7: CONCLUSION

Regular yoga practice benefited individuals to maintain or lose weight with overweight and grade one obesity. Long term practice has not given any hyper mobility. Function and ability to squat has been maintained in the studied prospective group. Two years of practice of yogasans produced statistically significant change in flexibility of hip flexors, hamstrings and thoraco-lumbar fascia and spine extensor muscles.

There were patients having reduced activity level due to long standing knee dysfunction. There was a clear mention of how to begin, increase the training sessions and progression to advance levels with respect to the practice of yogasans. Same principles were followed while teaching yogasans practice. As observed in various groups, no participants reported any adverse effects.

Pain in the knees due to Osteoarthritis (OA) reduced as observed in Pain subscale of Knee and osteoarthritis outcome score (KOOS). The knee joint and hip joint ranges improved. There was no change in joint stability observed on the American knee society knee score (KSKS). With six months of practice of yogasans there was significant change in Symptoms and Quality of life (QOL) in patients having OA.

The knee club holistic programme demonstrated significant changes in Pain and QOL subscales. On an average they were in advanced stage of OA as compared to only Yogasan group. Functions and Activities of daily living ADL could be maintained by six months of knee club programme in the members having OA.
Yogasans could not be used as an only measure as medications and advised therapy was continued. Case studies suggest that yogasans can be used as an adjunct to physiotherapy in relieving the symptoms. Patients readily used this method for gaining and maintenance of flexibility. They felt themselves freed from a label of ‘patient’, as they rightly had perception that yogasans were practiced in health as well rather than as a therapy.

There was reduction in hip and ankle joint mobility in patients with involvement of knee complex as noted by initial assessment. Hence holistic management and evaluation of the whole chain is important than limiting to knee complex only. Yogasans practice involved spine and all lower extremity joints along with knee complex.

Asymptomatic individuals had tightness in various areas influencing the function and thereby structure of the knee complex. There was asymmetric tightness in many in the group of participants tested before long term yogasans practice. Awareness of these was brought by the assessment stimulating or encouraging them to start and follow the yogasans practice. Same was observed in the small population of women from UK. Muscle and joint restrictions were not limited to aging processes but in younger population as well.

Variations in yogasan poses improve flexibility and all areas of joint surfaces are brought under stress/contact, this must be helpful in possibly reducing wear and tear of restricted areas and hence preventing aging or arthritic process which needs to be explored further.