Effect Of Yogasana Practice On Flexibility Among Drug Addicts

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Abstract

The goal of the current study was to find out how practicing yoga poses affected the flexibility of Drug Addicts. To accomplish the study's goal, thirty Drug Addicts were chosen from Drug Rehabilitation Shimla, Himachal Pradesh. The subject’s age ranges from 20-30 years. The individuals that were chosen were randomly assigned to one of two groups: the experimental group or the control group, both of which were composed of 15 persons each. The experimental group participated in a six-week yoga asana practice program. Throughout the trial, there was no training provided to the control group. In this study, flexibility acted as a criteria variable. Flexibility of the chosen participants was evaluated using the sit-and-reach test. The pre-test was administered prior to the training period, and the post-test was administered right afterward following the six week training session. Methodology of Statistics, The means of both the experimental and control groups were compared before and after the intervention using the t-test. When compared to the control group, the experimental group experienced greater increases in flexibility as a result of the Yogasana practice that was given to them.

Keywords: Yogasana, flexibility, Meditation, Drug Abuse, Narcotics.

Introduction:

Death is a real possibility when using drugs. Drug addiction may be a never-ending, excruciating battle for the individual struggling with it; misery is amplified when people are denied access to evidence-based care or treated unfairly. The use of some chemicals to produce pleasurable effects on the brain is referred to as drug misuse or substance abuse. Protecting people’s health and well-being on a global scale is a top priority for all of humanity. We all want our communities and nations to be free from danger so that our families can flourish.
During the epidemic, dangerous drug use behaviours probably increased. Drug abuse among today's youth has increased in comparison to that of prior generations. It is particularly difficult for women to access the healthcare they need. Although women make up over 40% of illicit drug users and nearly 50% of amphetamine-type stimulant (ATS) users, they only make about 20% of those receiving treatment for ATS use.

Drugs are used for a variety of purposes, including pain relief, mood alteration, stress reduction, the removal of physical and mental weakness, social acceptance, sated curiosity, the treatment of sexual issues, and others. The most widely used illegal substances, such as cocaine, heroin, barbiturates, and amphetamines, initially cause euphoria, or the "high," which can lead users to develop an addiction. Yoga is a way of life that can help someone recover their sense of adventure. From the perspective of yoga, using medications is an artificial strategy that doesn't address the issues at hand. Many people don't understand why or how other people become addicted to drugs. They may mistakenly think that those who use drugs lack moral principles or willpower and that they could stop their drug use simply by choosing to. In reality, drug addiction is a complex disease, and quitting usually takes more than good intentions or a strong will. Drugs change the brain in ways that make quitting hard, even for those who want to. Fortunately, researchers know more than ever about how drugs affect the brain and have found treatments that can help people recover from drug addiction and lead productive lives.

**Drug Addiction** - Addiction is a chronic brain disorder marked by obsessive substance seeking and use despite negative effects. Most people use drugs because they want to, but chronic drug abuse can cause permanent changes in the brain that make it difficult to exercise self-control and fight off powerful drug cravings. Because of the potential permanence of these neural alterations, drug addiction is sometimes referred to as a "relapsing" disease; those who have successfully treated their substance abuse disorder face a high chance of relapsing even after a long period of abstinence. Although relapse is common, it is not evidence that the treatment was ineffective. Continuous treatment is required, with adjustments made according to the patient's response, just as they would be for any other chronic health condition. As the patient's condition evolves, the treatment strategy must be re-evaluated and adjusted accordingly.¹

**Flexibility** – There is a vast range of human flexibility due to factors like age, gender, heredity, and level of physical activity. However, there are some broad standards that can be used to judge flexibility. A sit-and-reach exam, which focuses on the flexibility of the lower back and hamstrings, is the most popular way to assess flexibility. In this exercise, participants sit on the floor with their legs spread apart and reach as far as they can in an effort to touch their toes or even further. Their range of motion is evaluated based on how far they can reach.

¹ “Understanding Drug Use and Addiction DrugFacts.”
The ability to bend and move freely is widely recognised as a hallmark of physical health and fitness. Flexibility can be defined as the range of motion that a joint or collection of joints can achieve. Training for flexibility, which can be characterised as ballistic, dynamic/functional, or static, has never been popularly considered as enjoyable while being important, in contrast to training for strength and endurance.²

Methodology

The goal of the study was to determine how yoga asana practice affected drug users' flexibility. Thirty drug addicts were chosen at random as study volunteers in order to accomplish this goal. The subjects were between the ages of 20 and 30. Fifteen participants were randomly assigned to each of two groups: an experimental group that performed yogasanas and a control group that did not. The control group did not practice yogasanas, while the experimental group did so for six weeks, three times each week. Those in the "control group" did not participate in any additional physical education or training beyond what was required by the rehabilitation curriculum. As the criterion variable, we settled on flexibility as a physical property. Before and after the training session, all individuals in both groups took a sit-and-reach test to assess their flexibility on a set of predetermined criteria. The 't' test was performed to determine whether or not there were statistically significant differences between the groups. The significance test was set at the level of confidence of 0.05, which was deemed to be adequate.

Analysis of Data

Using a pre-test, the significance of the difference between the means of the experimental groups was determined. The data were analysed using the dependent 't' test with a confidence level of 0.05.

Table 1: Analysis of t-ratio for The Pre and Post Tests mean values of Experimental and Control Groups on Flexibility (Scores in centimetres).

<table>
<thead>
<tr>
<th>Variables</th>
<th>Groups</th>
<th>Mean</th>
<th>SD</th>
<th>SD Error</th>
<th>df</th>
<th>t-ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre</td>
<td>Post</td>
<td>Pre</td>
<td>Post</td>
<td>Pre</td>
<td>Post</td>
</tr>
<tr>
<td>Flexibility</td>
<td>Control</td>
<td>14.15</td>
<td>14.10</td>
<td>1.37</td>
<td>1.35</td>
<td>0.35</td>
</tr>
<tr>
<td></td>
<td>Experimental</td>
<td>14.00</td>
<td>15.18</td>
<td>1.18</td>
<td>1.06</td>
<td>0.30</td>
</tr>
</tbody>
</table>

*Significance at .05 level of confidence.

² Alter, Science of Flexibility.
The Table-I indicates that the control group's pre- and post-test mean scores on flexibility were 14.15 and 14.10, respectively. Since the resulting 't' ratio was less than the necessary table value of 2.14 for the significant at the 0.05 level with 14 degrees of freedom, it was determined to be statistically insignificant. The achieved 't' ratio was 0.24. The experimental group's pre-test and post-test means for flexibility were 14.00 and 15.18, respectively. The resultant 't' ratio was 16.55*, which was determined to be statistically significant because it above the minimum table value of 2.14 needed for significance at the 0.05 level with 14 degrees of freedom. The study's findings demonstrated a substantial difference in flexibility between the experimental group and the control group. From the study's findings, it can be concluded that the experimental group's increased flexibility was a result of the six weeks of yogasana practice.

Discussions on Findings

Yoga have been utilized as a therapeutic approach for various health concerns. According to the study's findings, the experimental group that practiced yoga poses significantly outperformed the control group in terms of the chosen dependent variable, flexibility. Additionally, it was found that practicing yoga poses improved the condition compared to the control group.

Conclusion -

1. After the training period, the flexibility of the experimental group was significantly higher than that of the control group.
2. The degree of flexibility was greatly increased. However, the experimental group improved more as a result of six weeks of yogasana practice.

Conflict of Interest - The authors declare that there is no conflict of interests regarding the publication of this paper.

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3 Taneja, “Yoga and Health.”


