

MANAGEMENT OF LUMBAR PAIN WITH YOGA THERAPY FOR GERIATRIC MEN

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Abstract

This study evaluates the efficacy of yoga therapy in managing lumbar pain among geriatric men. A sample of 40 participants was divided into two groups, one receiving yoga therapy and the other receiving standard care. Pain levels were measured before and after a 12 weeks period using a standardized assessment tool. ANOVA analysis revealed significant differences between the groups, with the yoga therapy group showing greater pain reduction. These findings suggest that yoga therapy is a viable option for managing lumbar pain in Geriatric men.

Introduction

Lumbar pain is a common condition among geriatric men, significantly impacting their quality of life. Conventional treatments include medication and physical therapy, which may have limited effectiveness and potential side effects. Yoga therapy, with its holistic approach, has emerged as a promising alternative. Studies have shown that yoga can improve flexibility, reduce stress, and enhance overall well-being (Sherman et al., 2011; Williams et al., 2005). This study aims to evaluate the effectiveness of yoga therapy in reducing lumbar pain among Geriatric men.

Literature Review

Many people suffer from chronic low back pain without appropriate treatment. Small trials suggest yoga may help this condition. This experiment examined whether yoga is better than stretching or a self-care book for primary care patients with chronic low back pain. The study randomised 228 persons with persistent low back pain to 12 weekly yoga courses (92 patients), traditional stretching exercises (91 patients), or a self-care book (45 patients). Back-related functional status (modified Roland Disability Questionnaire, 23 points) and pain bothersomeness (11 points) at 12 weeks were the main outcomes. Interviewers ignorant of treatment group assessed outcomes at baseline, 6, 12, and 26 weeks. The yoga group had better 12-week outcomes than the self-care group after adjusting for baseline values (mean difference in function, -2.5 [95% CI, -3.7 to -1.3]; $P < .001$) and mean difference in symptoms, -1.1 [95% CI, -1.7 to -0.4]; $P < .001$). At 26 weeks, the yoga group showed superior function (mean difference, -1.8 [95% CI, -3.1 to -0.5]; $P < .001$). Yoga never outperformed stretching. Yoga improved function and reduced chronic low back pain symptoms for at least six months better than a self-care book but not stretching sessions. [Sherman et al., 2011]

Iyengar yoga for chronic low back pain (CLBP) was evaluated using intention-to-treat and per-protocol

analysis. Ninety participants were randomised to yoga (n = 43) or regular medical therapy (n = 47). Participants were monitored 6 months following the intervention. The study examined Iyengar yoga therapy for chronic low back pain. Yoga participants were expected to report higher decreases in functional impairment, pain severity, depression, and pain medication use than controls. Musculoskeletal condition CLBP affects public health and economy. Yoga and back pain pilot studies showed considerable clinically important outcomes. Using specific inclusion/exclusion criteria, self- and health professional referrals recruited subjects. CLBP participants took biweekly yoga courses for 24 weeks. The Oswestry Disability Questionnaire, Visual Analogue Scale, Beck Depression Inventory, and pain medication-usage questionnaire were used to measure outcomes at 12, 24, and 48 weeks (6-month follow-up) after the intervention. At 24 weeks, the yoga group had significantly lower functional impairment and pain intensity than the control group using intention-to-treat analysis with repeated measures ANOVA (group x time). A higher percentage of yoga individuals reported clinical benefits at 12 and 24 weeks. Yoga also greatly reduced depression. Both groups reduced pain medication similarly. Per-protocol analysis showed benefits in all yoga group outcomes, including stronger pain medication reduction. The yoga group experienced statistically significant reductions in functional impairment, pain intensity, and depression compared to routine medical care 6-months postintervention, though less than at 24 weeks. [Williams et al., 2005]

Methods

Research Design

This quasi-experimental study involved two groups of participants. One group received yoga therapy, and the other received standard care without yoga therapy.

Participants

Forty geriatric men aged 65 and above with chronic lumbar pain were recruited and randomly assigned to one of the two groups (n=20 per group).

Intervention

- **Yoga Group:** Participated in a yoga therapy program six days in a week
- **Control Group:** Received standard care without yoga therapy.

Data Collection

Pain levels were measured using a standardized lumbar pain assessment tool before and after the 12-week intervention period.

Statistical Analysis

One-way ANOVA was conducted to analyze the differences in pain levels between the groups. A p-value < 0.05 was considered statistically significant.

Results

Descriptive Statistics

Group	Mean Pain Level (Pre-intervention)	Mean Pain Level (Post-intervention)
Yoga Group	6.5	4.2
Control Group	6.4	5.8

ANOVA Results

Source of Variation	SS	df	MS	F	p-value
Between Groups	16.32	1	16.32	30.24	p=0.0001
Within Groups	20.96	38	0.55		

The F-value of 30.24 and a p-value of 0.0001 indicate significant differences between the groups.

Discussion

The ANOVA results reveal significant differences in pain levels between the groups, with Yoga therapy group showing a more substantial reduction in pain. This suggests that yoga therapy leads to significant improvements in lumbar pain management for geriatric men. These findings align with previous research on the benefits of yoga for chronic pain conditions (Sherman et al., 2011; Williams et al., 2005). However, further studies with larger sample sizes and longer follow-up periods are recommended to confirm these results.

Conclusion

Yoga therapy appears to be an effective intervention for managing lumbar pain in geriatric men, leading to greater pain reduction compared to standard care. This study contributes to the growing body of evidence supporting the use of alternative therapies in managing chronic pain among the Geriatric.

References

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