GRAND ACADEMIC PORTAL

GAP INTERDISCIPLINARITIES

A Global Journal of Interdisciplinary Studies (ISSN - 2581-5628)

Impact Factor: SJIF - 5.047, IIFS - 4.875 Globally peer-reviewed and open access journal.



COMPLIMENTARY EFFECT OF KRIPALAVANANDJI YOGA ON BIOCHEMICAL PARAMETERS IN PATIENT WITH TYPE 2 DIABETES: A CASE STUDY

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Abstract

One of the biggest public health issues in the modern world is type 2 diabetes mellitus (T2DM).(15) Diabetes is treated with the use of drugs in order to maintain anthropometric measurements, stress levels, lipid profiles, blood glucose levels, and lipid profiles.(4). Earlier research shows Yoga lowers triglyceride, free fatty acid, and low density lipoprotein cholesterol levels while improving high density lipoprotein cholesterol levels in diabetes mellitus patients (8). We present the case of diabetes mellitus patient, which was treated for 6 months with kripalavanandji module which consists of asana, mudra, pranayama and diet. This intervention was directed towards the patient alleviating symptoms and to reduce the TSH value. The case shows that diabetes and hypothyroidism may be successfully managed with the kripalavanandji yoga techniques.

Keywords: Kripalavanandji, yoga, diabetes mellitus 2, FBS, PBBS and TSH.

INTRODUCTION

At least 366 million people worldwide have diabetes, according to the World Health Organization (WHO), in 2011. By 2030, this number will increase to 552 million. People with type 2 diabetes are becoming more prevalent everywhere.(1). The second-largest population in the world with type-2 diabetes mellitus (T2DM), which has serious health and socioeconomic consequences, is found in India. (2) Diabetes mellitus comes in two main forms: type 1 diabetes, which is insulin-dependent, and type 2 diabetes, which is not (type 2 diabetes). In affluent countries, more than 90% of those with diabetes have type 2 diabetes, and this number is significantly greater in developing nations. (3) . There are numerous cutting-edge pharmacological treatments for diabetes. However, prolonged drug use has some negative side effects and consequences, such as drug dependence, and with time, pharmaceuticals may lose their effectiveness relative to the initial response, which may cause patients to acquire drug resistance.(5,6). Yoga is a physical practise that has been studied for many years and has grown in popularity because of its many health advantages. It is a successful, affordable, simple to use lifestyle modification technique that has no side effects (7).

PRESENTING COMPLAINT

A 67 year old Indian male with no history of smoking or alcohol was diagnosed with type 2 diabetes from past 15 years and also hypothyroidism from past 5 year. Since then he is on medication for both the condition.

THERAPEUTIC FOCUS AND ASSESSMENT

Swami Kripalavanandji yoga intervention module for the Diabetes patient. They were given various asana and pranayama practice for 1 hour in 6 days a week for 6 months. Kripalavanandji has given the classical yoga practices for various diseases and also diet is given to the patient. They follow the diet upto their capacity. The yoga practice and diet module are given below

Yoga-asanas and postures for the patients with diabetes module is given in table 1



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DIET

Pathya:

Dietary bread, wheat bran bread and bhakri, barley bread and bhakri, chana, chana dal, mug, peas - all these can be eaten in small quantities. Butter Extracted Buttermilk or its Curry, Eggplant, Onion, Garlic, Radish, Tomato, Parval, Carrot, Kankoda, Cabbage, Curry, Dodi, Fenugreek Vegetable, palak, tanderja leaves vegetables, Rice, Salt and Suva Vegetable, Milk There is a diet. Limit the use of green vegetables. Rye, falsa, jambu, apple, pineapple, pomegranate, amla, grape, citrus, orange, ripe banana, raw papaya etc. can also be taken in the diet. Use fruits essentially and prudently. Drink a decoction of neem juice, karela juice or bili juice.

Apathy: Do not eat fried or soaked food, do not eat rice dishes. Also do not eat ghee, milk, yogurt, butter and other nutrients.

FOLLOW UP AND OUTCOMES

The report suggests that he has 154 mg/dl FBS and 219 mg/dl PBBS in the year 23^{rd} October 2021 And has a TSH value of 7.62 in the year 2020. After doing yoga module according to swami kripalavanandji the FBS is 134.96, PBBS is 139.96 and TSH is 3.1100. This shows that there was significant improvement in FBS, PBBS and TSH. The quality of life always increases. Yoga intervention was given 6 days a week for a year. The response was noted in this case.

Variable	Pre result	Post result	Difference in percentage
TSH	7.62	3.1100	84%
FBS	154.03	134.96	13.%
PBBS	219.06	139.96	44%

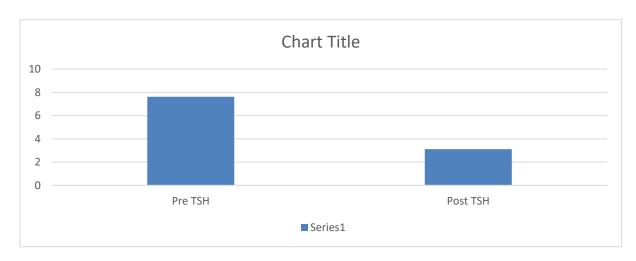
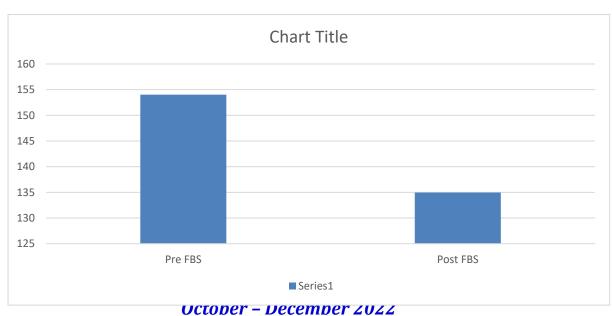


Table 2: Pre TSH and Post TSH value.





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Table 3: Pre FBS and Post FBS value

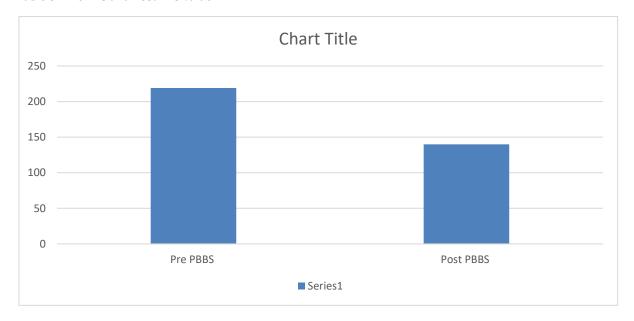


Table 4: Pre PBBS and Post PBBS result

DISCUSSION

Yoga encourages fitness and food discipline (9). Regular yoga practise lowers the chance of complications from diabetes. Patients with diabetes mellitus are thought to have sudden death as a result of cardiac autonomic dysfunction. Clinical investigations have demonstrated that consistent yoga practise decreased the risk of cardiovascular events and enhanced cardiac autonomic function without regard to glycemic management.(10) In diabetic individuals, yoga therapy also improves nerve conduction and cognitive function by stabilising the coagulation profile (11). When type 2 diabetic patients' glycemic control is improved without diet or exercise, such as by increasing their insulin dosage or taking anti-diabetic medications, weight gain occurs. Yoga, on the other hand, enhances glycemic control without causing an increase in body weight, and some studies have even found that it causes weight loss (12). In addition to its benefits for relaxation and stress reduction, yoga also affects dietary choices, behavioural changes, and physical activity (13). The practise of yoga has also been shown to have a positive impact on one's mental equilibrium, reducing anxiety and tension while promoting hormone balance and feelings of well-being. Its capacity to boost endogenous melatonin release is credited with contributing to this feeling of wellbeing.(14) Numerous studies on the impact of the transcendental meditation (TM) programme on hormone levels have been reported. The levels of cortisol and TSH were lower after 4 months of TM practise, but growth hormone levels were higher.(16)

S. B. Rawal and colleagues revealed that a decrease in metabolic activity may indirectly decrease the body's need for thyroxin (1994). (17). Yoga asanas, which include dynamic stretching of the body, are thought to improve insulin secretion in people with chronic diabetes by regenerating pancreas cells (18) In cases of insulin resistance, changes in triglyceride metabolism, free fatty acid turnover, and lipolysis are typically linked to dyslipidemia. Diabetes is hypothesised to cause impaired lipoprotein lipase and increased hepatic lipase activity as a result of insulin resistance. Impaired insulin secretion has been linked to long-term exposure to high free fatty acid levels.(19) Physical activity raises HDL levels and decreases the concentration of very lowdensity lipoprotein cholesterol and triglycerides (20). In earlier research, senior women with diabetes who participated in a 12-week yoga intervention exhibited a significant reduction in triglycerides, total cholesterol, LDL, and improved HDL (21). Another randomised control experiment found that practising yoga Nidra for six months lowers the serum TSH level in women with irregular menstrual cycles.(22) The enzyme responsible for clearing TG-rich lipoproteins, lipoprotein lipase (LPL), becomes less active when thyroid hormone levels are low, which causes serum TG levels to rise. (23) After three months of yoga practise, Agrawal et al. found that type 2 diabetes individuals had significantly improved glycaemic control and lipid profiles, with significant decreases in serum TC, triglyceride, and LDL concentrations and concurrent significant increases in HDL concentrations. (24) Hence the findings from the above case seems to be a ray of hope for chronic debilitating conditions like diabetes and hypothyroidism also the intervention is cost effective and feasible for the disease population.

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CONCLUSION

Kripalu swami yoga appeared to be feasible intervention and beneficial effects on several physical, glucose levels and TSH were reported. This practice was helpful in treating the patient of diabetes. And also helpful in controlling TSH. Hence the focus in this area is very important this approach can be taken into consideration for further treatment and research work for diabetes.

PATIENTS PERSPECTIVE

The patient was satisfied with the improvements and hopes recovery in fbs from yoga practice and wish to continue in his day to day life.

REFERENCE

- [1] Wild S, Roglic G, Green A, Sicree R, King H. Global Prevalence Of Estimates For The Year 2000, And Projection For 2030. Diabetes Care 2004:27:1047-53.
- [2] International Diabetes Federation (IDF). IDF Diabetes Atlas. 9th ed. Brussels: IDF (2019).
- [3] World Health Organization. Global Report on Diabetes. Geneva: WHO; 2016.
- [4] Sreedevi A, Gopalakrishnan UA, Ramaiyer SK, et al. A randomized controlled trial of the effect of yoga and peer support on glycaemic outcomes in women with type 2 diabetes mellitus: a feasibility study. BMC Complement Altern Med 2017;17(1);100. DOI: 10.1186/s12906-017-1574-x.
- [5] Chimkode S, Kumaran SD, Kanhere VV, et al. Effect of yoga on blood glucose levels in patients with type 2 diabetes mellitus. J clin diagnostic res 2015;09(4):1–3. DOI: 10.7860/JCDR/2015/12666.5744.
- [6] Mohammed R, Banu A, Imran S, et al. Importance of yoga in diabetes and dyslipidemia. Int J Res Med Sci1 2016. 3504–3508. DOI: 10.18203/2320-6012.ijrms20162320
- [7] Amita S, Prabhakar S, Manoj I, et al. Effect of yoga-nidra on blood glucose level in diabetic patients. Ind J Physiol Pharmacol 2009;53(1):97–101.
- [8] Cui J, Yan JH, Yan LM, Pan L, Le JJ, Guo YZ. Effects of yoga in adults with type 2 diabetes mellitus: a metaanalysis. J Diabetes Investig. 2017; 8:201–209
- [9] Miller CK, Kristeller JL, Headings A, Nagaraja H, Miser WF. Comparative effectiveness of a mindful eating intervention to a diabetes self-management intervention among adults with type 2 diabetes: a pilot study. J Acad Nutr Diet. 2012; 112:1835–1842. PMID: <u>23102183</u>.
- [10] Cramer H, Lauche R, Haller H, Steckhan N, Michalsen A, Dobos G. Effects of yoga on cardiovascular disease risk factors: a systematic review and meta-analysis. Int J Cardiol. 2014; 173:170–183. PMID: <u>24636547</u>.
- [11] Chohan IS, Nayar HS, Thomas P, Geetha NS. Influence of yoga on blood coagulation. Thromb Haemost. 1984; 51:196–197. PMID: 6740553
- [12] Mullur RS, Ames D. Impact of a 10 minute seated yoga practice in the management of diabetes. J Yoga Phys Ther. 2016; 6:1000224. PMID: 27774351.
- [13] Aswathy S, Unnikrishnan AG, Kalra S. Effective management of type 2 DM in India: looking at low-cost adjunctive therapy. Indian J Endocrinol Metab. 2013; 17:149–152. PMID: 23776869.
- [14] K. Harinath, A.S. Malhotra, K. Pal, et al. Effects of hatha yoga and omkar meditation on cardiorespiratory performance, psychological profile and melatonin secretion J Altern Complement Med, 10 (2) (2004), pp. 261-268.
- [15] Chen L, Magliano DJ, Zimmet PZ. The worldwide epidemiology of type 2 diabetes mellitus—present and future perspectives. Nat Rev Endocrinol 2011;8:228–36.
- [16] MacLean CR, Walton KG, Wenneberg SR, Levitsky DK, Mandarino JP, Waziri R, et al. Effects of the transcendental meditation program on adaptive mechanisms: Changes in hormone levels and responses to stress after 4 months of practice. Psychoneuroendocrinology 1997;22:277-95.
- [17] Rawal, S.B.; Singh, M.V.; Tyagi, A.K.; Selvamurthy, W.; Chaudhuri, B.N. (1994) Effect of
- [18] yogic exercises on thyroid function in subjects resident at sea level upon exposure to high
- [19] altitude. Int J Biometeorol.; 38(1):44-7
- [20] Sahay B.K. Role of yoga in diabetes. J Assoc Physicians India. 2007;55:121–126.
- [21] Perez-De-Albeniz A., Holmes J. Meditation:concepts, effects and uses in therapy. Int Psychotherapy. 2000;5:49–58.

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- [22] Asikainen T.M., Miilunpalo S., Kukkonen-Harjula K. Walking trials in postmenopausal women: effect of low doses of exercise and exercise fractionization on coronary risk factors. Scand J Med Sci Sports. 2003;13:284–292.
- [23] Dhansoia V, Bhargav H, Metri K. Immediate effect of mind sound resonance technique on state anxiety and cognitive functions in patients suffering from generalized anxiety disorder: A self-controlled pilot study. Int J Yoga 2014;6:1-8.
- [24] Sukanta S. Effects of yogic practice on lipid profile in elderly women with type 2 diabetes mellitus. Indian J Res 2015;4:1.
- [25] CV Rizos MS Elisaf EN Liberopoulos Effect of thyroid dysfunction on Lipid profileOpen Cardiovasc Med [201157684.
- [26] Agrawal RP, Aradhana R, Hussain S, Sabir M, Kochar DK, Kothari RP: Influence of yogic treatment on quality of life outcomes, glycaemic control and risk factors in diabetes mellitus. International Journal of Diabetes in Developing Countries. 2003, 23 (4): 130-134.



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Annexure

	82912 83237					
	PATHOLOGY • COMPLETE HEALTH CHECK-UP					
Patient Id	: PVD03220-21/31523		Registration Date	: 28/12/2020		
Patient	: Mr Jyotikumar Jani : 65 Yrs/ M		Report Date Center	: 28/12/2020 : SMITA PATHOLOGY		
Age/sex Ref. By	: Dr. AMI SANGHVI			IIII IIIIII IIII III III IIII III		
	ial Plasma Glucose	278	mg/dl	70 - 140		
Post-Prandial Urine Glucose		-	gru			
Method : Hexokinase						
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Vini Castle, Opp. JBCN School, L. M. Road, Borivali (W), Mumbai - 103.

Tel.: 2894 2424 / 2894 5577, Mob.: 8828839903

Collected Sample Passport No 707-Jun-2022

Patient's Name : MR JYOTIKUMAR JANI Reg. Date & Time : 07-Jun-2022 7:42 am : MALE / 67 Years Coll Date & Time : 07-Jun-2022 8:06 am Sex / Age Referred By Dr : DR AMI SANGHVI Report Date & Time : 07-Jun-2022 4:08 pm Collected At : M M MEDICAL CENTER (DAHISAR) Print Date & Time : 07-Jun-2022 4:13 pm

TSH (THYROID STIMULATING HORMONE)

RESULT REFERENCE RANGE TEST

HORMONES

TSH By CLIA Serum 3.110 0.4 - 4.5 uIU/ml

* DONE ON FULLY AUTOMATED CHEMILUMINESCENCE IMMUNOASSAY (CLIA) SYSTEM MAGLUMI 1000 (ITALY) & AUTOLUMO -A 2000 Plus (CHINA)

(TSH Sensitivity: < 0.01 μIU/m)

The concentration in a given specimen, as determined by assay from different manufactures can vary due to differences in assay method & reagent specificity.

INTERPRETATION :-

TSH values may be transiently altered because of non - thyroidal illness like severe infections, liver disease, renal and heart failure, severe burns trauma & surgery etc.

2) Drugs that decrease TSH value e.g:L-dopa, Glucocorticoids. Drugs that increase TSH value. e.g lodine,

Lithium and Amiodaron.

3) Pregnancy reference range for TSH: 1st Trimester: 0.10 - 2.50

2nd Trimester: 0.20 - 3.00 3rd Trimester: 0.30 - 3.00

Reference :

Guidelines of American Thyroid Association for the Diagnosis and Management of Thyroid Disease pregnancy and postpartum,

Thyroid,2011,21; 1081 - 1125.

ADVICE: ANTI THYROID ANTIBODY IF CLINICALLY INDICATED.

* Note :- All the values are machine specific kindly interpret with normal ranges provided.

END OF REPORT



Checked By SHEETAL

DR PRASEEDA DESAI M.D. (Microbology)

M.D. (Pathology)

DR. RITVIK KHANDELWAL

M.D. (Pathology)

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Table 1 Intervention

Practice	Duration
Prayer	5 min
Surya namaskar	5 min
Trikonasana	2 min
Vimukt trikonasana	2 min
Prushthasana	2 min
Prasaritasana	2 min
Vampad Pavanmuktasana,	2 min
	_

Dakshinapadapavanmuktasana	2 min
Ubhayapadapavanmuktasana	2 min
Mahamudra Paschimottanasana	2 min 2 min
Pravinasana	2 min
Bhunamanpadmasana 1-2-3,	2 min

Baddhahastapadmasana	2 min
Matsyasana	2 min
Ardhsalbhasana	2 min
Bhujangasan	2 min
Savasana	5 min
Anulom vilom pranayama	15 min

And chandrabhedan