Meditation: What You Need To Know

What's the Bottom Line?

How much do we know about meditation?

Many studies have been conducted to look at how meditation may be helpful for a variety of conditions, such as high blood pressure, certain psychological disorders, and pain. A number of studies also have helped researchers learn how meditation might work and how it affects the brain.

What do we know about the effectiveness of meditation?

Research suggests that practicing meditation may reduce blood pressure, symptoms of irritable bowel syndrome, anxiety and depression, insomnia, and the incidence, duration, and severity of acute respiratory illnesses (such as influenza). Evidence about its effectiveness for pain and as a smoking cessation treatment is uncertain.

However, people with physical limitations may not be able to participate in certain meditative practices involving movement.

What Is Meditation?

Meditation is a mind and body practice that has a long history of use for increasing calmness and physical relaxation, improving psychological balance, coping with illness, and enhancing overall health and well-being. Mind and body practices focus on the interactions among the brain, mind, body, and behavior.

There are many types of meditation, but most have four elements in common: a quiet location with as few distractions as possible; a specific, comfortable posture (sitting, lying down, walking, or in other positions); a focus of attention (a specially chosen word or set of words, an object, or the sensations of the breath); and an open attitude (letting distractions come and go naturally without judging them).
What the Science Says About the Effectiveness of Meditation

Many studies have investigated meditation for different conditions, and there’s evidence that it may reduce blood pressure as well as symptoms of irritable bowel syndrome and flare-ups in people who have had ulcerative colitis. It may ease symptoms of anxiety and depression, and may help people with insomnia. Meditation also may lower the incidence, duration, and severity of acute respiratory illnesses (such as influenza).

Meditation has been studied for many conditions including the following:

**High Blood Pressure**

- Results of a 2009 NCCIH-funded trial involving 298 university students suggest that practicing Transcendental Meditation may lower the blood pressure of people at increased risk of developing high blood pressure.

- The findings also suggested that practicing meditation can help with psychological distress, anxiety, depression, anger/hostility, and coping ability.

- A literature review and scientific statement from the American Heart Association suggest that evidence supports the use of Transcendental Meditation (TM) to lower blood pressure. However, the review indicates that it’s uncertain whether TM is truly superior to other meditation techniques in terms of blood-pressure lowering because there are few head-to-head studies.

**Irritable Bowel Syndrome**

- A 2013 review concluded that mindfulness training improved IBS patients’ pain and quality of life but not their depression or anxiety. The amount of improvement was small.

**Ulcerative Colitis**

- In a 2014 pilot study, 55 adults with ulcerative colitis in remission were divided into two groups. For 8 weeks, one group learned and practiced mindfulness-based stress reduction (MBSR) while the other group practiced a placebo procedure. Six and 12 months later, there were no significant differences between the 2 groups in the course of the disease, markers of inflammation, or any psychological measure except perceived stress during flare-ups. The researchers concluded that MBSR might help people in remission from moderate to moderately severe disease—and maybe reduce rates of flare-up from stress.
Anxiety, Depression, and Insomnia

- A 2014 literature review of 47 trials in 3,515 participants suggests that mindfulness meditation programs show moderate evidence of improving anxiety and depression. But the researchers found no evidence that meditation changed health-related behaviors affected by stress, such as substance abuse and sleep.

- A 2012 systematic review and meta-analysis of 36 randomized controlled trials found that 25 of them reported statistically superior outcomes for symptoms of anxiety in the meditation groups compared to control groups.

- In a small, NCCIH-funded study, 54 adults with chronic insomnia learned mindfulness-based stress reduction (MBSR), a form of MBSR specially adapted to deal with insomnia (mindfulness-based therapy for insomnia, or MBTI), or a self-monitoring program. Both meditation-based programs aided sleep, with MBTI providing a significantly greater reduction in insomnia severity compared with MBSR.

Smoking Cessation

- Findings from a 2013 systematic review suggest that meditation-based therapies may help people quit smoking, however, the small number of available studies is insufficient to determine rigorously if meditation is effective for this.

- A 2011 randomized controlled trial comparing mindfulness training with a standard behavioral smoking cessation treatment found that individuals who received mindfulness training showed a greater rate of reduction in cigarette use immediately after treatment.

- However, in a second 2013 brain imaging study, researchers observed that a 2-week course of meditation (5 hours total) significantly reduced smoking, compared with relaxation training, and that it increased activity in brain areas associated with craving.

Other Conditions

- Results from a 2011 NCCIH-funded study of 279 adults who participated in an 8-week Mindfulness-Based Stress Reduction (MBSR) program found that changes in spirituality were associated with better mental health and quality of life.

- Data from a 2013 literature review concluded that practicing mindfulness meditation may enhance immune function, particularly among patients with cancer or HIV/AIDS.

- Guidelines from the American College of Chest Physicians published in 2013 suggest that MBSR and meditation may help to reduce stress, anxiety, pain, and depression while enhancing mood and self-esteem in people with lung cancer.
• Clinical practice guidelines issued in 2014 by the Society for Integrative Oncology (SIC) recommend meditation as supportive care to reduce stress, anxiety, depression, and fatigue in patients treated for breast cancer. The SIC also recommends its use to improve quality of life in these people.

• Meditation-based programs may be helpful in reducing common menopausal symptoms, including the frequency and intensity of hot flashes, sleep and mood disturbances, stress, and muscle and joint pain. However, differences in study designs mean that no firm conclusions can be drawn.

• Because only a few studies have been conducted on the effects of meditation for attention deficit hyperactivity disorder (ADHD), there isn’t sufficient evidence to support its use for this condition.

• A 2014 literature review and meta-analysis suggested that mind and body practices, including meditation, reduce chemical identifiers of inflammation and show promise in helping to regulate the immune system.

• Results from a 2013 NCCIH-supported study involving 49 adults suggest that 8 weeks of mindfulness training may reduce stress-induced inflammation better than a health program that includes physical activity, education about diet, and music therapy.

• There’s some evidence that forms of meditation may help with chronic pain, but research has shown mixed results.

**Meditation and the Brain**

• In a 2012 study, researchers compared brain images from 50 adult meditators and 50 adult non-meditators. Results suggested that people who practiced meditation for many years have more folds in the outer layer of the brain. This process (called gyrification) may increase the brain’s ability to process information.

• A 2013 review of three clinical studies suggests that meditation may slow, stall, or even reverse changes that take place in the brain due to normal aging.

• Results from a 2012 NCCIH funded study suggest that meditation can affect activity in the amygdala (a part of the brain involved in processing emotions), and that different types of meditation can affect the amygdala differently even when the person is not meditating.

• Research about meditation’s ability to reduce pain has produced mixed results. However, in some studies scientists suggest that meditation activates certain areas of the brain in response to pain.
What the Science Says About Safety and Side Effects of Meditation

- Meditation is generally considered to be safe for healthy people.

- People with physical limitations may not be able to participate in certain meditative practices involving movement. People with physical health conditions should speak with their health care providers before starting a meditative practice, and make their meditation instructor aware of their condition.

- There have been rare reports that meditation could cause or worsen symptoms in people with certain psychiatric problems like anxiety and depression. People with existing mental health conditions should speak with their health care providers before starting a meditative practice, and make their meditation instructor aware of their condition.

NCCIH-Funded Research

NCCIH-supported studies are investigating meditation for:

- Relieving psychological distress and improving physical health in people with type 2 diabetes
- Regulating emotions
- Relieving stress and enhancing weight management
- Reducing stress and improving sleep and psychological well-being to reduce the risk of heart disease.

More to Consider

about all the health approaches you use. Give them a full picture of what you do to manage your health. For tips about talking with your health care providers about complementary health approaches, see NCCIH’s Time to Talk campaign at nccih.nih.gov/timetotalk.

For More Information

NCCIH Clearinghouse

The NCCIH Clearinghouse provides information on NCCIH and complementary and integrative health approaches, including publications and searches of Federal databases of scientific and medical literature. The Clearinghouse does not provide medical advice, treatment recommendations, or referrals to practitioners.

Toll-free in the U.S.: 1-888-644-6226
TTY (for deaf and hard-of-hearing callers): 1-866-464-3615
Web site: nccih.nih.gov
E-mail: info@nccih.nih.gov
PubMed

A service of the National Library of Medicine, PubMed contains publication information and (in most cases) brief summaries of articles from scientific and medical journals.


NIH Clinical Research Trials and You

The National Institutes of Health (NIH) has created a Web site, NIH Clinical Research Trials and You, to help people learn about clinical trials, why they matter, and how to participate. The site includes questions and answers about clinical trials, guidance on how to find clinical trials through ClinicalTrials.gov and other resources, and stories about the personal experiences of clinical trial participants. Clinical trials are necessary to find better ways to prevent, diagnose, and treat diseases.

Web site: www.nih.gov/health/clinicaltrials/

Research Portfolio Online Reporting Tools Expenditures & Results (RePORTER)

RePORTER is a database of information on federally funded scientific and medical research projects being conducted at research institutions.

Web site: projectreporter.nih.gov/reporter.cfm

Key References


Acknowledgments

NCCIH thanks the following individuals for their technical expertise and review of this publication: Richard J. Davidson, Ph.D., Vilas Professor, Psychology and Psychiatry, University of Wisconsin-Madison; Jeffrey M. Greer, Ph.D., M.S., Assistant Professor, Psychiatry and Behavioral Sciences, Duke University Medical Center; Helané Wahbe, N.D., Assistant Professor, Neurology, Oregon Health & Science University; and John Glowa, Ph.D., and John (Jack) Killen, Jr., M.D., NCCIH.

This publication is not copyrighted and is in the public domain. Duplication is encouraged.

NCCIH has provided this material for your information. It is not intended to substitute for the medical expertise and advice of your primary health care provider. We encourage you to discuss any decisions about treatment or care with your health care provider. The mention of any product, service, or therapy is not an endorsement by NCCIH.

National Institutes of Health