



Effects of Different Modes of Yoga Practice on Depression and Total Cholesterol among Middle Aged Women

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Abstract

The purpose of the present study was to find out the effect of different modes of yoga practice on selected psychological and total cholesterol among middle aged women. For this purpose, forty five middle aged women residing around Kumbakonam town, Thanjavur district, Tamilnadu, were selected as subjects. The age of the subjects were ranged from 40 to 45 years. They were divided into three equal groups, each group consisted of fifteen subjects, in which experimental group - I underwent Bihar School of yoga practice, experimental group - II underwent B.K.S. Iyengar yoga practice and group - III acted as control that did not participate in any special activities apart from their regular curricular activities. The training period for the study was six days (Monday to Saturday) in a week for twelve weeks. Prior and after the experimental period, the subjects were tested on depression, anxiety and total cholesterol. Depression was assessed by Hamilton depression scale, anxiety was assessed by using Hamilton anxiety scale and total cholesterol was tested after taking 5 ml of blood samples by venous puncture method, by using Boehringer Mannheim Kit Method. The Analysis of Covariance (ANCOVA) was applied to find out any significant difference between the experimental groups and control group on selected criterion variables. The result of the study shows that the Bihar School of Yoga practice group and B.K.S. Iyengar Yoga practice group were decreased the depression, anxiety and total cholesterol significantly. It was concluded from the results of the study that Bihar School of Yoga practice and B.K.S. Iyengar Yoga practice has bring positive changes in depression, anxiety and total cholesterol as compare to the control group. Moreover it was also concluded that there was no significant difference found between the experimental groups in all criterion variables.

Keywords: Bihar School of Yoga and B.K.S. Iyengar Yoga, Depression, Anxiety, Total Cholesterol.

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Introduction

Yoga is one of the most ancient cultural heritages of India. The word *yoga* in Sanskrit means “to unite”, and so *yoga* can be said to connote a unitive discipline. In this sense, it is an exercise in moral and mental cultivation that generates good health (*arogya*), contributes to longevity (*chirayu*), and the total intrinsic discipline culminates into positive and perennial happiness and peace.[1] Yoga is one of the orthodox systems of Indian philosophy. It was collated, coordinated and systematized by Patanjali in his classical work, the Yoga Sutras, which consists of 185 terse aphorisms. Yoga is a complete science of life that originated in India many thousands of years ago. It is the oldest system of personal development in the world, encompassing body, mind and spirit. [2]. Bihar School of Yoga (Swami Satyananda Saraswati) is a type of yoga which integrates intellect, emotion and action: the head, heart and hands. Known as Satyananda Yoga or Bihar

Yoga (the School lies in Bihar in India), the system embraces many different philosophies and encourages students to examine the very essence of their being and make gradual changes to improve their awareness. Satyananda Yoga is considered truly holistic and suitable for everyone.[3] Iyengar Yoga, named after and developed by B.K.S. Iyengar, is a form of Hatha Yoga that has an emphasis on detail, precision and alignment in the performance of posture (*asana*) and breath control (*pranayama*).[4]

Recent scientific studies of the effects of yoga and meditation on health validates its ability to improve virtually every aspect of our functioning—brain function, hormonal function, sleep, mood, balance, etc. More active practices followed by relaxing ones lead to deeper relaxation than relaxing practices alone, documented by research from Swami Vivekananda yoga research foundation near Bangalore city and possibility of neuroplasticity bringing about changes in the hypothalamic–pituitary–pancreatic axis.[5] In a German study a 90 minutes of yoga practices for 24 emotionally depressed women, a significant reduction in depression after the training.[6] The improvement in the lipid levels after yoga could be due to increased hepatic lipase and

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lipoprotein lipase at cellular level, which affects the metabolism of lipoprotein and thus increase uptake of triglycerides by adipose tissues.[6,7] Direct stimulation of the pancreas by the postures can rejuvenate its capacity to produce insulin.[8] Regeneration of pancreatic beta cells could occur by yoga exercises that promote blood circulation in the region of the pancreas and yoga asanas that stimulate the meridian of pancreas also could assist in some diabetic patients.[9] Pranayama practices, stretches the lung tissue producing inhibitory signals from action of slowly adapting receptors and hyperpolarizing currents. These inhibitory signals coming from cardio-respiratory region involving vagi are believed to synchronize neural elements in the brain leading to changes in the autonomic nervous system; and a resultant condition characterized by reduced metabolism and parasympathetic dominance.[10]

Methodology

Thirty middle aged women residing around Kumbakonam town, Tanjavur district, Tamilnadu were selected as subjects. The age of the subjects were ranged from 18 to 23 years. The selected subjects were divided into three equal groups, each group consisted of ten subjects, in which group - I (n = 15) underwent Bihar School of Yoga practice, experimental group - II (n = 15) underwent B.K.S. Iyengar Yoga practice and group - III (n = 15) acted as control, which did not participate in any

special activities apart from their regular day-to-day activities. Different modes of yoga practices were conducted six days (Monday to Saturday) per week for twelve weeks. The researcher consulted with the yoga experts and doctors and selected the following variables as criterion variables: 1. depression, 2. anxiety and 3. total cholesterol. Depression was assessed by Hamilton Rating Scale[11] and total cholesterol were assessed by using the Boehringer Mannheim Kit method. For the purpose of collection of data, the subjects were asked to report at early morning, one day prior and one day after experimental period, in fasting condition. 5 ml of blood was collected from each subject by venous puncture method and the blood thus collected was stored in small bottles for pre and post-test for measuring the high density lipoprotein and cholesterol. Analysis of covariance (ANCOVA) was applied to find out the significant difference if any, among the experimental groups and control group on selected criterion variables separately. In all the cases, .05 level of confidence was fixed to test the significance, which was considered as appropriate.

Results

The data collected on depression, high density lipoprotein and cholesterol among experimental and control groups were analyses and the results were presented in Table 1.

Table 1

Analysis of covariance on selected criterion variables among exercise groups and control group

Variable Name	Group Name	Bihar School of Yoga Practice Group	B.K.S. Iyengar Yoga Practice Group	Control Group	'F' Ratio
Depression (in Points)	Pre-test Mean ± S.D	24.23 ± 1.82	25.09 ± 1.03	26.03 ± 1.46	0.993
	Post-test Mean ± S.D.	22.56 ± 1.77	22.99 ± 1.32	27.01 ± 1.09	41.86*
	Adj. Post-test Mean	22.55	22.45	27.65	58.32*
High Density Lipoprotein (mg/dl)	Pre-test Mean ± S.D	45.07 ± 2.463	44.53 ± 3.021	44.87 ± 2.95	0.137
	Post-test Mean ± S.D.	47.60 ± 2.772	46.80 ± 3.189	44.00 ± 2.80	6.253*
	Adj. Post-test Mean	47.357	47.088	43.956	77.42*
Total Cholesterol (mg/dl)	Pre-test Mean ± S.D	191.53 ± 6.39	192.27 ± 6.029	192.47 ± 5.04	0.106
	Post-test Mean ± S.D.	188.80 ± 6.33	190.13 ± 6.034	192.53 ± 6.36	1.532

	Adj. Post-test Mean	189.350	189.957	192.160	20.472*
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*Significant .05 level of confidence. (The table values required for significance at .05 level of confidence with df 2 and 42 and 2 and 41 were 3.22 and 3.21 respectively).

Table – 1 shows that pre and post test means 'f' ratio of Bihar School of Yoga practice group, B.KS Iyengar practice group and control group on depression were 0.345 and 1.194, which is insignificant at 0.05 level of confidence. The adjusted post test mean 'f' ratio value of experimental groups and control group was 66.23, which was significant at 0.05 level of confidence. The pre and post test means 'f' ratio of Bihar School of Yoga practice group, B.KS Iyengar practice group and control group on high density lipoproteins were 0.137, which is insignificant and 6.253, which is significant at 0.05 level of confidence. The adjusted post test mean 'f' ratio value of experimental groups and control group was

77.42, which was significant at 0.05 level of confidence. The pre and post test means 'f' ratio of Bihar School of Yoga practice group, B.KS Iyengar practice group and control group on total cholesterol were 0.106 and 1.532 which is insignificant at 0.05 level of confidence. The adjusted post test mean 'f' ratio value of experimental groups and control group was 20472, which was significant at 0.05 level of confidence. After applying the analysis of covariance, the result of this study shows that there was a significant decrease in depression and total cholesterol and an increase in high density lipoprotein levels.

Table 2

Scheffé's test for the difference between the adjusted post-test mean of selected criterion variables

<i>Adjusted Post-test Mean on Depression</i>				
Bihar School of Yoga Practice Group	BKS Iyengar Yoga Practice Group	Control group	Mean Difference	Confidence interval at .05 level
22.55		27.65	5.01*	2.863215
22.55	22.45		0.10	2.863215
	22.45	27.65	5.20*	2.863215
<i>Adjusted Post-test Mean on High Density Lipoproteins</i>				
47.357		43.956	3.401*	0.7713987
47.357	47.088		0.269	0.7713987
	47.088	43.956	3.132*	0.7713987
<i>Adjusted Post-test Mean on Total Cholesterol</i>				
189.35		192.160	2.81*	1.1706545
189.35	189.957		0.607	1.1706545
	189.957	192.160	2.203*	1.1706545

* Significant at .05 level of confidence.

Table 2 shows that the Scheffé S Test for the difference between adjusted post-test mean on depression of Bihar School of Yoga practice group and control group (5.01) and BKS Inyengar Yoga Practice group and control group (5.20), which were significant at 0.05 level of confidence. There was a significant difference on high density lipoproteins between Bihar School of Yoga practice group and control group (3.401) and BKS Inyengar Yoga Practice group and control group (3.132) and also there was a significant difference on total cholesterol between Bihar School of Yoga practice group and control group (2.81) and BKS Inyengar Yoga Practice group and control group (2.203) which was significant at 0.05 level of confidence after the respective training programme. After applying the Scheffé S test, the result of this study shows that there was a significant decrease in depression and total

cholesterol and an increase in high density lipoprotein levels due to the various modes of yoga practices.

Discussion

1. The experimental groups such as, Bihar School of Yoga practice group and B.K.S. Iyengar Yoga practice group have achieved a significant reduction in depression [12,19] and total cholesterol [13,14,15] and a significant improvement in high density lipoprotein [16,17,18] when compared with the control group.
2. It was also found that there was no significant difference found between Bihar School of Yoga practice group and B.K.S. Iyengar Yoga practice group on selected criterion variables.

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