

## Studying efficacy of yoga therapy: Individual centric approach

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### Abstract

Research in Yoga Therapy is largely focussed on studying the benefits of a fixed intervention commonly for all participants. Though the subjects may be homogeneous in several aspects, despite training each and every one may not have the ability to do the practices at the expected level. Similarly, all practices may not be appropriate for the subjects. At the constitutional level each person is unique in body structure, attitudes, mental status. This paper is an effort to evolve an individualised methodology while maintaining the rationale of commonality of practices. To examine the feasibility of individualised methodology in yoga therapy studies. Also to discover the basis and practicability of such an individualised approach.

**Keywords:** Individualised studies, Specific intervention, Dosage of yoga, Sub-class of practices

### Introduction

The customary pattern of Randomised Controlled Trials (RCTs) in yoga therapy is to employ a set of yoga techniques on homogeneous group of subjects with common health conditions. Evaluation of a scientific study is by invoking a standardised protocol. There is abundant body of research work in yoga proving effectiveness of yoga in one ailment or other, through RCTs, where a set of yogic practices are uniformly deployed on the experimental subjects. The trend is that all participants go through the rituals and resultant findings pave the way for anointing those practices as the most effective therapeutic intervention for a particular health condition.

During the experimental period the subjects will continue to be given the medications prescribed as per individual requirements. However the accepted norm is, all subjects need not be given the same medication but can be exposed to similar generic class of drugs. Additionally one must note that, the potency as well as the frequency of drug administered is in accordance with the individual requirements. Thus, the medical intervention is completely on a personalised basis. Yet, the trials for yoga therapy is on the premise, 'one size fits all' principle deploying a pre-determined set of techniques. This is thrust on the experimental subjects in the garb of maintaining uniformity of yoga therapy intervention as an essential requirement for a scientific study.

### Need For Specificity

Practice of yoga bestows one or the other wellness factors is universally recognised. The above broad spectrum benefits would anyway accrue in RCTs as well. In the circumstances, would it not be necessary to eliminate this latent positive influence in a structured study. By deploying generalised common practices for a particular health condition in the guise of uniformity, validation with regard to specificity of practices is lost. The effort

could at best be termed an attempt to award labels and establish standardised yoga

### Individualised Methodology

In the bygone days, yoga was taught duly considering the individual constitution as well the immediate day to day living environment. Yoga Rahasya clearly delineates the methodology to be observed by a teacher in individualised application of yoga:

*"kala desa vayo vritti saktir vikshya vicaranat; yoga prayogam kurvita jnani, mouni, jitatmavan"*  
 "Yoga Rahasya" I.30

A teacher must enquire, time and place of practice, age, occupation, ability of the individual, thereafter, reflect in silence with a detached state of mind before adapting yoga practices. A thorough holistic assessment of a person is a preliminary pre-requisite.

There is an imperative need to recognise that each one tends to develop uniqueness of constitution and personality in the process of growth. This is largely influenced by the genetic factors, vocation, attitudes, environment and physical activity. One must also note that the above aspects are considered in case of medical intervention. In therapeutic application of yoga getting a holistic view by examining these aspects is critical to develop individualised practice.

### Practice Course Plan

It would be pertinent to refer to the principles of yoga practice presented by the acclaimed yoga guru and healer Desikachar, son of Krishnamacharya:

*"The way we develop our session will depend on our immediate needs, our long-term goals, and what activities are going to follow our practice. A course of asanas designed to prepare the body for playing tennis will be different from one meant to help*

*someone remain alert in a mentally taxing environment, and that will differ from a practice meant to help someone with chronic insomnia to relax deeply before going to bed.*" (The heart of yoga: developing a personal practice' by Desikachar TKV, p.27).

In terms of the above statement it is obvious that one needs to assess a person in a comprehensive manner and prescribe a practice that is tailor-made to suit the individual in all respects. Depending upon the soil and other conditions prevailing, a farmer decides the crop. Similarly, yoga practice has to be appropriate to the individual in all respects.

### **Starting Point**

In RCTs the subjects are usually novices to yoga practices. In fact, in most cases the population recruited would not have had the opportunity of getting exposed to any form of exercise or occasion to examine their breath. One can very well visualise the situation, when such subjects are exposed to certain pre-determined set of practices identified as yoga intervention. A set of loosening exercises precede the specified yoga practices. Most of the time, beginners will be able to do warming up practices at the expected level than the yoga intervention. Of course, one cannot expect a first time participant to perform postures or breathing practices precisely replicating the instructions. For the sake of uniformity, when yoga intervention is administered emphasising on achieving the form, participants who are not able to carry out the instructions tend to get demotivated. Their further continuance in the trials will be only with an attitude of participation rather than any personal conviction or involvement. Mostly, this could be one of the major reasons for the considerable volume of dropouts witnessed<sup>7</sup> in RCTs for yoga intervention.

Yoga therapy always commences from the point where the individual stands. Any intervention in yoga therapy is goal oriented and has to mitigate hardship specific to the help seeker. Moreover, yoga therapy is not a mere application of a technique. To produce the desired result, the yoga therapist has to establish a rapport with the help seeker. In certain conditions, it would also be vital to interact closely with the support group as well. Each individual is unique at all levels. Manifestation of ill-health also occurs in a distinctive manner. Hence, persons with the same pathological findings need not have identical issues in the discomfort experienced. Further, in most conditions when medications are administered to alleviate medical problems it could produce certain secondary issues that need to be contained.

### **Adaptation**

Any intervention in yoga therapy cannot be simply thrust on the help seeker. As to the methodology of teaching yoga practices, legendary yoga guru Tirumalai Krishnamacharya firmly observed that, "Individual is not for Yoga, it is Yoga for individual". Traditional texts have enlisted a wide variety of practices consisting of asana, pranayama, meditation, mudras, chants, breath ratios etc. The gamut of tools available are abundant and

these are further fortified when employed in combination. It depends upon the therapist to make appropriate choices bringing forth the resources of experience and competence. Further, the practices so chosen are usually classical in nature requiring extensive preparation and ideal for learning by a normal person. In the context of dealing with infirmity or illness, there can be several limitations in terms of capability and necessity. To illustrate, a help-seeker may be reporting with excruciating pain or another could be mentally agitated. Does it mean one has to wait for normalcy to return as the conditions are unsuitable to do classical yoga practices. In so far as yoga therapy is concerned, the techniques available for acute conditions are aplenty by virtue of proper adaptations. Therefore, it is vital for the therapist to extract and employ only the functional aspect of practices so chosen. This would help pave way for simplifying the therapy needs and also facilitate ease of implementation by the help-seeker.

Such a tailor made practice would be specifically catering to the needs of the individual. The underlying stance is that, one is already suffering and the path chosen to alleviate anguish has to be easily navigable. Conventional yoga practices constitute several steps involving repetitive practice to attain perfection in form. Often these are time consuming and are not entirely necessary to satisfy therapeutic needs. Whereas, yoga therapy practices prescribed need to be for a short time frame addressing specific goals of help-seeker. Also, one must factor in the frame of mind in sickness. Complicated and time consuming practices will certainly de-motivate, depriving wholehearted involvement of the help-seeker or forcing people to quit. Role of yoga therapist is to lay the road and monitor the journey. It is the potential already in the help-seeker that is fortified leading to one's healing through one's own faithful participation. Moreover, in a study it is critical to contain the factors leading to drop outs. Thus, adaptation of practices provides for appropriateness, ease of practice, addresses specific needs requiring short time frame motivating one to pursue the journey.

### **Progression in Therapy**

Therapist is obliged to evaluate the practices periodically as this provides the pathway to progression. It is critical to verify whether the help seeker is in fact implementing practice in the manner intended. Feedback provided by the individual is crucial in this regard. Also further progression in yoga therapy will be guided by the short term and long term goals of the therapeutic intervention. Once the acute phase is surmounted, efforts will be directed towards sustaining the relief. Thereafter, the process of strengthening will be the road map.

According to the stage, dosage of yoga, intensity of the techniques prescribed need to be used. It would not be appropriate on the part of yoga therapist to confine oneself to a set of rigid pre-determined techniques and evaluate the efficacy of yoga therapy. This would amount to belittling the immense potentials of wide ranging yoga tools. In reality it reflects only the inadequacy of the therapist. Hence, yoga therapist must be innovative enough to offer simple solutions appropriate to the needs

of the help-seeker. Moreover, periodical evaluation by medical professional serves as an index of efficacy when yoga therapy is offered in the complementary mode. This would go a long way in reinforcing faith of help-seeker and serve as a fillip to adhere to the practices over a long period of time.

### **Dosage of Yoga Intervention**

Most often one notices that in RCTs for evaluation of yoga intervention, the study envisages the participants to adhere to a set of identified practices during the period of study. Each session of intervention will last 50 to 75 minutes. The participants are provided assisted training for a few sessions, thereafter the subjects are required to do independent practice and report compliance. It would be interesting to note that even in case of persons enrolling for yoga as fitness activity, out of self-motivation, each session would be around 50 minutes with intermittent periods of rest. Sustaining the interest of subjects enrolled for health study for around 50 minutes each session could be a tough ask. Indispensable is a favourably inclined mind set on the part of the subject.

Given the health condition it would be challenging to sustain interest for more than 30 minutes. Particularly, one needs to visualise the situation when the participant completes training and embarks upon independent practice. A wholehearted effort is expected from the subject to elicit a reliable result. In yoga study, the subjects are required to be active participants throughout the period of study unlike passive participation in a drug trial. Generally, the span of attention would be anything between 20 to 30 minutes. Hence, yoga intervention in the study needs to recognise this aspect. Ideally, yoga intervention should not last more than 30 minutes per session. Longer duration of session can lead to demotivation resulting in drop outs, which is already a bane of yoga studies. In the present day living, demands on time is a big stressor and our effort must be in the direction of preventing yoga intervention to add on to this. Yoga intervention needs to be packaged as a short term intervention program with elements of objectivity according to the needs of the individual. This can sustain interest in the participant so as to give it a fair trial during the period of study.

### **Lack of Follow Up**

Presently, we find that efficacy of yoga therapy studies are restricted to the pre-defined limited period. There is hardly any evidence of outcomes of long-term follow up. No doubt it is a nascent area of study. It is high time that effects of continuing yoga intervention need to be ascertained. Yoga therapy, as elaborated in aforesaid paragraphs is an objective intervention. There are short-term and long-term goals as targets of intervention besides the process is an evolving one. Even as complementary therapy its impact - on the needs of medication, whether it facilitates in scaling down the potency or dosage of medication, role in containing secondary damages of particular health condition, most importantly how it shapes the psyche of the individual with a problem etc. can be understood only through a

long-term study.

### **Uniformity in Intervention**

The indispensable goal of an experimental research study is to accomplish standardised protocols of intervention with eventual means of replication. To this end, the ingredients of intervention need to be factored into reducible units. Yoga therapy interventions can certainly satisfy these fundamental requirements of a dependable scientific study. This ancient has evolved many traditions and many more are sprouting. Each tradition gets identified with a set of distinctive practices. It is also common to notice that between traditions, though practices are identical they differ in nomenclature. Furthermore, we also see identical nomenclature assigned to different practices. Consequently, in such a diverse arena, one may get the impression that yoga practices may not be suited for a scientific classification. As such, there is a possibility that most RCTs in yoga therapy incorporate a pre-determined set of yoga interventions applicable across the board to all participants.

Largely, such protocols constitute of practices that are in vogue and universally adopted by general populace for non-therapeutic purposes. No doubt the element of standardisation is secured by harnessing such practices into a rigid protocol. However, the vital aspect of implementation within yoga therapy subjects is itself certainly compromised. Admittedly, one must recognise that the subjects are not only novices to yoga but also bear the vagaries of health condition. These inherent limitations may not always facilitate the standardised practice by each and every member in a study group. It would culminate into a setting where the results reflect the efficacy of a protocol implemented according to the best of each one's ability. In the circumstances, how can one envisage replication. Validation of a scientific study also warrants that the results must reflect effects of chosen intervention at a uniform dosage among all participants. Presently, this is not wholly satisfied. Nevertheless, one can observe positive outcomes largely attributable to the broad-spectrum benefits.

A paradigm shift in research involving efficacy of Yoga therapy is vital. The standpoint must move from normative to individual perspective. Of course, without any disregard to the primary prerequisite of uniformity of intervention. The yoga therapy intervention employed in a study is with the objective of working on specific areas of the human constitution. Hence, what we are observing is the functional outcome of the intervention. This being the case, what if the units in the intervention are designed and classified on functional basis. Thereby, for each unit within the specified class of intervention, we may develop and fit in sub-class of units to accommodate the aspect of suitability and need of subjects. The sub-class will consist of standardised replacement options in case the subject is not able to practice the unit specified in the intervention. For eg., if a standing forward bending posture is classified to work on the abdominal region, we may provide for a sub-class of options wherein an obese person can be asked to do a half-way forward bend, while a person with stiffness may be encouraged to keep his knees bent and so on. Functionally, these options will fall

within the same class but also facilitate implementation by each one of the subject according to the limitations. This would also smoothen the process of replication. All said and done in case of pharmaceutical trials variations in potency and dosage is an accepted norm. Hence, a rational sub-class within a classified protocol for a given condition, is not alien to research.

### **Conclusion**

Research studies on the efficacy of yoga therapy either as an adjunct therapy or standalone intervention needs to be pursued encompassing the scope for individualisation. This could be achieved by developing broad framework of classified intervention for a given condition, with possibilities to have options within the classification to meet individual needs. Thus, uniformity is achieved facilitating evaluation in a systematic manner. Medical specialist's world over hold the view that need of the hour is integrated approach to holistic health management. By studying efficacy of yoga therapy in a most practical perspective let us hope to open up new vistas in wellness management.

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