

## REVIEW

# The Multifaceted Impact of Mindfulness on Chronic Diseases: A Comprehensive Review of Its Relationship with Diabetes Mellitus, Hypertension, Insomnia, Obesity, Gastrointestinal Disorders, and Migraines

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## Abstract

Mindfulness has emerged as a holistic approach that enhances both psychological well-being and physiological functioning. This comprehensive review examines the relationship between mindfulness and several major chronic conditions, including Diabetes Mellitus (DM), Hypertension (HTN), Insomnia, Obesity, Gastrointestinal Disorders (such as Irritable Bowel Syndrome and Inflammatory Bowel Disease), and Migraine. Evidence from recent randomized controlled trials, systematic reviews, and meta-analyses indicates that mindfulness-based interventions (MBIs) significantly contribute to improved disease management, symptom reduction, and quality of life across diverse patient populations. This review aims to critically evaluate recent evidence on the effectiveness of mindfulness-based interventions in managing chronic diseases, explore innovative delivery approaches such as digital and VR platforms, and examine the underlying psychosomatic, behavioral, and physiological mechanisms that link mindfulness to improved health outcomes across various chronic conditions, while discussing clinical implications and future research directions that position mindfulness as a promising integrative strategy in chronic disease prevention and treatment.

**Keywords:** Mindfulness; Diabetes Mellitus; Hypertension; Insomnia; Obesity; Gastrointestinal Disorders; Migraine; Mindfulness-Based Interventions; Chronic Diseases; Psychoneuroimmunology

## Introduction

Chronic diseases are among the leading causes of morbidity and mortality globally [1]. The increasing burden of conditions such as Diabetes Mellitus (DM), Hypertension (HTN), Insomnia, Obesity, and various gastrointestinal and neurological disorders poses a critical challenge to public health systems [2,3]. Traditional management often emphasizes pharmacological

interventions, which, although effective, may not address the psychological and behavioral factors that contribute to the onset and progression of disease. In recent years, there has been growing interest in complementary approaches, particularly mindfulness, due to its potential to enhance both mental and physical health [4].

Mindfulness is defined as a nonjudgmental awareness of the present moment. It has been integrated into clinical practice through structured interventions

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such as Mindfulness-Based Stress Reduction (MBSR) and Mindfulness-Based Cognitive Therapy (MBCT) [4,5]. MBSR is widely recognized as the foundational and most extensively studied mindfulness-based intervention for addressing psychological symptoms. Structured as an 8-week program, MBSR is designed to reduce stress by cultivating mindfulness through consistent meditation practice. Participants typically attend weekly group sessions, which last 2 to 2.5 hours, and engage in daily home practice (about 45 minutes per day), guided by audio recordings. They also participate in a full-day mindfulness retreat during the sixth week. The program emphasizes developing present-moment awareness of bodily sensations and thoughts through practices such as sitting meditation, body scans, gentle yoga, and mindful stretching. Group sessions also include discussions on how to integrate mindfulness into daily life to enhance coping with stress. Initially created for patients dealing with chronic pain, MBSR has since been adapted for a broad range of clinical and non-clinical populations, including those with various medical and psychiatric conditions, as well as the general public. MBCT is a structured, evidence-based intervention that integrates mindfulness meditation with key principles of cognitive behavioral therapy (CBT). Originally developed to prevent relapse in individuals with recurrent depression, MBCT has since been adapted to address a range of mental health conditions, including anxiety and stress. As its name suggests, MBCT blends mindfulness practices—designed to cultivate non-judgmental awareness of thoughts and emotions—with cognitive strategies that help individuals recognize and disengage from maladaptive patterns of negative thinking. This combination enhances emotional regulation and reduces the likelihood of depressive relapse. MBCT closely mirrors the structure of Mindfulness-Based Stress Reduction (MBSR), following an 8-week, group-based format that includes guided meditations, psychoeducation, and structured homework assignments [6]. These interventions have demonstrated efficacy in reducing stress, enhancing emotional regulation, and improving physiological outcomes in various populations [7,8]. This review aims to explore and summarize the existing evidence on the role of mindfulness-based interventions in the management of major chronic diseases, including diabetes mellitus, hypertension, insomnia, obesity, gastrointestinal disorders, and migraine.

## Mindfulness and Diabetes Mellitus (DM)

Research indicates that mindfulness can improve glycemic control, reduce stress-related hyperglycemia, and enhance dietary adherence among individuals with Type 2 DM [9]. Several studies have reported significant reductions in HbA1c levels following participation in MBSR or MBCT programs. Mechanistically, mindfulness

may influence glucose metabolism through modulating cortisol levels and promoting healthier lifestyle choices [10].

## Mindfulness and Hypertension (HTN)

Multiple randomized controlled trials have shown that MBIs can lead to significant reductions in both systolic and diastolic blood pressure [11]. This is attributed to reduced sympathetic nervous system activity, improved autonomic regulation, and decreased stress reactivity [12]. A 2022 meta-analysis confirmed that MBSR was associated with clinically meaningful blood pressure reductions in patients with prehypertension and Stage 1 HTN [13].

## Mindfulness and Insomnia

Insomnia, often comorbid with anxiety and depression, can be effectively addressed through mindfulness training [14]. MBIs have been shown to improve sleep latency, sleep quality, and reduce insomnia severity [15]. The mechanisms include enhanced cognitive defusion, reduced arousal, and decreased rumination [16]. Mindfulness practices also encourage acceptance of sleep-related thoughts, mitigating anxiety around sleep performance [17].

## Mindfulness and Obesity

Mindfulness contributes to weight management by increasing awareness of hunger cues, reducing emotional eating, and promoting healthier eating behaviors. Interventions such as mindful eating training have been associated with significant reductions in body mass index (BMI) and binge eating episodes [18,19]. Neurobiological evidence points to enhanced regulation of reward processing and self-control circuits in the brain [20,21].

## Mindfulness and Gastrointestinal Disorders

Conditions such as Irritable Bowel Syndrome (IBS) and Inflammatory Bowel Disease (IBD) have demonstrated responsiveness to mindfulness interventions [22,23]. Patients report improvements in abdominal pain, bowel symptoms, and quality of life. MBIs may work through gut-brain axis modulation, lowering systemic inflammation, and decreasing visceral hypersensitivity [23,25].

## Mindfulness and Migraine

Migraine, a disabling neurovascular condition, has been shown to improve in frequency and intensity following

mindfulness training [27,28]. Mindfulness reduces pain catastrophizing, improves pain acceptance, and alters pain perception [29,30]. Functional MRI studies reveal changes in brain regions associated with pain processing following MBI participation [31].

## Mindfulness, Inflammation, and Cancer

Chronic systemic inflammation is a well-established contributor to the pathogenesis of numerous diseases, including cardiovascular disorders, diabetes, neurodegenerative conditions, and various cancers [32,33]. Recent research has increasingly explored how MBIs modulate inflammatory pathways and influence outcomes in cancer patients [34]. The relationship between psychological stress, immune dysregulation, and tumor progression underscores the relevance of integrating mindfulness into oncologic care [35].

## Mindfulness and Inflammation

Mindfulness appears to reduce inflammation through both direct physiological mechanisms and indirect behavioral modulation: Studies have shown that MBIs lead to reductions in pro-inflammatory cytokines such as interleukin-6 (IL-6), tumor necrosis factor-alpha (TNF- $\alpha$ ), and C-reactive protein (CRP) [36–38]. By decreasing stress-induced cortisol levels, mindfulness supports immune homeostasis and may reduce stress-related immune suppression [39]. Mindfulness enhances parasympathetic nervous system activity, which in turn inhibits inflammatory gene expression via vagal tone [40,41]. Preliminary studies suggest MBIs can influence gene expression related to inflammation and stress reactivity (e.g., downregulating NF- $\kappa$ B signaling) [42].

## Mindfulness in Cancer Care

Cancer patients face a dual burden: the physical impact of the disease and its treatment, and the psychological toll of fear, uncertainty, and physical suffering [43,44]. MBIs have emerged as effective tools in oncology for both symptom management and quality of life enhancement [45]. Breast cancer survivors participating in MBSR programs demonstrated enhanced natural killer (NK) cell activity and reduced inflammation [46,47]. Mindfulness training has been shown to alleviate fatigue—a common and debilitating symptom across various cancers [48]. Patients report reduced anxiety, depression, and fear of recurrence. Mindfulness enhances coping with pain and existential stress. Cancer-related insomnia and “chemo-brain” symptoms improve with regular mindfulness

practice [49,50]. Although still under investigation, some studies suggest that mindfulness may indirectly affect tumor progression by reducing stress-mediated angiogenesis and metastasis signaling pathways [51,52].

Mindfulness is increasingly being adopted in cancer centers as part of integrative oncology programs [52]. Interventions include: Focused on emotional and physical challenges of cancer [53]. Used particularly in breast and colorectal cancer survivors. Designed to be accessible during treatment phases, improving adherence and comfort [54–56]. These programs complement traditional treatments by addressing the psychological and physiological dimensions of cancer care.

## Other Conditions

Emerging evidence supports the utility of mindfulness in autoimmune diseases, chronic pain syndromes, cancer-related fatigue, and cardiovascular disease prevention [57,58]. Mindfulness enhances immune regulation, reduces inflammatory cytokines, and improves adherence to treatment regimens [58,59]. Table 1 summarizes the outcomes of MBIs by type of disease.

## Recent Innovations in MBIs

As mindfulness gains traction in clinical practice, emerging intervention formats and technologies have enhanced accessibility, personalization, and efficacy. Below are recent innovations reshaping the delivery of mindfulness in chronic disease care:

## Digital and App-Based Mindfulness Programs

Digital MBIs have surged, particularly post-pandemic, providing scalable, low-cost access to mindfulness training [60]. Mobile apps have been shown to reduce stress, improve sleep, and support weight management in randomized studies [61–63]. It is tailored to autoimmune and lifestyle diseases, integrating mindfulness with symptom tracking and behavior change [64,65]. These tools offer adaptive content, daily prompts, and guided meditations, proving effective in reducing HbA1c in diabetes and blood pressure in hypertensive patients [66,67].

## Virtual Reality (VR) Mindfulness

VR-guided mindfulness creates immersive environments (e.g., nature settings) that enhance presence and focus [68,69]. Used in chronic pain and migraine, VR-MBI sessions have demonstrated faster symptom relief and

**TABLE 1: SUMMARY OF MINDFULNESS-BASED INTERVENTION (MBI) OUTCOMES BY DISEASE TYPE.**

Condition	Key Outcomes	Proposed Mechanisms
Diabetes Mellitus (Type 2)	Improved glycemic control; reduced HbA1c; enhanced dietary adherence	↓ Cortisol levels, stress reduction, and healthier lifestyle behaviors
Hypertension	Reduced systolic and diastolic blood pressure	↓ Sympathetic activity, ↑ vagal tone, stress modulation
Insomnia	Improved sleep latency, quality, and reduced severity	↓ Rumination, ↓ arousal, ↑ cognitive defusion
Obesity	Reduced BMI; fewer binge-eating episodes	↑ Awareness of hunger cues, ↓ emotional eating, and better self-regulation
Gastrointestinal Disorders	Alleviated IBS and IBD symptoms; improved quality of life	Gut-brain axis modulation, ↓ inflammation, ↓ visceral hypersensitivity
Migraine	Reduced frequency and intensity; improved pain perception	↓ Pain catastrophizing, ↑ acceptance, and altered brain pain processing
Inflammation	↓ IL-6, TNF- $\alpha$ , CRP; balanced immune response	↓ Cortisol, ↑ parasympathetic tone, ↓ inflammatory gene expression (e.g., NF- $\kappa$ B)
Cancer	↓ Fatigue, anxiety, depression; improved NK cell activity, QoL	↓ Stress-mediated inflammation, immune enhancement, and possible anti-tumor signaling
Other Conditions	Benefit in autoimmune diseases, chronic pain, and CVD prevention	↑ Immune regulation, ↓ inflammatory cytokines, and improved treatment adherence

increased user engagement [70,71]. Recent trials at academic centers showed reduced anxiety and improved sleep in patients with cardiovascular disease using VR-enhanced MBSR [72–74].

## Mindfulness-Based Eating Awareness Training (MB-EAT)

This updated version of MB-EAT incorporates intuitive eating, food journaling, and trauma-informed mindfulness practices [75,76]. It is effective in treating binge eating, obesity, and metabolic syndrome. It is shown to decrease BMI, improve insulin sensitivity, and reduce emotional eating triggers [77].

## Integrative Mindfulness for Gut Health (IM-GH)

Specifically developed for IBS and IBD, IM-GH combines mindfulness with gut-directed hypnotherapy and dietary awareness [23,78]. It demonstrates significant reductions in abdominal pain and flare-up frequency [79]. It targets gut-brain signaling, vagal tone, and inflammatory cytokine regulation [80].

## Workplace and Academic MBIs for Migraine and HTN

Programs integrated into workplace wellness and university settings have been adapted for time efficiency: 4-week condensed MBSR modules delivered during

lunch breaks or via weekly webinars [81]. It has resulted in lower headache frequency and blood pressure, increased emotional resilience, and decreased absenteeism [82]

## Personalized MBIs Using AI and Biofeedback

Some platforms now integrate AI coaching and wearable biofeedback (e.g., HRV monitors) to tailor mindfulness content based on real-time stress markers [83]. Particularly beneficial for patients with insomnia and cardiovascular risk [84,85]. Encourages self-regulation and tracks physiological improvements over time [86].

These new interventions expand mindfulness beyond the traditional 8-week in-person format, offering more flexibility, cultural adaptability, and chronic disease-specific relevance [87,88]. They can be integrated into care pathways, especially for underserved or digitally fluent populations. Table 2 presents recent innovations in Mindfulness-Based Interventions (MBIs).

## Discussion

Mindfulness serves as a multifaceted and evidence-based adjunctive strategy in the management of chronic diseases, bridging psychological well-being with physiological regulation [5]. Its efficacy is increasingly recognized not only in alleviating emotional distress but also in modifying the biological substrates of disease through psychoneuroimmunological mechanisms [18]. Central to its therapeutic potential are pathways involving the hypothalamic-pituitary-adrenal (HPA) axis, autonomic



**TABLE 2: RECENT INNOVATIONS IN MBIS**

Innovation	Key Features	Clinical Applications
Digital & App-Based MBIs	Mobile apps, adaptive content, guided meditations, symptom tracking	Stress, sleep issues, diabetes (↓ HbA1c), hypertension (↓ BP), obesity
Virtual Reality (VR) Mindfulness	Immersive nature-based settings, enhanced presence, and engagement	Chronic pain, migraine, CVD (↓ anxiety, ↑ sleep quality)
MB-EAT (Mindfulness-Based Eating Awareness)	Incorporates intuitive eating, journaling, and trauma-informed practices	Binge eating, obesity, metabolic syndrome (↓ BMI, ↑ insulin sensitivity)
Integrative Mindfulness for Gut Health (IM-GH)	Combines mindfulness, hypnotherapy, and dietary awareness	IBS, IBD (↓ abdominal pain, ↓ flare-ups, ↓ inflammation)
Workplace & Academic MBIs	Condensed MBSR modules via webinars/lunch sessions	Migraine, HTN (↓ headache frequency, ↓ BP, ↑ resilience, ↓ absenteeism)
AI and Biofeedback-Enhanced MBIs	Real-time HRV/stress tracking, personalized coaching	Insomnia, cardiovascular risk (↑ self-regulation, ↑ physiological tracking)

nervous system (ANS), and inflammatory responses [89]. MBIs reduce HPA axis activation and enhance vagal tone, lowering cortisol and inflammation, as reflected in biomarkers like IL-6, CRP, and TNF- $\alpha$  [37,38]. These physiological changes underpin improvements observed across a spectrum of diseases, including hypertension, diabetes, gastrointestinal disorders, and even cancer. In oncology, for instance, MBSR and MBCT have been associated with reduced cancer-related fatigue, enhanced immune surveillance, and improved quality of life.

Mindfulness also impacts behavioral patterns—such as emotional eating, sedentary lifestyle, and sleep hygiene—thereby contributing indirectly to the management of obesity, metabolic syndrome, and insomnia [18,21,76]. Its role in improving executive control, emotional regulation, and interoceptive awareness makes it uniquely positioned to support patients in developing healthier coping mechanisms and enhancing adherence to medical regimens [18]. This review assumes that mindfulness has a significant influence on behaviors such as emotional eating, inactivity, and poor sleep hygiene. Modern chronic conditions like obesity, metabolic syndrome, and insomnia are deeply rooted in lifestyle choices and emotional responses, which are often unconscious or automatic. By fostering greater executive control and emotional regulation, mindfulness helps individuals become more aware of their internal cues, including hunger, fatigue, and stress triggers. This heightened interoceptive awareness empowers them to respond thoughtfully rather than react impulsively. As a result, mindfulness not only promotes healthier behaviors but also supports long-term adherence to medical advice and therapeutic regimens. Its holistic influence on both mind and body positions it as a valuable complement to conventional treatments in the management of chronic diseases.

The evolution of delivery methods has significantly enhanced the accessibility and individualization of mindfulness practices. Innovations such as smartphone apps (e.g., Headspace, Calm), virtual reality mindfulness

environments, and AI-guided interventions now allow for scalable, personalized mental health support [90,91]. Notably, the integration of biofeedback sensors and wearables enables real-time physiological tracking, allowing for adaptive mindfulness content tailored to a user's stress level or heart rate variability.

Condition-specific programs are also emerging, such as Mindful Eating Awareness Training (MB-Eat) for obesity, Integrative Mindfulness for Gut Health (IM-GH) for IBS and IBD, and MBSR-Ca for cancer patients, among others [75,76]. These interventions combine traditional mindfulness training with disease-relevant content, dietary coaching, and physical activity modules, offering a holistic and relevant approach to care.

Despite these advances, mindfulness is not a panacea and should not be viewed as a replacement for medical treatment [89]. Instead, it should be integrated into standard care as a complementary tool that enhances self-efficacy and resilience [92,93]. Key limitations of current research include small and homogeneous samples, short intervention durations, a lack of long-term follow-up, and methodological heterogeneity in the delivery and assessment of mindfulness.

Future research should aim to address these gaps by conducting large-scale, diverse, and longitudinal studies. It is imperative to develop standardized mindfulness protocols tailored to specific populations and conditions. Furthermore, exploring the use of digital MBIs in rural and underserved populations, as well as understanding the biological underpinnings through neuroimaging and immune biomarkers, will be crucial in advancing the clinical utility of mindfulness.

Mindfulness represents a promising, adaptable, and non-invasive approach that can transform chronic disease care by addressing the psychological and physiological dimensions of health. As its integration into healthcare continues to evolve, mindfulness-based interventions are poised to play a central role in personalized, preventive, and participatory medicine.

## Conclusion

Mindfulness represents a powerful, evidence-based approach to improving outcomes in chronic conditions, including diabetes, cardiovascular disease, and chronic pain. By fostering awareness, reducing stress, and promoting behavioral change, it offers a complementary path to holistic health. Integrating mindfulness into routine care can enhance patient resilience and self-management, with meaningful implications for healthcare systems and policy development.

## Conflict of Interest

The author declares that he has no conflict of interest.

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## References

- Gambert SR. The burden of chronic disease. *Clin Geriatr*. 2006;14(2):5.
- Onyegbule CJ, Muoghalu CG, Ofoegbu CC, Ezeorah F. The impact of poor sleep quality on cardiovascular risk factors and quality of life. *Cureus*. 2025;17(1):1–10.
- Goorani S, Zangene S, Imig JD. Hypertension: a continuing public healthcare issue. *Int J Mol Sci*. 2025;26(1):1–18.
- Scarborough SD, Scarborough VS. Prospects for a clinical science of mindfulness-based intervention. *Physiol Behav*. 2017;176(1):100–106.
- Dreyfus G. Is mindfulness present centred and non judgmental? A discussion of the cognitive dimensions of mindfulness. *Contemp Buddhism*. 2011;12(1):41–54.
- Hofmann SG, Gómez AF. Mindfulness-based interventions for anxiety and depression. *Psychiatr Clin North Am*. 2017;40(4):739–749.
- Guendelman S, Medeiros S, Rampes H. Mindfulness and emotion regulation: insights from neurobiological, psychological, and clinical studies. *Front Psychol*. 2017;8:MAR.
- Sharma M, Rush SE. Mindfulness-based stress reduction as a stress management intervention for healthy individuals: a systematic review. *J Evid Based Complement Altern Med*. 2014;19(4):271–286.
- Rosenzweig S, Reibel DK, Greeson JM, Edman M, Schuman-Olivier Z, Tantum D, et al. Mindfulness-based stress reduction is associated with improved glycemic control in type 2 diabetes mellitus: a pilot study. *Altern Ther Health Med*. 2007;13(5):55–6.
- Hamasaki H. The effects of mindfulness on glycemic control in people with diabetes: an overview of systematic reviews and meta-analyses. *Medicines (Basel)*. 2023;10(9):53.
- Chen Q, Liu H, Du S. Effect of mindfulness-based interventions on people with prehypertension or hypertension: a systematic review and meta-analysis of randomized controlled trials. *BMC Cardiovasc Disord*. 2024;24(1):1–13.
- Jung M, Lee M. The effect of a mindfulness-based education program on brain waves and the autonomic nervous system in university students. *Healthc (Basel)*. 2021;9(11):1–10.
- Geiger C, Cramer H, Dobos G, Michalsen A, Hartmann M, Jeitler M, et al. A systematic review and meta-analysis of mindfulness-based stress reduction for arterial hypertension. *J Hum Hypertens*. 2022;37:1–23.
- Morin CM, Belleville G, Bélanger L, Ivers H, Beaulieu-Bonneau S, Vallières A, et al. What should be the focus of treatment when insomnia disorder is comorbid with depression or anxiety disorder? *J Clin Med*. 2023;12(5):1–10.
- Jiang A, Rosario M, Stahl S, Gill JM, Rusch HL. The effect of virtual mindfulness-based interventions on sleep quality: a systematic review of randomized controlled trials. *Curr Psychiatry Rep*. 2021;23(9):1–10.
- Ong JC. Using mindfulness for the treatment of insomnia. *Curr Sleep Med Rep*. 2017;3(1):57–65.
- Gong H, Ni C-X, Liu Y-Z, Zhang Y, Su W-J, Lian Y-J, et al. Mindfulness meditation for insomnia: a meta-analysis of randomized controlled trials. *J Psychosom Res*. 2016;89:1–6.
- Lattimore P. Mindfulness-based emotional eating awareness training: taking the emotional out of eating. *Eat Weight Disord*. 2020;25(3):649–657.
- Tapper K. Can mindfulness influence weight management related eating behaviors? If so, how? *Clin Psychol Rev*. 2017;53:122–134.
- Dunn C, Haubenstricker J, Johnson R, Chmielewski M, Chen J, Ferrante S, et al. Mindfulness approaches and weight loss, weight maintenance, and weight regain. *Curr Obes Rep*. 2018;7(1):37–49.
- Warren JM, Smith N, Ashwell M. A structured literature review on the role of mindfulness, mindful eating and intuitive eating in changing eating behaviours: effectiveness and associated potential mechanisms. *Nutr Res Rev*. 2017;30(2):272–283.
- Naude C, Skvarc D, Knowles S, Russell L, Evans S, Mikocka-Walus A. The effectiveness of mindfulness-based interventions in inflammatory bowel disease: a systematic review & meta-analysis. *J Psychosom Res*. 2023;169:111232.
- Ewais T, Begun J, Kenny M, Coates A, Barclay J, Hay K, et al. A systematic review and meta-analysis of mindfulness-based interventions and yoga in inflammatory bowel disease. *J Psychosom Res*. 2019;116:44–53.
- Kim S, Chang L. A mindful way through IBS: reducing abdominal pain and improving quality of life. *Gastroenterology*. 2012;142(5):1247–1250.
- Goren G, Yaari T, Lavi I, Steinmetz A, Tishler M, Mosseri M, et al. Randomized controlled trial of cognitive behavioral and mindfulness-based stress reduction on the quality of life of patients with Crohn disease. *Inflamm Bowel Dis*. 2022;28(3):393–408.
- Zomorodi S, Tabatabaie SKR, Azadfallah P, Ebrahimidaryani N, Arbabi M. Long term effects of mindfulness on quality of life in irritable bowel syndrome. *Iran J Psychiatry*. 2015;10(2):100–105.
- Wells RE, O'Connell N, Pierce CR, Reich J, Lee J, Walsh J, et al. Mindfulness in migraine: a narrative review. *Expert Rev Neurother*. 2020;20(3):207–225.
- Estave PM, Andrasik F, Chung I, Holroyd K, Lipton RB, Holroyd K, et al. Mechanisms of mindfulness in patients with migraine: results of a qualitative study. *Headache*. 2023;63(3):390–409.
- Elvery N, Jensen MP, Ehde DM, Day MA. Pain catastrophizing, mindfulness, and pain acceptance. *Clin J Pain*. 2017;33(6):485–495.

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30. De Boer MJ, Steinhagen HE, Versteegen GJ, Struys MMRF, Sanderman R. Mindfulness, acceptance and catastrophizing in chronic pain. *PLoS One*. 2014;9(1):e87445.
31. Afonso RF, Kraft I, Aratana MA, Kozasa EH. Neural correlates of meditation: a review of structural and functional MRI studies. *Front Biosci (Schol Ed)*. 2020;12(1):92–115.
32. Biava P, Norbiato G. Getting an insight into the complexity of major chronic inflammatory and degenerative diseases: a potential new systemic approach to their treatment. *Curr Pharm Biotechnol*. 2015;16(9):793–803.
33. Ferrucci L, Fabbri E. Inflammageing: chronic inflammation in ageing, cardiovascular disease, and frailty. *Nat Rev Cardiol*. 2018;15(9):505–522.
34. Sanada K, Montero-Marin J, Alda Díez M, Salas-Valero M, Pérez-Yus MC, Morillo H, et al. Effects of mindfulness-based interventions on biomarkers in healthy and cancer populations: a systematic review. *BMC Complement Altern Med*. 2017;17(1):1–13.
35. Talukdar J, Mahato PK, Sanyal D, Bhattacharya A, Roy S, Chatterjee P, et al. The interplay of chronic stress and cancer: pathophysiology and implications for integrated care. *Cancer Rep*. 2025;8(5):1–12.
36. Rosenkranz MA, Davidson RJ, MacCoon DG, Sheridan JF, Kalin NH, Lutz A. Active control in modulation of neurogenic inflammation. *Brain Behav Immun*. 2013;27C:174–184.
37. Alhawtmeh H, Najadat I, Hweidi I, Abuhammad S. The impact of mindfulness meditation on pro-inflammatory biomarkers in patients with end stage renal disease: a randomized trial. *SAGE Open Med*. 2024;12:1–10.
38. Sanada K, Montero-Marin J, Alda Díez M, Salas-Valero M, Pérez-Yus MC, Morillo H, et al. Effects of mindfulness-based interventions on biomarkers and low grade inflammation in patients with psychiatric disorders: a meta-analytic review. *Int J Mol Sci*. 2020;21(7):1–20.
39. Rajagopalan A, Kumar SS, Johny M, Mikkadan JK. Modulation of immune responses in stress by vestibular stimulation. *Nat J Physiol Pharm Pharmacol*. 2017;7(11):1259–1263.
40. Black DS, Christodoulou G, Cole G. Mindfulness meditation and gene expression: a hypothesis generating framework. *Curr Opin Psychol*. 2019;28:302–306.
41. Buric I, Farias M, Jong J, Mee C, Brazil IA. What is the molecular signature of mind body interventions? A systematic review of gene expression changes induced by meditation and related practices. *Front Immunol*. 2017;8:357.
42. Kumarage IU. The effects of mindfulness-based therapies on epigenetic modifications and gene expression: a review. 2024.
43. Caruso R, Nanni MG, Riba MB, Sabato S, Grassi L. The burden of psychosocial morbidity related to cancer: patient and family issues. *Int Rev Psychiatry*. 2017;29(5):389–402.
44. Girgis A, Lambert S, Johnson C, Waller A, Currow D. Physical, psychosocial, relationship, and economic burden of caring for people with cancer: a review. *J Oncol Pract*. 2013;9(4):197–202.
45. Rouleau CR, Garland SN, Carlson LE. The impact of mindfulness-based interventions on symptom burden, positive psychological outcomes, and biomarkers in cancer patients. *Cancer Manag Res*. 2015;7:121–131.
46. Fang CY, Reibel DK, Longacre ML, Rosenzweig S, Campbell DE, Douglas SD. Enhanced psychosocial well being following participation in a mindfulness-based stress reduction program is associated with increased natural killer cell activity. *J Altern Complement Med*. 2010;16(5):531–538.
47. Lengacher CA, Reich RR, Paterson CL, Shelton MM, Shivers SC, Ramesar S, et al. Lymphocyte recovery after breast cancer treatment and mindfulness-based stress reduction (MBSR) therapy. *Biol Res Nurs*. 2013;15(1):37–47.
48. Chayadi E, Baes N, Kiropoulos L. The effects of mindfulness-based interventions on symptoms of depression, anxiety, and cancer related fatigue in oncology patients: a systematic review and meta-analysis. *PLoS One*. 2022;17(7):e0274587.
49. Miller A, Pereira S, Miller A, Olalekan A. Bridging the gap: advancing occupational therapy in cancer recovery for better outcomes. *J Med Surg Public Health*. 2025;6(4):100196.
50. Deshields TL, Wells-Di Gregorio S, Flowers SR, Rawl SM, McCorkle R, Holland J, et al. Addressing distress management challenges: recommendations from the consensus panel of the American Psychosocial Oncology Society and the Association of Oncology Social Work. *CA Cancer J Clin*. 2021;71(5):407–436.
51. Cui B, Wang Q, Wang L, Zhang Y, Cao D, Li Y, et al. Cancer and stress: nextGen strategies. *Brain Behav Immun*. 2021;93:368–383.
52. Hong H, Ji M, Lai D. Chronic stress effects on tumor: pathway and mechanism. *Front Oncol*. 2021;11:763840.
53. Stanton AL. Psychosocial concerns and interventions for cancer survivors. *J Clin Oncol*. 2006;24(32):5132–5137.
54. Tian X, Zhang J, Sun L, Zhou X, Wang Y, Zhu Y, et al. The impact of mindfulness-based stress reduction (MBSR) on psychological outcomes and quality of life in patients with lung cancer: a meta-analysis. *Front Psychol*. 2022;13:923456.
55. Lehto RH. Psychosocial challenges for patients with advanced lung cancer: interventions to improve well being. *Lung Cancer Targets Ther*. 2017;8:79–90.
56. Borrás JM, Albrecht T, Audisio R, Briers E, Casali P, Esperou H, et al. Compliance, satisfaction, and quality of life of patients with colorectal cancer receiving home chemotherapy or outpatient treatment: a randomised controlled trial. *BMJ*. 2001;322(7290):826–828.
57. Penberthy JK, Koenig CJ, Sexton MB, Khalsa SS. Mindfulness-based therapies for autoimmune diseases and related symptoms. *OBM Integr Complement Med*. 2018;3(4):1–1.
58. Marikar Bawa FL, Ali S, Khan W, Zafar S, Ahmed H, Patel R, et al. Does mindfulness improve outcomes in patients with chronic pain? Systematic review and meta-analysis. *Br J Gen Pract*. 2015;65(635):e387–e400.
59. Black DS, Brown K, Lu Q, Carroll I, Johnson L, Creswell JD, et al. Mindfulness meditation and the immune system: a systematic review of randomized controlled trials. *Ann N Y Acad Sci*. 2016;1373(1):13–24.
60. Osborne EL, Ainsworth B, Hooper N, Atkinson MJ, et al. Experiences of using digital mindfulness-based interventions: rapid scoping review and thematic synthesis. *J Med Internet Res*. 2024 May 29;26:e60967.
61. Khademian F, Aslani A, Bastani A. The effects of mobile apps on stress, anxiety, and depression: overview of systematic reviews. *Int J Technol Assess Health Care*. 2020;37(1):1–9.
62. Ghelani DP, Moran LJ, Johnson C, Mousa A, Naderpoor N. Mobile apps for weight management: a review of the latest evidence to inform practice. *Front Endocrinol (Lausanne)*. 2020;11:548056.
63. Finn AH. Be kind to your mind: the use of mobile-based applications to reduce stress and improve health outcomes. 2023;1–14.
64. Gawande R, To M, Pine E, Griswold T, Creedon T, Nieman L, et al. Mindfulness training enhances self-regulation and facilitates health behavior change for primary care patients: a randomized controlled trial. *J Gen Intern Med*. 2019;34(2):293–302.

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65. Khan M, Maes P. Tracking diverse feelings and activities encourages self-guided holistic behavior change. *Asian CHI Symp.* 2021;5:104–110.
66. Kapur R, Sharma R, Kanwar V, Bhavsar A, Dutt V. SugarControl: an integrative mobile app for type 2 diabetes management through yoga meditation and lifestyle interventions. *ACM Int Conf Proc Ser.* 2024;647–653.
67. Sieverdes JC, Treiber F, Jenkins C, Rogers HL, Hermayer K, Lobelo F, et al. Formative evaluation on cultural tailoring breathing awareness meditation smartphone apps to reduce stress and blood pressure. *mHealth.* 2017;3:44.
68. Beno J, Silen A, Yanti M. A narrative review of mindfulness-based interventions using virtual reality. *Mindfulness (N Y).* 2021;12(3):1–16.
69. Yildirim C, O'Grady T. The efficacy of a virtual reality-based mindfulness intervention. In: *Proceedings of the 2020 IEEE International Conference on Artificial Intelligence and Virtual Reality (AIVR).* 2020;158–165.
70. O'Connor S, Mayne A, Hood B. Virtual reality-based mindfulness for chronic pain management: a scoping review. *Pain Manag Nurs.* 2022;23(3):359–369.
71. Cuneo A, Cortelli P, Barbanti P, Buzzi MG, La Rocca G, Pierangeli G, et al. The utility of a novel, combined biofeedback virtual reality device as add-on treatment for chronic migraine: a randomized pilot study. *Clin J Pain.* 2023;39(6):286–296.
72. Mitsea E, Drigas A, Skianis C. Virtual reality mindfulness for meta competence training among people with different mental disorders: a systematic review. *Psychiatry Int.* 2023;4(4):324–353.
73. Luo X, Wu Q, Wang Z, Zhang C, Li L, Chen L, et al. The role of arts therapies in mitigating sleep initiation and maintenance disorders: a systematic review. *Front Psychiatry.* 2024;15:1276548.
74. Maciolek J, Wąsek W, Kamiński B, Piotrowicz K, Krześciński P. The impact of mobile virtual reality-enhanced relaxation training on anxiety levels in patients undergoing cardiac rehabilitation. *Kardiologia Pol.* 2021;78(10):1032–1034.
75. Kristeller JL. Mindfulness-based eating awareness training (MB-EAT). In: *Handbook of Mindfulness-Based Programs.* 2019;11(1):1–14.
76. Kristeller J, Wolever RQ, Sheets V. Mindfulness-based eating awareness training (MB-EAT) for binge eating: a randomized clinical trial. *Mindfulness (N Y).* 2014;5(3):282–297.
77. Van Strien TV. Causes of emotional eating and matched treatment of obesity. *Curr Diab Rep.* 2018;18(6):1–8.
78. Bedford FL. A perception theory in mind-body medicine: guided imagery and mindful meditation as cross-modal adaptation. *Psychon Bull Rev.* 2012;19(1):24–45.
79. Jedel S, Hoffman A, Merriman P, Swanson B, Voigt R, Rajan KB, et al. A randomized controlled trial of mindfulness-based stress reduction to prevent flare-up in patients with inactive ulcerative colitis. *Digestion.* 2014;89(2):142–155.
80. Breit S, Kupferberg A, Rogler G, Hasler G. Vagus nerve as modulator of the brain–gut axis in psychiatric and inflammatory disorders. *Front Psychiatry.* 2018;9:44.
81. Kvillemo P, Brandberg Y, Bränström R. Feasibility and outcomes of an internet-based mindfulness training program: a pilot randomized controlled trial. *JMIR Ment Health.* 2016;3(3):e33.
82. Mongini F, Evangelista A, Milani C, Ferrero L, Ugolini A, Ceccarelli M, et al. Effectiveness of an educational and physical programme in reducing headache, neck and shoulder pain: a workplace controlled trial. *Cephalalgia.* 2008;28(5):541–552.
83. Mitsea E, Drigas A, Skianis C. Digitally assisted mindfulness in training self-regulation skills for sustainable mental health: a systematic review. *Behav Sci (Basel).* 2023;13(12):1–18.
84. Gkintoni E, Vassilopoulos SP, Nikolaou G, Boutsinas B. Digital and AI-enhanced cognitive behavioral therapy for insomnia: neurocognitive mechanisms and clinical outcomes. *J Clin Med.* 2025;14(7):1–12.
85. Grossi E. How artificial intelligence tools can be used to assess individual patient risk in cardiovascular disease: problems with the current methods. *BMC Cardiovasc Disord.* 2006;6:1–6.
86. Sun X, Yin Y, Yang Q, Huo T. Artificial intelligence in cardiovascular diseases: diagnostic and therapeutic perspectives. *Eur J Med Res.* 2023;28(1):1–11.
87. Hoover AB, Butaney EB, Bernard K, Coplan B, LeLacheur S, Straker H, et al. Comparing the effectiveness of virtual and in-person delivery of mindfulness-based skills within healthcare curriculums. *Med Sci Educ.* 2022;32(3):627–640.
88. Rice VJ, Liu B, Allison SC, Schroeder PJ. Mindfulness training offered in person and in a virtual world—weekly self-reports of stress, energy, pain, and sleepiness among US military active duty and veteran personnel. *Mindfulness (N Y).* 2019;10(9):1815–1827.
89. Vargas Uricoechea H, Castellanos S, Ramírez-Rincón A, Contreras R, Pérez A, Gómez D, et al. Mindfulness-based interventions and the hypothalamic–pituitary–adrenal axis: a systematic review. *Neurol Int.* 2024;16(6):1552–1584.
90. Ajayi R. AI-powered innovations for managing complex mental health conditions and addiction treatments. *Int Res J Mod Eng Technol Sci.* 2025;7(1):1–10.
91. Yilmazer E, Altinok A. Innovating mindfulness-based stress reduction (MBSR) delivery in cancer care: enhancing accessibility and engagement. *Clin Cancer Investig J.* 2024;13(2):6–15.
92. Baer R, Crane C, Miller E, Kuyken W. Doing no harm in mindfulness-based programs: conceptual issues and empirical findings. *Clin Psychol Rev.* 2019;71:101–114.
93. Keyes MD, Pidgeon AM. Investigation of the relationship between resilience, mindfulness, and academic self-efficacy. *Open J Soc Sci.* 2013;1(6):1–4.



## التأثير متعدد الأوجه لليقظة الذهنية على الأمراض المزمنة: مراجعة شاملة لعلاقتها بداء السكري، ارتفاع ضغط الدم، الأرق، السمنة، اضطرابات الجهاز الهضمي، والصداع النصفي.

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### ملخص

لقد برزت اليقظة الذهنية كنهج شامل يعزز كلاً من السلامة النفسية والوظائف الفسيولوجية. تستعرض هذه المراجعة الشاملة العلاقة بين اليقظة الذهنية والعديد من الحالات المزمنة الرئيسية، بما في ذلك داء السكري، وارتفاع ضغط الدم، والأرق، والسمنة، واضطرابات الجهاز الهضمي (مثل متلازمة القولون العصبي ومرض التهاب الأمعاء)، والصداع النصفي. تشير الأدلة من التجارب العشوائية الحديثة، والمراجعات المنهجية، والتحليلات التلوية إلى أن التدخلات القائمة على اليقظة الذهنية تساهم بشكل كبير في تحسين التحكم بالأمراض، وتقليل الأعراض، وتحسين جودة الحياة لدى مختلف فئات المرضى. كما تهدف هذه المراجعة إلى تقييم الأدلة الحديثة بشكل نقدي حول فعالية التدخلات القائمة على اليقظة الذهنية في التحكم بالأمراض المزمنة، واستكشاف أساليب تقديم مبتكرة مثل المنصات الرقمية والواقع الافتراضي، ودراسة الآليات النفسية الجسدية، والسلوكية، والفسيولوجية التي تربط اليقظة الذهنية بتحسين النتائج الصحية عبر مختلف الحالات المزمنة، مع مناقشة الآثار السريرية والاتجاهات البحثية المستقبلية التي تضع اليقظة الذهنية كاستراتيجية تكاملية واعدة في الوقاية من الأمراض المزمنة وعلاجها.

**الكلمات الدالة:** اليقظة الذهنية، داء السكري، ارتفاع ضغط الدم، الأرق، السمنة، اضطرابات الجهاز الهضمي، الصداع النصفي، التدخلات القائمة على اليقظة الذهنية، الأمراض المزمنة، علم النفس العصبي المناعي.