Psychosomatic Illness, Method of Treatment and Quality of Life: An Interactional Analysis

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Abstract
The study was aimed to assess the role of different methods of treatment (allopathic versus allopathic cum yogic) on quality of life of volunteers incidentally chosen from five psychosomatic illnesses – asthma, diabetes, high blood pressure, heart disease and ulcer. Difference if any, between these illnesses with regard to quality of life was also investigated. Thus, 30 volunteers from each of these illnesses for both the treatment groups were selected (N=300). They were similar in certain demographic variables as well. The QOL Questionnaire by Sharma et al. (1998) for measuring the quality of life was used. Certain asanas and pranayams and yognidra were utilized for yogic intervention. Hypotheses framed for verification were firstly that patients from different illnesses will be similar to each other with respect to quality of life and secondly that treatment methods will have varying impact on the quality of life of the volunteers. Both these hypotheses were confirmed on the basis of statistical analysis. The findings have been discussed accordingly.

Keywords: Yoga and quality of life, Yoga and psychosomatic illness, Yoga and wellbeing & Quality of life and Yoga.

Introduction
Psychosomatic illnesses are those which are supposedly caused by mental factors. Consequently quality of life is affected. Yoga on the other hand, is a holistic approach to treatment. The psyche and the soma simultaneously come into harmony of each other. The quality of life of a person is substantially enhanced. Other systems of therapy such as the allopathic system treats the body only. The relief is allegedly only symptomatic and temporary.

There are studies suggesting that as compared to only allopathic treatment if yogic treatment is additionally imparted the quality of life of psychosomatic patients improves (e.g. Singh and Udupa, 1977; Bhushan, 1998; Bidwell et. al. 2012; Venkatesh, 1991). Hence it is deemed pertinent to investigate empirically, once again, whether common psychosomatic illnesses such as diabetes, high blood pressure, heart disease, asthma and ulcer are identical to one another in terms of quality of life and whether the aforementioned treatment methods have varying outcomes for each of these illnesses as regards the quality of life. With these objectives in mind it was hypothesized that different systems of treatment
(allopathic and yogic) will have a varying effect on quality of life whereas patients of psychosomatic illnesses under study will be similar to each other.

**Methodology**

**Sample:**

The Incidental Sampling technique was used in the present investigation. 30 volunteers from each of the five illnesses (N=150) - high blood pressure, diabetes, asthma, ulcer and heart disease were chosen. These patients practiced allopathic therapy along with yogic treatment (such as asanas, pranayams and yognidra). Another group had the same number of subjects but were only on allopathic treatment (N=150). Subjects from both the groups were comparable in terms of age (45 to 50 years), sex (male only), type of family (Nuclear), size of family (3 to 5 members), education (above matriculation level) and area of residence (Bhagalpur city) etc.

**Design**

As there were two groups under study the Classical Design was utilized.

**Tools**

Saxena et. al. (1998) have developed a shorter version of QOL Questionnaire which was originally developed by WHO in 1995. In this version there are 26 items which measure the four dimensions of quality of life – physical, mental, social and environmental. Items 1 and 2 are fillers and as such are not for calculation. The Alpha Cronbach Coefficient of this test ranges from 0.59 to 0.85 which is considered satisfactory. The confirmatory factor analysis of the test indicates high validity – as the correlation for the physical dimension has been found to be 0.957, 0.982 for mental dimension, 0.972 for social relationship dimension and 0.922 for environmental quality of life dimension. In this test there are items on which for making the right response one has to circle 0. The subject is asked to think about the events of his last two weeks of life and then answer accordingly. The test has five alternative responses fully, often, little bit, bit and not at all for which 5 to 1 score is assigned. For instance, if the subject answers “fully” for an item he is given a score of 5. Thus, high score is indicative of high quality of life and vice versa. At the end of the session the subject is asked to report what he felt about his life in general.

**Asanas**

Simply asanas are physical exercises done slowly and gradually. The basic idea is to cleanse the pores of the body and increase the flow of blood so that proper amount of oxygen is carried to the brain. The only asana used in the study was shavasana (corpse pose) which may look simple but has immense therapeutic value. In shavasana a person lies on his back, like a corpse (shava), face upwards, legs slightly apart and palms facing skywards.

**Pranayama**

In Yoga 'prana' is the hypothetical vital energy which flows all over the body and helps in the balance between the psyche and the soma. 'ayam' means dimension. Thereby, pranayam means a balance between the different dimensions of the prana. In the present study only two pranayams were utilized for yogic intervention – naadishodhan and bhramari pranayamas. Naadishodhan pranayam, popularly
known today as anulom vilom is a pranayam which again has a wide therapeutic value. Naadi means nerve and shodhan purification. So, naadishodhan pranayam is a breathing exercise meant to purify the nerves of the body and thereby increase the flow of oxygen to the blood. Bhramari pranayam, as the name itself suggests, is a sort of ‘humming bee breathing exercise’. The vibration created by doing this pranayam massage the brain as well as respiratory organs of the body. Thus, the benefit that accrues is manifold. Yognidra is 'psychic sleep' according to yoga. It is a modern version of yoga drawing impetus from Tantra and auto – suggestion therapy of the psychoanalytic school. It is an exercise to induce complete physical and mental relaxation. In Yognidra a person is asked to lie down in shavasana and slowly and gradually relax each part of the body. Thus, in doing so, a person attains a state which is known as hypnagogic state. In this state of being a sadhk is neither awake nor asleep. Simultaneously he has to autosuggest by mentally saying to himself "I shall be fine soon". Consequently by attaining a trance like state of mind a state of positive well being is achieved.

**Strategy of study**

After conveniently choosing volunteers for the Experimental and Control groups the former were made to practice yogic exercises for one hour in the morning for six months after which they were requested to fill the Quality of Life Questionnaire. Likewise, the Subjects from the control group, after taking allopathic treatment for six months were asked to fill the QOL Questionnaire. The data was statistically calculated (the Mean and Standard Deviation) and thereafter the use of Factorial Anova helped in deducing the main and interaction effect of the findings of the present study.

**Results and Discussion**

The results of the study can be gleaned in Table I and II as follows:

**Table I** Showing Mean and Standard Deviation of Quality of life as a result of two treatment methods × five psychosomatic illnesses

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Illness</th>
<th>Number</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Allopathic</strong></td>
<td>Asthma</td>
<td>30</td>
<td>77.31</td>
<td>8.47</td>
</tr>
<tr>
<td></td>
<td>Diabetes</td>
<td>30</td>
<td>77.29</td>
<td>9.23</td>
</tr>
<tr>
<td></td>
<td>High Blood Pressure</td>
<td>30</td>
<td>78.88</td>
<td>8.72</td>
</tr>
<tr>
<td></td>
<td>Heart Disease</td>
<td>30</td>
<td>74.56</td>
<td>9.94</td>
</tr>
<tr>
<td></td>
<td>Ulcer</td>
<td>30</td>
<td>75.54</td>
<td>10.86</td>
</tr>
<tr>
<td><strong>Allopathic cum Yogic</strong></td>
<td>Asthma</td>
<td>30</td>
<td>91.01</td>
<td>4.08</td>
</tr>
<tr>
<td></td>
<td>Diabetes</td>
<td>30</td>
<td>91.26</td>
<td>4.12</td>
</tr>
<tr>
<td></td>
<td>High Blood Pressure</td>
<td>30</td>
<td>88.08</td>
<td>5.89</td>
</tr>
<tr>
<td></td>
<td>Heart Disease</td>
<td>30</td>
<td>91.46</td>
<td>2.61</td>
</tr>
<tr>
<td></td>
<td>Ulcer</td>
<td>30</td>
<td>91.24</td>
<td>2.53</td>
</tr>
</tbody>
</table>
Table II  Showing the effect of treatment method (2) and psychosomatic illnesses (5) on quality of life 
(Factorial Anova)

<table>
<thead>
<tr>
<th>Sources</th>
<th>Sum of Square</th>
<th>Df</th>
<th>Average Sum of Square</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Effect Treatment</td>
<td>144.75.84</td>
<td>1</td>
<td>14475.84</td>
<td>272.26**</td>
</tr>
<tr>
<td>Disease</td>
<td>69.37</td>
<td>4</td>
<td>17.35</td>
<td>0.34</td>
</tr>
<tr>
<td>Treatment × Disease (Interaction effect)</td>
<td>515.62</td>
<td>4</td>
<td>128.91</td>
<td>2.43*</td>
</tr>
<tr>
<td>Error</td>
<td>15419.45</td>
<td>290</td>
<td>53.18</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>213018.2</td>
<td>299</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* p>0.05  **p>0.01

Table I and Table II highlights the Mean and Standard Deviation of the subjects under treatment (only allopathic and allopathic cum yogic) and type of illnesses (i.e. Asthma, Diabetes, High Blood pressure, Heart disease and Ulcer) on quality of life. The Factorial Anova (2 × 5) was utilized to assess the effect. The main effect of types of disease and quality of life was found to be insignificant (F=0.325 ns) whereas the main effect of types of treatment on quality of life of patients suffering from different disease was significant at 0.01 level of confidence (F=272.26, p>0.01). Table II highlights the interaction effect where interaction of disease and type of treatment was found to be significant (F=2.43, p>0.05). These results suggest that different types of disease do not significantly affect the quality of life differently as all these diseases are psychosomatic and hence their nature is alike. But, the type of treatment does have a significant effect on the quality of life of the patients as mentioned above. These findings confirm the hypotheses framed for verification that all psychosomatic illnesses will be similar to each other on quality of life and that additional use of yogic intervention besides allopathic therapy will have a positive impact on the quality of life of patients suffering from lifestyle disease. Desikachar and his associates (2005) have stressed the impact of yoga on health and well being. Collins (1998) feels that yoga induces a sense of calmness. Mehta et. al. (1995) are of the view that yoga inspires to live life with a sense of enjoyment. Arora (2008) opines that yoga induces an optimistic view towards life. Woolerz et. al. (2004) and Pilkington et al. (2005) too, have found yoga to have an anti depressant effect. Thus, in sum it can be deduced that yoga is beneficial, physically, mentally and even spiritually.

Conclusion

It becomes apparent that additional use of yoga therapy has an added advantage for the treatment of psychosomatic illnesses. However, psychosomatic illnesses are similar to each other in terms of quality of life and the positive feeling ensuing therein.

References


