CHAPTER – 7.0

RESULTS

7.0 RESULTS

Adherence: 25 participants of yoga group attended ±94% yoga sessions whereas 6 participants attended ±88% yoga sessions.

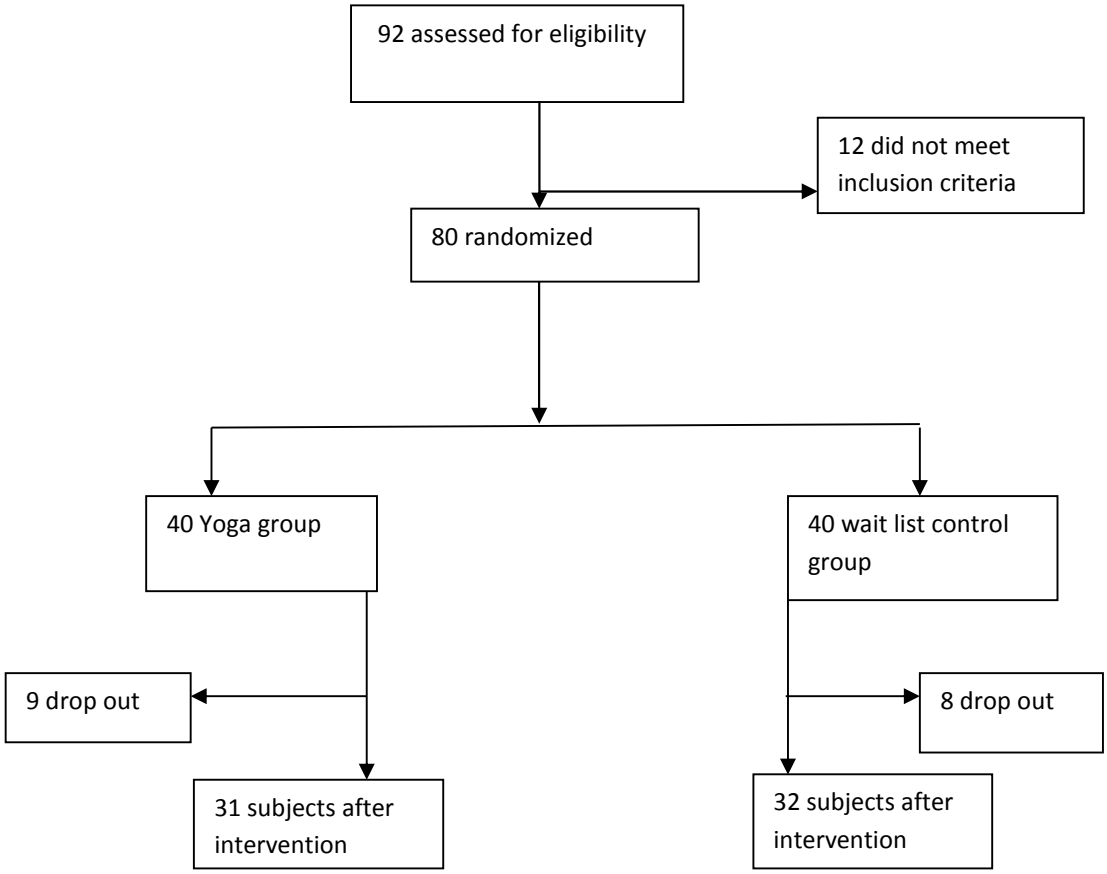


Fig 1: Trial flow chart

TABLE 3: REASON FOR DROPOUT

Yoga group	Control group
3 Time conflict with cultivation. 2 Family problems	4 Joined Brahmakumari meditation 2 Started Exercise -Brisk walk in the morning

1 Accident 1 Busy with son's marriage 1 Out of town 1 Family member in critical medical condition	2 Shifted house to another town

TABLE 4.DEMOGRAPHIC DATA OF YOUNG WIDOWS

Group characteristics:	Yoga	Control
Age	41.05±5.90	42±6.30
20-29	2(5%)	1(2.5%)
30-39	12(30%)	11(27.5%)
40-49	26(65%)	28(70%)
Duration of widowhood (years):	6± 3.87	6.3±4.12
1-5	18(45%)	19(47.5%)
6-10	18 (45%)	16 (40%)
11≤17	4 (10%)	5 (12.5%)
Education:		
Illiterate	14(35%)	11(27.5%)
Below High school	13(32.5%)	15(37.5%)
High school	6 (15%)	4 (10%)
Pre-University	5 (12.5%)	5 (12.5%)
Graduate	2(5%)	5 (12.5%)
Nature of Husband's death:		
Accident (road, drown etc.)	9(22.5%)	11(27.5%)
Liver/ kidney failure	14 (35%)	11(27.5%)
Sleep Apnea (breathing problems during sleep)	9 (22.5%)	7 (17.5%)
Cancer	2(5%)	4(10%)
Others	6(15%)	7(17.5%)
Family income/month(in Rs.):		
1000-3000	29 (72.5%)	26 (65%)
3000-6000	11 (27.5%)	12(30%)
6000-9000		2 (5%)
Number of children		
1-2	21(52.5	20 (50%)
3-4	19(47.5%)	20 (50%)
Occupation		
Labour/farmer	19(47.5%)	18(45%)
Selling vegetable/ rice/fish	6 (15%)	13 (32.5%)
weaving/knitting/ embroidery	3 (7.5%)	4 (10%)

Others	12(30%)	5(12.5%)
Family characteristics		
Nuclear	34 (85%)	32 (80%)
Joint	6 (15%)	8 (20%)

The characteristics of the experimental and the control groups are shown in Table 4. The mean age of the experimental group was 41.05 years and that of the control group was 42 years. The mean duration of widowhood of experimental group was 6 years and that of control group was 6.30 years. Majority of the participants were not employed (90% in the experimental group; 97.5 % in the control group); income of majority was below Rs. 3000 per month (72.5% in the experimental group; 65% in the control group).

There were no significant differences in any of the measures between the two groups.

TABLE 5.BASLINE VALUES

Variables	Yoga **Mean±SD**	Control **Mean±SD**	p values
S –STAI	50.9±4.50	51.19±4.80	.683
T-STAI	51.61±4.32	51.94±5.37	.997
RSES	22.26±3.18	21.66±2.74	.953
RWB	31.71±4.10	29.34±4.30	.873
EWB	24.61±4.76	24.59±4.78	.364
BDI	20.81±6.20	23.25±5.79	.175
PSQI	12.35±2.56	12.53±2.20	.375
QOL1	2.216±0.423	2.17±0.43	.364
QOL2	1.962±0.315	1.989±0.33	.543
QOL3	1.688±0.446	1.645±0.422	.333
QOL4	2.05±0.41	2.01±0.37	.474
SASS PAIN	5.94±1.65	7.06±1.81	.916
SASS SENSORY	6.23±2.33	6.75±2.18	.805
SASS NON SPECIFIC	6.29±1.83	7.16±1.87	.207
SASS BIOLOGICAL FUNCTION	6.48±1.50	7.31±1.40	.784
SATTVA	34.863±1.647	35.126±2.11	.964
RAJAS	34.718±1.167	34.525±1.240	.824
TAMAS	30.417±1.42	30.34±1.60	.756
SCQ	31.87±6.14	33.53±6.76	.950

TABLE 6. COMPARISON BETWEEN PRE AND POST INTERVENTION SCORES IN THE TWO GROUPS

VARIABLES	Group	Pre Mean(SD)	Post Mean(SD)	p value
S-STAI	Yoga	50.9±4.50	34.55±2.32	<.001
	Control	51.19±4.80	50.94±5.27	.424
T-STAI	Yoga	51.61±4.32	51.10±4.50	.068
	Control	51.94±5.37	51.72±5.64	.221
QOL-BREF Physical health	Yoga	2.216±0.423	2.47±0.403	.004
	Control	2.17±0.43	2.209±0.389	.296
QOL-BREF Psychological	Yoga	1.962±0.315	2.887±.259	<.001
	Control	1.989±0.33	2.047±0.34	.085
QOL-BREF social relationship	Yoga	1.688±0.446	1.74±0.427	.166
	Control	1.645±0.422	1.666±0.359	.414
QOL-BREF Environment	Yoga	2.05±0.41	2.15±0.39	.003
	Control	2.01±0.37	2.062±0.347	.054
BDI II	Yoga	20.81±6.20	16.23±3.79	<.001
	Control	23.25±5.79	22.94±5.48	.511
SCQ	Yoga	31.87±6.14	30.94±5.88	.105
	Control	33.53±6.76	33.06±6.75	.184
SASS PAIN	Yoga	5.94±1.65	3.61±1.33	<.001
	Control	7.06±1.81	6.72±1.87	.038
SASS SENSORY	Yoga	6.23±2.33	3.68±2.02	<.001
	Control	6.75±2.18	6.34±2.25	.068
SASS NON SPECIFIC	Yoga	6.29±1.83	4.55±1.52	<.001
	Control	7.16±1.87	6.78±1.90	.179
SASS BIOLOGICAL FUNCTION	Yoga	6.48±1.50	4.26±0.93	<.001
	Control	7.31±1.40	7.00±1.90	.219
PSQI	Yoga	12.35±2.56	7.16±1.37	<.001
	Control	12.53±2.20	11.91±2.33	.026
RWB	Yoga	31.71±4.10	32.97±3.58	.064
	Control	29.34±4.30	29.63±4.59	.300
EWB	Yoga	24.61±4.76	34.06±3.31	<.001
	Control	24.59±4.78	25.09±4.55	.075
Sattva	Yoga	34.863±1.647	39.408±2.214	<.001
	Control	35.126±2.11	35.305±2.269	.178
Rajas	Yoga	34.718±1.167	34.194±1.93	.086
	Control	34.525±1.240	34.76±1.19	.161
Tamas	Yoga	30.417±1.42	26.397±2.178	<.001
	Control	30.34±1.60	29.93±1.72	.032
Rosenberg self steem	Yoga	22.26±3.18	25.77±3.86	<.001
	Control	21.66±2.74	21.75±2.83	.793

STAI-Y

The data analysis showed significant decrease ($p < 0.001$) in State anxiety level in experimental group whereas in control group there was no significant decrease ($p = 0.42$). Trait anxiety score was decreased ($p = 0.068$) compared to the pre-test score in experimental group and in control group; it showed a slight decrease ($p = 0.22$) but not statistically significant in both the cases.

Quality of life (WHOQOL- BREF)

Physical: there were significant improvement ($p = .004$) in physical health in yoga group whereas in control group there were no significant improvement.

Psychological: A significant improvement was observed in experimental group ($p < 0.001$). In control group, scores were increased but not statistically significant.

Social relationship: There were no significant improvement in both yoga ($p = .166$) and control group ($p = .141$).

Environment: Experimental group shown significant increment ($p = 0.003$). In control there is increment in score ($p =.058$) but not statistically significant.

Beck Depression Inventory: The data analysis shows significant decrement ($p < 0.001$) in depression score in yoga group but there were no significant decrease in control group.

Stigma consciousness

There were no significant decrements in stigma consciousness in both yoga and control groups.

Somatic Symptoms

Body pain: There were significant reductions in somatic symptoms. Body pain scores were significantly reduced in both experimental group ($p < 0.001$) and control ($p = 0.038$). In addition, significant differences were observed between post test scores of the two groups. The decrement in the experimental group was significantly greater than in the control group.

Sensory: Symptoms have decreased significantly in both the groups ($p < 0.001$ in experimental) and in control ($p= 0.044$). However decrement in the experimental group was significantly greater than in the control group.

Non specific symptoms: A significant decrease was observed in experimental group ($p < 0.001$). In control group symptom scores were reduced but not statistically significant.

Biological function: Experimental group showed significant reduction ($p < 0.001$) in Biological function Somatic Symptoms. In control there was no significant reduction in biological function symptom scores.

Quality of Sleep (PSQI): Quality of sleep was improved in both experimental group ($p < .001$) and control group ($p = 0.026$). Significant differences were observed between the two groups post test scores. The decrement in the experimental group was significantly greater than in the control group.

Spiritual well being

Religious well being: Religious well being scores were not significantly increased in both the groups; however increment in yoga group was greater than in the control group ($p = .001$)

Existential well being: significant increment ($p < .001$) were observed in yoga group and there were no significant increase ($p = .075$) in control group.

Vedic Personality Inventory

The data analysis showed significant increase ($p < 0.001$) in *Sattva Guna* (balanced personality trait) in experimental group whereas in control group there were no significant increased ($p = 0.178$). *Rajas Guna* (violent personality trait) score was decreased ($p = 0.085$) compared to the pre-test score in experimental group and in control group, it showed a slight increase ($p = 0.161$) but not statistically significant in both the cases. There were significant reduction in *Tamas Guna* (dull personality trait) scores in experimental group ($p < 0.001$) and control ($p = 0.032$). In addition, significant differences were observed between the two groups regarding *Tamas Guna* (dull personality trait) post test scores ($p = .02$). The decrement in the experimental group was significantly greater than in the control group.

Self-Esteem: Analysis shows statistically significant increase ($p < 0.001$) in yoga group whereas there is no significant increase in control group.

Value of the intervention from the participant

Stories of change were collected from 14 participants after yoga intervention. Analysis of the stories revealed a range of topic, most of which associated with mental health i.e. mental calmness, control their anger, freedom from discrimination, better performance in their work and future hope and physical health.

Mental calmness: Many participants described how yoga helped them to achieved calmness of the mind and more of tolerance and acceptance.

“I was very anxious about everything. Whenever I work my mind was always thinking of future and worrying about my children. I get easily irritated, this resulted in depression and stress and a feeling that life had no value. Since I attended yoga class, it has encouraged me to become more positive about life. Yoga philosophy taught me the valuable meaning of life and I get more acceptance and tolerance which I never thought I can achieve in life. It has been good for widows like me, who have been struggling so much in life.”

Many of the participants express that the yoga intervention had change their way of looking at the situation. It made them control their anger and improve their relationships with family, especially with their children”.

“My relationship with my children has improved. Earlier I used to shout at them since I was always worried about everything. Now I understand that anger will bring nothing other than health problems. I have been able to handle my anger. This has helped me to strengthen my relationship with my family and friends as well.” (1)

The yoga intervention program has incorporated lecture session and interactive session which gives the idea of *sattvic* food and how it works.

“Before I used to it more of spicy food and non-vegetarian foods. Now I have understood that what we eat really affects our body and mind. I carefully check my diet now. I try more of sattvic food” (9).

All of the participants said that they were inspired to help others to live with harmony in the society.

One of the participants says,” yoga is really a boon which is given by god to the humanity for the welfare of all. It gives peace of mind and wanted to help others who

suffer like me to do yoga. It is solution for us to achieve healthy mind and healthy body. In fact it itself is God”(7).

Discrimination

Their stories revealed that they have come across many situations where they have been looked down as a widow. They get agitated described because of the perceived discrimination from others. Several of the women reported that yoga intervention makes them to understand situation and do not respond in this kind of situation.

“Many times I used get remarks which makes me sad. I know if my husband is still alive they will not be able speak like this to me. I get very upset and think that no one is there to support us. Since I began attending yoga class, I come to know that I myself have to control my mind not to respond to the situation. People talk I don’t have to take is seriously. My task is to take care of my children”(4).

Work performance

Most of the participants said that their performance in work is much better than before; they can concentrate on their work and relief from tension and physical health problems like headache, back pain etc.

“Before I used get easily tired while working in the field. I get headache if I work under the sun. Now I work well than before without tiredness”(10)

“Since I attend yoga class, I am happy. I do my work nicely with concentration. At the end of the day I am not exhausted as I used to be before. I feel more satisfied with my work. Yoga class helps me to regain my health again”(12).

Improved physical health

Many women get physical health benefits. They said that they realized how worries, fear affect their physical health. Now they understand body mind relationships.

“Before attending yoga class, I had lots of health issue. I used get headache, very often. On top that, if I work hard my whole body specially my shoulder joins, legs were paining. After coming to yoga classes for 2 months, slowly my health problems were solved. I am very happy that I get the chance to join yoga class”(8).

Hope for future

After yoga intervention they have commented that the yoga intervention has given them hope for the future.

TABLE7: VALUE CHANGES BY USING MOST SIGNIFICANT METHODS

VALUE CHANGES	DESCRIPTION
Inner transformation	Peace of mind, more confidence, positive outlook
Improve physical and mental health	They understand the panca kosa theory and more aware of relationship between mind and body.
Hope for future	More clear about setting their goal, confidence and more positive about their future.
Collectiveness	They feel the sense of collectiveness since they face the same situation in life.
Family relationship	Improved their relationship with family members.
Work performance	They do better in their work than before.
Discrimination	Less response in discrimination.

CONSORT 2010 checklist of information to include when reporting a randomised trial*

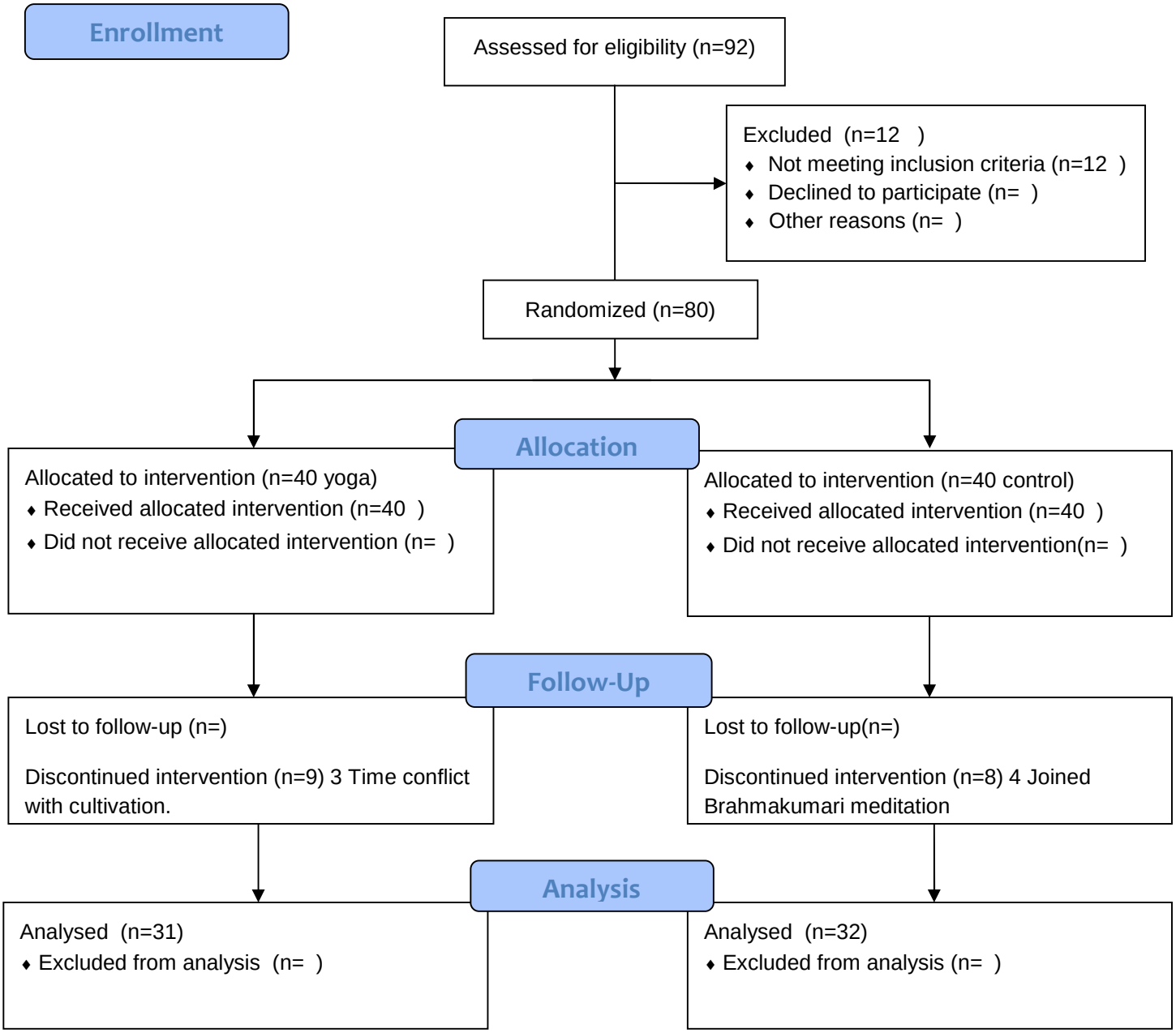
Section/Topic	Item No	Checklist item	Reported on page No
Title and abstract			
	1a	Identification as a randomised trial in the title	Title page
	1b	Structured summary of trial design, methods, results, and conclusions (for specific guidance see CONSORT for abstracts)	i-iv
Introduction			
Background and objectives	2a	Scientific background and explanation of rationale	1-26
	2b	Specific objectives or hypotheses	27-28
Methods			
Trial design	3a	Description of trial design (such as parallel, factorial) including allocation ratio	29-30
	3b	Important changes to methods after trial commencement (such as eligibility criteria), with reasons	
Participants	4a	Eligibility criteria for participants	29
	4b	Settings and locations where the data were collected	29
Interventions	5	The interventions for each group with sufficient details to allow replication, including how and when they were actually administered	34-36
Outcomes	6a	Completely defined pre-specified primary and secondary outcome measures, including how and when they were assessed	31-34
	6b	Any changes to trial outcomes after the trial commenced, with reasons	
Sample size	7a	How sample size was determined	29
	7b	When applicable, explanation of any interim analyses and stopping guidelines	
Randomisation:			
Sequence generation	8a	Method used to generate the random allocation sequence	30
	8b	Type of randomisation; details of any restriction (such as blocking and block size)	30
Allocation concealment mechanism	9	Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned	30
Implementation	10	Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions	30
Blinding	11a	If done, who was blinded after assignment to interventions (for example, participants, care providers, those	30

		assessing outcomes) and how	
	11b	If relevant, description of the similarity of interventions	
Statistical methods	12a	Statistical methods used to compare groups for primary and secondary outcomes	37
12b		Methods for additional analyses, such as subgroup analyses and adjusted analyses	37
Results			
Participant flow (a diagram is strongly recommended)	13a	For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analysed for the primary outcome	39
13b		For each group, losses and exclusions after randomisation, together with reasons	38
Recruitment	14a	Dates defining the periods of recruitment and follow-up	39
14b		Why the trial ended or was stopped	39
Baseline data	15	A table showing baseline demographic and clinical characteristics for each group	39-41
Numbers analysed	16	For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups	42
Outcomes and estimation	17a	For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% confidence interval)	38-47
	17b	For binary outcomes, presentation of both absolute and relative effect sizes is recommended	
Ancillary analyses	18	Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory	
Harms	19	All important harms or unintended effects in each group (for specific guidance see CONSORT for harms)	
Discussion			
Limitations	20	Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses	54-55
Generalisability	21	Generalisability (external validity, applicability) of the trial findings	54
Interpretation	22	Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence	48-53
Other information			
Registration	23	Registration number and name of trial registry	PhD/04/Res/Jan09 , SVYASA, Bangalore
Protocol	24	Where the full trial protocol can be accessed, if available	
Funding	25	Sources of funding and other support (such as supply of drugs), role of funders	No funding from any source

*We strongly recommend reading this statement in conjunction with the CONSORT 2010 Explanation and Elaboration for important clarifications on all the items. If relevant, we also recommend reading CONSORT extensions for cluster randomised trials, non-inferiority and equivalence trials, non-pharmacological treatments, herbal interventions, and pragmatic trials. Additional extensions are forthcoming: for those and for up to date references relevant to this checklist, see www.consort-statement.org.

CONSORT
TRANSPARENT REPORTING of TRIALS

CONSORT 2010 Flow Diagram



CHAPTER – 8.0

DISCUSSION

8.0 DISCUSSION

This Yoga intervention study to promote mental health of widows had a positive impact on the widows' anxiety, somatic symptoms, sleep quality, depression, personality trait, quality of life and self-esteem. The value of the yoga intervention was evaluated by using a qualitative evaluation method (Most Significant Change) and it showed a multiple significant changes.

It is randomized control trial with well defined inclusion and exclusion criteria and standard assessment methods. Many assessments were used to measure different dimensions for mental health before and after 2 months of intervention.

Though it is said to be randomized, it was not possible to do blind treatments to subjects. Perhaps it is likely to happen that result of this study can be influenced by the attention of yoga teachers and the participants' expectations. It was difficult to rule out contamination since social interaction may happen between the groups.

Despite multifaceted problem of widows, there have been very few intervention studies on young widows. A study (Kermode et al., 2008) was done to see the effect of a peer-facilitated, participatory action group (PAG) on the mental health of widows of injecting drug users. The intervention consisted of 10 PAG meetings involving 74 widows of injecting drug users in north-east India. It showed the significant improvements in quality of life, mental health and somatic symptoms over the course of the intervention.

Another study (Yoo & Kang, 2006) was done to examine the effect of a bereavement intervention program on level of depression and life satisfaction in

middle-aged widows in Korea. The intervention program consists of Dan-jeon breathing, self-help group activities and health examination. The subjects (control group, n=10 and intervention, n=17) were bereaved less than 6 months in two cities, in Korea. The experimental group attended 10 sessions of the bereavement intervention program. The control group had only health examination without the intervention program. After intervention, it is found that the decrement of depression level in the experiment group was significantly greater than in the control group. The increment in life satisfaction in experiment group was significantly greater than in the control group.

Yoga has become one of the most effective tools to improve health in modern time. It is acknowledged that yoga with its holistic approach uses several techniques to calm the mind and improve psychosomatic health.

Several studies have highlighted the psychological benefits of integrated yoga practices such as in anxiety, neurosis and depressive illnesses (Deshpande, Nagendra, & Raghuram, 2008). There are studies which have proven the efficacy of yoga in reducing anxiety levels (Michalsen et al., 2005; Javnbakht et al., 2009; Narayana & Gopal, 2008; Blank et al., 2005; Field et al., 2012; Newham et al., 2014; Jennings et al., 2012). A study (Javnbakht et al., 2009) was carried out to evaluate the influence of yoga in relieving symptoms of depression and anxiety in women. Participants were randomly assigned to an experimental and a control group. The experimental group (n=34) participated in twice weekly yoga classes of 90 min duration for two months. The control group (n=31) was assigned to a waiting list and did not receive yoga. Both groups were evaluated again after the two-month study period. Results showed that women who participated in yoga classes showed a significant decrease in state

anxiety ($p = 0.03$) and trait anxiety ($p < 0.001$). Participation in a two-month yoga class can lead to significant reduction in perceived levels of anxiety in women who suffer from anxiety disorders. The result of this study was almost in line with our study.

Banker et al., (2013) measured the effect of long-term Yoga exercises on sleep quality in the elderly. The data were collected from elderly people aged 60 years and above by using Pittsburgh sleep quality index (PSQI). A total of 65 elderly men and women who signed an informed consent and completed questionnaires were included in the study. Sleep quality score - PSQI score - of the study group were evaluated and compared with the control group using Mann-Whitney U test. Total PSQI score in Yoga group was lower than that of the control group. This concludes that addition of regular Yoga exercises in the daily routine of elderly people can help to achieve good sleep quality as well as improve QOL. Similar to this, present study also shows that Yoga can enhance sleep quality in young widows.

A randomized controlled study of Oretzky (2006) who assessed Somatic symptoms and sleep quality in young adults who met the criteria for mild depressive symptoms giving intervention of Vinyasa yoga. The results showed after five week intervention significant decreases in somatic symptom, sleep quality scores for yoga, compare to control group.

A study conducted by Dasa (1999) by using *mahamantra* showed that the *mahamantra* group had increased *Sattva guna* and decreased *Tamas* with no significant change in *Rajas Guna* scores on the VPI questionnaire after a month of chanting of *mahamantra*, 20 minutes daily for four weeks. Deshpande et al., (2008) measured *guna* variables in a randomized control trial in normal healthy volunteers in

Bangalore city and found significant improvement in both Yoga and exercise groups. There was increase in *sattva* in both the groups and decrease of *rajas* and *tamas* in both groups after the intervention in a non- residential set up with daily 1 h classes for eight weeks. Another study was done by Tikhe et al. (2012) to assess *Guna* (personality traits) in students undergoing Yoga Instructor's Course (YIC). The results showed decrease ($p < 0.01$) in *Tamas Guna* (dull personality trait), decrease ($p = 0.819$) in *Rajas Guna* (violent personality trait), and increase ($p < 0.01$) in *Sattva Guna* (balanced personality trait) scores. These findings are almost in line with the result of this study.

The behavior of a human being is an expression of a combination of different *Gunas*. When we reduce *Tamas* through mastery over the mind, persons become dynamic, sensitive, and sharp to move towards *Rajas* (Deshpande et al., 2008). With further growth and mastery, one moves into *Sattva*—a dominance that includes the qualities of truthfulness, stability, discipline, sense of control, sharp intelligence, preference for vegetarianism, truthfulness, gravity, dutifulness, detachment, respect for superiors, staunch determination (Tikhe et al., 2012).The qualities of *Sattva* as the manifestation of a calm state of mind are attainable by yoga practices (Holt, Caruso, & Riley, 1978). The mechanism of efficacy of yoga to reduce *Rajas*, *Tamas* and increase *Sattva* may be identified with by three key principles of yoga: relax the body, slow down the breath, and calm the mind (Murthy, 2010).

Stigma consciousness score was not significantly improved in both the groups. SCQ assess the level of agreement to statements pertaining to the extent to which stereotypes about their group affect them (Pinel, 1999). It could be because of no long

term follow up to reach to the state of perfect health and harmony through mastery over the mind.

Yoga is systematic and conscious process of calming down the mind which erases the weakness in the mind and injects will power to it. There are five layers of existence of humans namely, Annamaya Kosa (physical body), Pranamaya Kosa (the life energy), Manomaya Kosa (mind), Vijnanamaya Kosa (intellect) and Anandamaya Kosa (blissful state). Anandamaya kosa is the blissful layer of our existence which is the most subtle aspect, devoid of any form of emotions, a state of total silence, complete harmony and perfect health (Nagarathna & Nagendra, 2008).

However from the value changes by using most significant change method, it reveals that most of the participants are able to manage and not to respond to discrimination.

According to Yoga texts, all mental problems are due to loss of mastery over the modifications of the mind that gets enmeshed in the loop of uncontrolled responses (negative emotions) to stressful demanding situations (Nagarathna & Nagendra, 2004). Anxiety neurosis is manifest modification of the mind whereas depression is unmanifest modification of the mind. In anxiety this is observed as apprehension, palpitation, restlessness, tremors etc. Depression is internalized changes, not visible outside(Nagarathna & Nagendra, 2004).

Yoga module taught here starts with loosening exercise, which are body movement repeated with jerk and speed. This helps initially to distract the mind from the loop of repeating anxiety producing thoughts. After fast movements, therapy continues with the slower body movements (surya namaskara and yogasanas). Similarly with breathing practices, while one practices from kapalabhati to

pranayama. After altering a set of fast and slow body and breathing practices, the mind is pulled out of its loop of worrying thoughts. So starting from rapid bodily movements then slower practice with deep awareness can help in achieving better mastery over the mind (Nagarathna & Nagendra, 2004).

It is envisaged that the key features of yoga is the cognitive change, which is recognized as a basic cause of mental illness (Khemka, 2008). The result shows improvements which seems to point to a basic cognitive corrections. Lectures sessions also may have helped participants through concept of Jnana yoga, Bhakti yoga, Karma yoga and diet etc. to change their world view. This may be the result of changes observed in the personality within 2 months of practice.