International Journal of Advanced Research and Review

www.ijarr.in

# EFFECTIVENESS OF "RAJ YOGA MEDITATION" FOR HOLISTIC HEALING IN ADDICTED PATIENTS: A QUASI-EXPERIMENTAL STUDY

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## ABSTRACT

Addiction is chronic, relapsing problem which is characterized by compulsive intake of drug in such amount that affects the overall wellbeing of patients despite of its harmful consequences. The problem of addiction is widespread in India. The situation is critical in Punjab -nearly 75% of its youth are severely addicted to drugs i.e. 3 out of every children.[i]Drug consumption in Punjab is three times the national average.[ii]A Govt. survey (2015) reported Drug epidemic in Punjab, though is one of the most developed states of the country.[iii]

A comprehensive review showed that Rajyoga meditator deepens the understanding, compassion and empathy in the self towards the life with Spiritual perception and realization to deal with any kind of situation.[iv] Rajyoga meditation has a profound impact in overcoming unconscious anxieties, fears, mental stresses etc. achieving control over mind. It helps to get rid of dependence on tobacco, smoking, alcohol and drugs by recharging mental energies into blissful directions.[v] In another study, Rajyoga meditation conducted in pre-operative patients helped in relieving the anxiety of open heart surgery.[vi]

**Aim**: The study aimed for holistic healing with Rajyoga Meditation of addicted patients admitted in de-addiction centres.

**Methods:** A quasi experimental study with non probability convenient sampling technique was used with sample size 60. Sample was patients in selected de-addiction centers of Punjab. Rajyoga meditation training was introduced for 07 days by lectures, models, Charts, audios (meditation music) & commentaries. Effectiveness was assessed by Standardized Singh &Gupta (2001) Well-being scale.

**Results**: In experimental group difference between pretest (148.47±15.589 and post test (178.20± 18.983) well-being status was statistically significant at 0.05 levels.

**Conclusion**: The study concluded a significant difference between pre interventional and post interventional well-being status in experimental group. Therefore, it was found that Rajyoga meditation was effective in improving overall wellbeing status in experimental subjects.

**Keywords:** de-addiction, Holistic healing, Rajyoga meditation, well-being status, Effectiveness

## INTRODUCTION

**"Rajyoga meditation is the divine medium of knowing, understanding and realizing the self. It develops the art of self management ensuring automatic wellbeing-being of all."**

In India approximately 69.40%Indian are addicted from alcohol, 23.10% addicted from cigarettes, 3.19%from tobacco and 51.30% addicted from other drugs. In Punjab approximately 56%Indian are addicted from opium, 30%addicted from tobacco and 39%from alcohol. Most countries face many similar challenges in the delivery of health care within diverse cultures, geographic disparities, unavailability/shortage of manpower, aging populations, rising costs, etc. These issues significantly increase socio-economic burdens on individuals, communities, health care systems and ultimately nations[vii]. For too expensive, too inefficient and varied quality of health care the breakthrough goal is value-based care, making patients/individuals better "consumers."

Spiritual care involves serving the whole person-the physical, emotional, social and spiritual, which can be incorporated into the therapeutic nursing care plans. *What is needed is something constant, safe and stable*[viii] *which can be applicable to all human beings* regardless of the country, religious creed, origin, culture or mental acuity with its implications for health care**.** Rajyoga emphasizes the benefit of meditation for spiritual self realization and purposeful evaluation of consciousness. Rajyoga is very simple and scientific method to help the individual to become a king or a master over oneself and brings state of calmness in every individual who practice regularly. It brings transformation in overall wellbeing of addicted patients and helps them in controlling use of drugs breaking the vicious cycle between addiction and stress and helps the patient to improve mental &spiritual health which ultimately helps in maintaining the overall wellbeing status that gives positive direction or positive reinforcement and reveal back to its normal healthy life style. It helps the individual to gain freedom from stress and anxiety and also Addiction is chronic, relapsing problem which is characterized by compulsive intake of drug in such amount that affects the overall wellbeing of patients despite of its harmful consequences. Psychoactive substances are those substances which can lead to dependence syndrome i.e. after repeated use of substance and include a strong desire to take the drug, difficulty in controlling its use, increase tolerance and leads to withdrawal state.[ix]

There is deep connection between our inner world of thoughts, feeling and vision and attitude with our physical world[x]. Meditation improves the productivity, memory and concentration in addicted patients. On the basis of some studies meditation break the addiction among addicted patients and lower relapse rate than other standard therapies. A lot of literature and number of projects shows that Rajyoga meditation relieves physiological and psychological problems. Most of the researchers conducted study on different aspects of individuals but there was no any experimental study on wellbeing status of addicted patients. Based upon the above stated reasons and consultation with various experts and even personal experience and interest of researcher stimulated researcher to conduct experimental study to assess the effectiveness of Rajyoga meditation on well being status for holistic healing on addicted patients at selected de addiction centers of Punjab.

## MATERIAL AND METHODS

A quasi experimental study with non probability convenient sampling technique was used with sample size 60. The present study was conducted in selected de-addiction centers of Punjab,

India. These were de-addiction centers of civil hospital Bathinda, Malout, Sri Muktsar sahib and OOAT center civil hospital Badal. Experimental& control all the admitted patients who were willing to participate in the study were taken as study subjects. Rajyoga meditation sessions were provided by the Brahmakumari Teacher from World Spiritual University (registered Rajyoga Centre) at Malout who consented to provide sessions to the patients for 07 days. Rajyoga meditation sessions/training to experimental group was provided for 30-45 minutes for 7 consecutive days. On day 8 post interventional wellbeing was assessed in both the groups. Try out tool /Pilot study was conducted in the 2nd week of May 2019 to ensure the feasibility in which subjects were selected from OOAT (out patient opioid assisted treatment) center BADAL and civil hospital Sri Muktsar sahib. On day 1 pre interventional level of wellbeing status was assessed among subjects in experimental and control group.

Rajyoga sessions/training consisted of knowledge and meditation sessions. Knowledge included-knowing your real self (soul), knowing your real parent (Supreme Soul), knowing your real home (soul world), journey of the soul, world cycle, our actions/deeds (karma), Rajyoga & Lotus Life. The sessions were conducted by lectures, audios (meditation music), visuals (charts), and everyday meditation commentary by the Trainer. The Knowledge above was followed by everyday meditation sessions 5-10 minutes with commentaries with audios (meditation music) by the Trainer. It included experiencing & realizing of self as soul and its 7 powers/values of being 'Soul' (i.e. peace, bliss, love, happiness, power, knowledge and purity), realizing and experiencing the 'Supreme Soul' as Ocean of all the powers, connecting with the 'Supreme Soul'to charge and rejuvenate themselves. The total time for meditation sessions was 30 minutes to 45 minutes every day.

An informed written consent was taken from each subject for data collection. All the subjects were ensured the confidentiality and anonymity. An ethical, formal administrative permission from senior medical officers of selected hospitals & institution administration was taken to conduct the study. Prior to administration of tool all the questions and queries of the subjects were discussed. Almost all the subjects verbalized their inability to quit the addiction but shown their willingness to quit the same. Many of them tried with various other local medicines or allopathic medicines as still they were regularly attending the clinics but felt helplessness and wanted to spend purposeful lives.

The data was analyzed by Statistical Package for Social Sciences (SPSS) version 18. The $p<0.05$ level was established as a criterion of statistical significance for all the statistical procedures performed. Appropriate descriptive and inferential statistics were used to analyze data as per purpose of the study. The evaluation for effectiveness was assessed by using Standardized Singh & Gupta (2001) Well-being scale.
Tool consisted of three sections as under:

**Section I**.
**Part A: Socio demographic profile**: It consisted of 7 items as Age, Religion, Education, occupation, marital status, Income per month and residence.
**Part B:-**It consisted of 4 items which included the type of addiction/s, timing of intake, Duration of addiction, physical and mental symptoms related to addiction/s felt by the patient.
**Section II:** It consistedof Planned RajyogaMeditation Programme/Training-It had two parts.

**Part A**: Rajyoga knowledge That included- knowing your real self (soul), knowing your real parent (Supreme Soul), knowing your real home (soul world), journey of the soul, world cycle, our actions/deeds (karma), Rajyoga & Lotus Life. The sessions were conducted by lectures, audios (meditation music), visuals (charts),

**Part B**: Meditation sessions: The Knowledge above as in Part A was followed by everyday meditation sessions 5-10 minutes with commentaries with audios (meditation music) by the Trainer. It included experiencing & realizing of self as soul and its 7 powers/values of being 'Soul' (i.e. peace, bliss, love, happiness, power, knowledge and purity), realizing and experiencing the 'Supreme Soul' as Ocean of all the powers, connecting with the 'Supreme Soul'to charge and rejuvenate themselves.
The total time for meditation sessions was 30 minutes to 45 minutes every day.

**Section III: -** Singh &Gupta Well being Scale (2001), a 50 item Standardized scale to assess the effect of Rajyoga meditation in the subjects. The items were related to Physical, Mental, Emotional, Social and Spiritual wellbeing. It consisted of 29 positive items and 21 negative items. All items to be scored on 5- point Likert scale from 1to 5 with total 50-250 scores depending upon the responses of subjects. Higher scores indicated higher well being status.

**RESULTS:**

**DESCRIPTIVE STATISTICS OF SELECTED DEMOGRAPHIC VARIABLES**

**Table 1: Frequency and percentage distribution of subjects according to demographic variables.**
**N=60**

| **PART-A**<br>**Socio-demographic variables** | **Experimental group n = 30** | | **Control group n=30** | |
|---|---|---|---|---|
| | **f** | **%** | **f** | **%** |
| **1. Age (In years)** | | | | |
| (a) 15-30 years | 20 | 67% | 22 | 73% |
| (b) 31-45years | 8 | 27% | 6 | 20% |
| (c) 46-60years | 2 | 7% | 1 | 3% |
| (d) Above 60years | 0 | 0% | 1 | 3% |
| **2. Religion** | | | | |
| (a)Hindu | 13 | 43% | 7 | 23% |
| (b)Muslim | 0 | 0% | 0 | 0% |
| (c)Sikh | 17 | 57% | 23 | 77% |
| (d)Christian | 0 | 0% | 0 | 0% |
| **3. Education** | | | | |
| (a)Illiterate | 4 | 13% | 0 | 0% |
| (b Up to Matric | 11 | 37% | 19 | 63% |
| (c)Senior Secondary | 9 | 30% | 7 | 23% |
| (d)Graduation or Above | 6 | 20% | 4 | 13% |
| **4. Occupation** | | | | |

| | | | | |
|---|---|---|---|---|
| (a)Self employed | 20 | 67% | 15 | 50% |
| (b)Private job | 2 | 7% | 12 | 40% |
| (c)Govt. job | 2 | 7% | 0 | 0% |
| (d)Any other | 6 | 20% | 3 | 10% |
| **5. Income Per Month (Rs.)** | | | | |
| (a)Less than 10,000 | 20 | 67% | 19 | 63% |
| (b)10,001-20,000 | 6 | 20% | 8 | 27% |
| (c)20,001-30,000 | 4 | 13% | 2 | 7% |
| (d)Above 30,001 | 0 | 0% | 1 | 3% |
| **6. Marital Status** | | | | |
| (a)Married | 19 | 63% | 13 | 43% |
| (b)Unmarried | 10 | 33% | 17 | 57% |
| (c)Widower | 0 | 0% | 0 | 0% |
| (d)Divorcee | 1 | 3% | 0 | 0% |
| **Q7. Residence** | | | | |
| (a)Urban | 19 | 63% | 23 | 77% |
| (b)Rural | 11 | 37% | 7 | 23% |
| **PART(B)** | | | | |
| **1. What Kind of Drug You Have Used?** | | | | |
| (a)Alcohol | 3 | 10% | 6 | 20% |
| (b)Ganja | 2 | 7% | 1 | 3% |
| (c)Tobacco | 3 | 10% | 1 | 3% |
| (d)Any other drug (specify) | 22 | 73% | 22 | 73% |
| **2. How many times you take drug/day?** | | | | |
| (a)Once a day | 2 | 7% | 5 | 17% |
| (b)Twice a day | 8 | 27% | 5 | 17% |
| (c)Thrice a day | 12 | 40% | 10 | 33% |
| (d) Many times in a day | 8 | 27% | 10 | 33% |
| **3. Since how many years using the drug/substance?** | | | | |
| (a)Less than 5 years | 10 | 33% | 18 | 60% |
| (b)6-10 years | 9 | 30% | 6 | 20% |
| (c)11-15 years | 5 | 17% | 2 | 7% |
| (d)More than 15 years | 6 | 20% | 4 | 13% |
| **4. How do you feel after intake of drug?** | | | | |
| (a)Red eyes | 2 | 7% | 8 | 27% |
| (b)Slurred speech | 5 | 17% | 0 | 0% |
| (c)Day dreaming | 13 | 43% | 11 | 37% |
| (d)Inability to concentrate | 8 | 27% | 8 | 27% |
| (e)Both c & d | 2 | 7% | 3 | 10% |

Table 1 As per the socio demographic profile maximum subjects were in 15-30years age group, belonged to self employed & urban group both in experimental and control with income <10000/month. 75% (22 out of 30) were using all type of drugs.

**Table 2: Mean & S.D. of pre interventional well-being status in experimental and Control group**

**N=60**

| Group | Mean Score | S.D. |
|---|---|---|
| Experimental | 148.47 | 15.589 |
| Control | 152.40 | 20.517 |

As per Table 2; shows Pre interventional mean score 148.47 and S.D is 15.589 for experimental group and pre interventional mean score 152.40 and S.D was 20.517 for control group.

**Table 3: Regarding Mean & S.D. of post interventional well-being status of subjects in experimental & control group**

**N=60**

| Group | Mean Score | S.D. |
|---|---|---|
| Experimental | 178.20 | 18.983 |
| Control | 152.77 | 20.728 |

As per findings of table3, represent post interventional mean score is 178.20 and S.D is 18.983 for experimental group and post intervention mean score is 152.77 and S.D is 20.728 for control group.

**Table 4: Comparison of pre and post interventional of well-being status of subjects in experimental and control group**

| | | WELL-BEING Status | | | | Paired 't' Test | | |
|---|---|---|---|---|---|---|---|---|
| | | Pretest | | Posttest | | | | |
| **Group** | **N** | **Mean** | **SD** | **Mean** | **SD** | **df** | **t** | **Result** |
| **Experimental Group** | 30 | 148.47 | 15.589 | 178.20 | 18.983 | 29 | 9.464 | Significant |
| **Control Group** | 30 | 152.400 | 20.517 | 152.77 | 20.728 | 29 | 1.546 | Non-Significant |
| **Unpaired 't' Test** | df | 58 | | df | 58 | | | |
| | t | 0.836 | | t | 4.956 | | | |
| | Result | Non-Significant | | Result | Significant | | | |

Table 4 depicts the comparison of pre-interventional and post interventional well-being status in experimental and control group. In experimental group during the pre- interventional mean ± S.D is 148.47±15.589 and during post interventional of experimental group mean ±S.D is 178.20±18.983, t=9.464, df =29 showing significant difference whereas in control group pre-interventional mean ±S.D is 152.400±20.517 and post interventional of control group mean ±S.D is 152.77±20.728,t=1.546.df=29 showed no significance.

In experimental group during the pre-interventional mean ±S.D is 148.47±15.589 in control group post interventional mean ±S.D is 152.400±20.517 t=0.836 showing no significance. During post interventional of experimental group mean±S.D178.20±18.983 and during post intervention of post group mean ±S.D is 152.77±20.728, t=4.956 showing significance. Hence, there is a significant difference between pre and post interventional well-being status in the experimental group.

## DISCUSSION

Although there is scarcity of literature regarding effect of Rajyoga for addicted patients. In the present study results revealed that well-being status of the subjects improved with intervention of 07 Days Programme of Rajyoga meditation from one individual out of total 30 (i.e.3.3%) to 16 subjects out of total 30 ( 53.3%) and showed high level of well-being status. An experimental study by Vyas R et al (2012) used random sampling technique on 50 subjects assessed the effect of Rajyoga meditation on diastolic blood pressure by vyas R well-being scale found that Rajyoga meditations have high level of well-being mean score (10.1±6.2)[xi].

Secondly, in experimental group during the pre- interventional mean ±S.D is 148.47±15.589 and post interventional mean ±S.D is 178.20±18.983, t=9.464, df=29 showed significant difference. In control group pre-interventional mean ±S.D is 152.400±20.517 and post interventional mean ±S.D 152.77±20.728,t=1.546.df=29 showed no significance. It was concluded that there was a significant difference between pre interventional and post interventional well-being status in experimental group after intervention of Rajyoga meditation. This may be compared with an experimental study done by Maini S et al (2011) to highlight the hemodynamic and the biochemical effects of Rajyoga meditation on the blood pressure, heart rate and ECG on 100 healthy people (50 in each experimental & control group) selected from the Brahma kumaris Ashram,Amritsar.[xii] The results showed a statistically significant difference in the mean value of heart rate in the meditator subjects which was 69.39±5.26 and in the non- meditator subjects was 81.66±3.66.The results of systolic and diastolic blood pressure were also found to be significant ($p<0.001$).So the study concluded that Rajyoga has positive effects on the cardiovascular system and reduces the risk of developing cardiovascular diseases.

## CONCLUSION

A significant difference between pre interventional and post interventional well-being status in experimental group after implementation of Rajyoga meditation was found. Hence, Rajyoga Meditation was found effective for individuals who have become addicted to alcohol, or drugs or substance.

### Implications and Recommendations

Rajyoga meditation is non-pharmacological, easy to learn/do, safe, cost effective and complimentary method to prevent & manage physical, mental, social, emotional and spiritual problems in health care setting and communities. Need based education& interventions are the priority needs to the patients especially for individuals who have been admitted in de addiction centers. Rajyoga meditation is applicable for all the individuals sick or well, in all age groups, religions, societies, geographical area, castes, creeds and countries. This is cost effective in terms of time and money and availability of Rajyoga training centers a there are > 8000 centers in India and in >140 countries. Studies showed that it is very effective for whole well being not only patients but even health care providers too for their personal and professional life.

In the primary study, prior to administration of tool all the questions and queries of the subjects were discussed. Almost all the subjects verbalized their inability to quit the addiction but shown their willingness to quit the same. Many of them tried with various other local medicines or allopathic medicines as still they were regularly attending the clinics but felt helplessness and wanted to spend purposeful lives.

From the personal experience of the researcher/s it is recommended that ongoing meditation retreats for a longer period of times should be continued for actual benefits. Further, the present study was limited to 60 sample hence it is difficult to make broad generalization. Also, studies can be conducted on large sample size with different variables in different populations. A comparative study may be conducted.

Nurse/Healthcare educators & administrators should have continuing programmes as a part of their curriculum or in-service programmes for self management and dealing with patients and families. It is further recommended that the need of well-organized in-service education program can be arranged for nurses by administrators. The Rajyoga meditation retreats will help to cope up with various physical, mental, social, emotional and spiritual problems.

***This is a new venture/area which has been explored &can have a huge difference in positive return of investments done by the local and Govt. or National Health Care Administrators and a large population can be saved from devastating effects of addictions and humankind especially young generations can be made useful resources for National Growth.***

**Limitations**

The present study was limited to De addiction centers of Punjab. Time period for data collection was limited. So, the training sessions could not be continued for better evaluation of effectiveness of Rajyoga. The use of interview schedule restricted the amount of information that was collected from the respondents.

**Financial and material support:** This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

**Conflicts of interest:** The authors declare that they have no conflict of interests with any organization regarding the materials discussed in this manuscript.

**Acknowledgement:** We have no words to giving thanks to the Almighty above for his Endless Blessings who touched our intellect to do this study. We are deeply thankful to each and everyone who helped us in any way throughout this study. We are deeply indebted to Rajyoga Trainer Sister Gurmeet Kaur who peacefully devoted her time & provided selfless and free efforts for humankind. A sense of gratitude is to Mr .Barjinder kumar Aneja to analyze the data. I Anjali singh is indebted to my husband Mr Rajvir sen having positive attitude who encourage me at every step of study .Above all, we are thankful to all those to whom we could not mention but they helped us throughout our study.

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