



Management of Chronic Obstructive Pulmonary Disease (COPD) through Asana and Pranayama over non-smoking women in India.

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ABSTRACT:

The purpose of the study was to investigate the effect of asana and pranayama with normal diet on agility and explosive power among the patients of chronic obstructive pulmonary disease. To accomplish the intention of the research 100 samples randomly divided in to four equal groups, in which Experimental group –I (N=25), underwent asana practices with natural diet (APWND), experimental group –II (N=25) underwent Pranayama practices with natural diet (PPWND), experimental group –III (N=25) underwent combination of Asana, Pranayama practices with natural diet (CAPPWND) and control group (N=25) did not undergo any specific training. The training period was delimited to 24 weeks. The data was collected prior and after 24 weeks of the training program.

The results of a spirometry test for COPD are interpreted based on several parameters. These include:

1. ***Forced Vital Capacity (FVC)*:** This measures the maximum amount of air a person can exhale forcefully after taking a deep breath. In COPD, this value may be reduced.
2. ***Forced Expiratory Volume in 1 Second (FEV1)*:** This measures the amount of air a person can forcefully exhale in one second. In COPD, this value is often reduced, indicating airflow obstruction.

3. ***FEV1/FVC Ratio***: This ratio expresses the percentage of the FVC that can be exhaled in one second. In COPD, this ratio is typically decreased.

4. ***Peak Expiratory Flow (PEF)***: This is the maximum speed at which a person can exhale air after a full inhalation. It may be reduced in COPD.

5. ***Tiffeneau-Pinelli Index (FEV1/VC%)***: This is another way to express the FEV1/FVC ratio. It's expressed as a percentage.

6. ***Classification***: Based on these values, COPD is often classified into stages (mild, moderate, severe, and very severe) according to the Global Initiative for Chronic Obstructive Lung Disease (GOLD) criteria.

It's important to remember that these values are interpreted in the context of an individual's age, gender, and height. The diagnosis and staging of COPD based on spirometry results should be done by a qualified healthcare professional. They will consider these results along with your medical history, symptoms, and other relevant tests. If you have spirometry results and are concerned about your COPD diagnosis or stage, please consult your healthcare provider for personalized advice and treatment options.

COPD-YOGA

Chronic Obstructive Pulmonary Disease (COPD) is a chronic respiratory condition characterized by airflow obstruction. It primarily includes conditions like chronic bronchitis and emphysema. Yoga, as a complementary therapy, has shown promise in helping individuals with COPD manage their symptoms and improve their quality of life.

Yoga emphasizes controlled breathing techniques (pranayama) and gentle physical postures (asanas). For COPD patients, these practices can enhance respiratory muscle function, increase lung capacity, and promote relaxation. Additionally, yoga may aid in reducing anxiety and improving mental well-being, which are often associated with COPD.

However, it's crucial that individuals with COPD consult their healthcare provider before starting any new exercise regimen, including yoga. Proper guidance and adaptations of yoga poses may be necessary to suit individual capabilities and limitations. While yoga can be a beneficial part of COPD management, it should be integrated as part of a comprehensive treatment plan that includes medical supervision and appropriate medication.

COPD- WOMEN

Chronic Obstructive Pulmonary Disease (COPD) poses a significant health challenge, particularly for women, who often experience unique physiological and psychosocial aspects of the condition. This study explores the integration of yoga practices, specifically asana (physical postures) and pranayama (breathing exercises), as a complementary approach to COPD management in female patients.

The research reviews existing literature on yoga's potential benefits for respiratory conditions and highlights its adaptability for individuals with COPD. Asana, tailored to accommodate varying levels of lung function, focus on enhancing respiratory muscle strength, flexibility, and posture. Pranayama techniques emphasize controlled breathing, which can improve ventilation efficiency and respiratory muscle coordination.

A structured program was designed and implemented for a cohort of female COPD patients, comprising weekly supervised sessions and at-home practice. Pre- and post-intervention assessments included spirometry, quality of life questionnaires, and psychological well-being scales.

Preliminary results indicate significant improvements in lung function, as evidenced by increased FEV1 and FVC values. Participants reported enhanced overall well-being, reduced dyspnea, and improved ability to perform daily activities during the session. Additionally, anxiety and depression scores showed notable reductions, suggesting positive effects on mental health and noticed some flexibility assessment problem which was also addressed in few sessions.

CONCLUSION

This study suggests that incorporating asana and pranayama into COPD management for women offers a holistic approach to address both physiological and psychological aspects of the condition. However, further research with a larger sample size and longer follow-up periods is warranted to validate these findings. This

integrated approach, when implemented under appropriate supervision and in conjunction with conventional medical care, holds promise for enhancing the well-being and quality of life of female COPD patients.

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