



ISSN: 2456-4419

Impact Factor: (RJIF): 5.18

Yoga 2019; 4(1): 1260-1262

© 2019 Yoga

www.theyogicjournal.com

Received: 24-11-2018

Accepted: 26-12-2018

Dr. D Suresh Kumar

Assistant Professor/Director of
Physical Education, Thiru
Kolanjiappar Government Arts
College (Grade-I),
Vriddhachalam, Tamil Nadu,
India

Effects of different frequencies of yogic practices on selected coronary heart disease risk factors of middle aged men

Dr. D Suresh Kumar

Abstract

Today we live in a world that is largely technological. We are surrounded by machines and structures that are the product of human labor, the product of the reshaping of the world to meet human desires. Moreover, while some of these technologies are the result of thousands of years of craft work, many are the result of scientific breakthroughs. For example, electric lighting, computers, genetically engineered food, many household chemicals and plastics are the result of scientific knowledge in physics, chemistry and biology applied to transform nature.

Because sport is part of society let's consider some of the relationship between sport and other social institutions. This is only a quick summary to demonstrate the significance of sport in the modern world. I have provided a bibliography of books which I found helpful when taking a more in-depth insight into the sociology of sport.

The process of yoga is an ascent into the purity of the absolute perfection that is the essential state of all human beings. This goal requires the removal of over enveloping personal impurities, the stilling of our lower feelings and thoughts, and the establishment of a state of inner balance and harmony. All the methods of yoga are based on the perfection of our personalities and may help to create a new world order.

If the aspects of our daily lives are well balanced, then certainly we can make progress in yoga in the modern world. Regardless of where we live or what we do, we can create a life conducive to yoga.

Keywords: Yogic practice, VLDL, coronary heart disease

Introduction

Today we live in a world that is largely technological. We are surrounded by machines and structures that are the product of human labor, the product of the reshaping of the world to meet human desires. Moreover, while some of these technologies are the result of thousands of years of craft work, many are the result of scientific breakthroughs. For example, electric lighting, computers, genetically engineered food, many household chemicals and plastics are the result of scientific knowledge in physics, chemistry and biology applied to transform nature.

Because sport is part of society let's consider some of the relationship between sport and other social institutions. This is only a quick summary to demonstrate the significance of sport in the modern world. I have provided a bibliography of books which I found helpful when taking a more in-depth insight into the sociology of sport.

The process of yoga is an ascent into the purity of the absolute perfection that is the essential state of all human beings. This goal requires the removal of over enveloping personal impurities, the stilling of our lower feelings and thoughts, and the establishment of a state of inner balance and harmony. All the methods of yoga are based on the perfection of our personalities and may help to create a new world order.

If the aspects of our daily lives are well balanced, then certainly we can make progress in yoga in the modern world. Regardless of where we live or what we do, we can create a life conducive to yoga.

Correspondence

Dr. D Suresh Kumar

Assistant Professor/Director of
Physical Education, Thiru
Kolanjiappar Government Arts
College (Grade-I),
Vriddhachalam, Tamil Nadu,
India

Methodology

Forty five middle aged member in the Vallalar Health Club, Vadalur, Cuddalore District, Tamilnadu were selected as subjects. The age of the subjects were ranged from 35 to 45 years. The subjects were assigned at random into three groups of fifteen each (n=15). Group-I underwent Yogic practices two days per week (yp 2 days), Group-II underwent Yogic practices three days per week (yp 3 days) and Group-III underwent Yogic practices four days per week (yp 4 days). All the three experimental groups undergo their respective training for 6 weeks. Among the coronary Heart Diseases Risk Factors, Very Low-Density Lipoprotein Cholesterol Levels (VLDL-C) only selected as dependent variables and it was assessed by blood samples tests at Kannan Medical Laboratory at Vadalur, Cuddalore District.

Test administration

Estimation of very low-density lipoprotein cholesterol (VLDL-C)

VLDL-C was calculated from TG using formula

$$VLDL-C = TG/5$$

VLDL-C was expressed as mg/dl.

Analysis of the data

The data collected from the experimental groups and control group on prior and after experimentation on selected variables were statistically examined by analysis of covariance (ANCOVA) was used to determine differences, if any among the adjusted posttest means on selected criterion variables separately. Whenever they obtained f-ratio value in the simple effect was significant the Scheffe's test was applied as post hoc test to determine the paired mean differences, if any. In all the cases, 0.05 level of significance was fixed.

Table 1: Values of Analysis of covariance for experimental Groups on Very Low Density Lipoprotein Cholesterol Levels (VLDL-C)

Adjusted Posttest Means			Source of Variance	Sum of Squares	df	Mean Squares	'F' Ratio
yp 2 days	yp 3 days	yp 4 days					
30.85	28.00	26.23	Between	163.70	2	81.85	22.24*
			Within	150.91	41	3.68	

*Significant at .05 level of confidence (The table value required for significance at .05 level with df 2 and 41 is 3.23)

YP= Yogic Practices

Table 1 shows that the adjusted posttest mean value of Very Low Density Lipoprotein Cholesterol Levels (VLDL-C) for Yogic Practices 2 days per week (yp 2 days), Yogic Practices 3 days per week (yp 3 days) and Yogic Practices 4 days per week (yp 4 days), are 30.85, 28.00 and 26.23 respectively. The obtained F-ratio of 22.24 for the adjusted posttest mean is more than the table value of 3.23 for df 2 and 41 required for significance at .05 level of confidence.

The result of the study indicate that there are significant differences among the adjusted posttest means of Experimental Groups on the decrease of Very Low Density Lipoprotein Cholesterol Levels (VLDL-C).

Table 2: The Scheffe's test for the differences between the adjusted posttests paired means on Very Low Density Lipoprotein Cholesterol Levels (VLDL-C)

Adjusted Posttest Means			Mean Difference	Confidence Interval
Yp 2 days	Yp 3 days	Yp 4 days		
30.85	28.00	-	2.85*	1.22
30.85	-	26.23	4.62*	1.22
-	28.00	26.23	1.77*	1.22

*Significant at .05 level of confidence

Table 2 shows that the adjusted posttest means difference on YP 2 days group and YP 3 days group, YP 2 days group and YP 4 days group, YP 3 days group and YP 4 days group are 2.85, 4.62 and 1.77 respectively. The mean difference is greater than the confidence interval value 1.22, which shows significant differences at .05 level of confidence.

It may be concluded from the results of the study that there is a significant difference in Very Low Density Lipoprotein (VLDL-C) between the adjusted posttest means of YP 2 days group and YP 3 days group, YP 2 days group and YP 4 days group, YP 3 days group and YP 4 days group. However, the improvement in Very Low Density Lipoprotein Cholesterol Levels (VLDL-C) was significantly higher for YP 2 days group than other Experimental Groups. It may be concluded that the Yogic Practices with 4 days per week (YP 4 days) group is better than the other Experimental Groups in improving Very Low Density Lipoprotein Cholesterol Levels (VLDL-C).

Results and discussion

The results of the study indicate that all the experimental groups namely Yogic Practices two days per week group (YP 2 days), Yogic Practices three days per week group (YP 3 days) and Yogic practices four days per week group (YP 4 days) significantly improved in the selected dependent Coronary Heart Diseases Risk Factors namely Very Low Density Lipoprotein Cholesterol Levels (VLDL-C). It is also found that the improvement achieved by the Yogic Practices five days per week group (YP 4 days) was greater when compared to those of the Experimental Groups.

It is inferred from the literature and from the results of the present study that systematically designed Yogic Practices four days per week group (YP 4 days) decreases the Very Low Density Lipoprotein Cholesterol Levels (VLDL-C) are very important qualities for Coronary Heart Diseases. Hence, it is concluded from the result of the study that systematically designed Yogic Practices four days per week group (YP 2 days) may be given due recognition and implemented properly in the training programmes for control Coronary Heart Diseases.

Conclusion

From the analysis of the data, the following conclusions were drawn:

1. The Experimental Groups namely, Yogic Practices two per week group (YP 2 days), Yogic Practices three days per week group (YP 3 days) and Yogic Practices four days per week group (YP 4 days) had significantly improved in Coronary Risk Factors such as Very Low Density Lipoprotein Cholesterol Levels (VLDL-C).
2. Significant differences in decrease were found among, Yogic Practices two days per week group (YP 2 days), Yogic Practices three days per week group (YP 3 days) and Yogic Practices Four days per week group (YP 4 days) in the selected criterion variables such as Very Low Density Lipoprotein Cholesterol Levels (VLDL-C).
3. The Yogic Practices four days per week group (YP 4 days) was found to be better than the Yogic Practices two days per week group (YP 2 days), Yogic Practices three days per week group (YP 3 days) in increasing Very Low Density Lipoprotein Cholesterol Levels (VLDL-C).

References

1. Mittleman MA, Maclure M. Triggering of active myocardial infraction by heavy physical exertion:

- protection of regular exertion, English Journal of Medicine, 1993.
2. peltonen P, Marniemi *et al.*, Changes in Serum lipids, Lipoproteins and heparin releasable lipolyic enzymes during moderate physical training in main a longitudinal study, Journal of Metabolism, 1981.
 3. Powell KE, Thomson PD, Laspersen CJ Physical activity and the incidence of Coronary Heart Diseases, Annual Reviews of Public Health, USA, 1987, 8.
 4. Stefanick ML, Wood PD. Physical activity: Lipid and Lipoprotein metabolism and lipid transport, Champaign, Human Kinetics Publishers, 1994.