Effects of Yogic Practices Along with Cellular Gem Therapy on Physiological Parameters among Geriatrics

1Mr. S. Bhaskar, 2Dr. K. Venkatachalapathy

1PhD Scholar, Karpagam University, Coimbatore
2Asst. prof. Centre for Yoga Studies, Annamalai University, Chidambaram

Abstract: The purpose of this study was to investigate and assess therapeutic effects of yogic practices and cellular Gem therapy on physiological parameters of Hypertension blood pressure and pulse rate. 60 subjects were randomly selected from 92 people living in an old age home in Chennai, aged 60 and above (MASS Charitable Trust – Aged and children service centre Vivekananda Nagar Chennai 600118). The duration of the study was 12 weeks. The pulse rate, Systolic, Diastolic parameters were recorded at the start of the study, and randomly selected 20 for Yogic practice, 20 for Cellular Gem therapy and 20 for control group. Yogic practice was given for 5 days in a week; Cellular Gem Therapy was given once a week for 12 weeks. Cellular Gem therapy was given with Lax IV Medical equipment. Key feature of this Gem therapy is, as it works on Human body cell at di-electric resonance property, and shifts the Human body’s Assemblage point. Location of the Assemblage point plays vital on human health, dislocation of Assemblage point is the symptom of the disease in our body. Cellular Gem therapy will shift location of the Assemblage point location by regulating the channels of Bio-plasmic in our body.

There were significant control over Hypertension, Systolic and Diastolic and good control over Pulse rate when compared to control group with the Yogic Practice group and Cellular Gem therapy group.

Keywords: Yoga, Cellular Gem Therapy, Assemblage Point, Hypertension, Blood Pressure.

1. INTRODUCTION

YOGA:

“Yoga is not an ancient myth buried in oblivion. It is the most valuable inheritance of the present. It is essential need of today and the culture of tomorrow” – Swami Satyananda Saraswati.

The word yoga means “unity” or “oneness”. It is derived from the Sanskrit word “Yuj” which means “to join” on a more practical level, yoga is a means of balancing and harmonizing the body, mind and emotions. This is done through the practice of asana, pranayama, mudra, bandha, and meditation and must be achieved before union can take place with the higher reality.

According to the yoga, the mind cause, pranic cause and physical cause are the most important components in the cause of hypertension. Modern medical science also attributes importance to mental aspects. The mind and the body are one, they are not merely linked but are interlocked and they reflect each other. What we are seeing on physical plane as hypertension is reflected from the mental levels into the brain and body.

The body is directly influenced by the mind. If a positive attitude as well as strength and health of mind is maintained, then the body will nourish and flourish. If there are mental problems, neuroses, negativity, deep-rooted complexes and
mental tensions, the tree withers and illnesses such as hypertension appear as signs that something is not functioning correctly. This indicates that work must be done on the body and mind or death will eventuate.

The primary reason for hypertension is earned and acquired rather than inherited or bestowed. Although the tendency to it may be a gift of genes, the disorder is largely psychosomatic. The clinical definition of abnormal limits of blood pressure is illusory and vague. There are surprisingly individual and racial differences of tolerance which are not yet fully determined. The blood vessels are called arteries, veins and capillaries. Increase of the pressure increases the tension of the vessel walls, and an excess of this pressure causes hypertension.

Yoga therapy focuses on the path of Yoga as a healing journey that brings balance to the body and mind through an experiential understanding of the primary intention of Yoga.

**Cellular Gem Therapy:**

Cellular gem therapy is a gentle non-invasive technique which can be applied to a wide range of health problems. It uses the dielectric resonating properties of crystalline precious gemstones to induce energy into diseased or injured tissue. It can help the body's natural healing mechanisms. The frequency directs on to the heart, lungs, liver, and soles of the feet, abdomen or head usually on bare skin. It can be used on its own or in conjunction with other therapies.

Cellular Gem therapy given with Lax IV Medical equipment, which has the document related to EMC Emissions & Immunity. Electronic gem therapy has been used for 20 years and, to date, no adverse side effects have been reported. The equipment used has Government medical compliance certification for a Class IIa medical device. It is manufactured from USA and UK components certified for medical use to British standard MQ1A ISO 9001. Safety Tested to EC Low Voltage, there by confirms to protection requirements of the Council Directives Europe for the safety.

One of the main key features of this Gem therapy is, as it works on Human body cells at di-electric resonance property, and shifting the overall energy’s vortex of the human body (Human body’s Assemblage point) in a right location that is near to the Thymus Gland. Location of the Assemblage point plays a vital role on human health. Dislocation of the Assemblage point is the symptom of the disease in our body. Cellular Gem therapy will make to shift the location of the Assemblage point vortex by regulating the energy channels of the disease affected organs and overall Bio-plasmic energy of our body.
The 'off centre' map showing approximate locations for various symptoms:

**THE ASSEMBLAGE POINT LOCATION AND ENTRY ANGLE AND ITS DOMINATING EFFECTS ON LEFT/RIGHT BRAIN ENERGY & ENDOCRINE SYSTEM FUNCTIONS**

**ENTRY ANGLE up/down and right/left.**

1. The shaded area is the location and entry angle for a healthy-balanced person.
2. Large deviations from the shaded area are accompanied with the symptoms listed.
3. Locations close to the Critical Line cause acute unease and discomfort.
4. When it dips below the Critical Line, the energy field collapses and death occurs.

**LEFT BRAIN = RIGHT SIDE OF THE BODY  RIGHT BRAIN = LEFT SIDE OF THE BODY**

- Left brain controls right body functions  Left brain is associated with thinking and extrovert activity
- Right brain controls left body functions  Right brain is associated with dreaming and introvert activity

**ASSEMBLAGE POINT LOCATIONS ON THE RIGHT SIDE OF THE CHEST**

- Increase left brain activity and extrovert states of consciousness

**ASSEMBLAGE POINT LOCATIONS ON THE LEFT SIDE OF THE CHEST**

- Increase right brain activity and introvert states of consciousness

Research Publish Journals
2. THE SEVEN RULES OF THE HUMAN ASSEMBLAGE POINT

1. At the physical, emotional, atomic and quantum levels, a human being is an independent oscillating energy field. All oscillating energy fields, by virtue of the fact that they are oscillating, must have an epi-centre or vortex of the rotation. The epi-centre of the human energy field is called the Assemblage Point.

2. The location and entry angle of the Assemblage Point with respect to the physical body dictates the shape and distribution of the human energy field.

3. The shape and distribution of the human energy field are directly proportional to the biological energy and activity of the organs and glands in the physical body, and to the quality of the emotional energy.

4. The biological activity of the organs and glands determines the position of the Assemblage Point, and thus the shape and distribution of biological energy throughout the physical body.

5. The location and entry angle of the Assemblage Point has a direct influence over the biological activity of all of the organs and glands including the brain and these have a direct influence on the location of the Assemblage Point.

6. The location and entry angle of the Assemblage Point regulate how we feel and behave. Disease also dictates the Assemblage Point location and entry angle.

7. The way we feel and the manner in which we behave; our state of health or disease and our ability to recover are reflected in the location and entry angle of our Assemblage Point.

The idea that how we behave and how we feel might be beyond our rational control which is largely unbelievable to most healthy people. Such people are extremely fortunate as they have a stable, near central Assemblage Point.

This idea is acceptable and can be easily comprehended by anyone of us who has experienced any of the following:

1) Serious accident, bereavement, disease, fever, tragedy, chronic stress or depression.

2) Distressed or oppressed childhood, rape or sexual assault, violent intimidation, kidnapping, abduction, enslavement.

3) Self laceration, mutilation or poisoning, attempted suicide, substance and drug, indulgence, drug overdose, mental institution.

4) Mugging, robbery, burglary, fraud, theft.

5) Genocide, war, terrorism, homicide, torture, post military combat trauma, imprisonment.

6) Physical or psychological intimidation, interrogation, brainwashing.

7) Betrayal, financial or legal intimidation, blackmail, malicious divorce, bankruptcy, redundancy, home repossession, arrest, prosecution.

Under any of these circumstances many people can undergo a serious or seemingly permanent change of their mood or even a personality change. They may also develop physical symptoms and illness. This may eventually lead to more serious disease.

The older adults now a days meet problems like dementia, depression, delirium, psychosis, anxiety, substance abuse and sleep disorders and also suffer from a lot of health problems.

The yogic holistic approach of life may improve the mind, body and emotional states of well being. The population aging is the increase in the numbers and proportion of older people in society.

During the past decade, the elderly people had undergone a rapid change due to modern life style changes. As a result they are constantly experiencing pressure and they suffer from a lot of health problems. In this context, the present study on the effect of yoga on physiological parameters among geriatrics, is to assess the impact of yoga and gem Therapy among the above mentioned subjects.

Statement of the Problem:

The purpose of the study is to

- Examine the effect of yoga intervention on selected physiological parameters among geriatric persons and
Examine the effect of Gem therapy on selected physiological parameters among geriatric persons.

Hypotheses:

Hypothesis 1: There will be significant improvement in Pulse Rate and Blood pressure among geriatric persons of experimental group after Yoga training intervention.

Hypothesis 2: There will be significant improvement in Pulse Rate and Blood Pressure among geriatric persons of experimental group after Gem therapy intervention.

3. METHODOLOGY

60 subjects were selected from old age home in Chennai aged 60 and above (MASS Charitable Trust – Aged and children service centre Vivekananda Nagar Chennai 600118). The duration of the study was 12 weeks. The pulse Rate, Systolic and Diastolic parameters were recorded at the start of the study, and 20 were selected for Yogic practice, 20 for Cellular Gem therapy and 20 for control group. Yogic practice for 5 days in a week was given, Cellular Gem Therapy was given once a week for 12 weeks and cellular Gem therapy was given with Lax IV Medical equipment.
This study is experimental in nature, the theory and practical classes were conducted at the Old age home (MASS Charitable Trust –Aged and children service centre Vivekananda Nagar Chennai 600118) in Chennai for a period of three months under the supervision of an experienced trainer for 90 min a day and five days a week. Every subject received personalized attention and supervision during Yoga session. Each Yoga session consisted of 15 min of pranayamas (yogic breathing, Nodi sodhna, Sheetali, ujjayi[psychic breath] ), 10 min of warm-up exercises, 40 min of asanas (yogic postures - pavannuktasana series, bhujangasana, paschimottanasana, Marjari asana, Tiryanka tadasana, Kati chakrasana, trikonasana) and 10 min of supine relaxation in savasana. Meditation for 20min was practiced [given on conducting the sound consciousness, conducting the breath consciousness, conducting the word consciousness].

All the participants did Yoga practice with obvious enthusiasm; they appeared to be in a relaxed manner throughout the exercise period and liked the rhythmic movements of Yoga. The 20 patients in the control group were asked to maintain their routine activities such as walking and other non specific exercises and not to begin any activity program during the course of this study. The data statistically analyzed by using analysis of covariance (ANCOVA).

4. LIMITATION OF THE STUDY

The study variation in the meteorological status like atmospheric temperature, humidity etc., during the pre and post tests were also found to be a limitation of this study as it was not possible to have control over them. Some of the day-to-day activities, rest period, food habits, life style and family circumstances could not be controlled.

Delimitation:

This study is delimited to the elderly people aged between 60 and 70 those who lived in elderly home at MASS Charitable Trust –Aged and children service centre Vivekananda Nagar Chennai 600118. The training period was 12 weeks for those who are willing to participate in the yoga and gem therapy programme. The study was confined to subjects who were willing to participate in the training.

The study was restricted to the assessment of the following variables.

1. Physiological variables
a) Systolic blood pressure
b) Diastolic blood pressure
2. Resting pulse Rate.

5. STATISTICAL TECHNIQUE

The data collected from experimental and control groups were statistically analyzed by using analysis of covariance (ANCOVA). To make the adjustment for difference in initial means, the adjustment post means were calculated. The criterion for statistical significant was set at 0.05 level of confidence (P<0.05).

6. RESULTS AND DISCUSSION

The data collected before and after the experimental period on three groups were statistically analyzed and presented in Table I-III.

Table –I Analysis of covariance of data on Resting Pulse Rate between pre and post testing experimental groups and control groups

<table>
<thead>
<tr>
<th>Test</th>
<th>Exp Gr-1</th>
<th>Exp Gr-2</th>
<th>Control Gr</th>
<th>Sum of Sq</th>
<th>D F</th>
<th>Mean Squ</th>
<th>Obtd FRatio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pretest Mean</td>
<td>70.86</td>
<td>71.78</td>
<td>70.53</td>
<td>2.13</td>
<td>1</td>
<td>2.13</td>
<td>0.07</td>
</tr>
<tr>
<td>Pretest SD</td>
<td>2.96</td>
<td>2.92</td>
<td>2.83</td>
<td>842.67</td>
<td>44</td>
<td>30.07</td>
<td></td>
</tr>
<tr>
<td>Posttest Mean</td>
<td>68.93</td>
<td>68.75</td>
<td>70.49</td>
<td>17.63</td>
<td>1</td>
<td>17.63</td>
<td>53.55</td>
</tr>
<tr>
<td>Posttest SD</td>
<td>1.80</td>
<td>1.82</td>
<td>2.84</td>
<td>752.67</td>
<td>44</td>
<td>26.88</td>
<td></td>
</tr>
<tr>
<td>Adjusted Posttest Mean</td>
<td>68.08</td>
<td>68.62</td>
<td>70.72</td>
<td>30.89</td>
<td>1</td>
<td>30.89</td>
<td>55.16</td>
</tr>
</tbody>
</table>

SV- Source of Variance     DF-Degrees of Freedom
Significant at 0.05 level of confidence.
The table value required for the significant at 0.05 level.

Table- I indicates pre-test means of Resting Pulses Experimental Group I- 70.86, Experimental Group II- 71.78 and control Group 70.53. The F ratio obtained 0.07 for the pre-test mean shows that the difference among the groups are not significant.

The post test means of Resting pulses Experimental Group I -68.93, Group II -68.75 and control group 70.49. The F ratio obtained 53.55, which is significant to the required value of significant 4.096 at 0.05 level with 1 and 44 degree of freedom.

The paired adjusted post test mean of Ex Gp I-68.68, Ex Gp II 68.62. The F ratio 55.16, Which is significant to the required value of significant 4.104 at 0.05 level with 1 and 44 degree of freedom.

The results of the study showed that there was a significant difference between experimental groups compared to control group on resting pulse rate. There was a significant improvement on resting pulse rate due to 12 weeks of yoga practice and gem Therapy. However the improvement was in favour of experimental group.

**Table II Analysis of covariance on Systolic blood Pressure (SBP) for experimental groups and control group**

<table>
<thead>
<tr>
<th></th>
<th>Exp Gr-I</th>
<th>Exp Gr II</th>
<th>Contl Gr</th>
<th>S</th>
<th>V</th>
<th>Sum of Sq</th>
<th>Df</th>
<th>Mean Sq</th>
<th>F ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-test Mean</td>
<td>151.33</td>
<td>151.54</td>
<td>151.08</td>
<td>B</td>
<td></td>
<td>0.533</td>
<td>1</td>
<td>0.533</td>
<td>0.344</td>
</tr>
<tr>
<td>Pre- test SD</td>
<td>1.10</td>
<td>1.19</td>
<td>1.30</td>
<td>W</td>
<td></td>
<td>43.47</td>
<td>44</td>
<td>1.55</td>
<td></td>
</tr>
<tr>
<td>Post-test Mean</td>
<td>136.17</td>
<td>138.68</td>
<td>146.78</td>
<td>B</td>
<td></td>
<td>12.03</td>
<td>1</td>
<td>12.03</td>
<td>11.92</td>
</tr>
<tr>
<td>Post-test SD</td>
<td>0.98</td>
<td>0.97</td>
<td>1.03</td>
<td>W</td>
<td></td>
<td>28.07</td>
<td>44</td>
<td>1.01</td>
<td></td>
</tr>
<tr>
<td>Adjusted Posttest Mean</td>
<td>128.67</td>
<td>129.38</td>
<td>142.31</td>
<td>B</td>
<td>W</td>
<td>15.80</td>
<td>144</td>
<td>15.80</td>
<td>79.12</td>
</tr>
</tbody>
</table>

Significant at 0.05 level of confidence.

The table value required for the significant at 0.05 level.

Table II indicates pre-test means of Systolic blood pressure Experimental Group I- 151.33, Experimental Group II-151.54 and control Group 151.08. The F ratio obtained 0.344 for the pre-test mean shows the difference among the groups are not significant.

The post test means of Resting pulses Experimental Group I -136.17, Group II -138.68 and control group 146.78. The F ratio obtained 11.92, which is significant to the required value of significant 4.80 at 0.05 level with 1 and 44 degree of freedom.

The paired adjusted post test mean of Ex Gp I-128.67, Ex Gp II 129.38. The F ratio 79.12, Which is significant to the required value of significant 4.81 at 0.05 level with 1 and 43 degree of freedom.

The above statistical analysis indicates that there was a significant improvement in Systolic blood pressure (mmHg) after the training period of experimental groups compares to control group.

**Table III Analysis of covariance on Diastolic blood pressure (DBP) for experimental groups compares to control group**

<table>
<thead>
<tr>
<th></th>
<th>Exp Gr I</th>
<th>Exp Gr II</th>
<th>Control Gr</th>
<th>S</th>
<th>V</th>
<th>Sum of Squares</th>
<th>Df</th>
<th>Mean Squares</th>
<th>F ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pretest Mean</td>
<td>95.83</td>
<td>95.38</td>
<td>95.79</td>
<td>B</td>
<td></td>
<td>0.008</td>
<td>1</td>
<td>0.008</td>
<td>0.016</td>
</tr>
<tr>
<td>Pretest SD</td>
<td>0.67</td>
<td>0.77</td>
<td>0.87</td>
<td>W</td>
<td></td>
<td>14.57</td>
<td>44</td>
<td>0.52</td>
<td></td>
</tr>
<tr>
<td>Posttest Mean</td>
<td>90.50</td>
<td>92.00</td>
<td>91.70</td>
<td>B</td>
<td></td>
<td>17.31</td>
<td>1</td>
<td>4.96</td>
<td>4.03</td>
</tr>
<tr>
<td>Posttest SD</td>
<td>0.74</td>
<td>0.82</td>
<td>0.81</td>
<td>W</td>
<td></td>
<td>0.52</td>
<td>44</td>
<td>0.62</td>
<td></td>
</tr>
<tr>
<td>Adjusted Posttest Mean</td>
<td>90.42</td>
<td>91.79</td>
<td>91.48</td>
<td>B</td>
<td>W</td>
<td>5.38</td>
<td>1</td>
<td>5.38</td>
<td>4.87</td>
</tr>
</tbody>
</table>

Significant at 0.05 level of confidence.

The table value required for the significant at 0.05 level.

Table I indicate pre-test means of Diastolic Blood pressure Experimental Group I- 95.83, Experimental Group II- 95.38 and control Group 95.79. The F ratio obtained 0.016 for the pre-test mean shows the difference among the groups are not significant.
The post test means of Diastolic Blood pressure Experimental Group I -90.50 Group II -92.00 and control group 91.70. The F ratio obtained 4.030, which is significant to the required value of significant 4.00 at 0.05 level with 1 and 44 degree of freedom.

The paired adjusted post test mean of Ex Gp I-90.42, Ex Gp II 91.79. The F ratio 4.87, Which is significant to the required value of significant 4.100 at 0.05 level with 1 and 43 degree of freedom.

The above statistical analysis indicates that there is significant improvement in Diastolic blood pressure (DBP) mmHg, after the training period of experimental Groups compared to Control group.

7. DISCUSSION ON FINDINGS

The results of the study indicated that experimental group has significant improvement of Resting Pulse rate, good control over Systolic and diastolic blood pressure. They all were taking normal medication for BP and during experiment some start reducing their medications, and after the experiment period the subjects were reducing their medicine usage.

The results of the study indicate that the 12 weeks of asana training, pranayama, and meditation increase the individual’s ability to relax and lowers blood pressure by reducing the peripheral resistance.

8. CONCLUSIONS

Clinical evaluation of the Geriatric patients suffering from hypertension in the present study revealed a significant decrease in illness score in yoga and Gem therapy groups as compared to control group. The present study however concludes the efficacy of yoga and gem therapy as adjunct tool in the management of geriatric patients.

The dedicated practice of yoga as a way of life is no doubt a panacea for problems related to psychosomatic, stress-related physical, emotional, and mental balance.

REFERENCES