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## Effect of meditative practices on quality of life among male geriatric people

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**Abstract**

**Objectives:** To study the effect of meditative practices on quality of life among male geriatric people.

**Experimental Design:** Experimental group and Control of group with self-reported Pre and Post Data.

**Results:** Participants in the experimental group reported significant improvement in the physical, physiological and psychological quality of life.

**Conclusion:** Role of meditation in improving quality of life among geriatric male people in physical, physiological and psychological aspects is quite significant. A longer period of study is needed to study the effect on social and environmental quality of life.

**Keywords:** Meditation, Quality of life, Geriatric yoga practices

### 1. Introduction

As per demographic profile of India the ageing population is on the rise. Very soon the elderly will become one tenth of total population of the country. This implies that more people are going to live longer due to increase in life expectancy and also the empty years beyond 60 are almost going to double. Longer life means more frailty and more disability thereby needing greater care and better health services for the elderly. Due to rapid urbanization and migration it is resulting in fast changes in family structure. In the coming years, the children who are the traditional care givers of the elderly may not be available for this task. Thus, older people have to fend for themselves or be under community or institutional care.

Care for aged is moving from management of diseases and symptoms to prevention of ailments. A preventive effort can improve quality of life, reduce illness and decrease mortality. Adoption to a healthy lifestyle can lead to an increase active life expectancy, reduced disability and decreased health care expenditure. Preventive care has to be adapted so that it makes an impact on the Physical, Physiological and Psychological planes to provide a holistic approach.

In such a scenario, the most appropriate among the practices available from ancient times is Yoga. Yogic practices comprise a wide variety of therapeutic tools for both prevention as well as damage control. Elders of the society are in the *Adhyatmika* or the fourth stage of life and their health care needs are unique. Apart from physical and physiological wellbeing, mental and emotional wellness is significant aspects to their wellness. Yogic practices administered after studying each individual requirements and capacity would cater to all these aspects.

Yogacharya Shri Tirumalai Krishnamacharya, through his unique approach always insisted on applying yoga that is most appropriate and suitable to each individual. At the same time, the broad guidelines governing such an application, is the stage of life one is in. *Adhyatmika krama* or the system of application of yogic practices for the elderly comprises certain elements to empower the senior citizen to maintain positive health, prevent ailments and also minimize the ill-effects of any existing ailments. In this process, the aspect of aligning oneself to the spiritual goals is also taken care of. As such, in the Krishnamacharya tradition a holistic approach involves an element of *Asana* and *Pranayama* with greater emphasis on *Dhyanam*. The practices for such people in Krishnamacharya tradition are in the ratio as follows: Asana 1: Pranayama 2: Dhyanam 4.

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**Quality of Life**

Quality of Life is one of the control concepts in ageing research (Diener, 2005). Two different traditions can be distinguished in the respect of ageing: concept which define Quality of Life in terms of objectives living conditions, and concepts which define Quality of Life in terms of subjective evaluation (Noll, 2000, 2011, Veentoven, 2000).

Objective Quality of Life can be measured by external observes and it is the extent to which a person has access to and command over relevant resources. Resources like income, health, social network competencies serve the individuals to pursue their goal and direct their living conditions (Eriksons, 1974).

Subjective Quality of Life depends an individual person – and lies in the "Eyes of the beholder" (Campbell, Converse and Rodgers, 1976). It emphasizes individual perceptions and evaluations.

It has been shown empirically that among the most important aspects of subjective Quality of Life are health and social integration. (Dienar and suh, 1998). Three important domains that represent the dimension of Quality of Life in old age are Health, Social integration and Participation. These domains, influence each other in multiple ways (Motel – Kuingebiel Kondratowitz, 2 Tesch – Romes 2004, Walkes & Lowenstein, 2009).

Mental health of the elderly is another area important in understanding overall health situation. It is generally expected that elderly should be free from mental worries as they have completed their share of tasks and should lead a peaceful life. But however unfinished familial task like education of children, marriage of daughter becomes a source of working over a period of time. The most imported problem are unwantedness, memory loss, lack of courage, inefficiency, depression, behavioural problem etc., The feeling of "unwantedness" generated with a thinking that they are no more of much use to the family, society etc., "The institutional living "aged generally experience more problems than "home living" aged.

There appear to be significant difference in the health situation of the elderly living in rural over compared to that in urban areas. The rural elders are healthier than their urban counterparts. (CSO, 2000).

**Objectives of the Study**

To find out whether there would be any significant difference in the quality of life among geriatric people in the age group above 60 years, by doing meditative practices prescribed.

**Reason for Selection of Topic and Variables**

Geriatric people in the age group above 60 years have unique health problems. Soon one tenth of the population in the country will fall into this category. As such, there is need in the society to provide health care specifically addressing the elderly citizens. Though Yoga and yoga therapy is being widely applied, there is no study on affectivity of meditative practices among the elderly. With the advent of various styles of yoga, there is confusion and fear in the minds of elderly citizens for opting yoga as a therapy. Therefore, the study was conducted with willing volunteers seeking yoga therapy attention at Hande Medical Centre, Chennai-34.

**Significance of the Study**

- a) This study could be helpful in establishing that meditative practices will enhance the quality of life of geriatric people.
- b) This study could also assist in identifying the specialised application of meditation to maintain quality of life in the geriatric people.
- c) The significance of this study is to disseminate knowledge about practices suitable in geriatric people.
- d) This study pre-dominantly focuses on providing a simple solution to the elderly persons thus creates a healthy society.
- e) This study may be helpful to the future research scholars to select new problems related to the application of viniyoga principles.

**Dependent Variables**

Physical, Physiological, Psychological, Social, Environmental and Total quality of life.

**Independent Variable**

Meditative practices

**Methodology**

To facilitate the study 30 subjects were selected and randomized. Subjects were divided into Yoga and Control groups consisting of N=15 each. Baseline evaluation was done for both groups. While the yoga group was administered meditative practices for a period of 3 month the Control group was not exposed to any experimental treatment. Post test was conducted on both groups at the end of 3 months.

**Assessment Tools**

Questionnaire developed by WHO containing 26 questions covering various aspects of quality of life was used. WHO defined the quality of life in terms of individual’s perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns.

**Results and Discussions**

On analysis of the baseline data of the two groups, it is observed that there is no significant difference in the quality of life. The two groups are almost homogenous in all aspects. Table I below represents the status at baseline:

**Table I:** Quality Of Life - Baseline

Quality of Life	Group	Mean	Std. Deviation	t value
Physical	Yoga	25.38	2.80	0.11
	Control	25.30	2.81	
Psychological	Yoga	22.24	2.41	0.19
	Control	22.12	2.35	
Social	Yoga	11.88	1.61	0.08
	Control	11.85	1.62	
Environmental	Yoga	32.29	3.37	0.02
	Control	32.27	3.42	
Total QOL	Yoga	91.79	7.72	0.13
	Control	91.55	7.71	

The total quality of life mean scores for the yoga group is 91.79 and control group is 91.55 which is not significant. Similarly in respect of Social and environmental quality of life the mean scores reflect the congruence.

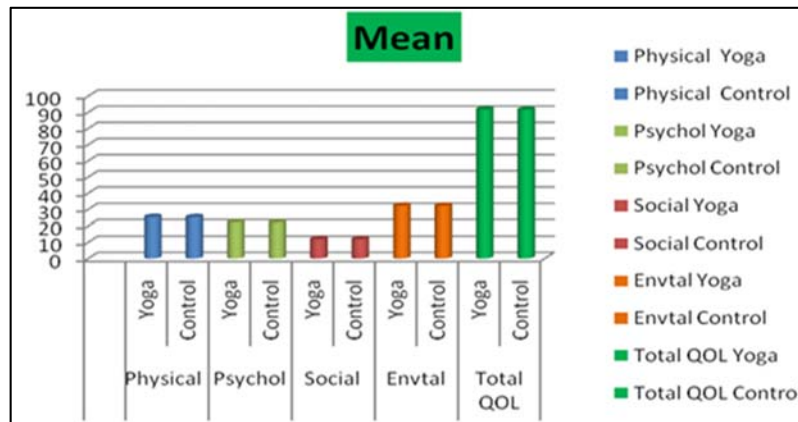


Fig 1: Baseline Chart

At the stage of post test the scores are presented in Table II.

Table II: Quality Of Life - Post Intervention

Quality of Life	Group	Mean	Std. Deviation	t value
Physical	Yoga	27.85	2.57	3.20
	Control	25.67	2.99	
Psychological	Yoga	26.71	2.35	7.30
	Control	22.42	2.43	
Social	Yoga	12.88	1.06	3.07
	Control	11.85	1.62	
Environmental	Yoga	33.68	2.92	1.80
	Control	32.27	3.42	
Total QOL	Yoga	101.12	6.65	4.94
	Control	92.21	8.01	

The mean score of Physical quality of life of yoga group at post-test is 27.85 while that of control group it is 25.67. There is significant improvement in physical quality of life among yoga trained subjects. The mean score of Psychological quality of life of yoga trained group is 26.71 while that of no intervention group is 22.42. The improvement is significant in the psychological quality of life after yoga training. The mean score of Social and Environmental of yoga trained group is slightly above that of the control group. There is no significant change as a result of yoga training in respect of these two aspects. The mean score of total quality of life conveys the significant changes experienced by yoga group.

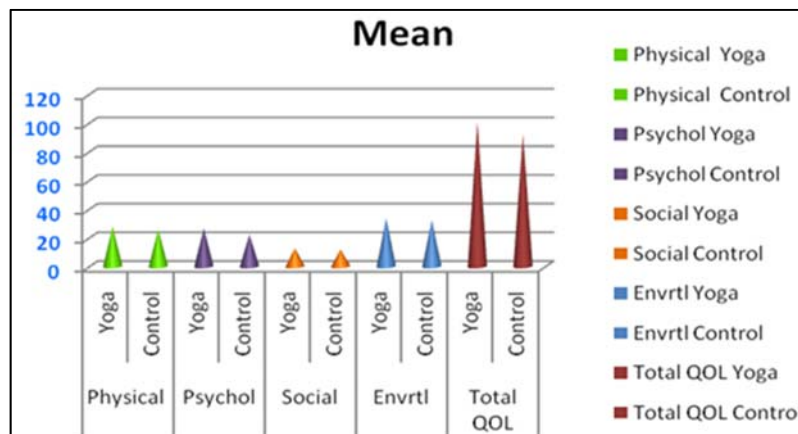


Fig 2: Post Intervention

Data relating to Yoga group reflecting the baseline and post-test position is presented in Table III.

Table III: Quality Of Life In Yoga Group Pre & Post Intervention

Quality of Life		Mean	Std. Deviation
Physical	Pre	25.38	2.80
	Post	27.85	2.57
Psychological	Pre	22.24	2.41
	Post	26.71	2.35
Social	Pre	11.88	1.61
	Post	12.88	1.06
Environmental	Pre	32.29	3.37
	Post	33.68	2.92
Total QOL	Pre	91.79	7.72
	Post	101.12	6.65

Yoga groups has shown positive changes in all aspects of quality of life after intervention. However, the least change is seen in the Environment quality of life. Effect of training is

more pronounced in Psychological quality of life and Physical quality of life in that order.

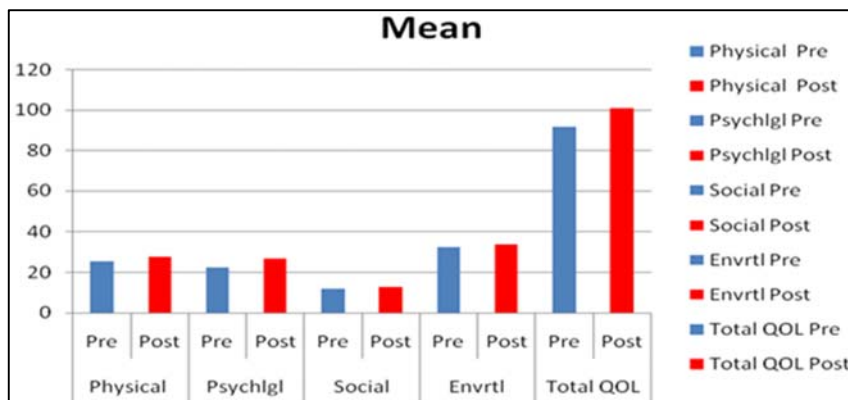


Fig 3: Mean scores of Yoga group - Pre and Post test

Data relating to pre and post-test position in respect of Control group is in Table IV.

Table IV: Quality Of Life In Control Group Pre & Post Intervention

Quality of Life		Mean	Std. Deviation
Physical	Pre	25.30	2.81
	Post	25.67	2.99
Psychological	Pre	22.12	2.35
	Post	22.42	2.43
Social	Pre	11.85	1.62
	Post	11.85	1.62
Environmental	Pre	32.27	3.42
	Post	32.27	3.42
Total QOL	Pre	91.55	7.71
	Post	92.21	8.01

It is seen that no significant changes in the quality of life

among the control group subjects.

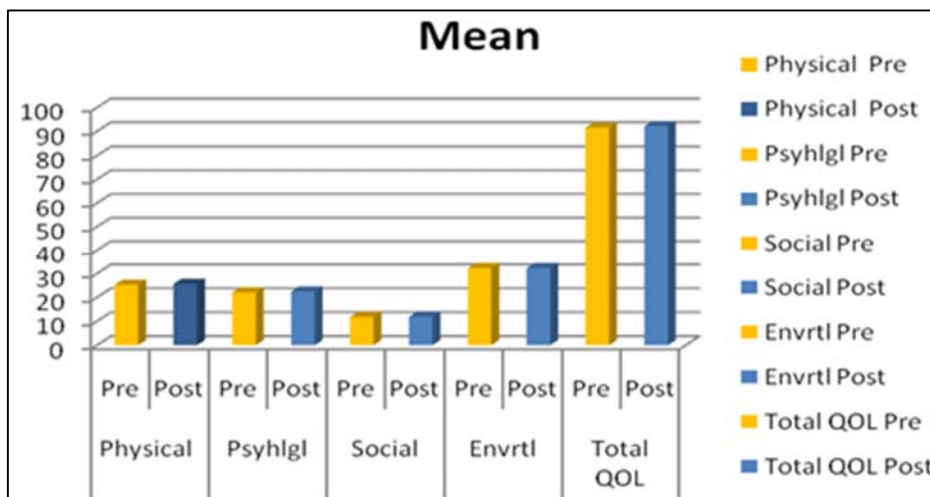


Fig 4: Mean scores of Control Group - Pre and Post test

**Conclusion**

Meditative practices significantly improve the physical, physiological and psychological quality of life among the male geriatric people. Manjunath (2010) conducted a study on “Yoga and Geriatric Care: an Evaluation of Positive Health Indicator”. It was concluded that Yoga module practiced over a six month period brought about significant benefits in older persons with respect to their gait, balance, mobility, memory,

mental state, self-rated quality of sleep, lung functions and reduced psychophysiological arousal.

Barry S. Oken *et al* (2006) in a study “Randomized, controlled, six-month trial of yoga in healthy seniors: effects on cognition and quality of life” found that yoga intervention produced improvements in physical measures (eg, timed 1-legged standing, forward flexibility) as well as a number of

quality-of-life measures related to sense of well-being and energy and fatigue compared to controls.

This study reinforces that among yoga practices the meditative practices for geriatric people is easy to adapt and practice on regular basis. The results are also found to be effective without producing any secondary issues. In view of the positive changes found above, it is advised to make meditative practices as per the preventive health program for elders. However, to make a realistic assessment the study needs to be for a longer duration and the more dependent variables like memory, attention, cognition should also be included. To realise the impact on Social and environmental quality of life, the study should be for a longer period of time.

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