

# Raj Yoga Meditation and Its Effects on Quality of Life among the Elderly

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## ABSTRACT

**Background:** The population all over the world is ageing. The elderly are more susceptible to a decline in Quality of life due to many reasons. Therefore, identifying the most effective forms of care and intervention is crucial to significantly enhancing the quality of life for the elderly.

**Materials and Methods:** A cross-sectional study was conducted among 104 Raj Yoga Meditators in Anand, Gujarat. A structured questionnaire was developed to collect information on sociodemographic characteristics, duration of meditation practice, and morbidity conditions. To measure quality of life Old People's Quality of Life-BRIEF (OPQOL Brief) scale was used. Univariate and bivariate analyses were employed to describe and compare the quality of life. Statistical analyses were conducted using the STATA 19 software.

**Results:** The average age of the study participants was 67±5 years. Most of the study participants, 61 (58.6%) were female. The average duration for practicing meditation was 15 years. The average quality of life score was 56.1±3.9, and the percentage mean score was 86%. The maximum percentage mean score (96%) was for the Psychological Well-being domain. Fewer than half of the participants, 44(42.3%), had morbidity conditions. No statistically significant differences in quality of life were observed with any sociodemographic variable.

**Conclusion:** Among elderly Raj yoga meditators, the Quality of life was excellent. Most of the meditators did not suffer from morbidity. The findings of this study suggest that incorporating Raj Yoga meditation into the daily routine may be highly beneficial for the elderly population.

**Keywords:** Raj Yoga Meditation, Elderly, Quality of life

## INTRODUCTION

The population all over the world is ageing. India is also witnessing exponential growth in the number and proportion of elderly people. According to the United Nations Population Fund, India (UNFPA), the elderly currently makes up just over 10% of the population, amounting to approximately

104 million individuals, and this number is projected to rise to 319 million, representing 19.5% of the total population by 2050.<sup>1</sup> Ageing can be viewed as a whole of changes that are biological, psychological, sociological and environmental in the life of an individual, which affects their overall Quality of Life (QOL). WHO defines

Quality of Life as an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns.<sup>2</sup> Quality of life is influenced by many factors, including socio-demographic characteristics, individual subjective perceptions, physical and mental health status, autonomy in daily functioning, the availability of social and familial support, and access to essential services. The elderly are susceptible to a decline in Quality of life due to multiple challenges, including reduced physical capabilities, retirement or loss of employment, death of spouse or relatives, and the gradual shift away from traditional joint family structures. A community-based study showed that half of the elderly (54.1%) had a poor Quality of life.<sup>3</sup> Therefore, identifying the most effective forms of care and intervention is crucial to significantly enhancing the quality of life for the elderly. Modern medicine, despite its advancements, still falls short in improving an individual's Quality of life.<sup>4</sup> There is growing evidence in the literature suggesting that modern forms of yoga practice offer significant benefits for physical and psychological well-being.<sup>5</sup> India has played a pioneering role in promoting and generously sharing its traditional wisdom with the world. In 2021, International Yoga Day was observed as a globally recognized event, with the theme "Yoga for Well-being" emphasizing the growing international awareness of yoga's multifaceted contributions to human health. Although numerous branches of yoga have emerged throughout history, this study focuses on Raja Yoga Meditation (RYM) due to its widespread global adoption. It is one of the behavioral interventions that incorporates scientific, psychological, intellectual, and spiritual processes.<sup>6</sup> It transforms attitudes and approach to life, and maintains positive relationships. Raj Yoga Meditation is different from physical Yoga practices. Yoga typically incorporates pranayama (breath control) and physical postures. Raj Yoga Meditation requires no

rituals or mantras and can be practiced at any time and in any place.<sup>7</sup> In this type of meditation, a person is instructed to realize himself/herself as the soul (an eternal form of point of light) situated between the eyebrows while gazing on a meaningful external symbol (a point of light that is considered as a symbolic representation of the Supreme Soul/God).<sup>8</sup> It recharges oneself or soul with light and might and fills one with creative energy. Also, they are instructed to think positively about the innate qualities, such as peace, love, bliss, purity, knowledge, joy, and Power, which are latent within the self.<sup>9</sup>

Many studies suggest that this meditation practice not only reduces stress but also enhances interpersonal relationships.<sup>6,10,11</sup> There is a growing body of literature on the effects of different yoga practices in adults; however, the research on Raj Yoga Meditation within the elderly population is relatively limited. Therefore, we aim to investigate the impact of Raj Yoga Meditation on the quality of life and morbidities among the elderly.

## **MATERIALS & METHODS**

A cross-sectional study was conducted in Anand, Gujarat, from February to May 2024, after obtaining approval from the Institutional Ethics Committee (IEC/BU/147/Faculty/28/11/2024). The study included 104 elderly individuals who had been practicing daily Raj Yoga Meditation at a designated center for at least six months. Raj Yoga Meditation centers were identified through the snowball sampling method, while participants were recruited using purposive sampling. Individuals with hearing impairment were excluded from the study. Before data collection, written informed consent was obtained from all participants.

A structured questionnaire was developed to collect information on sociodemographic characteristics (such as age, gender, marital status, education, type of family, and source of income), duration of meditation practice, and morbidity conditions, including

hypertension, diabetes, knee pain, and cardiovascular conditions. To measure quality of life Old People's Quality of Life-BRIEF (OPQOL Brief) scale was used. It was developed by Bowling A. et al.<sup>12</sup> It contains 13 items with a preliminary single item on global Quality of Life. Each 13 statement has 5 points Likert scale (“strongly disagree” to “strongly agree”, each with a score of 1–5). For administering the questionnaire to the Gujarati population, experts translated the OPQOL into Gujarati using the translation and back-translation methods. This version was conceptually validated by two experts. A pilot study was conducted by the investigator, and the questionnaire showed a reliability coefficient (Cronbach's alpha) of 0.67. Higher scores indicate a better QOL. The total score ranges from 13 (worst) to 65 (best). Average quality of life score converted into a mean percentage score.

## STATISTICAL ANALYSIS

Descriptive statistics, presented as mean (SD) and frequency (%), were used to summarize the sociodemographic characteristics of the study participants. Univariate and bivariate analyses (Independent sample t-test, ANOVA, Chi-square test) were employed to describe and compare the quality of life. A p-value <0.05 was considered statistically significant. Statistical analyses were conducted using the STATA 19 (STATA Corporation LLC, College Station, Texas USA) software.

## RESULT

Table 1 describes the sociodemographic characteristics of the study participants. The average age of the study participants was 67 ± 5 years. Most of the study participants, 61 (58.6%) were female. About 69 (66.5%) were married and 82(78.8%) were living with family. Among them, no one was illiterate. The average duration for practicing meditation was 15 years, with a range of 1 to 35 years.

**Table 1: Sociodemographic characteristics of study participants (n=104)**

Variables	Particulars	n(%)
Age (in years)	61-65	31 (29.8)
	66-70	42 (40.4)
	>70	31 (29.8)
Gender	Male	43 (41.4)
	Female	61 (58.6)
Marital status	Married	69 (66.5)
	Unmarried	11 (10.5)
	Widowed	19 (18.2)
	Divorced	5 (4.8)
Education	Illiterate	0 (0)
	Primary	14 (13.5)
	Senior Secondary	51 (49.0)
	Graduate	24 (23.1)
	Post Graduate	15 (14.4)
Duration of Practicing (in years)	<10	37 (35.6)
	11-20	35 (33.7)
	>20	32 (30.7)
Living status	With Family	82(78.8)
	With Spouse	16 (15.5)
	Alone	6 (5.7)
Source of Income	Dependent	39(37.5)
	Earning continue	25 (24.1)
	Saving	13 (12.5)
	Pension	27(25.9)

Table 2 shows that fewer than half of the participants, 44(42.3%), reported having morbidity conditions. Among these, hypertension was the most prevalent, 28

(63.3%), followed by knee pain, 16(36.4%). Most of the participants, 30 (68.2%), suffered from any one morbidity.

**Table 2 Morbidity distribution among study participants(n=104)**

Morbidity condition	Responses	Frequency (%)
Any morbidity present	Yes	44 (42.3)
	No	60 (57.7)
Hypertension	Yes	28 (26.9)
	No	76 (73.1)
Diabetes	Yes	13 (12.5)
	No	91 (87.5)
Knee pain	Yes	16 (15.4)
	No	88 (84.6)
Cardiovascular conditions	Yes	04 (3.9)
	No	100 (96.1)

Table 3 presents the total and domain-wise Quality of Life scores. Average score was 56.1±3.9. The maximum percentage mean score (96%) was for psychological well-being, while the minimum was for social relationships and social activities (68%). In response to a single preliminary question on

overall quality of life, 96 (92.3%) participants rated their quality of life as very good or good, while 8 (7.7%) participants described it as ‘Alright.’ None of the participants rated their quality of life as bad or very bad.

**Table 3: Domain-wise Mean and Standardized OPQOL Scores (n=104)**

Domain	Original Score Mean (SD)	Mean Percentage (%) Score	Range
Total QOL Score	56.1 (3.9)	86	44-61
Life overall	4.2(0.7)	84	1-5
Health	4.5(0.6)	90	2-5
Social relationships and social activities	3.4(0.4)	68	2-4
Independence, control over life, freedom	4.6 (0.5)	92	3-5
Home and neighborhood	4.7(0.5)	94	2-5
Psychological well-being	4.8(0.4)	96	3-5
Financial circumstances	4.5(0.6)	90	1-5

Table 4 presents the association between quality-of-life scores and sociodemographic variables. No statistically significant differences in quality of life were observed

with any sociodemographic variable like age, gender, education, duration of practicing, source of income and morbidity condition-wise.

**Table 4: Association between quality-of-life scores and sociodemographic characteristics of study participants (n=104)**

Sociodemographic Variables	Overall quality of life score	
	Mean (SD)	P value
Age Categories		
61-65 years	56.1 (3.4)	0.266*
66-70 years	55.4 (4.2)	
>70 years	56.9 (3.8)	
Gender		
Female	55.9(0.5)	0.602†

Male	56.3(0.6)	
Education		
Primary	54.5 (4.1)	
Senior secondary	56.5 (3.9)	
Graduate /Post graduate	56.1 (3.8)	
Duration of meditation		
<10 years	55.9 (4.5)	0.196*
11-20 years	55.8 (3.8)	
>20 years	56.4 (3.3)	
Source of income		
Dependent	56.0 (4.3)	0.592*
Earning continue	56.1 (4.2)	
Saving	54.9 (3.3)	
Pension	56.7 (3.1)	
Morbidity Present		
Yes	55.1 (0.6)	0.967†
No	56.1 (0.4)	

(SD: Standard deviation; † value based on independent sample t test; \*ANOVA)

## DISCUSSION

Findings from the current study indicate a notably high quality of life among elderly individuals practicing Raj Yoga Meditation. In contrast, a study involving non-meditating older adults revealed that only 16% reported an excellent quality of life.<sup>13</sup> Our study reinforces good QOL findings using a larger sample size with real-time participants residing in family settings. The highest score in the Psychological Well-being domain is in line with previous study.<sup>14</sup> Yoga has been demonstrated to reduce anxiety, depression, and overall well-being.<sup>15,16</sup>

The elderly are more likely to develop non-communicable diseases. Many community-based studies reported that more than half of the elderly participants had comorbidity conditions<sup>17-19</sup>, but in the present study, the majority of elderly participants did not report any morbidities, which may be attributed to their sustained engagement in long-term meditation practice. In view of the alarming prevalence of hypertension among the Indian elderly population, the finding (26%) of this study holds significant importance. We also observed the prevalence of diabetes was 12.5%, a similar finding was reported in another study conducted among Yoga practitioners.<sup>21</sup>

Many physical and mental diseases are related to stress. RYM has demonstrated

remarkable potential in transforming how individuals respond to stress and in promoting a state of deep relaxation.<sup>11</sup> A comparative study among meditators and non-meditators revealed that individuals who practiced meditation reported significantly higher levels of subjective well-being than their non-meditating counterparts. Additionally, meditators experienced significantly lower levels of negative affect.<sup>22</sup> The findings of the present study align with previous research, which demonstrates that consistent yoga practice significantly lowers perceived stress and enhances overall well-being.<sup>23</sup> A systematic review also advocates for the use of yoga as an active practice among older adults, highlighting its multidimensional benefits on both physical and mental health for this vulnerable population.<sup>16</sup>

Our study found no statistically significant difference in quality of life across different socio-demographic variables. It might be due to long-term meditation practice promotes inner balance, emotional stability, and resilience. This meditation also helps individuals in developing coping skills, reducing stress, and cultivating a sense of well-being that is less dependent on social or economic background. Hence, the internal benefits cultivated through Raj Yoga practice may mitigate the disparities

typically associated with socio-demographic variables.

Limitation: It was a cross-sectional study, which limits the inference of a causal relationship between variables. Additionally, since participants were recruited through non-probability sampling, caution is necessary when generalizing the findings to the broader population. Despite its limitations, this community-based cross-sectional study provides valuable insights into the quality of life among elderly Raj Yoga meditators.

## CONCLUSION

Among elderly Raj yoga meditators, the Quality of life was excellent. Most of the meditators did not suffer from morbidity. Socio-demographic conditions did not influence the quality of life among Raj yoga practitioners. The findings of this study suggest that incorporating Raj Yoga meditation into the daily routine may be highly beneficial for the elderly population.

### *Declaration by Authors*

**Ethical Approval:** Approved

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**Conflict of Interest:** The authors declare no conflict of interest.

## REFERENCES

1. United Nations Population Fund 2017. 'Caring for our elders: early responses' – India Ageing report 2017.UNFPA, New Delhi, India.
2. WHOQOL - Measuring Quality of Life| The World Health Organization [Internet]. [cited 2025 Mar 7]. Available from: <https://www.who.int/tools/whoqol>
3. Dasgupta A, Pan T, Paul B, Bandopadhyay L, Mandal S. Quality of life of elderly people in a rural area of West Bengal: A community-based study. *Med J Dr DY Patil Vidyapeeth*. 2018;11(6):527–31.
4. Rajoria K, Singh SK. Therapeutic benefits of Raj yoga – a review. *Indian J Tradit Knowl*. 2017;16(June):S88–95.
5. Gard T, Noggle JJ, Park CL, Vago DR, Wilson A. Potential self-regulatory mechanisms of yoga for psychological health. *Front Hum Neurosci*. 2014; 8(SEP):770.
6. Singh, Ghanshyam S Sharma. Rajyoga Meditation and Well Being Status: An Exploratory Study. *Int J Curr Res*. 2019;11(1):64–7.
7. Telles S, Desiraju T. Automatic changes in Brahmakumaris Raja yoga meditation. *Int J Psychophysiol*. 1993 Sep 1;15(2):147–52.
8. Ramsay T, Manderson L, Smith W. Changing a mountain into A mustard seed: Spiritual practices and responses to disaster among New York Brahma Kumaris. *J Contemp Relig*. 2010;25(1):89–105.
9. Babu MGR, Kadavigere R, Koteshwara P, Sathian B, Rai KS. Rajyoga meditation induces grey matter volume changes in regions that process reward and happiness. *Sci Rep*. 2020;10(1):1–11.
10. Ramesh MG, Sathian B, Sinu E, Rai KS. Efficacy of Rajayoga meditation on positive thinking: An index for self-satisfaction and happiness in life. *J Clin Diagnostic Res*. 2013;7(10):2265–7.
11. Sahu A, Satya D, Dubey P. Rajyoga Meditation and Effects: A Comprehensive Review. *Int J Eng Dev Res*. 2015;3(4): 1001–18.
12. Bowling A. The Psychometric Properties of the Older People's Quality of Life Questionnaire, Compared with the CASP-19 and the WHOQOL-OLD. *Curr Gerontol Geriatr Res*. 2009;1–12.
13. Santosh Kumar Soren, Anju Prabha Kumari, Anit Kujur, Shalini Sunderam, Shashi Bhushan Singh MR. Predictors of quality of life among geriatric population in a tribal dominant state of India: A community based analytical study. *J Fam Med Prim Care*. 2022;11(3):918–26.
14. D SN, S PM, D SS, Sanjay B. Does Raja Yoga meditation bring out physiological and psychological general wellbeing among practitioners of it? *Int J Collab Res Intern Med Public Heal*. 2012;4(12):2000–12.
15. Hariprasad VR, Sivakumar PT, Koparde V, Varambally S, Thirthalli J, Varghese M, et al. Effects of yoga intervention on sleep and quality-of-life in elderly: A randomized controlled trial. *Indian J Psychiatry*. 2013; 55:364–8.

16. Mazumder H, Faizah F, Gain EP, Eva IS, Mou KF, Saha N, et al. Effectiveness of mental health interventions for older adults in South Asia: A scoping review. *PLoS One*. 2023;18(7 July):1–23.
17. Ganesh Kumar S, Majumdar A, Pavithra G. Quality of life and its associated factors using WHOQOL- BREF among elderly in Urban Puducherry, India. *J Clin Diagnostic Res*. 2014;8(1):54–7.
18. Pandian S, Naik S, Ramachandran U, Grace GA GS. Social factors influencing utilization of old age homes by elderly in urban area of South Chennai, Tamil Nadu. *Indian J Community Med*. 2024;49(1):41–5.
19. Shah V, Christian D, Prajapati A, Patel M, Sonaliya K. Quality of life among elderly population residing in urban field practice area of a tertiary care institute of Ahmedabad city, Gujarat. *J Fam Med Prim Care*. 2017;6(1):101–5.
20. Gomathy Parsuraman, Pooja Vijayakumar VMAE, Ruma Dutta<sup>1</sup>, Yogesh Mohan, Timsi Jain, Dinesh Kumar NC, Sivakumar K. An epidemiological study on quality of life among elderly in an urban area of Thirumazhisai, Tamilnadu. *J Fam Med Prim Care*. 2022;10(6):2293–8.
21. Jagannathan A, Narayanan V, Kulkarni I, Jogdand S, Pailoor S, Nagarathna R. Prevalence of type 2 diabetes among Yoga practitioners: A pilot cross-sectional study in two districts in India. *Int J Yoga*. 2015;8(2):148.
22. Nikhil M, Manjari S, Vidya N. Influence of Vipassana, Raja Yoga and Sudarshan Kriya Yoga on Well-being and Character strengths. *Purushartha*. 2021;14(2):1–17.
23. Sophia DT. Effect of Yoga Practice Integrated with Its Philosophical Teachings on Perceived Stress among Women. *DEV SANSKRITI Interdiscip Int J*. 2025; 26:7–12.

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