A Note on Present Trends in Yoga Apart From Medicine Usage And Its Applications (PTYAFMUAA)

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Abstract
In this paper, we studied together on yoga in regard with yoga acts as cure for various diseases viz., high blood pressure, sugar, chronic head-ache, back pains, spondlites, tensions and stress released by practicing yoga regular basis. Yoga is replacement for any sort of medicine to cure the diseases affected by mankind. On observation except high blood pressure and sugar these two are chronic diseases so no cure but it is under control unless and otherwise regularly one hour yoga should be in practice. As a result it observed that if three months continuously and rigorously if one practices and involved in yoga totally controlled one’s body and eligible for fitness in health which is ultimate goal for everybody. Apart from this if no disease affected even if they practice one hour yoga regular basis one need not take medicine for one’s health care and also no question of facing any sort of disease. Mainly, In result high blood pressure to normal blood pressure, sugar bring down to normal sugar by doing pranayama, aasanas, kriyas, mudras and meditation, back pain, neck pain totally got relief by aasanas and exercises prescribed thereof.

Key words: Yoga, disease, medicine, cure, no cure, chronic diseases, Aasanas, Pranayamam, Kriyas, Bandhas, Mudras, Meditation.

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Section 1 Introduction:

In this section I Mr K V S K Murthy, Yoga as an author and with my co-authro cum research group leader Mr N V Nagendra we both studied about Asanas, Pranayama, Mudras, Kriyas, Bandhas and Meditation and also about Heart rate variability (HRV) was studied in cyclic meditation (CM) and supine rest (SR). CM included yoga postures followed by guided relaxation. Forty-two male volunteers were assessed in CM and SR sessions of 35 minutes, where CM or SR practice was preceded and followed by 5 minutes of SR. During the yoga postures of CM and after CM, low frequency power and the low frequency to high frequency power ratio decreased, whereas high frequency power increased. Heart rate increased during the yoga postures and decreased in guided relaxation and after CM. There was no change in SR. Hence, it appeared that predominantly sympathetic activation occurred in the yoga posture phases of CM while parasympathetic dominance increased after CM.

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1.1 Does Sugar Affect Cholesterol Levels? How Does Atmospheric Pressure Affect Blood Pressure?

Sugar's effects on blood sugar start with a table called the glycemic index. The glycemic index is a list of foods that shows how much each particular food will impact the glucose levels of the bloodstream. Glucose is simple sugar that activates the pancreas to increase the production of insulin. Once insulin enters the bloodstream, the amount of glucose (sugar) in the bloodstream is reduced to a healthier level.

1.2 Insulin Resistance:

The more sugar that the body takes in over the needed levels to produce energy, the greater chance you will have of developing a disorder called insulin resistance. Insulin resistance occurs when the cells no longer react to insulin, creating an excess of glucose in the bloodstream.

1.3 Magnesium:

Not only does insulin help in the removal of excess glucose from the bloodstream, it helps in the storage of magnesium. When cells become resistant to insulin, they have a more difficult time storing magnesium as well. Magnesium is an important substance in that it helps block the constriction of the blood vessels by regulating the movement of calcium into the muscles.

1.4 Blood Pressure:

Without the necessary magnesium in the cells, the blood vessels in the body become more constricted. Constriction of the blood vessels limits the flow of blood through them. As the heart continues to pump the same volume of blood through the constricted blood vessels, the pressure inside the blood vessels increase, resulting in a higher blood pressure reading.

1.5 When Is High Blood Pressure Dangerous?

High blood pressure, also known as hypertension, is a serious condition that can affect many bodily systems. High blood pressure is often known as the silent killer because it has few symptoms. With a little knowledge, you can lessen your risk of high blood pressure and the associated effects on your cardiovascular system.
Other People Are Reading Common Symptoms of High Blood Pressure About Dangerous Diastolic High Blood Pressure

1.6 What Is Blood Pressure?
When your heart pumps blood to bring oxygen to the body's cells, the blood pushes against the walls of the arteries. When that pushing, or blood pressure, against the arteries is strong and continuous, it can weaken the walls of the arteries and cause stroke, heart attack and kidney failure.

1.7 Measuring Your Blood Pressure
Hypertension has few symptoms and therefore can go undetected. You can measure your blood pressure with an at-home blood pressure monitor, use a pharmacy's free blood pressure monitor or you can go to your doctor's office.

1.8 What the Numbers Mean
Your blood pressure reading has two numbers: systolic over diastolic. The first and higher number measures the pressure when your heart is beating and pumping your blood and is more important in predicting whether a stroke or heart attack will occur. The diastolic number measures the pressure when your heart is between beats.

1.9 Normal Blood Pressure Level:
Normal blood pressure is 120/80.

1.10 Prehypertension:
If the systolic pressure is between 120 and 139, or the diastolic is between 80 and 89, you have prehypertension. The numbers in this range used to be considered normal. Researchers coined the phrase "prehypertension" to use as a warning signal for patients to change their lifestyle to lessen the risk of developing high blood pressure.

1.11 The Dangerous Stage--Hypertension:

High blood pressure is considered dangerous when it reaches the hypertension stage. If your systolic blood pressure is higher than 140 or if your diastolic pressure is above 90, you have hypertension.

1.12 Hypertension Complications:

High levels of cholesterol can narrow the arteries and increase blood pressure. Diabetes and the associated peripheral artery disease can also obstruct the flow of blood.

Section 2 Home Remedies For low blood sugar:

In this section we studies about home remedies for low blood sugar by various sources and Hypoglycemia, or low blood sugar, is a condition in which there is an abnormally low level of glucose (sugar) in the blood. Reactive hypoglycemia occurs when blood sugar drops to abnormally low
levels two to five hours after eating a meal. Symptoms of reactive hypoglycemia include sweating, tremors, rapid heartbeat, anxiety, and hunger. Most often, this results from the over secretion of insulin by the pancreas. Insulin facilitates the transport of glucose from the bloodstream into the cells, especially those of muscle and fatty tissue, and causes glucose to be synthesized in the liver.

If the pancreas is not functioning properly, normal carbohydrate metabolism is impossible. As the blood sugar drops, stress hormones such as adrenaline and cortisol kick in at high levels to prevent the blood sugar level from dropping dramatically.

Another type of low blood sugar is known as fasting hypoglycemia. This occurs as a result of abstaining from food for eight or more hours. The symptoms are often more severe than those of reactive hypoglycemia and can include seizures, loss of consciousness, and a loss of mental acuity. Liver disease or a tumor of the pancreas is generally the underlying cause of this type of hypoglycemia.

A person suffering from low blood sugar may display any or all of the following symptoms: fatigue, dizziness, heart palpitations, nausea, blurred vision, an inability to concentrate, lightheadedness, headache, irritability, fainting spells, depression, anxiety, cravings for sweets, confusion, night sweats, weakness in the legs, swollen feet, a feeling of tightness in chest, constant hunger, pain in various parts of the body (especially the eyes), nervous habits, mental disturbances, and insomnia. People with hypoglycemia can become very aggressive and lose their tempers easily. Any or all of these symptoms may occur a few hours after eating sweets or fats. The onset and severity of symptoms are directly related to the length of time since the last meal was eaten and the type of foods that meal contained.

More and more Americans today may have this condition, due to poor dietary habits that include eating large quantities of simple carbohydrates, sugars, alcohol, caffeine, and soft drinks, and insufficient amounts of complex carbohydrates. High stress levels are believed to be a contributing factor in the increasing incidence of low blood sugar.

Low blood sugar can be inherited, but most often it is precipitated by an inadequate diet. This is referred to as functional hypoglycemia (FH). Many other bodily disorders can cause low blood sugar problems as well, among them adrenal insufficiency, thyroid disorders, pituitary disorders, kidney disease, and pancreatitis. Immune deficiency and candidiasis are strongly linked to hypoglycemia. Glucose intolerance and hyperinsulinemia (high blood insulin levels), producing hypoglycemia, frequently occur in people with chronic liver failure. Other common causes are smoking and the consumption of large amounts of caffeine, found in colas, chocolate, and coffee. Though it may seem paradoxical, low blood sugar can also be an early sign of diabetes (high blood sugar).

Diagnosis of hypoglycemia can be difficult because the symptoms often mimic those of other disorders, including adrenal dysfunction, allergies, asthma, candidiasis, chronic fatigue syndrome, digestive or intestinal disorders, eating disorders, food allergies, hypothyroidism, kidney failure, mal-absorption syndrome, menopause, mental disorders, neurological problems, nutritional deficiencies, sepsis (blood infection), stress, and weight problems.

To diagnose hypoglycemia, a health care provider may perform a glucose tolerance test (GTT). However, many people have
symptoms of hypoglycemia even though the results of a five-hour GTT are within normal limits. A useful diagnostic test may be to follow the dietary and nutritional supplement regimen outlined in this section and see if symptoms improve.

2.1 Home remedies for low blood sugar:

2.1.1 The following herbs help to normalize blood sugar: angostura bitters (or any combination of bitters), artichoke leaf, and gentian root.

2.1.2: To help your body respond to stress, try astragalus or licorice root.

Note 2.1.3: If overused, licorice can elevate blood pressure. Do not use this herb on a daily basis for more than seven days in a row. Avoid it completely if you have high blood pressure or are pregnant or nursing.

2.1.4: Bilberry and wild yam aid in controlling insulin levels.

2.1.5: Dandelion root is an excellent source of calcium and supports the pancreas and liver.

2.1.6: Gudmar (Gymnemasislevestre), an Ayurvedic herb, suppresses the intestinal absorption of saccharides, which prevents blood sugar fluctuations.

2.1.7: Licorice nourishes the adrenal glands.

Note 2.1.8: Do not use this herb on a daily basis for more than seven days in a row. Avoid if you have high blood pressure or are pregnant or nursing.

2.1.9: Milk thistle rejuvenates the liver.

2.1.10: Other beneficial herbs include echinacea, parsley, paud’arco, raspberry leaves, and uvaursi.

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2.1.11: Remove from the diet all alcohol, canned and packaged foods, refined and processed foods, dried fruits, salt, sugar, saturated fats, soft drinks, and white flour. Also avoid foods that contain artificial colors or preservatives.

2.1.12: Avoid sweet fruits and juices such as grape and prune. If you drink these, mix the juice with an equal amount of water.

2.1.13: Sweeten food with natural sweeteners such as stevia, a South American herb available in liquid form that is 200 times sweeter than sugar. Other acceptable sweeteners include barley malt syrup, molasses, and brown rice syrup.

Section 3 Home remedies for Back Pain:

In his section we studied home remedies for Back pain (also known as dorsalgia) is pain felt in the back that usually originates from the muscles, nerves, bones, joints or other structures in the spine.

3.1: Back pain Spinal column curvature 2011.png

Different regions (curvatures) of the vertebral column
ICD-10 M54
ICD-9 724.5
DiseasesDB 15544
MedlinePlus 007425
MeSH D001416
3.2: Back pain may have a sudden onset or can be a chronic pain; it can be constant or intermittent, stay in one place or radiate to other areas. It may be a dull ache, or a sharp or piercing or burning sensation. The pain may radiate into the arms and hands as well as the legs or feet, and may include symptoms other than pain, such as weakness, numbness or tingling.

3.3: Back pain is one of humanity's most frequent complaints. In the U.S., acute low back pain (also called lumbago) is the fifth most common reason for physician visits. About nine out of ten adults experience back pain at some point in their life, and five out of ten working adults have back pain every year.[1]

3.4: The spine is a complex interconnecting network of nerves, joints, muscles, tendons and ligaments, and all are capable of producing pain. Large nerves that originate in the spine and go to the legs and arms can make pain radiate to the extremities.

Section 4 Classification:

4.1: Back pain can be divided anatomically: neck pain, middle back pain, lower back pain or tailbone pain.

4.2: By its duration: acute (less than 4 weeks), subacute (4 – 12 weeks), chronic (greater than 12 weeks).

4.3: By its cause: nonspecific back pain, back pain with radiculopathy or spinal stenosis, and back pain associated with another specific cause (such as infection or cancer).[2] Non-specific pain indicates that the cause is not known precisely[3] but is believed to be due from the soft tissues such as muscles, fascia, and ligaments.[4]

Back pain is classified according to etiology in mechanical or nonspecific back pain and secondary back pain. Approximately 98% of back pain patients are diagnosed with nonspecific acute back pain which has no serious underlying pathology. However, secondary back pain which is caused by an underlying condition accounts for nearly 2% of the cases. Underlying pathology in these cases may include metastatic cancer, spinal osteomyelitis and epidural abscess which account for 1% of the patients. Also, herniated disc is the most common neurologic impairment which is associated with this condition, from which 95% of disc herniations occur at the lowest two lumbar intervertebral levels.[5]

Associated conditions

Back pain can be a sign of a serious medical problem, although this is not most frequently the underlying cause:

Typical warning signs of a potentially life-threatening
ing problem are bowel and/or bladder incontinence or progressive weakness in the legs.

Severe back pain (such as pain that is bad enough to interrupt sleep) that occurs with other signs of severe illness (e.g. fever, unexplained weight loss) may also indicate a serious underlying medical condition.

Back pain that occurs after a trauma, such as a car accident or fall, may indicate a bone fracture or other injury. Back pain in individuals with medical conditions that put them at high risk for a spinal fracture, such as osteoporosis or multiple myeloma, also warrants prompt medical attention.

Back pain in individuals with a history of cancer (especially cancers known to spread to the spine like breast, lung and prostate cancer) should be evaluated to rule out metastatic disease of the spine.

Back pain does not usually require immediate medical intervention. The vast majority of episodes of back pain are self-limiting and non-progressive. Most back pain syndromes are due to inflammation, especially in the acute phase, which typically lasts for two weeks to three months.

A few observational studies suggest that two conditions to which back pain is often attributed, lumbar disc herniation and degenerative disc disease may not be more prevalent among those in pain than among the general population, and that the mechanisms by which these conditions might cause pain are not known.[6][7][8][9] Other studies suggest that for as many as 85% of cases, no physiological cause can be shown.[10][11]

A few studies suggest that psychosocial factors such as on-the-job stress and dysfunctional family relationships may correlate more closely with back pain than structural abnormalities revealed in x-rays and other medical imaging scans.[12][13][14][15]

Differential diagnosis

There are several potential sources and causes of back pain.[16] However, the diagnosis of specific tissues of the spine as the cause of pain presents problems. This is because symptoms arising from different spinal tissues can feel very similar and is difficult to differentiate without the use of invasive diagnostic intervention procedures, such as local anesthetic blocks.

One potential source of back pain is skeletal muscle of the back. Potential causes of pain in muscle tissue include muscle strains (pulled muscles), muscle spasm, and muscle imbalances. However, imaging studies do not support the notion of muscle tissue damage in many back pain cases, and the neurophysiology of muscle spasm and muscle imbalances is not well understood.

Another potential source of low back pain is the synovial joints of the spine (e.g. zygapophysial joints/facet joints. These have been identified as the primary source of the pain in approximately one third of people with chronic low back pain, and in most people with neck pain following whiplash.[16] However, the cause of zygapophysial joint pain is not fully understood. Capsule tissue damage has been proposed in people with neck pain following whiplash. In people with spinal pain stemming from zygapophysial joints, one theory is that intra-articular tissue such as invaginations of their synovial membranes and fibro-adipose meniscoids (that usually act as a cushion to help the bones move over each other smoothly) may become displaced, pinched or trapped, and consequently give rise to nociception (pain).

There are several common other potential sources and causes of back pain: these
include spinal disc herniation and degenerative disc disease or isthmic spondylolisthesis, osteoarthritis (degenerative joint disease) and lumbar spinal stenosis, trauma, cancer, infection, fractures, and inflammatory disease.[17]

Radicular pain (sciatica) is distinguished from 'non-specific' back pain, and may be diagnosed without invasive diagnostic tests.

New attention has been focused on non-discogenic back pain, where patients have normal or near-normal MRI and CT scans. One of the newer investigations looks into the role of the dorsal ramus in patients that have no radiographic abnormalities. See Posterior Rami Syndrome.

References


