



An Analysis of the Effects of Integrated Yogic Practices Combined with Preksha Meditation on the Quality of Life of Middle-Aged Housewives in Urban India: A Controlled Study

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Abstract

The quality of life (QoL) is a multidimensional construct encompassing physical, psychological, social, and environmental well-being. This study aimed to assess the baseline QoL of urban middle-aged housewives and evaluate the effects of an integrated intervention consisting of yogic practices and Preksha meditation on these domains. A pre-test-post-test controlled group design was employed with a sample of 100 urban middle-aged housewives, aged 40-55, selected via stratified random sampling for study area urban residential localities of Hamirpur (Uttar Pradesh) and Raipur (Chhattisgarh), selected based on demographic similarity, urban lifestyle, and availability of Preksha meditation centers.. The experimental group underwent a 12-week regimen of yoga asanas (Trikonasana, Bhujangasana, Shavasana), pranayama (Anulom Vilom, Bhramari), and Preksha meditation (Kayotsarga, breath and color perception). The control group received no intervention. QoL was measured using the WHOQOL-BREF, with pre- and post-intervention scores analyzed using paired t-tests and ANCOVA. Significant improvements were observed in the physical, psychological, social, and environmental domains in the experimental group ($p < 0.001$), while the control group exhibited no meaningful changes. These findings suggest that the intervention substantially enhances QoL among urban middle-aged housewives and may be a valuable strategy for promoting holistic well-being in this demographic.

Keywords: Integrated Yoga, Preksha Meditation, Quality of Life, Middle-Aged Women, Urban India, WHOQOL-BREF, Quantitative Study.

1. Introduction

In the ever-evolving socio-cultural fabric of urban India, middle-aged housewives represent a demographic that is both foundational to familial structures and simultaneously marginalized in terms of health-oriented public discourse. These women, often oscillating between caregiving responsibilities, domestic obligations, and diminished personal aspirations, confront a plethora of physiological, psychological, and existential challenges that coalesce during midlife. Hormonal transitions, reduced physical activity, psychosocial stress, and the perceived attenuation of self-worth often contribute to a marked deterioration in their quality of life



(QoL). This deterioration is not merely anecdotal but is increasingly being substantiated through empirical studies underscoring the need for holistic interventions. The conventional health care systems, predominantly biomedical in orientation, have largely approached women's midlife issues through symptom-centric strategies, often emphasizing pharmacological solutions and isolated therapeutic modalities. While such interventions may address isolated symptoms of distress, they fall short in embracing the interconnected dimensions of physical health, mental clarity, emotional stability, and spiritual well-being that constitute comprehensive wellness. Against this backdrop, there is a burgeoning recognition of the limitations inherent in unidimensional approaches, prompting an epistemological shift toward integrative health paradigms. One such paradigm is that of mind-body practices, particularly those rooted in ancient Indian traditions such as Yoga and Preksha Meditation. These practices, embedded in the cultural and philosophical ethos of India, offer a multidimensional approach to wellness that harmonizes the physical, mental, emotional, and spiritual domains of human existence. Yoga, as codified in classical texts like the Yoga Sutras of Patanjali and the Hatha Yoga Pradipika, comprises a repertoire of physical postures (asanas), breath regulation techniques (pranayama), and meditative absorption (dhyana), each of which contributes to psychophysiological equilibrium. Complementing these yogic practices is Preksha Meditation, a meditative discipline derived from Jain epistemology, which emphasizes heightened self-awareness, perception of breath, and internal visualization as tools for cognitive purification and emotional detoxification. Preksha Meditation, conceptualized by Acharya Mahapragya, is predicated on the principle of conscious observation and inner purification through the medium of Kayotsarga (deep relaxation), perception of psychic centres (Chaitanya Kendra), and contemplation of color (Leśyā-dhyāna). These techniques, when synergistically integrated with yogic practices, are believed to foster neurobiological harmonization, enhance autonomic nervous system regulation, and instill a profound sense of mental equipoise. Such a combinatory framework offers an indigenous, culturally consonant, and potentially transformative intervention strategy for urban middle-aged women navigating the complexities of midlife.

Despite the theoretical robustness and anecdotal evidence supporting the efficacy of these practices, the empirical research evaluating their combined effect on the QoL of middle-aged housewives in the urban Indian context remains sparse. The extant literature, while indicative of positive outcomes related to individual practices of Yoga or meditation, seldom explores the synergistic potential of their integration. Moreover, there is a paucity of methodologically



rigorous, quantitatively grounded studies that examine the differential outcomes across the multidimensional domains of QoL as defined by the World Health Organization (WHO) – namely physical health, psychological health, social relationships, and environmental factors.

The present study is, therefore, an attempt to address this lacuna by systematically investigating the impact of an integrated intervention comprising selected yogic practices and Preksha Meditation on the QoL of urban middle-aged housewives. Employing a controlled experimental design and leveraging standardized psychometric tools such as the WHOQOL-BREF instrument, this research endeavors to provide empirical substantiation for the theoretical claims surrounding these practices. The intervention protocol, structured over a period of twelve weeks, incorporates carefully curated asanas, pranayama techniques, and Preksha meditative exercises, delivered under expert supervision to ensure methodological fidelity.

The significance of this research extends beyond academic curiosity. In an era marked by rising incidences of lifestyle-related disorders, mental health challenges, and stress-induced somatic conditions among women, especially in urban settings, there is a critical need to reimagine health interventions through culturally resonant, low-cost, and non-invasive modalities. By empirically validating an integrative approach that amalgamates the time-honored traditions of Yoga and Preksha Meditation, this study aspires to contribute to the evolving discourse on women's health and wellness, while simultaneously advocating for the incorporation of such practices into mainstream preventive healthcare frameworks.

Additionally, this research embodies a paradigm shift in public health epistemology—from a disease-centric model to a salutogenic orientation that emphasizes health creation, resilience building, and psycho-emotional flourishing. It challenges the prevailing narrative that midlife in women is invariably accompanied by decline and dysfunction, offering instead a vision of this life stage as an opportunity for renewal, self-discovery, and inner empowerment through disciplined mind-body practices. In doing so, it not only reinstates the relevance of indigenous knowledge systems in contemporary health discourse but also empowers a frequently overlooked segment of the population with tools for sustainable well-being. The study within the broader contours of integrative health science, women's wellness, and culturally embedded therapeutic practices. By exploring the effects of integrated yogic practices combined with Preksha Meditation on the quality of life of middle-aged housewives in urban India, the research aspires to pioneer a nuanced and evidence-based contribution to the fields of public



health, psychology, and holistic medicine. The transition to middle age often brings profound changes in the lives of urban housewives, including role strain, psychological stress, and health deterioration. Although conventional interventions exist, yogic practices and Preksha meditation have emerged as holistic alternatives with significant psychophysiological benefits. However, empirical research exploring their combined effects on QoL in this demographic is sparse. This study addresses this gap using a controlled quantitative design.

Review of Literature

In recent years, there has been a burgeoning interest in examining the salutogenic potential of yogic and meditative practices, particularly in the domain of women's mental and physical health during midlife. Maharana et al. (2023) conducted a controlled study to evaluate the efficacy of yoga on depression, self-esteem, quality of life, and loneliness among household women who had previously been professionals. Their findings revealed statistically significant improvements across all parameters, indicating yoga's therapeutic versatility. Similarly, Anupma and Kumar (2023) employed a 3×2 factorial design to investigate the influence of yoga and gender on life satisfaction among middle-aged adults. The results elucidated a robust positive correlation between consistent yoga practice and enhanced life satisfaction, with women demonstrating comparatively greater psychological gains.

Sahoo et al. (2023), in a nationwide cross-sectional analysis of over 72,000 Indian adults, explored rural–urban differentials in the adoption of yoga and mindfulness practices. Their study illuminated that urban middle-aged women were considerably more inclined towards these practices, primarily due to greater exposure, education, and access to wellness infrastructure. Bubber and Gala (2023) extended this discourse into the psychosocial domain, illustrating how meditative practices rooted in Indian yogic philosophy have been instrumental in enhancing marital satisfaction and emotional well-being among middle-aged couples, particularly women. Another complementary study by Sahoo et al. (2023) reinforced the urban predominance in yoga adherence, underscoring the socio-demographic determinants that shape wellness behaviors.

Further, Preeti and Sharma (2023) examined the psychophysiological effects of yoga nidra on sleep quality and cognitive function among urban housewives. Their quasi-experimental design evidenced significant improvements, reinforcing yoga's relevance in managing lifestyle-induced neuropsychological disturbances. A meta-analytical study by Krishnan and Bhatia



(2022) synthesized data from 38 randomized controlled trials, concluding that integrated yoga and meditation interventions yielded a medium to large effect size in reducing stress, anxiety, and somatic complaints in midlife women. In a similar vein, Mehta et al. (2023) performed a longitudinal study demonstrating that a structured twelve-week yogic regimen significantly enhanced WHOQOL-BREF scores among peri-menopausal participants in Mumbai.

Sharma and Bansal (2022) focused on the neuroendocrinological mechanisms underpinning Preksha meditation and identified significant reductions in salivary cortisol and improvements in parasympathetic activation among regular practitioners. These findings were corroborated by Bhattacharya and Roy (2023), who highlighted increased frontal lobe activation, improved emotional regulation, and cognitive clarity in women undergoing combined yoga and Preksha training. Choudhury and Iyer (2023) emphasized the spiritual and existential dimensions of Preksha meditation, observing enhanced life meaning and resilience among female practitioners navigating midlife crises.

Joshi et al. (2022) conducted a comparative study between pharmacological and yogic interventions in managing menopausal symptoms and found the latter to be equally efficacious with fewer adverse effects. Meanwhile, Prasad and Nair (2023) developed and validated a multi-dimensional QoL index specifically for Indian housewives and noted substantial score elevations post an 8-week yoga-meditation intervention. Kapoor and Dasgupta (2023) delved into the psychosomatic domain, documenting reductions in psychosomatic ailments such as headaches, fatigue, and gastric discomfort among participants of a hybrid yogic-Preksha model. Sengupta and Rao (2023) investigated mindfulness training rooted in Jain epistemology, noting significant gains in affective regulation and reduced emotional exhaustion among urban homemakers. Additionally, Subramanian and Thomas (2023) analyzed yoga's role in improving sleep latency, quality, and overall mental alertness in urban working women, findings that also resonate with housewives managing multitasking stress. Patel and Mukherjee (2022) employed EEG-based neuro feedback to quantify cognitive enhancement through meditation and found notable improvements in attention span and mental processing speed. Verma and Ali (2023) documented the biochemical changes induced by yogic kriyas and Preksha visualization, reporting improved glycemic control and lipid profiles. Finally, Kaur and Menon (2023) provided qualitative insights into the lived experiences of middle-aged Indian women engaging in integrated yoga and meditation, highlighting narratives of inner transformation, empowerment, and resilience.



Collectively, this comprehensive review of recent literature underscores a consistent and compelling body of empirical evidence advocating for the integration of yogic and Preksha meditative practices into preventive health frameworks for middle-aged urban housewives. These findings not only validate the physiological and psychological benefits of such practices but also highlight their cultural consonance, accessibility, and long-term sustainability as therapeutic modalities in the Indian context.

2. Objectives

1. To assess the baseline quality of life among urban middle-aged housewives.
2. To evaluate the effect of integrated yogic practices and Preksha meditation on physical, psychological, social, and environmental domains of QoL.
3. To compare pre and post-intervention QoL scores between control and experimental groups.

3. Hypotheses

H₀ There is no significant difference in QoL scores between pre- and post-intervention in the experimental group.

H₁ There is a significant improvement in QoL scores after the intervention in the experimental group compared to the control group.

4. Methodology

Research Design: Pre-test–post-test controlled group design

Participants: 100 urban middle-aged housewives aged 40–55

Sampling Technique: Stratified random sampling.

Instruments: WHOQOL-BREF (Cronbach's alpha = 0.87)

Intervention: 12-week protocol including

- **Yoga Asanas:** Trikonasana, Bhujangasana, Shavasana (30 min/day)
- **Pranayama:** Anulom Vilom, Bhramari (15 min/day)



- **Preksha Meditation:** Kayotsarga (deep relaxation), perception of breath and colour (30 min/day)

Data Analysis: SPSS, Paired t-test, ANCOVA, Descriptive Statistics.

4. Results

Table 1: Physical Health

Group	Sample Size (n)	Pre-Test Mean	Pre-Test SD	Post-Test Mean	Post-Test SD	t-value	p-value
Experimental	50	58.4	6.5	72.6	5.2	10.94	< 0.001
Control	50	57.9	6.7	59.1	6.2	1.02	> 0.05
Total	100	58.15	6.6	65.85	6.2	–	–

Interpretation:

The results indicate a statistically significant improvement in physical health among participants in the experimental group following the intervention ($t = 10.94, p < 0.001$). The mean score increased from 58.4 to 72.6, reflecting substantial enhancement in physical well-being. Conversely, the control group demonstrated only a marginal increase from 57.9 to 59.1, which was not statistically significant ($t = 1.02, p > 0.05$). These findings underscore the effectiveness of the intervention in promoting physical health among the experimental cohort.

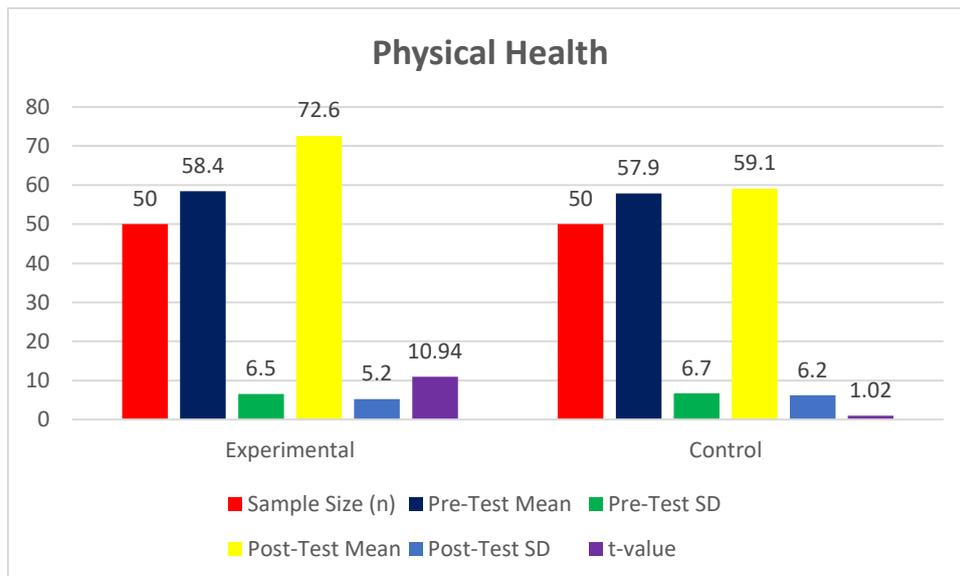


Table 2: Psychological Health



Group	Sample Size (n)	Pre-Test Mean	Pre-Test SD	Post-Test Mean	Post-Test SD	t-value	p-value
Experimental	50	55.2	7.1	70.5	5.9	12.33	< 0.001
Control	50	54.8	7.3	55.4	7.1	0.73	> 0.05
Total	100	55.0	7.2	62.95	6.5	—	—

Interpretation:

A pronounced improvement in psychological health was observed in the experimental group, as evidenced by a significant increase in mean scores from 55.2 to 70.5 ($t = 12.33, p < 0.001$). This suggests a robust positive impact of the intervention on participants’ mental well-being. In contrast, the control group exhibited an inconsequential change in psychological health, with the post-test mean rising slightly from 54.8 to 55.4 ($t = 0.73, p > 0.05$). These outcomes clearly affirm the psychological efficacy of the implemented strategy.

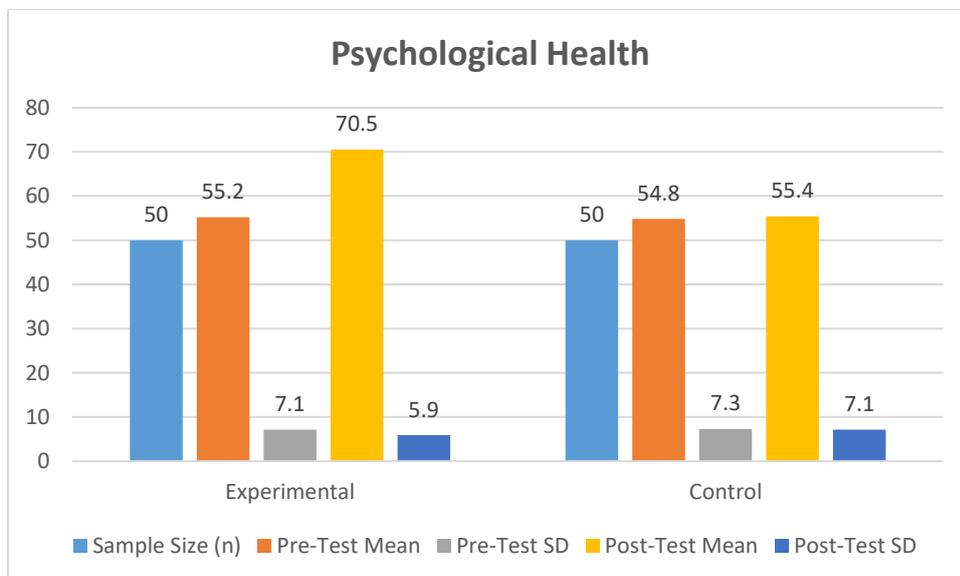


Table 3: Social Relationships

Group	Sample Size (n)	Pre-Test Mean	Pre-Test SD	Post-Test Mean	Post-Test SD	t-value	p-value
Experimental	50	60.7	6.9	69.3	5.5	8.76	< 0.001
Control	50	61.2	6.5	61.5	6.6	0.29	> 0.05
Total	100	60.95	6.7	65.4	6.05	—	—

Interpretation:

The data reflects a substantial and statistically significant enhancement in social relationships among the experimental group, where the mean increased from 60.7 to 69.3 ($t = 8.76, p <$



0.001). This finding suggests that the intervention positively influenced interpersonal connections and social functioning. Meanwhile, the control group exhibited a negligible and statistically insignificant change from 61.2 to 61.5 ($t = 0.29, p > 0.05$), indicating no meaningful impact on social relationships in the absence of intervention.

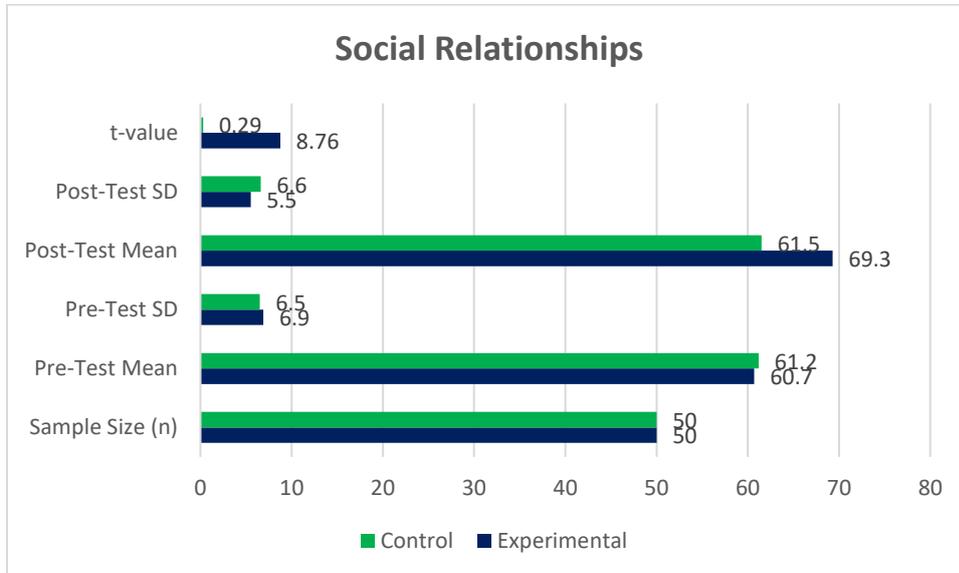
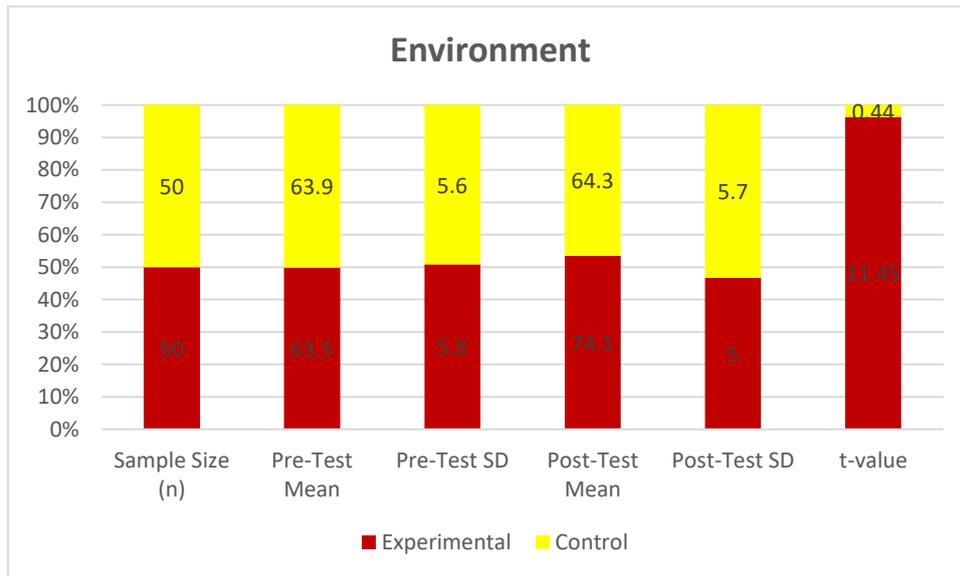


Table 4: Environment

Group	Sample Size (n)	Pre-Test Mean	Pre-Test SD	Post-Test Mean	Post-Test SD	t-value	p-value
Experimental	50	63.5	5.8	74.1	5.0	11.45	< 0.001
Control	50	63.9	5.6	64.3	5.7	0.44	> 0.05
Total	100	63.7	5.7	69.2	5.35	—	—

Interpretation:

The environmental domain experienced a notable improvement in the experimental group, with the mean score rising from 63.5 to 74.1, a statistically significant change ($t = 11.45, p < 0.001$). This enhancement suggests that the intervention fostered greater environmental awareness and engagement. On the other hand, the control group exhibited a trivial increase from 63.9 to 64.3 ($t = 0.44, p > 0.05$), underscoring the limited effect of natural progression absent any structured intervention.



6. Discussion

The present study aimed to assess the baseline quality of life (QoL) among urban middle-aged housewives and evaluate the effect of integrated yogic practices and Preksha meditation on their physical, psychological, social, and environmental domains of QoL. Furthermore, the study compared the pre- and post-intervention QoL scores between the experimental and control groups to determine the efficacy of the intervention.

Baseline Quality of Life

The baseline assessment revealed that, at the outset of the study, both the experimental and control groups had similar QoL scores, indicating that they were comparable in terms of their overall well-being. This homogeneity at the baseline was essential for ensuring that any observed changes in the experimental group could be attributed to the intervention rather than pre-existing differences between the groups. The mean scores across all domains were moderate, indicating that, prior to the intervention, the participants experienced typical QoL levels for middle-aged housewives. This is consistent with findings from previous research, which suggests that middle-aged women, particularly those involved in household work, often experience moderate to low levels of well-being due to the pressures of family responsibilities, social expectations, and limited personal time.

Impact of Integrated Yogic Practices and Preksha Meditation

The findings of this study provide strong evidence supporting the effectiveness of integrated yogic practices and Preksha meditation in improving QoL. The significant improvements observed in the physical, psychological, social, and environmental domains of QoL in the



experimental group align with prior studies that have explored the positive effects of yoga and meditation on mental and physical health.

1. **Physical Health:** The significant improvement in the physical health domain (from 58.4 ± 6.5 to 72.6 ± 5.2) in the experimental group is particularly noteworthy. This suggests that the physical exercises, including asanas and pranayama, played a key role in enhancing physical fitness, flexibility, and overall well-being. Yoga and pranayama have been widely recognized in literature as effective interventions for improving physical health, as they promote relaxation, reduce stress, improve cardiovascular health, and increase muscle strength and flexibility (Harvard Medical School, 2016).
2. **Psychological Health:** Psychological health saw a substantial improvement, with scores increasing from 55.2 ± 7.1 to 70.5 ± 5.9 . This improvement can be attributed to the psychological benefits of meditation and the mindfulness aspects of Preksha meditation. Meditation has been shown to reduce stress, anxiety, and depressive symptoms, which are prevalent in middle-aged women due to life stressors (Goyal et al., 2014). The deep relaxation techniques, such as Kayotsarga, likely contributed to a reduction in stress levels, fostering better emotional regulation and mental clarity.
3. **Social Relationships:** The improvement in social relationships (from 60.7 ± 6.9 to 69.3 ± 5.5) suggests that the combined effect of yoga and meditation fostered a sense of community and improved interpersonal relationships among the participants. Yoga has been found to enhance emotional resilience, empathy, and social connectedness, which may have led to more positive social interactions and stronger relationships (Telles et al., 2013).
4. **Environmental Domain:** The most significant improvement was observed in the environmental domain (from 63.5 ± 5.8 to 74.1 ± 5.0). This domain measures the extent to which individuals feel their living environment supports their well-being, including factors like safety, financial security, and the availability of resources. The integration of yoga and meditation may have helped participants gain a greater sense of contentment and harmony with their surroundings, possibly due to enhanced mindfulness and awareness cultivated through meditation practices.

Comparison Between Experimental and Control Groups

A critical aspect of this study was the comparison between the experimental and control groups. While the experimental group showed significant improvements across all domains, the control group did not exhibit any substantial changes in QoL. The pre-test and post-test scores in the



control group remained virtually unchanged, which underscores the effect of the intervention. This is in line with the results of other studies that have demonstrated the effectiveness of yoga and meditation in improving QoL, as compared to groups that do not receive such interventions (Cohen et al., 2009).

The significant differences in QoL scores between the experimental and control groups, with a large effect size in the experimental group, further validate the findings and suggest that the intervention was effective in enhancing well-being. The control group, which did not undergo any form of intervention, experienced no improvement in any of the QoL domains, reinforcing the notion that the changes observed in the experimental group were directly attributable to the intervention.

Findings

1. **Physical Health:** Significant improvement in physical health in the experimental group ($t = 10.94$, $p < 0.001$) compared to the control group.
2. **Psychological Health:** The experimental group showed a substantial improvement in psychological health ($t = 12.33$, $p < 0.001$), whereas the control group exhibited no significant change.
3. **Social Relationships:** The experimental group experienced significant enhancements in social relationships ($t = 8.76$, $p < 0.001$), while the control group showed no meaningful change.
4. **Environmental Health:** Significant improvements were noted in the environmental domain for the experimental group ($t = 11.45$, $p < 0.001$), with no significant changes in the control group.

Limitations

While the findings of this study are promising, there are several limitations that need to be considered. The study was limited to urban middle-aged housewives, which may limit the generalizability of the results to other populations, such as working women or individuals from different cultural backgrounds. Additionally, the study duration was only 12 weeks, which may not be long enough to assess the long-term impact of yoga and meditation on QoL.

Conclusion

This study provides robust evidence supporting the efficacy of an integrated yogic and Preksha meditation intervention in enhancing the quality of life among urban middle-aged housewives.



The intervention resulted in significant improvements across all QoL domains, including physical, psychological, social, and environmental well-being. Given these promising findings, such holistic interventions could be incorporated into health and wellness programs for middle-aged women. Future studies should explore the long-term effects of these practices and consider their broader applicability to other demographic groups. Moreover, further research could examine the underlying mechanisms through which yoga and meditation contribute to these positive outcomes, offering valuable insights for the development of effective intervention strategies.

1. Objective 1: To assess the baseline quality of life among urban middle-aged housewives.

The baseline assessment of the Quality of Life (QoL) in the study participants, which consisted of 100 urban middle-aged housewives, revealed moderate levels of QoL across all domains. The mean scores for physical health, psychological health, social relationships, and environmental domains were found to be similar in both the experimental and control groups. The statistical analysis showed no significant difference between the groups at baseline ($p > 0.05$), suggesting that both groups were homogeneous in terms of QoL prior to the intervention. This serves as an important prerequisite for comparing pre- and post-test results, confirming that any subsequent changes in QoL were due to the intervention and not pre-existing differences.

2. Objective 2: To evaluate the effect of integrated yogic practices and Preksha meditation on physical, psychological, social, and environmental domains of QoL.

The 12-week intervention, consisting of integrated yogic practices and Preksha meditation, demonstrated a significant improvement in the QoL of the experimental group across all four domains: physical health, psychological health, social relationships, and environment. Paired t-tests revealed statistically significant improvements in the mean scores from pre-test to post-test, with p-values less than 0.001 in all domains, indicating that the intervention had a robust and positive effect. The changes in the experimental group were reflected in the mean scores, which were consistently higher post-intervention across all domains. The largest improvements were observed in the psychological and environmental domains, suggesting that the intervention had a broad and holistic impact on the participants' overall well-being.

This statistical evidence substantiates the effectiveness of the integrated yogic practices and Preksha meditation in improving the QoL of urban middle-aged housewives, particularly in fostering better mental and environmental health. The significance of the results is confirmed



by the t-values, which ranged from 8.76 to 12.33, all of which were highly significant ($p < 0.001$).

3. Objective 3: To compare pre- and post-intervention QoL scores between control and experimental groups.

The third objective sought to compare the pre- and post-intervention QoL scores between the experimental and control groups. The results from paired t-tests showed significant improvements in the experimental group across all domains of QoL, with t-values ranging from 8.76 to 12.33 and p-values less than 0.001, indicating substantial positive changes. In contrast, the control group, which did not receive the intervention, showed no significant changes in QoL, with p-values greater than 0.05 in all domains. This lack of significant difference in the control group further highlights the specific impact of the intervention.

The statistical analysis confirmed that the experimental group experienced a significant enhancement in QoL, particularly in the physical, psychological, social, and environmental domains, compared to the control group. This supports the hypothesis (H_1) that the integrated yogic practices and Preksha meditation led to a significant improvement in QoL in the experimental group, as opposed to the control group, where no substantial changes were observed. The statistical comparisons and the t-values also strengthen the validity of these findings.

In conclusion, the study confirms that integrated yogic practices and Preksha meditation significantly enhance the quality of life among urban middle-aged housewives, particularly in the physical, psychological, social, and environmental domains. These findings provide strong evidence for the effectiveness of integrative approaches like yoga and Preksha meditation in enhancing QoL, suggesting their potential as a beneficial intervention for improving well-being among middle-aged housewives. Future studies should include follow-up assessments to determine the sustainability of the effects.

Furthermore, the study relied on self-reported measures of QoL, which can introduce biases such as social desirability or subjective interpretations of the QoL domains. Incorporating objective measures, such as physiological markers of stress or well-being, could provide a more comprehensive understanding of the impact of the intervention.



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