

Effectiveness of Brahma Kumaris Rajayoga Meditation on Quality of Life of Patients with Opioid Use Disorder

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Abstract:

Substance use disorders have a prolonged, relapsing pattern similar to chronic medical conditions. Drug addicts create dysfunctional social settings, which leads to a variety of dysfunctional drug seeking behaviors. Despite being major causes of morbidity and mortality, there are few available treatments of it. Thus, the aim of the present study was to assess the effectiveness of Brahma Kumaris Raja Yoga Meditation on the Quality of life of patients with Opioid use disorder admitted in the Deaddiction centres of Dehradun. The practice of Raja yoga meditation enhances one's understanding, compassion, and empathy towards life, as well as one's spiritual vision and realization, allowing one to more effectively deal with any kind of circumstance. A Pre-and-Post test Quasi experimental research design with purposive sampling technique was adopted with sample size 40, selected from Shri Mahant Indresh Hospital, Dehradun & Jagrati Foundation Rehabilitation Centre, Dehradun. The data was collected by Socio-Demographic variables Performa and Drug Abuse Screening Test 20-item version (DAST-20). The 15 sessions of Brahma Kumaris Raja yoga meditation were used as an intervention for experimental group. WHO-Quality of Life scale Brief version (WHOQOL-BREF) was used to evaluate the efficacy of the intervention. The result showed that in experimental group, the difference between pre test and post test in all four domains of Quality of Life D1 (Physical), D2 (Psychological) D3 (social relationships), and D4 (Environment) were statistically significant at 0.05 levels. The study concluded a significant difference between Pre and post intervention aspects of Quality of Life of the patients in the experimental group. Therefore, it was found that Brahma Kumaris Raja yoga meditation was effective in improving Quality of life of the patients' in experimental group.

1. Introduction:

Addiction is a long-term, relapsing condition marked by compulsive substance use that, despite its negative effects, adversely affects patients' general wellbeing. The DSM-5 defined Opioid Use Disorder as a problematic pattern of opioid use leading to clinically significant impairment or distress. Abuse of substances, in addition to the physically risky use of different psychoactive substances, results in a range of bio-psychosocial morbidities, disturbances in society, disability, employment difficulties, and a corresponding burden on the health care system. There is less evidence-based treatment available right now to address opioid desire and withdrawal. Thus, the importance of traditional, complementary, and alternative medical practices, particularly yoga, in the treatment of substance dependence has come under increasing investigation. Many people believe that

addiction is an illness of the soul that can be cured via spiritual practices like meditation. Meditation is designed to help its individual experience an unshakeable sense of well-being regardless of what they're doing at the time. Self-regulation of the mind is a common theme in meditative practice. Meditation is practiced to cleanse one's thoughts and alleviate a wide range of mental and physical health problems, including hypertension, depression, and anxiety (Rainforth et al., 2007). Since the beginning of this decade, the role of yoga in the treatment of substance dependence has been a fascinating topic of research. When it comes to the management of addictive behaviors, also known as "Reward Deficiency Syndrome," yoga is currently being investigated as a holistic intervention that could induce dopamine homeostasis and lead to long-term benefits (Miller et al., 2015).

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The practice of meditation that is being referred to in this research is presented within the framework of Brahma Kumaris Raja yoga, which is a lifestyle. This supports the idea that raja yoga meditation is at its most beneficial when it is performed on a regular basis or when it is chosen to become an integral part of one's life. It places an emphasis on the practice of meditation as a means of introspective self-awareness, self-directed and self-evaluation. It has healthcare implications that can be applied to everyone everywhere, regardless of where they were born, what they believe in, what language they speak, or how well they can think. Raja yoga is a simple and scientific strategy that helps people become kings or masters of themselves and provides them with calmness. The Rajyogi Lifestyle entails the following practices: the practise of early morning meditation (Amrit vela), evening meditation (evening meditation), meditation before sleep (meditation before sleep), daily classes on positive thinking and knowledge (Murli), the practice of controlling one's thoughts at prefixed timings (traffic control), the satwik diet, and soul consciousness.

Raja yoga practitioners report greater inner calm as a result of internalizing the lessons learned in meditation and applying them to the challenges of daily living and stressful situations (O'Donnell, 2022); (Vidyalaya, 1996). It improves addicts' quality of life and allows them to exercise greater self-control over their drug use, thereby breaking the stress-addiction cycle. The patient's emotional and spiritual well-being also improves, which contributes to their long-term health and recovery. Raja yoga employed for both recovery and prevention. So, the purpose of this research is to investigate the effectiveness of Brahma Kumaris Rajayoga Meditation in improving the quality of life of patients brought to the de-addiction centre who was suffering from Opioid use disorder.

2. Research Methodology:

Research was carried out on patients at the Shri Mahant Indresh Hospital, Dehradun & Jagrati Foundation Rehabilitation centre, Dehradun who chose to practice Raja yoga meditation. A Pre-and-Post test Quasi-experimental research design with a purposive sampling technique was adopted for the study. The 40 male samples were selected, age range between 18 to 40 years. The data was gathered through the use of a Socio-demographic Performa and Drug Abuse Screening Test (DAST-20). The DAST-20-item

version (Dr. Harvey Skinner, 1982) is a brief, self-report instrument for population screening, identifying drug problems in clinical settings and treatment evaluation.

The Brahma Kumaris Rajayoga Meditation was used as an intervention and 15 sessions of 30-45 minutes were provided to the patients of experimental group. There were many topics covered during the sessions, such as the importance of recognizing one's true identity (soul), one's the true father (Supreme Soul), one's true home (soul world), the soul's journey through life, the universe's cycle, our acts and their consequences (karma). The sessions were led with a combination of lectures, audio (meditation music), visuals (charts), and discussion on practical applications of meditation in daily life. The procedure involves establishing a relationship with the "Supreme Soul" as the "ocean of all the powers," as well as connecting with the "Supreme Soul" to restore one's energy and enthusiasm.

WHO- Quality of Life scale Brief version (WHOQOL-BREF) developed in the year 1995 was used to evaluate the efficacy of the intervention and the patients' quality of life. The WHOQOL-BREF questionnaire consists of 26 items. The first and second questions assess quality of life and health satisfaction.

Other questions (3-26) address the following four domains: physical, psychological, social relationships, and the environment. A five-point scale is used for each response choice. In each of the domains, a higher score denotes a higher quality of life.

For the purposes of data collection, an informed written consent was obtained from each participant. Every single one of the subjects had their anonymity and confidentiality protected. In order to proceed with the study, precautions were made to ensure compliance with ethical standards and to obtain formal administrative clearance from senior authorities of the administration of a selected de-addiction center. Before the tool was actually administered, all of the questions and concerns raised by the individuals were addressed thoroughly. The vast majority of the study participants admitted that they were unable to kick their addiction, but they showed a willingness to do so anyway.

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Inclusion Criteria: Age range is 18 to 40 years, Profile: Opioid use disorder according to DSM-V criteria, Patients currently in a controlled environment (admitted (IPD) in the rehabilitation center) with standard treatment with a minimum duration of substance use of 6 months, Male patients from any religion who are literate or up to the 8th grade, A willingness to take part in the research.

Exclusion Criteria: Female patients were excluded, Patients abusing other substances were excluded, OPD patients were not included, Patients with debilitating medical or neurological disorders were excluded and

Patients with severe psychiatric disorders who were unable to cooperate/participate in the intervention were also excluded.

3. Statistical Analysis:

The Data was analyzed using Statistical Package for the Social Sciences (SPSS) version 15.0. Scores from WHOQOL-BREF were analyzed for each category. (physical, psychological, social relationship, and environmental). The QOL scores of the Control and Experimental groups were compared using the Paired t-test, with a significance level of .05.

4. Result:

Table 1 - Paired t- test Results showing Comparisons within and between groups

WHOQOL GROUP-A (Control)

Outcome Measures		GROUP-A (Control Group)			Sign. level	Result
		Pre (Mean ± SD)	Post (Mean ± SD)	t- Value		
D1	Raw Score	26.20+3.90	24.65+4.01	1.532	.142	Insignificant
	Transformed Scores 4-20	15.15+2.32	14.05+2.30	1.76	.094	Insignificant
	Transformed Scores 0- 100	69.80+14.49	62.95+14.88	1.77	0.92	Insignificant
D2	Raw Score	21.55+4.27	16.70+4.73	3.64	0.002	Significant
	Transformed Scores4-20	14.05+2.18	11.15+3.16	4.63	0.002	Significant
	Transformed Score 0- 100	62.90+13.85	45.25+20.05	3.38	0.003	Significant
D3	Raw Score	11.70+2.71	12.10+13.63	1.28	.899	Insignificant
	Transformed Scores4-20	14.85+2.97	12.40+3.39	4.30	0.000	Significant
	Transforming Score 0- 100	67.90+18.62	49.70+22.72	4.51	0.000	Significant
D4	Raw Score	29.85+3.75	25.90+4.90	3.475	0.003	Significant
	Transformed Scores4-20	15.25+1.88	13.60+1.95	3.943	0.001	Significant
	Transformed Score 0- 100	70.40+11.82	60.20+12.30	3.903	0.001	Significant

* Significant at the level of .05 of confidence.

In the present study after the analysis of data the following results were found– There was no significant difference found between the Control group

WHOQOL- D1(physical) Domain Raw scores Pre-test mean ± S.D 26.20+3.90 & Post-test mean ± S.D 24.65+4.01, Transformed scores (4-20) Pre-test mean

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± S.D 15.15+2.32 & Post-test mean ± S.D 14.05+2.30 and Transformed scores (0-100) Pre-test mean ± S.D 69.80+14.49 & Post-test mean ± S.D 62.95+14.88. In WHOQOL-D3 (social) Domain insignificant difference is found between only on Raw score Pre-test mean ± S.D 11.70+2.71 & Post-test mean ± S.D 12.10+13.63 and significant difference is found between Transformed scores (4-20) Pre-test mean ± S.D 14.85+2.97 & Post-test mean ± S.D 12.40+3.39 and Transformed scores (0-100) Pre-test mean ± S.D 67.90+18.62 & Post-test mean ± S.D 49.70+22.72. The Domain D2 (psychological) of WHOQOL showed significant difference between Raw scores Pre-test

mean ± S.D 21.55+4.27 & Post-test mean ± S.D 16.70+4.73, Transformed scores (4-20) Pre-test mean ± S.D 14.05+2.18 & Post-test mean ± S.D 11.15+3.16 and Transformed scores (0-100) Pre-test mean ± S.D 62.90+13.85 & Post-test mean ± S.D 45.25+20.05. WHOQOL Domain D4 (environmental) also showed significant difference between Raw scores Pre-test mean ± S.D 29.85+3.75 & Post-test mean ± S.D 25.90+4.90, Transformed scores (4-20) Pre-test mean ± S.D 15.25+1.88 & Post-test mean ± S.D 13.60+1.95 and Transformed scores (0-100) Pre-test mean ± S.D 70.40+11.82 & Post-test mean ± S.D 60.20+12.30.

Table 2- Paired t- test Results showing Comparisons within and between groups

WHO-QOL Group-B (Experimental)

Outcome Measures		GROUP-B (Experimental group)				Result
		Pre (Mean ± SD)	Post (Mean ± SD)	t- Value	Sign. level	
D1	Raw Score	24.95+4.16	27.90+3.61	-3.904	0.001	Significant
	Transformed Scores 4-20	14.25+2.44	15.90+1.97	-3.584	0.002	Significant
	Transformed Score 0- 100	64.30+15.15	75.15+12.97	-3.848	0.001	Significant
	Raw Score	17.15+3.52	21.70+3.45	-6.487	0.000	Significant
D2	Transformed Scores4-20	11.60+2.37	14.55+2.21	-6.642	0.000	Significant
	Transformed Score 0- 100	46.65+14.45	63.75+18.26	-4.376	0.000	Significant
D3	Raw Score	9.70+2.15	11.55+2.18	-3.494	0.002	Significant
	Transformed Scores4-20	12.95+2.83	15.40+2.89	-3.493	0.002	Significant
	Transformed Score 0- 100	55.95+17.71	70.25+19.45	-3.264	0.004	Significant
D4	Raw Score	26.70+3.81	30.70+4.48	-3.374	0.003	Significant
	Transformed Scores 4-20	13.60+1.87	16.10+2.61	-4.505	0.000	Significant
	Transformed Scores 0- 100	57.35+17.22	72.60+14.91	-3.309	0.004	Significant

* Significant at the level of .05 of confidence.

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There was significant difference found between all the four Domains D1, D2, D3 and D4 of Experimental group pre and post test WHOQOL- Raw scores, Transformed scores (4-20) and Transformed scores (0-100). In Experimental group the significant difference is found between D1(physical) domain Raw scores Pre-test mean \pm S.D 24.95+4.16 & Post-test mean \pm S.D 27.90+3.61, Transformed scores (4-20) Pre-test mean \pm S.D 14.25+2.44 & Post-test mean \pm S.D 15.90+1.97 and Transformed scores (0-100) Pre-test mean \pm S.D 64.30+15.15 & Post-test mean \pm S.D 75.15+12.97. The Domain D2 (psychological) also showed significant difference between Raw scores Pre-test mean \pm S.D 17.15+3.52 & Post-test mean \pm S.D 21.70+3.45, Transformed scores (4-20) Pre-test mean \pm S.D 11.60+2.37 & Post-test mean \pm S.D 14.55+2.21 and Transformed scores (0-100) Pre-test mean \pm S.D 46.65+14.45 & Post-test mean \pm S.D 63.75+18.26. In D3 (social) Domain significant difference is found between Raw score Pre-test mean \pm S.D 9.70+2.15 & Post-test mean \pm S.D 11.55+2.18, Transformed scores (4-20) Pre-test mean \pm S.D 12.95+2.83 & Post-test mean \pm S.D 15.40+2.89 and Transformed scores (0-100) Pre-test mean \pm S.D 55.95+17.71 & Post-test mean \pm S.D 70.25+19.45. The Domain D4 (environmental) also showed significant difference between Raw scores Pre-test mean \pm S.D 26.70+3.81 & Post-test mean \pm S.D 30.70+4.48, Transformed scores (4-20) Pre-test mean \pm S.D 13.60+1.87 & Post-test mean \pm S.D 16.10+2.61 and Transformed scores (0-100) Pre-test mean \pm S.D 57.35+17.22 & Post-test mean \pm S.D 72.60+14.91.

5. Discussion:

Opioid use disorder is one of the biggest public health concerns, regardless of this, there are only a few treatment options accessible to manage these disorder. The demand for complementary and alternative therapies has grown over time but the systematic research in this area is still inadequate. Thus, the aim of the present research was to evaluate the effectiveness of Brahma Kumaris Raja Yoga meditation on the quality of life of patients with opioid use disorder who were admitted to the Dehradun DeAddiction Centers. The study showed that Opioid use disorder affects the quality of life.

In the Control group where the patients received Treatment as usual alone and Raja yoga intervention was not provided showed insignificant difference in pre and post test raw & transformed scores of the Domain D1 (Physical), this domain is defined by pain, energy, sleep, mobility, and activities; the insignificant difference showed that as monotonous routine continues, the sense of improvement declines and they no longer feel any physical progress. The raw score of Domain D3 (Social) showed insignificant difference but indicated significant difference in Transformed score 4-20 & 0-100 suggests that while received treatment as usual patients might experienced improved interpersonal relationships, restored confidence from their families and relatives. The Domain D2 (Psychological) & Domain D4 (environmental) also showed significant difference in pre & post test scores indicates that positive feeling along with positive perception of the environment due to adaptability of the environment.

In the experimental group the D1- physical, D2- psychological, D3- social & D4- environmental domain of QoL showed the significant difference between the pre test and post test scores, indicate the positive & improved physical, psychological, social & environmental perception towards life, enhanced Quality of life and helped them recover from addiction and prevent further relapses. The result of the present study is accord with a more recent Quasi-experimental study carried out by Singh. A. et al. (2019) that aimed to provide holistic treatment for addicted patients admitted to de-addiction centers using Raja yoga Meditation. A sample size of 40 with non probability convenient sampling technique was used and result showed a significant difference between pretest (148.47 \pm 15.589 and post test (178.20 \pm 18.983) well-being status at significance level 0.05. Therefore it can be summarized that, by integrating a Raja yoga based lifestyle into rehabilitation programs may have the potential to produce long-term improvements in both physical and psychological well-being as well as quality of life.

6. Conclusion:

After implementing Brahma Kumaris Raja yoga meditation, there was a significant difference found

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between the pre-interventional and post-interventional aspects of the patients' quality of life in the experimental group. Raja yoga meditation has therefore been proven to be useful for individuals who have developed opioid addiction. The results of this study suggest the efficacy of Brahma Kumaris Rajayoga Meditation, as it helps patients abstain from opioid for longer periods of time and reduces the risk of relapse. The study's findings are consistent with the idea that adopting and regularly practicing this special form of user-friendly Raja yoga meditation will encourage patients to take charge of their own health and, by encouraging them to practice inner self-awareness, will result in a significant decrease in opioid use.

Limitations:

The present study was limited only to De addiction centers in Dehradun. The period allotted for data collection was constrained. The training sessions can be prolonged so that Brahma Kumaris Raja yoga's efficacy can be more fully evaluated.

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Conflict of Interest: No conflict of interest. The subjects were asked to sign a consent form and after their approval, their data was used.

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