
TRAINING SIGNIFICANCE OF VARIED YOGIC PRACTICES ON ANXIETY AMONG HYPERTHYROID AFFECTED WOMEN

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Abstract

In this study the experimental group underwent yoga practice for 5 days per week for Six weeks. The control group did not participate in any special training programme or strenuous physical activities apart from their day to day activities. Anxiety was selected as criterion variable. The age of the subjects (30 subjects) were ranged between 30 to 45 years. Taylor's Manifest Anxiety Scale was used as a data collection tool. The data collected from the subject were treated statistically to find out the significant difference by using analysis of co-variances (ANCOVA) to find out the significant difference in values of the selected variable. Within limitations of the present study, it is concluded that, the anxiety level has been reduced due to influence of six weeks training of varied yogic practices. As a result, yogic practices given to group B is better than given to group A.

1. Introduction

Many of the modest gains in women's health realized in recent decades are now threatened or have been reversed due to war, economic instability and the HIV/AIDS pandemic. Basic health care, family planning and obstetric services are essential for women – yet they remain unavailable to millions (Barlow & David, 2002). Women's health issues have attained higher international visibility and renewed political commitment in recent decades (Dale, Sorour, & Milner, 2008).

While targeted policies and programs have enabled women to lead healthier lives, significant gender-based health disparities remain in many countries. With limited access to education or employment, high illiteracy rates and increasing poverty levels are making health improvements for women

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exceedingly difficult. Health-related challenges continue. Gender-equitable approaches to health are needed to enable women's full participation in the planning and delivery of health services.

The health of families and communities are tied to the health of women – the illness or death of a woman has serious and far-reaching consequences for the health of her children, family and community.

The slogan, “Healthy Women, Healthy World” embodies the fact that as custodians of family health, women play a critical role in maintaining the health and well being of their communities. (<http://www.anxietycentre.com/anxiety-symptoms.shtml>, 2009).

Yoga for women

The key to all styles of yoga is to get the fundamentals and form correct; this is where the props aid the student. There is more focus on symmetry and alignment and also meditation. Each pose is held for a longer amount of time than in most other yoga styles, developing a state of focused calm. (Vasudevan, Kumariah, Mishra, & Balodhi, 1994).

Iyengar Yoga is meditation in action. Benefits include toning muscles, eliminating tension and easing chronic pain. When we strengthen weak areas of ourselves and open and stretch tight ones, our bodies return to their correct alignment. Practicing Iyengar yoga will give you a good knowledge of classic yoga poses so that whatever other style you practice, you will have the basic fundamentals of how to do each posture.

The teacher focuses on alignment and inner awareness. Awareness starts with the body and expands to other parts of the self as one continues with the regularity of practice.

2. Material and methods

To achieve the purpose of the study, only thirty women subjects were selected at random. The selected subjects were divided into two equal groups of fifteen subjects each, such as experimental group and control group.

In this study the experimental group underwent yoga practice for 5 days per week for Six weeks. On every day of the training session the yoga practice and followed by relaxation techniques were practices approximately 1½ hours.

The control group did not participate in any special training programme or strenuous physical activities apart from their day to day activities.

The experimental group underwent their meditation practice under the instruction and supervision of the investigator as in Table-I.

Anxiety was selected as criterion variable.

The age of the subjects were ranged between 30 to 45 years.

Taylor's Manifest Anxiety Scale was used as a data collection tool. (<http://www.anxietycentre.com/anxiety-symptoms/fear-of-dying.shtml>, 2009)

The data collected from the subject were treated statistically to find out the significant difference by using analysis of co-variances (ANCOVA) to find

out the significant difference in values of the selected variable. Scheffe's post hoc test was used to find out paired mean differences.

Table 1. - Training programme

| <i>S.No.</i> | <i>Practice</i> | <i>Duration</i> |
|--------------|---|-----------------------|
| 1 | SURYANAMASKAR | 40 min (with rest) |
| 2 | INVERTED ASANAS i) Vipareeta karani asana ii) Sarvangasana iii) Halasana iv) Matsyasana | 40 min (with rest) |
| 3 | RELAXATION – Yoga Nidra | 10 min |
| <i>Total</i> | | 90 Minutes |

3. Results and Discussions

Analysis of Anxiety

The analysis of covariance on anxiety of the pre and post test scores of experimental group and control group have been analyzed and presented in Table-II.

Table 2. - Analysis of covariance of the data on anxiety of control group and experimental group

| <i>Test</i> | <i>Control Group</i> | <i>Experimental Group</i> | <i>Source of Variance</i> | <i>Sum of Squares</i> | <i>Df</i> | <i>Mean Squares</i> | <i>'F' ratio</i> |
|-----------------------------|----------------------|---------------------------|---------------------------|-----------------------|-----------|---------------------|------------------|
| Pre – Test | | | | | | | |
| Mean | 71.2 | 72.35 | between | 1.10 | 1 | 1.10 | 0.21 |
| S.D | 1.34 | 1.99 | within | 251.23 | 28 | 5.23 | |
| Post – Test | | | | | | | |
| Mean | 71.68 | 70.45 | between | 23.29 | 1 | 23.29 | 4.36 |
| S.D | 1.63 | 1.28 | within | 256.23 | 28 | 5.34 | |
| Adjusted Post – Test | | | | | | | |
| Mean | 71.49 | 69.68 | between | 89.67 | 1 | 89.67 | 23.11* |
| | | | within | 182.33 | 27 | 3.88 | |

* Significant at 0.05 level of confidence. (The table values required for significance at 0.05 level of confidence for 1 and 28 and 1 and 27 are 7.28 and 7.25 respectively).

The Table II shows that the pre-test mean values on hyperthyroid women with anxiety of control group and experimental group were 71.12 ± 1.34 , 72.35 ± 1.99 .

The obtained “F” ratio of 0.21 for pre-test scores is less than the table value of 7.28 for df 1 and 28 required for significance at 0.05 level of confidence on hyperthyroid women with anxiety.

The post-test mean values on hyperthyroid women with anxiety of control group and experimental group 71.68 ± 1.63 , 70.45 ± 1.28 respectively.

The obtained “F” ratio of 4.36 for post test scores is less than the table value 7.28 for df 1 and 28 required for significance at 0.05 level of confidence on menstrual disorder with anxiety.

The adjusted post-test means of control group and experimental group 69.68 respectively.

The obtained “F” ratio of 23.11 for adjusted post-test means is more than the table value of 7.25 for df 1 and 27 required for significance at 0.05 level of confidence on hyperthyroid women with anxiety.

The results of the study indicated that there was a significant difference between the adjusted post-test means of control group and experimental group hyperthyroid women with anxiety.

Discussions

In this research, the investigator framed the following hypotheses to test the results of this study; It was hypothesized that there would be significant differences due to yogic practices on anxiety. The formulated hypothesis of yogic practices being significant in anxiety at 0.05 levels

4. Conclusions

Within limitations of the present study, it is concluded that, the anxiety level has been reduced due to influence of six weeks training of varied yogic practices.

As a result, yogic practices given to group B is better than given to group A.

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