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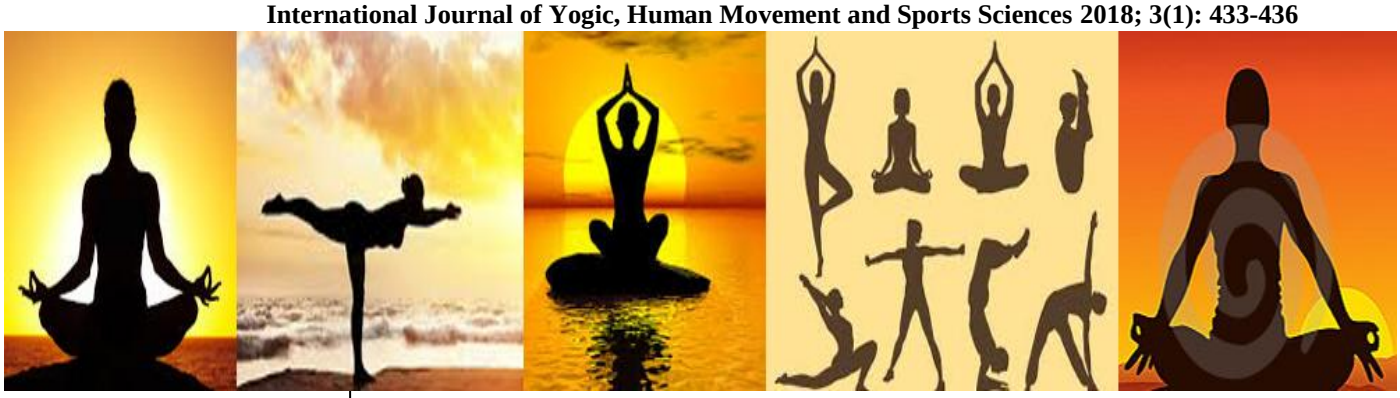

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Effect of Preksha meditation on menopausal syndrome

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Abstract
Background: Menopause is the stage when the menstrual period permanently stops, and is a part of every woman's life. It usually occurs between the ages of 40 and 55 years, and is associated with hormonal, physical, and psychological changes. Estrogen and progesterone levels play the biggest part in menopause. In this stage, the ovaries make less estrogen and progesterone. When the body produces less of these hormones, the parts of the body that depend on estrogen to keep them healthy will react and this often causes discomfort for women. This study tested the impact of a Preksha Meditation on menopausal syndrome.
Methods: A community-based interventional study was conducted in selected areas in Jaipur, Balotra (Rajasthan), A simple random sampling technique was used to select menopausal women for the study. Of 60 menopausal women identified, 30 were allocated to a study group and 30 to a control group. The study group underwent Preksha Meditation training for 15 days. After the 15-day intensive meditation training program, the menopausal women practiced meditation daily at home for 45 minutes a day. The meditation training program consisted of Mahaprana Dhvani, Kayotsarga, Perception of Psychic centres and Contemplation,. The Menopausal Rating scale was used to assess the women's quality of life. We distributed an instruction manual on steps of selected meditation practice for the women's self-reference at home after the 15 days of continuous meditation practice. A meditation practice diary was used to confirm regular performance of yoga.
Results: There was an extremely high statistically significant difference (P=0.001) between the study group and the control group with regard to the somatovegetative, psychological, and urological domains of MRS after 6 months of Preksha Meditation therapy. The mean gain score was high in all the domains of MRS in the study group at weeks 6 month. In the study group, the somatovegetative, psychological, urological of MRS were greatly improved by practicing PM for 6 months. No adverse events were reported by the women after PM practice.
Conclusion: Quality of life in menopausal women was greatly improved after 6 months of PM practice. Women who regularly practice PM find that they are able to enjoy menopause and experience the freedom, and energy that it brings. We conclude that PM is an effective complementary therapy for menopausal syndrome.

Keywords: Complementary health approach, yoga, quality of life, menopause

Introduction
Menopause is an important event in the life of a woman when reproductive capacity ceases. During this transitional phase, woman exhibits severe and multiple symptoms. Frequently reported symptoms fall into several categories, including physical disturbances such as hot flushes, psychological complaints such as mood swings, and other changes that may impair personal or social interactions and diminish the overall quality of life (Speroff 1999) [12]. In 1990, there were an estimated 467 million women in this state and this number is expected to increase to 1,200 million by the year 2030 (WHO 1996) [10]. According to the Indian Menopause Society (Meeta *et al* 2013) [9], there will be a large increase in the perimenopausal women in India also. Most women in India over the age of 45 years do not understand the changes taking place in their bodies and spend their valuable years of life battling problems and diseases associated with perimenopause. Hence it becomes very important to develop methods and treatment plans to control perimenopausal symptoms and thereby to improve the quality of life of this large group of women.
To improve the immediate symptoms of menopause and to manage its long-term consequences, hormonal therapies have been used extensively. However, these therapies have

created new concerns about the increased risk of neoplasia of the endometrium and possibly the breast (Hulley *et al* 1998, Rossouw *et al* 2002, Beral 2003) [6, 11, 2] and hence several researchers have investigated the role of alternative therapies in the management of menopausal symptoms and quality of life.

Meditation the traditional Indian body-mind science has been used effectively in various health disorders. Mediation reduces tension in muscles, reduces chronic pain, and reduces stress. It makes the mind sharper and clearer, improves memory makes the mind calmer and more relaxed increases positive emotions and helps to reduce negative emotions such as depression anxiety etc. There are many techniques of meditation prevailing throughout the world, like: Transcendental Meditation, Vipasyana Meditation, Heart Rhythm Meditation, Kundalini, Qi Gong, Zazen and Mindfulness, etc.

Preksha meditation (PM) is one of the above prevailed meditations requiring application in different fields for the betterment of life. The root of Preksha Meditation is found in Jain canonical text i.e. Agam. HH Acharya Mahaprajna, under the dynamic guidance of H.H. Acharya Tulsi, has enunciated it in modern scientific and systematic form.

Material and methods

This interventional study included 216 perimenopausal women divided into two groups. One group practiced Preksha meditation (experimental group n=30) and the other didn't practiced meditation (control group n= 30). All these subjects were selected by the inclusion criteria of aged between 40-55 years, who were willing and were able to practice meditation protocols and, who were having menopausal symptoms and were included in this study.

Exclusion criteria were: women taking HRT, women with severe psychiatric or medical disorders and women already practicing meditation for a month or more,

After noting the preliminary data on day 1, the women were asked to fill in the Menopause Rating Scale (MRS). The MRS has been designed to measure the health-related quality of life of ageing women. It was developed by the Berlin Centre for Epidemiology Health Research and validated from the research network of many institutes. (Heinemann 2004) [5] It consists of 11 symptoms with scores varying from 0 (no symptom) to 4 (severe symptoms), the total score ranging from 0 to 44. Three independent dimensions are identified: somatovegetative symptoms (0–16 points, four symptoms are sweating/flush, cardiac complaints, sleeping disorders and joint and muscle complaints), psychological symptoms (0–16 points, four symptoms are depression, irritability, anxiety and exhaustion) and urogenital symptoms (0–12 points, three symptoms are sexual problems, urinary complaints and vaginal dryness) (Heinemann 2004) [5].

After 6 month intervention the women of both the groups were asked to fill in the Menopause Rating Scale (MRS).

Preksha meditation practice module

The technique of Preksha Meditation was adopted as per details given in the text of Preksha Meditation. After the training of Preksha Meditation by the investigator, every subject of experimental group was instructed to do daily practice of Preksha Dhyana for the complete duration of experimental intervention i.e. six months. All subjects of experimental and control groups were also instructed to follow same routine life style.

The pre-test was conducted at the onset of experiment and then at subsequent follow up. The total duration of observation was for six months and follow-up observation was done at six months of pre-test.

Statistical Analysis

All pre and post data were analyzed by using SPSS Version 15. The individual variables were evaluated to determine the changes in two groups after six month. The pre and post data of MRS questionnaire total and domain wise was analyzed.by The effectiveness was calculated as 'within the group' (PM and control group), 'between the groups' (PM vs. control) and 'Effect size' (mean difference) to deduce the superiority of the methods involved and results are reported as mean ± SD and p value.

Significant levels of p were denoted as

$t \geq 1.98 = p \leq 0.05$ denoted as *

$t \geq 2.62 = p \leq 0.01$ denoted as **

$t \geq 3.37 = p \leq 0.001$ denoted as ***

Results

The mean values of total MRS score at the beginning of study in experimental and control group of subjects were 22.83±7.71 and 24.07±7.19 respectively (Table 3). After practice of Preksha meditation (PM) for 6 months this value decreased to 18.70±2.85 in experimental group which was statistically significant at the level of $p \leq 0.001$. No significant change was observed in control group.

It was observed that the score on each of the three domains of the MRS scale, i.e. somatovegetative, psychological and urogenital subscales showed similar results (Tables 2, 3 and 4). On day 1, the scores in the study group and the control group under each subscale were comparable, but on day 180, the study group showed statistically significant difference in the score ($P \leq$, 0.001, $p \leq 0.001$ and $p \leq 0.01$ respectively) on all three subscales, whereas the control group did not show statistically significant difference in any of the three domains (Table 2, 3, 4).

Table 1: Age group of participants

Age group (Years)	Experimental group		Control group	
	No =30	%	No = 30	%
40-44	8	26.666	7	23.333
45-48	14	46.666	10	33.333
50-55	8	26.666	13	43..333
Average age	47.3		47.0	

Table 2: Intra group comparison of psychological factor of MRS

Group	Phase	Mean	SD	r	't' value	Level of significance
Control (n=30)	pre	9.57	±3.11	0.972	0.494	NS
	post	9.5	±3.12			
Experimental (n=30)	Pre	9.5	±3.17	0.928	6.167	***
	Post	8.17	±2.85			

NS: Not significant; ***$p \leq 0.001$

Table 3: Intra group comparison of somatic factor of MRS

Group	Phase	Mean	SD	r	't' value	Level of significance
Control (n=30)	pre	9.93	±2.84	0.986	1.140	NS
	post	10.03	±2.80			
Experimental (n=30)	Pre	9.43	±3.01	0.932	5.508	***
	Post	8.33	±2.77			

NS: Not Significant; ***$p \leq 0.001$

Table 4: Intra group comparison of Urological Factor of MRS

Group	Phase	Mean	SD	r	't' value	Level of significance
Control (n=30)	pre	4.57	±2.62	0.952	1.361	NS
	post	4.37	±2.52			
Experimental (n=30)	Pre	3.90	±3.23	0.975	4.327	0.01
	Post	3.23	±2.70			

NS: Not Significant; **$p \leq 0.01$

Discussion

The present study thus clearly documents the significant presence of various perimenopausal symptoms in the local population severely affecting the quality of life. Many of these women expressed their distress and helplessness regarding these symptoms, which were seriously interfering in their day-to-day living. Thus there is a need to search and develop a cost-effective, simple, community-based therapeutic tool to provide symptom relief and to improve health status, and in this perspective yoga has emerged as the appropriate system to deal effectively with issues related to perimenopause. The present study clearly demonstrates the clinical utility of meditation in significantly reducing the perimenopausal symptom in all domains and thereby improves the overall quality of life.

A systematic review of yoga for menopausal symptoms concludes that the evidence is insufficient to suggest that yoga is an effective intervention for menopause and further research is required to investigate whether there are specific benefits of yoga for treating menopausal symptoms (Lee *et al* 2009) [8]. Compared to control group, meditation group showed most significant effect in managing the symptoms of psychological domain, vasomotor domain, and urogenital domain. All the three symptoms in these domains were significantly reduced in the yoga group while no improvement was observed in any of the symptoms in control group (Booth *et al* 2007) [3].

Chhattha (2008) [4] and Joshi (2011) [7] have carried out a study to compare the effect of yoga and exercise on the Greene Climacteric Scale following two months intervention. A significant difference was observed in subscales of MRS. The effect size was higher in the yoga group for all factors.

The present study indicates a statistically significant improvement in menopausal symptoms after yoga intervention in all the three domains of MRS. There was a statistically significant difference in the total score along with the scores on all three subscales in the yoga group. No significant difference was noted in the control group at the end of the study. This study proves effectiveness of yoga in reducing menopausal symptoms. Yoga can be considered as a non-pharmacological option for management of menopausal symptoms

Conclusion

It is concluded from this study that our age-old therapy, yoga should be recommended to all women of menopausal age. It is an effective, non-invasive, nonpharmacological method that is available free of cost or at low cost and is free of side-effects. Finally the limitations of the study need to be acknowledged. Lack of blinding is the main limitation. Further systematic research is needed on a large scale on this topic.

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Implications for practice

- Health care professionals can use findings of evidence-based research to identify and provide resources for women to enhance QoL and promote overall health and well-being.
- Meditation can be preliminarily recommended as an additional intervention for women who suffer from physical and psychological complaints associated with menopause.
- Yoga (meditation) is popular as a complementary and alternative therapy and can be added to the scientific evidence so that gynecologists can recommend it to their patients instead of prescribing hormone therapy.

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