga instructors, teachers, healthcare practitioners, therapists and researchers with different qualifications.

General yoga training does not necessarily imply knowledge of child development, pediatric conditions, contraindications, behavioral management and age adjustments. Healthcare practitioners, in turn, lack adequate formal training in yogic practices. Lack of consistent competencies leads to the lack of clarity regarding professional responsibilities.

**5.8 From Practical Ambiguities to Evidence-Based Decision-Making:** Ambiguities concern age of initiation, choice of practices, dose, progression, safety, supervision and teacher qualifications. Traditional principles and modern guidelines offer helpful general advice but cannot answer all questions.

Thus, the key question is not just whether yoga is beneficial for children, but which practices are effective, for which children, at what age, at what dose and what results they bring.

## **6. Current Evidence on the Benefits of Yoga in Children**

The research on yoga in youth and children has been growing in various physical, cognitive, psychological, behavioral and clinical areas. While individual studies often show positive results, their evidence strength varies.<sup>[1-5,19-21]</sup>

The current evidence seems to be most consistent in terms of particular psychological outcomes such as stress reduction, anxiety and mental wellbeing in general. Systematic reviews usually demonstrate positive results but the methods used and heterogeneity do not allow for making strong conclusions about the size of the effect.<sup>[3-5,20,21]</sup>

Positive evidence can be seen in the area of attention, executive functioning, self-regulation and behavior. Studies conducted at school or clinically show positive changes in some cognitive and behavioral outcomes but they are not always consistent.<sup>[1,2,22]</sup>

Physical benefits such as improved flexibility, balance, strength and fitness measures are also being researched. However, there is quite a variety in intervention structure and physicality.<sup>[2,19]</sup>

The evidence on physiological regulation of stress response, sleep and quality of life is still emerging. While individual studies show positive results, the number of studies conducted is relatively low.<sup>[1,22]</sup>

Yoga is also being studied as a complementary intervention in children with ADHD, autism spectrum disorders, anxiety and depressive disorders, obesity, asthma, psychiatric disorders and other chronic diseases.<sup>[4,5,21,23]</sup> Positive results are frequently found but the evidence for particular conditions is limited due to small sample sizes, interventions' heterogeneity, lack of follow-up and replication.

Generally speaking, while the evidence shows positive results in multiple areas, one should not assume that the general evidence in favor of yoga is evidence of all yogic practices and for all ages, doses and indications.

One of the main problems is that interventions called "yoga" include various combinations of asana, pranayama, relaxation, meditation and mindfulness exercises. Thus, it is hard to identify what exactly helps in achieving positive results.

#### Narrative Assessment of the Current Strength of Evidence

| Outcome domain                | General direction of findings | Consistency                       | Major limitations                        | Suggested evidence strength |
|-------------------------------|-------------------------------|-----------------------------------|------------------------------------------|-----------------------------|
| Stress reduction              | Generally favourable          | Relatively consistent             | Heterogeneous interventions and measures | Moderate                    |
| Anxiety                       | Generally favourable          | Relatively consistent             | Small samples and variable populations   | Moderate                    |
| Psychological well-being      | Generally favourable          | Moderate consistency              | Diverse definitions and assessment tools | Moderate                    |
| Attention and concentration   | Promising                     | Variable to moderately consistent | Small studies and heterogeneous measures | Low to Moderate             |
| Executive function            | Promising                     | Variable                          | Limited high-quality trials              | Low to Moderate             |
| Self-regulation and behaviour | Generally favourable          | Variable                          | Reporter bias and diverse outcomes       | Low to Moderate             |
| Flexibility and balance       | Generally favourable          | Moderate consistency              | Variable interventions and assessments   | Moderate                    |
| Strength and physical fitness | Potential benefit             | Variable                          | Limited standardized                     | Low to Moderate             |

|                                  |                                 |                           | evidence                                |                 |
|----------------------------------|---------------------------------|---------------------------|-----------------------------------------|-----------------|
| Physiological stress regulation  | Promising                       | Limited                   | Few mechanistic studies                 | Low             |
| Sleep                            | Potential benefit               | Limited                   | Small evidence base                     | Low             |
| Quality of life                  | Generally favourable            | Limited                   | Heterogeneous populations               | Low             |
| ADHD                             | Promising complementary benefit | Limited                   | Small samples and variable protocols    | Low             |
| Autism spectrum disorder         | Promising for selected outcomes | Limited                   | Clinical and intervention heterogeneity | Low             |
| Anxiety and depressive disorders | Generally favourable            | Moderate but inconsistent | Methodological limitations              | Low to Moderate |
| Obesity and metabolic health     | Potential benefit               | Limited                   | Difficulty isolating yoga effects       | Low             |
| Asthma and respiratory outcomes  | Potential complementary benefit | Limited                   | Heterogeneous protocols                 | Low             |
| Other chronic conditions         | Preliminary favourable findings | Insufficient              | Small samples and limited replication   | Very Low to Low |

Thus, current evidence supports yoga as a promising complementary approach for selected aspects of physical and psychological health. Stronger recommendations require clearly defined interventions, standardized outcomes, adequate samples, appropriate comparison groups, systematic safety assessment, and long-term follow-up.

## 7. Research Gaps and Future Directions

However, despite the rising amount of research done in the field, numerous gaps exist in the relationship between classical principles, current practices, guidelines and scientific evidence.<sup>[1,2,5,20,21,23]</sup>

Firstly, lack of a single recognized definition and model for pediatric yoga exists. Interventions involve diverse combinations of practices, making comparisons and identification of useful components impossible.

Current recommendations for ages are insufficient. Further research should find out the practices that are suitable for various developmental stages and set up criteria for initiation, change and advancement of interventions.

Optimal dose is also an issue. Dosage effects should be studied in order to identify minimal effective dose of treatment and schedule of treatment for various ages, outcomes and clinical conditions.

Finally, methodological shortcomings limit the quality of evidence. Further research should have large enough samples, proper randomization, appropriate control groups, validated outcomes, proper description of interventions, adherence measurement, follow-up, and adverse events tracking.

Greater emphasis needs to be put on instructor qualifications, supervision and implementation standards. Development of interdisciplinary training programs incorporating yoga, child development, pediatrics and safety would probably help.

Further guideline development should take into account classical principles, developmental considerations, current practice, safety evidence and scientific evidence in a systemic way. It should give advice regarding age classification, practices used, dosages, progression, contraindications, supervision, instructor qualifications and clinical conditions.

In the future, research needs to shift from questions about effectiveness of yoga in general in children. More important questions are which practices are effective, who are the children they can work with, what are their developmental stages, outcomes, dosages and conditions.

## 8. CONCLUSION

Yoga has developed from a multidimensional traditional system to a popular method of health promotion among children. While there are valuable concepts and information derived from classical works, there is no clear definition of pediatric protocols.

Currently available literature offers general guidelines on how to conduct yoga classes safely, age appropriately, gradually and responsibly. Yet, there are no clear standards concerning the starting age of practice, choice of practice, dosage, gradualness of the process, contraindications, and qualification of instructors.

Available empirical evidence indicates possible benefits in psychological, cognitive, behavioral and physical areas; especially in stress and anxiety, psychological well-being, flexibility and balance. Still, due to the lack of standardization, methodological issues, poor safety reports, and dose-effect data, further recommendations cannot be given confidently.

Pediatric research in yoga needs to go beyond finding out whether yoga has any positive effects or not. The combination of classical traditions, modern scientific knowledge, and safety evaluation should become the main focus of future investigations.

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