WELLNESS TEAM CULTURE

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RESEARCH BRIEF · THE EVIDENCE, PLAINLY

# Compared to What?

ISSUE 102 · NOVEMBER 10, 2026 · MIND-BODY PRACTICE

*Yoga Nidra, a guided body-scan rest sometimes called non-sleep deep rest, has collected trials reporting large drops in stress, anxiety and poor sleep. In a 2025 meta-analysis of 73 studies and 5,201 participants, the stress effect was 0.80 against an active comparison and 1.70 against no comparison, and the authors say the effects likely reflect inflated estimates. A 2026 sleep review rated its evidence very low certainty, and a new trial in heart patients beat standard care but not an equal-attention comparison. This brief sets out what each source found, how strong each is, and what none of it proves.*

## WHAT WAS ACTUALLY STUDIED

### 01 Ghai, Odyniec and Ghai (2025), Annals of the New York Academy of Sciences

TIER I · SYSTEMATIC REVIEW AND META-ANALYSIS (73 STUDIES, 5,201 PARTICIPANTS; LOW METHODOLOGICAL Q

The headline-numbers source. Between-group meta-analyses found benefits of Yoga Nidra for stress (Hedges' g 0. against an active comparator, 1.70 against no comparator), anxiety (1.35 and 1.43) and depression (0.69 and 0.92), al direction of improvement. The authors state that, given low methodological quality and variability in how the pra was delivered, these moderate-to-large effects should be interpreted cautiously because they likely reflect inflate estimates.

### 02 Singh, Dhanlika, Singh, Haldar and Sharma (2026), Sleep and Breathing

TIER I · SYSTEMATIC REVIEW AND META-ANALYSIS (FIVE UNIQUE STUDIES; VERY LOW CERTAINTY)

The sleep source. Adults with poor sleep quality or insomnia. Two randomized trials on sleep quality (n = 181) pooled to an effect of 1.04 that was not statistically significant (p = 0.5036); two on insomnia severity (n = 99) gave 1.00 (p = 0.0616); two observational studies (n = 45) gave 1.82 and were significant. The authors cite risk of bias, small samples and heterogeneity, rate the certainty of evidence as very low, call the findings preliminary and hypothesis-generating, and note the trials are concentrated in India.

## 03 Sharma, Murugesan, Gupta and colleagues (2026), American Journal of Preventive Cardiology

TIER 1 · RANDOMIZED CONTROLLED TRIAL (144 PATIENTS; OPEN-LABEL, BLINDED ENDPOINT)

The newest trial. Patients with stable coronary artery disease and poor sleep (144 enrolled of 678 screened) were randomized to a 35-minute Yoga Nidra session for 12 weeks (n = 72) or to standard care (n = 72), with sleep hygiene counselling for all. Actigraphy sleep efficiency was 82% versus 64%, total sleep time 357 versus 298 minutes, and perceived stress, depression and quality of life improved. The comparison group received no matched session, and the trial was single-centre.

## 04 Goyal and colleagues (2014), JAMA Internal Medicine

TIER 1 · SYSTEMATIC REVIEW AND META-ANALYSIS (47 TRIALS, 3,515 PARTICIPANTS; ACTIVE CONTROLS)

The yardstick source. A review limited to randomized trials with active controls, searched through November 2012, covering meditation programs rather than Yoga Nidra. Mindfulness programs showed moderate evidence of improved anxiety (0.38 at 8 weeks) and depression (0.30 at 8 weeks), low evidence of no effect or insufficient evidence for sleep, and no evidence of being better than any active treatment.

## 05 Kjaer, Bertelsen, Piccini, Brooks, Alving and Lou (2002), Brain Research. Cognitive Brain Research

TIER 2 · HUMAN PET IMAGING STUDY (SMALL; SAMPLE SIZE NOT IN THE ABSTRACT)

The dopamine source. During Yoga Nidra, binding of a PET tracer in the ventral striatum fell by 7.9%, which the authors calculated as a 65% increase in endogenous dopamine release, compared with a

condition of attending to speech with eyes closed. The authors report that the level of gratification and the depth of relaxation did not differ between the two conditions.

## WHAT THEY FOUND

The size of the effect can depend on the comparison. In the largest review, Yoga Nidra's effect on stress was 0.80 against an active comparison and 1.70 against none (for anxiety the two figures were nearly equal), and the authors say the pooled effects likely reflect inflated estimates given the low quality of the underlying studies (Ghai and colleagues, 2025).

**0.8 vs 1.7**

Stress effect size for Yoga Nidra: against an active comparison (0.80) versus against no comparison (1.70). 73 studies, 5,201 participants (Ghai and colleagues, Annals of the New York Academy of Sciences, 2025).

The sleep evidence is thin. A 2026 meta-analysis found five unique studies, pooled randomized estimates that were large but not statistically significant, and very low certainty of evidence (Singh and colleagues, 2026). A new open-label trial of 144 heart patients found better actigraphy-measured sleep than standard care (Sharma and colleagues, 2026), which shows guided rest beat no extra session.

For scale, a 2014 review limited to active-controlled trials found small-to-moderate effects of mindfulness programs on anxiety and depression, and insufficient evidence for sleep (Goyal and colleagues, 2014). A widely repeated 65% dopamine figure comes from a 2002 PET study whose own comparison condition showed no difference in relaxation depth (Kjaer and colleagues, 2002).

## WHERE THE EVIDENCE STANDS

Where the evidence converges: the Yoga Nidra reviews and the new trial lean toward benefit over doing nothing, and the two reviews agree on the quality problem, although the randomized sleep estimates in the sleep review did not reach statistical significance. The size of the effect is where they stop agreeing with the headlines. For stress, the effect against an active comparison is about half the effect against none; for anxiety the two were nearly equal (1.35 and 1.43), and depression sat in between. The sleep review grades its own certainty as very low.

Where it diverges or is thin: the strongest recent trial compares Yoga Nidra with standard care, not with an equal-attention activity, so it cannot separate the practice from the act of setting aside 35 minutes. The older active-control review covers a different practice. The imaging study is a single mechanism observation and its own comparison showed no difference in felt relaxation.

What follows for a reader is a way to read a claim, not a treatment. Trying a guided session for rest, running a two-week comparison against equal quiet time, tracking the outcome you care about, reading the comparison group first and asking the same of programs you offer are translations of the reviewers' concerns. The two-week personal comparison and the diary tracking in particular have not been tested as protocols.

## WHAT THIS DOES NOT PROVE

This brief read abstract-level records retrieved from PubMed. Study details beyond the abstracts, including how the Ghai review defined an active comparator and the randomization and blinding detail of the Sharma trial, were not verified and are not claimed.

The 73-study review pooled studies its own authors rate as low quality, and its effect sizes are described by them as likely inflated. The numbers here show how the estimate moves with the comparison. They are not estimates of how much a given person will benefit.

The sleep review pooled five unique studies, mostly small, with trials concentrated in India. Non-significant randomized estimates alongside large point estimates mean the evidence cannot yet distinguish a real benefit from none.

The Sharma trial enrolled patients with stable coronary artery disease and poor sleep, used standard care as the comparison, was open-label and single-centre. It does not show the practice beats an equal stretch of some other quiet activity, or that the result holds in healthy sleepers.

The Goyal review is older (searched through 2012) and covers mindfulness programs, not Yoga Nidra. It is used only as a yardstick for active-controlled results.

The Kjaer imaging study reports a change in brain chemistry during the practice, in a sample whose size the abstract does not give. It does not show that the change causes better sleep or less stress.

None of this is medical advice. Insomnia or distress that is lasting or getting worse is a question for a clinician.

## WHAT IT MEANS FOR YOU

Guided rest looks like a reasonable, low-effort practice to try for the rest itself, and the evidence does not support expecting it to fix insomnia. If you want to know whether it works for you, compare it with an equal stretch of quiet time for two weeks and track the outcome you care about, such as time to fall asleep and night wake-ups. When you meet a number attached to a wellness claim, find what it was compared with first, and ask the same of any program you offer to a team. The newsletter walks through those five moves. The research above is why they are the five, and where each one runs out.

## GO TO THE SOURCE

TIER I · SYSTEMATIC REVIEW AND META-ANALYSIS

Ghai, S., Odyniec, P., & Ghai, I. (2025). Effects of Yoga Nidra on stress, anxiety, and depression: A systematic review and meta-analysis. Annals of the New York Academy of Sciences, 1556(1), e70149. doi.org/10.1111/nyas.70149

TIER 1 · SYSTEMATIC REVIEW AND META-ANALYSIS Singh, S., Dhanlika, D., Singh, U., Haldar, P., & Sharma, G. (2026). Effect of yoga Nidra (yogic sleep) in sleep disturbances and insomnia: Systematic review and metanalysis. Sleep & Breathing, 30(2). doi.org/10.1007/s11325-026-03685-0

TIER 1 · RANDOMIZED CONTROLLED TRIAL Sharma, G., Murugesan, P., Gupta, A., Shukla, A., Makkar, N., Dhanlika, D., Shinkre, R., Shukla, A., Chhabra, V., Arya, A., Singh, D., Sidhharthan, D., Naik, N., Akhtar, N., Srivastava, A. K., & Haldar, P. (2026). Effectiveness of yoga-based guided meditation in improving the quality of sleep in patients with coronary artery disease: The Yoga Nidra Trial. American Journal of Preventive Cardiology, 31, 101738. doi.org/10.1016/j.ajpc.2026.101738

TIER 1 · SYSTEMATIC REVIEW AND META-ANALYSIS Goyal, M., Singh, S., Sibinga, E. M. S., Gould, N. F., Rowland-Seymour, A., Sharma, R., Berger, Z., Sleicher, D., Maron, D. D., Shihab, H. M., Ranasinghe, P. D., Linn, S., Saha, S., Bass, E. B., & Haythornthwaite, J. A. (2014). Meditation programs for psychological stress and well-being: A systematic review and meta-analysis. JAMA Internal Medicine, 174(3), 357-368. doi.org/10.1001/jamainternmed.2013.13018

TIER 2 · HUMAN PET IMAGING STUDY Kjaer, T. W., Bertelsen, C., Piccini, P., Brooks, D., Alving, J., & Lou, H. C. (2002). Increased dopamine tone during meditation-induced change of consciousness. Brain Research. Cognitive Brain Research, 13(2), 255-259. doi.org/10.1016/s0926-6410(01)00106-9

Tier 1 means peer-reviewed primary research or meta-analysis, the strongest evidence. Tier 2 means an expert framework or smaller study that traces to peer-reviewed work. We grade every source so you can see the weight behind each claim.

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