the present study shows the superiority of yoga over physical activity in improving the
cognitive functions which could be attributed to emphasis on correctness in breathing,
synchronizing breathing with body movements, relaxation and mindful rest.

8.2 CONCLUSION
The results suggest that integrated approach of yoga therapy (IAYT) could be one of
the preferred nonhormonal, life style modifying regimes in perimenopausal women.
Yoga has been spreading world over with its practitioners mushrooming round the
globe. It has made its entry in the internationally acclaimed books, medical articles,
therapy oriented magazines. Complimentary and alternative therapies have become
the preferred treatment modality by women with promising results after hormone
replacement was shown to be harmful for treatment of perimenopausal symptoms.
Yoga is being considered one of the most important complementary and alternative
therapy which is cost effective, without any side effects (if carefully practiced) and
offers much more than mere healing. The tradition of yoga has conceptual basis and
suitable techniques to handle the psychological and somatic symptoms of climacteric.

9. APPRAISAL
9.1 Implications and Strength of the studies
9.2 Limitations of the study
9.3 Suggestions for future

9.1 Implications and Strength of the studies
STUDY – 1
1. After the incorporation of some changes in the original scale of Greene, there has been no replicative study which confirms the factor structure. Our study fills this gap.

2. As there is still a limited amount of information on the experience of menopausal symptoms and their groupings in Asian women, the MRS and GCS results report the prevalence of symptoms in Indian perimenopausal women.

3. The factor analysis of MRS and GCS constructed symptom groupings from reported symptoms.

4. The findings of this factor analysis may be used as normative data for future studies.

**STUDY – 2**

1. This is the first RCT that has looked at cognitive and psychological functions after yoga practice in climacteric.

2. An objective measure, serum FSH level, was used as the inclusion criterion rather than only the subjective symptoms of menopausal rating scale.

3. The type of practices for the yoga and control interventions was matched and the practices were supervised by trained instructors for the entire period of the study.

4. Control group also had the supervised practices for the same duration as the experimental group.

### 9.2 Limitations of the study

1. With regard to external validity, since the tests were in English, the sample was restricted to women with knowledge of the English language. Thus our sample should be taken to be fairly representative of women in urban India.
2. The estradiol levels were not measured. Although we have used FSH levels as the only objective inclusion criterion (Phillips, 2004). It will be interesting to see the effect of long-term practice of IAYT on FSH and estradiol levels.

3. This RCT included a highly selective group of women excluding those with associated illnesses such as diabetes and hypertension etc which are common diseases of this age, because this would interfere with the uniformity of the intervention and the resultant conclusions. This may bring in the question of generalisability of the application of the conclusions of this study in practice. Although there are earlier independent studies that have shown the benefits of yoga in diabetes and hypertension (Bijlani et al, 2005), it will be interesting to design studies that would recruit perimenopausal women with these common problems in future studies.

4. Since the significant benefits found in control group in psychological factor of GCS and PSS would lead to bias towards the null hypothesis in concluding the effects of yoga, inclusion of a third group who do not do any practice, in the design of the study, would throw light on the true treatment effects.

9.3 Suggestions for future

1. Functional studies to look at the changes in neuro- hormonal changes in the brain, autonomic functions during mental stress challenge before and after the integrated approach of yoga therapy (IAYT) in perimenopausal women would throw light on the mechanism.

2. Inclusion of vasomotor symptom diaries as another variable could provide more detailed information about the efficacy of the intervention.
3. This study has shown the benefits in Indian women. It will be useful to conduct similar studies in other races where yoga may not be available as a traditional practice in their culture.

References: