

CHAPTER 8: APPRAISAL

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yoga helps in superior health outcomes is a faith of 92.6% of the participants, irrespective of gender, Role of self -regulation are to be investigated and implicit attitudes that play on the reduced practice of yoga. Trained yoga Teachers need to teach is also felt. yoga expert practitioners are only 2034; 1360 are limited to southern states like Tamil Nadu and Karnataka (Kong, 2013). The study shows the need for many yoga practitioners and training schools in the country.

In contrast, allopathic practice, widely prevalent, usually indicates general compliance of about 30–50% (Subramanian, 2016). India is nevertheless open to complementary and alternative medicine (CAM) practice. A study report (Roy, 2015) that patient only 28% of the patient population practice CAM.

8.1 SUMMARY OF THE FINDINGS

- From the present study, we note that the prevalence of yoga practice in India is 11.8%. Participants believe yoga benefits in diabetes is 91.5%. Figures are higher than Western countries, maybe yoga literature base in India, which adheres to tradition and lifestyle change.
- In the YBL Group, the conversion rate from Prediabetes to normoglycemia was 52.80% in intervention vs. 37.80% in the control group over three months. The conversion to normoglycemia after YBL was significantly better in the younger age group (≤ 40 years) than those above 40yrs. In the study, Conversion to normoglycemia was found to be equally effective in both genders.

Hence there is a need to integrate Lifestyle measures for Young below 40 years at workplace yoga. Similarly, teaching yoga at school would have balanced professional in career.

- Significant reduction in FBS 12.33%, PPBS 14.08%, Triglyceride >200 35% reduction, HDL <45 19.46% increase, stress 7.3% reduction.
- A standard validated questionnaire perceived stress scale (PSS-10) was used in individuals with Prediabetes (n=649) and T2DM (n=485) and then segregated them into three categories (minimum, moderate, and severe stress levels).
- Blood glucose markers (Fasting blood glucose -FBS, postprandial blood glucose- PPBS, and Glycolated Hemoglobin- HbA1c) were evaluated to report their association with the PSS-10.
- The study revealed a significantly higher HbA1c level in people with Prediabetes, who had higher perceived stress than other categories.
- T2DM who had high FBS levels had severe perceived stress.
- In the yoga intervention group in the nationwide multi-centered prospective randomized control study, questionnaire for barrier and benefits of yoga practice. Were asked • Majority Participants perceived yoga as a tool to improve physical fitness, relax Mind and body, improve stamina in all age groups. Barriers reported were urban /rural Lifestyle, family commitments, physical exertion. Other reasons across the country came as no encouragement of family, occupational obligations, also few places to do yoga

8.2 CONCLUSION

The study highlights the variation in the different zones of India regarding yoga practice. 11.8% of participants practice across rural and urban areas. Further studies can provide yoga evidence-based inference for therapeutic and preventive clinical conditions.

yoga clinics can bridge the gap between knowledge- the practice of yoga. The outcome also creates the need for education, training, institutes for health care professionals. Research and clinical study would help better yoga practice and improve the general health of masses. The substantial influence of the yoga-based lifestyle intervention was against pre-diabetes risk reduction on the high-risk Indian, but the study was for a short-term duration.

8.3 IMPLICATIONS OF THE STUDY

This nationwide multicentric RCT targeted diabetes patients and high risk for diabetes. YBL intervention provided approach close to their residence. Universally it is acknowledged, the critical need for human resources in the management of chronic lifestyle and behavioral disorder. Remote part of country viz. Jammu, Kashmir, Andaman tribal area as Arunachal, Assam were also able to get benefitted. Hence implication of study is to reach out to interior part of country.

Health survey in Indians, know yoga as health awareness. But people know *Äasana*, *Präëayama* alone and the number of people practicing yoga, need to understand knowledge–practice gap. Results of study as evidence will have positive perceptions about yoga and an increased proportion of yoga practitioners in India, besides implementing yoga protocols, as public policy. Example from U.S.A, a 940 school-based yoga program, 5400 paid and trained yoga instructors were put in to teach four fundamental aspects of yoga to school-going children (Khalsa, 2016). Similar policies and programs developed, need to be in India. Hence yoga as mind-body training in schools and public health is critical for implementation.

8.4 APPLICATIONS OF THE STUDY

Modern medicine integration with lifestyle measures like yoga can enhance the healthcare system since the study shows significant acceptability and knowledge practice gaps. Largescale population positive perceptions about yoga as a preventive health tool can

catalyze disease-specific, age-specific participants. One study on young adults (below 40 years) exhibits more complex and aggressive pathophysiology of diabetes, poorer response to glucose-lowering medications, and a higher overall risk of lifetime complications (Anjana, 2015). Hence, this differential age-specific modality of YBL bears significant relevance from an Indian perspective, as the high diabetes susceptibility of this population at a younger age (Lancet, 2017). yoga modules also bridge the knowledge–practice gap that exists because of limited yoga centers and professionals.

8.5 STRENGTH OF THE STUDY

The door to door was in a cluster design and was for such a large sample. The other surveys methods included emails, online, and convenient sampling, which lack the reliability, interface, and rigor that the door-to-door survey provides. Despite harsh seasonal conditions and no proper transport facilities, dedicated yoga therapists took efforts to take yoga sessions for rural interior participants.

8.6 LIMITATION OF THE STUDY

Study data obtained by the nationwide survey was through recall and self-reporting, which depends on the individual, is biased. (A) Missing data could be (1) Answering the questionnaire was not compulsory. Hence many choose to skip questions. (2) Native in rural and tribal places had language barriers (B) yoga intervention lasted for three months only. (D) Age above 70 years was not part of enrollment in the study.

8.7 SUGGESTIONS FOR FUTURE STUDIES

Long-term study with yoga intervention at many locations would get people involved with the practice of yoga by creating Awareness.