

Yoga for the Development of Holistic Health , Quality of Life and Quality of Work in the New Normal

Dr. Kishore Mukhopadhyay

Associate Professor in Physical Education, Union Christian Training College,
Berhampore, Murshidabad, India.
Email - kishore.km2007@gmail.

Abstract: *In the absence of approved vaccines or antivirals effective against COVID-19, non-pharmaceutical approaches remain key to dealing with the virus. During the COVID-19 pandemic, it is an alternative to practice yoga in order to boost immunity and fight against the deadly virus, SARS-CoV-2. As we are almost isolated ourselves from other members of the community, we are getting very little scope to expose ourselves for normal physical activity. Now it is time to develop yoga literacy and awareness, which can be applicable for people of all ages. The recommendation of WHO directed towards work from home, which is also related to holistic health and work efficiency. For getting better beneficial effects of work life from home one must be aware about the efficacy of a holistic approach towards our traditional concept of yoga. The present study reviewed various yogic interventions towards holistic health, quality of life and quality of work in the new normal scenario.*

Key word: *Yoga, Holistic Health, Quality of life, Quality of Work, Covid 19.*

1. INTRODUCTION :

The effects of lock down and COVID-19 pandemics are no less perilous than effects of any war. A pneumonia outbreak associated with a novel coronavirus, termed severe acute respiratory coronavirus 2 syndrome (SARS-CoV-2), was first documented in Wuhan, China, in December 2019 (1). Since then, the infection has spread across China and then to numerous countries around the world (2-4). At the beginning of June 2020, more than 7,676,209 confirmed new cases were reported, with more than 426,158 deaths attributed to the coronavirus infection (5). This novel virus was declared a public health emergency of international concern by the World Health Organization (WHO) on January 30, 2020 (6). The disease caused by the novel coronavirus was identified by WHO on February 12, 2020 as Coronavirus Disease 2019 (COVID-19) (7) and until November 23rd, 2020 the total number of Confirmed cases were 58,229,138 and confirmed deaths were 1,382,106 across 220 countries (8).

As the COVID-19 virus is rapidly spreading, scientists are working to find drugs that can successfully treat the virus, with multicenter clinical trials being performed across the world. Remdesivir and chloroquine have been shown to be effective in controlling COVID-19 in vitro (9). Chloroquine phosphate, an established malaria prevention drug, was reported to be an effective and acceptable protection against COVID-19-related pneumonia (10). To date, however, there is no proven drug that can treat or prevent the novel COVID-19.

In the absence of approved vaccines or antivirals effective against COVID-19, non-pharmaceutical approaches remain key to dealing with the virus. If the situation shifts to a much wider community transmission across multiple countries, the WHO containment strategy for elimination may need to be changed. Steps should be taken to isolate patients and persons testing positive for COVID-19, and there should be contact tracing and health monitoring, strict healthcare facility prevention and control of infections, and the implementation of other active public health control interventions with ongoing active monitoring and containment at all sites where outbreaks occur (11,12).

Because of its extensive spread, leading to fatal outcomes, it has been declared as a pandemic and a global health emergency by the World Health Organization (13). Due to this global outbreak, governments in various countries have been forced to take swift and protective measures as a means of limiting people's exposure to the virus (14). For building immunity to the optimum level, we are able to combat with this deadly disease. Immunity largely depends upon physical activity, diet, sleep pattern and mental state of an individual. The present article discussed the traditional yogic practice for building immunity and achieving quality of life.

2. CONCEPT OF YOGA:

However, it is clear that yoga originated on the Indian subcontinent. Yoga took birth as a form of spiritual attainment during the Golden Age (15). The basic meditation pose for which yoga is best known, is found on the early Indus Valley seals – about 3000 BC.

The most famous text devoted to Yoga practice is the Yoga Sutras by Patanjali. Scientists estimate that he lived in the second century before the Christian Era. However, it is clear that the text codifies practices that were already classic at the time. Patanjali merely organized them. The text reads like a very concentrated catalog in places(16).

Yoga is a path to enlightenment. The word 'yoga' is derived from the Sanskrit root yuj, to join, to unite, to attach. The English word yoke is cognate with the Sanskrit word yoga. The discipline originally aimed at achieving a state of perfect spiritual insight and tranquility. The practice (or collection of practices) goes back to India: before the start of the Christian Era. The Yoga Sutras of Patanjali (written somewhere between 300 BC and 200 AD) are usually seen as the text that codifies yogic practices, but many of the practices themselves are definitely older.

Of course (hatha) yoga can be practised without any reference to its Indian roots or the spiritual system behind the practices. Following Mark Singleton, one might call this 'posture yoga'.
Yoga as a way of life (17)

Raja Yoga is the royal yoga. It is the crown of the classical types of yoga and involves meditation and right living. Raja Yoga includes all of the above. Described as ashtanga yoga (eightfold yoga) in the Yoga Sutras of Patanjali – it has eight aspects (18):

1) **Yama** refers to the five abstentions. These are the same as the five vows of Jainism.

- Ahimsa: non-violence, inflicting no injury or harm to others or even to one's ownself, it goes as far as nonviolence in thought, word and deed.
- Satya: truth in word & thought.
- Asteya: non-covetousness,, to the extent that one should not even desire something that is not his own.
- Brahmacharya: abstain from sexual intercourse; celibacy in case of unmarried people and monogamy in case of married people. Even this to the extent that one should not possess any unholy thoughts towards any other man or woman except one's own spouse. It's common to associate Brahmacharya with celibacy.
- Aparigraha: non-possessiveness

2) **Niyama** refers to the five observances

- Shaucha: cleanliness of body & mind.
- Santosha: satisfaction; satisfied with what one has..
- Tapas: austerity and associated observances for body discipline & thereby mental control.
- Svadhyaya: study of the Vedic scriptures to know about God and the soul, which leads to introspection on a greater awakening to the soul and God within,
- Ishvarapranidhana: surrender to (or worship of) God.

3) **Asana**: Discipline of the body: rules and postures to keep it disease-free and for preserving vital energy. Correct postures are a physical aid to meditation, for they control the limbs and nervous system and prevent them from producing disturbances.

4) **Pranayama**: control of breath. Beneficial to health, steadies the body and is highly conducive to the **concentration of the mind**.

5) **Pratyahara**: withdrawal of senses from their external objects.

The last three levels are called internal aids to Yoga (antaranga sadhana)

6) **Dharana**: concentration of the mind upon a physical object, such as a flame of a lamp, the mid point of the eyebrows, or the image of a deity.

7) **Dhyana**: steadfast meditation. Undisturbed flow of thought around the object of meditation. The act of meditation and the object of meditation remain distinct and separate.

8) **Samadhi**: oneness with the object of meditation. There is no distinction between act of meditation and the object of meditation. Samadhi is of two kinds:

Samprajnata Samadhi conscious samadhi. The mind remains concentrated (ekagra) on the object of meditation, therefore the consciousness of the object of meditation persists. Mental modifications arise only in respect of this object of meditation.

Asamprajnata Samadhi supraconscious. The citta and the object of meditation are fused together. The consciousness of the object of meditation is transcended. All mental modifications are checked (niruddha), although latent impressions may continue (15,16).

In the modern era, yoga has become an indispensable part of Indian culture and tradition. Everyone across the country tries and takes out some time for yogic activities from their busy schedule. This helps them relive daily pressure and keep their mind at ease. It also helps to improve working capacity, offer a positive approach, and review moral values. Apart from this, yoga is a perfect remedy for various diseases and ailments like diabetes, digestive disorders, arthritis, chronic fatigue, and heart conditions (15).

3. HEALTH:

Concept of Health:

In 1948, the World Health Organization (WHO) defined health with a phrase that modern authorities still apply. "Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." In 1986, the WHO made further clarifications:

"A resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities."

This means that health is a resource to support an individual's function in wider society, rather than an end in itself. A healthful lifestyle provides the means to lead a full life with meaning and purpose (19).

The meaning of health has evolved over time. In keeping with the biomedical perspective, early definitions of health focused on the theme of the body's ability to function; health was seen as a state of normal function that could be disrupted from time to time by disease. An example of such a definition of health is: "a state characterized by anatomic, physiologic, and psychological integrity; ability to perform personally valued family, work, and community roles; ability to deal with physical, biological, psychological, and social stress"(20). Then in 1948, in a radical departure from previous definitions, the World Health Organization (WHO) proposed a definition that aimed higher: linking health to well-being, in terms of "physical, mental, and social well-being, and not merely the absence of disease and infirmity" (21). Although this definition was welcomed by some as being innovative, it was also criticized as being vague, excessively broad and was not construed as measurable. For a long time, it was set aside as an impractical ideal and most discussions of health returned to the practicality of the biomedical model (22).

For attaining quality of life, it is increasingly recognized that health is maintained and improved not only through the advancement and application of health science, but also through the efforts and intelligent lifestyle choices of the individual and society. According to the WHO, the main determinants of health include the social and economic environment, the physical environment and the person's individual characteristics and behaviors (23). More specifically, key factors that have been found to influence whether people are healthy or unhealthy include the following:(23-25)

- Income and social status
- Social support networks
- Education and literacy
- Employment/working conditions
- Social environments
- Physical environments
- Personal health practices and coping skills
- Healthy child development
- Biology and genetics
- Health care services
- Gender
- Culture

The concept of the "*health field*," as distinct from medical care, emerged from the Lalonde report from Canada. The report identified three interdependent fields as key determinants of an individual's health. These are:(25)

- Lifestyle: the aggregation of personal decisions (i.e., over which the individual has control) that can be said to contribute to, or cause, illness or death;
- Environmental: all matters related to health external to the human body and over which the individual has little or no control;
- Biomedical: all aspects of health, physical and mental, developed within the human body as influenced by genetic make-up.

4. HOLISTIC HEALTH:

Health is one of the basic human needs and the good health is an important contribution for the quality of human life experience. Our ancient vedic scriptures have shown the importance of the good health by keeping the fit body in which it says "Sharir Madhyam Khalu Dharma Sadhanam"(16)which means body is means of achieving the great objectives of meaningful life. These objectives are called as chaturvidha purushartha in Indian scriptures. We can see the importance of good health in this sutra of Charakasamhita. Dharmarth Kam Mokshanam Arogyam Mulamuttamam Rogastasya apahartha sreyasojeevitasya cha (26) in which it echoes that in order to accomplish the Dharma ,Artha ,Kama and Moksha health is important and disease become the obstacle to the progress. These concepts are pivotal to the productivity of the individual either in the personal or professional life which depends a lot on the state of the health in terms of physical efficiency and mental concentration International Health Conference in New York on 19 June - 22 July during the year 1946 brought the idea of health definition, accordingly, World health organization (27) in 1948

defines the same as “Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.”

Holistic Health is actually an approach to life. Rather than focusing on illness or specific parts of the body, this ancient approach to health considers the whole person and how he or she interacts with his or her environment. It emphasizes the connection of mind, body and spirit.

Holism is the theory that the parts of any whole cannot exist and cannot be understood except in their relation to the whole; “holism holds that the whole is greater than the sum of its parts”; that parts of a whole are in intimate interconnection, such that they cannot exist or be understood independently of the whole. The principles of holism have been around since the time of Hippocrates, 2500 years ago and even earlier than the eastern healing traditions of Ayurvedic and traditional Chinese medicine (28).

Holistic medicine is an ancient system of health care that dates back thousands of years ago, however the expression is of much more recent vintage. The word "holism" was coined by Jan Christiaan Smuts in 1926 to describe the concept that living beings are "greater than and different from the sum of their parts." The word "holistic" wasn't widely used until the 1970s .

The American Holistic Health Association (AHHA) describes it this way:

"Rather than focusing on illness or specific parts of the body, this ancient approach to health considers the whole person and how he or she interacts with his or her environment. It emphasizes the connection of mind, body, and spirit. The goal is to achieve maximum well-being, where everything is functioning the very best that is possible."

Mind, body and spirit — these aspects of each patient are considered to be intertwined and essential to achieving optimal health. Human beings are comprised of physical, emotional, mental and spiritual elements is another way to look at it (29).

.Holistic health or holistic healing is often defined as a form of healing that looks at the whole person: body, mind, and spirit. This kind of holistic healing often involves multiple complimentary medicines and alternative healthcare practices that can overlap with modern-day western medicine, but will go beyond the singular treatment of symptoms to support more than just the body (29).

The importance of holistic health:

While people are living longer today they also are experiencing chronically high levels of stress and fatigue, are consuming nutrient depleted foods, and are exposed to hundreds of potentially harmful chemicals through our air, water, cleaning, and personal care products daily. So to say that holistic health is important would be an understatement.

For many living with chronic disease and undiagnosable symptoms, the modern-day healthcare industry has failed them, and it is time that a more holistic, whole-body solution became a standard part of the way we treat and support the health of the billions of people living on this planet.

Holistic health also takes into account the many external and environmental factors which could be supporting or impacting our overall health and wellness, and with climate change impacting our surrounding environments more and more each day, it is important that we have a systematic way of addressing health in the future.

Dimension of Holistic health :

There are five dimensions of health: physical, mental, emotional, spiritual, and social. These five dimensions of health provide a full picture of health as a change in any dimension affects the others. This interrelationship between the dimensions of health is one of the key aspects that you need to understand (30).

- **Physical**

The physical dimension of health refers to the bodily aspect of health. It refers to the more traditional definitions of health as the absence of disease and injury. Physical health ranges in quality along a continuum where a combination of diseases such as cancer, diabetes, cardiovascular disease or hypertension are at one end and a person who is at optimum physical condition (think health not fitness) is at the other.

Physical health can affect the other dimensions of health as a decline in physical health can result in a decline in other forms of health. E.g. a person who suddenly gets the flu is often isolated socially as to not infect others, struggles to focus in order to study or learn anything new, and may feel sad as a result of their isolation.

- **Mental**

Mental health refers to the cognitive aspect of health. Often mental health is linked to or includes emotional health, I want to distinguish the two. Mental health is more the functioning of the brain, while emotional health refers to the a person's mood often connected to their hormones. Mental health then includes many mental health issues such as Alzheimers and dementia. It refers to the person's ability to use their brain and think. This may be to solve problems or to recall information, but the focus is on the cognitive aspect of the person.

Mental healthcare affects the other dimensions of health. An increase in mental health can come as a result of increased physical activity, and good mental health can then lead to an increase in self esteem as mental performance improves. Greater self esteem then leads to more confidence in social situations and can lead one to ask the larger questions about life leading to increased spiritual health.

- **Emotional**

Emotional health is about the person’s mood or general emotional state. It is our ability to recognise and express feelings adequately. It relates to your self esteem as well as your ability to control your emotions to maintain a realistic perspective on situations. The relationship between emotional and mental health is clear and as such some illnesses relate to both, such as: depression and anxiety.

Emotional health affects the other dimensions of health as a person with a good self esteem is more confident in social settings, makes friends quickly and often perform better in physical activity.

- **Spiritual**

Spiritual health relates to our sense of overall purpose in life. People often find this purpose from a belief or faith system, while others create their own purpose. A person who has purpose in life is said to be healthier than those who don’t see a purpose in life.

Spiritual health will very easily affect emotional and mental health as having a purpose in life can help you to apply yourself to achieving goals. Having a purpose in life can also help people to maintain a proper perspective on life and overcome adversity. Often people who are spiritual meet together regularly around their spiritual purpose, which helps to improve their social health.

- **Social**

The social dimension of health refers to our ability to make and maintain meaningful relationships with others. Good social health includes not only having relationships, but behaving appropriately within them and maintaining socially acceptable standards. The basic social unit of relationship is the family, and these relationships impact a person’s life the most. Other key relationships are close friends, social networks, teachers, and youth leaders.

Social health affects the other dimensions of health in many ways. A bad social life can lead a person to question their purpose in life or feel isolated and unwanted. Such feelings can demotivate people from physical activity and lead them towards depression.

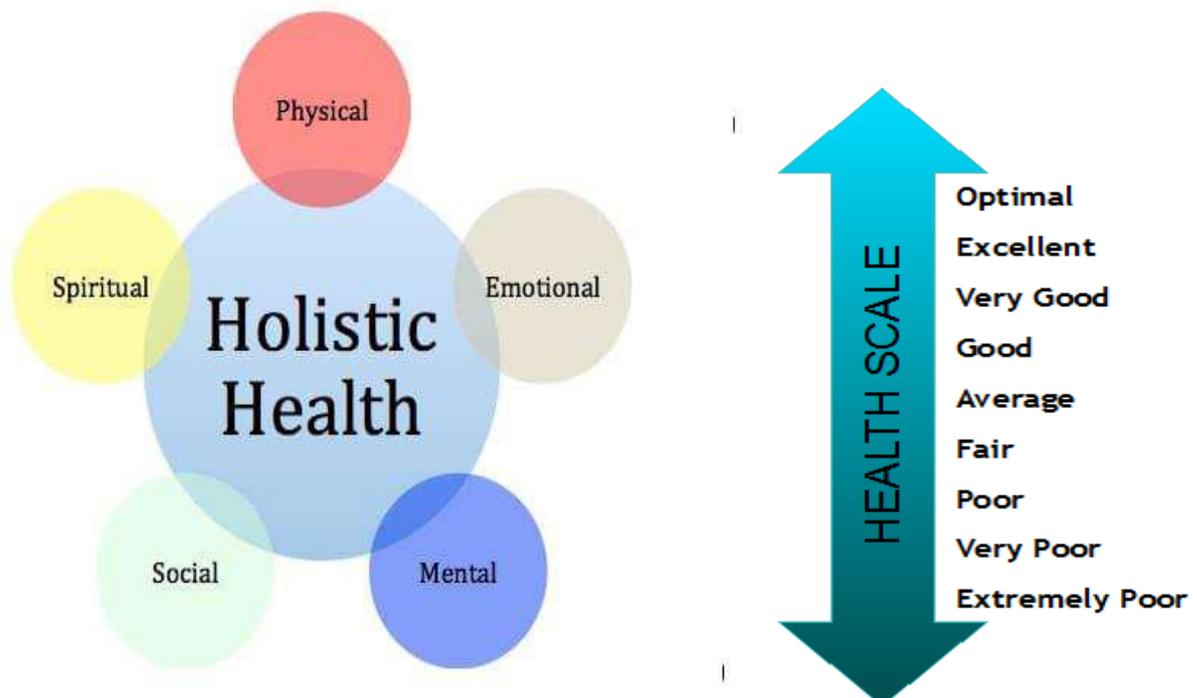


Figure-1 Holistic health dimension and Health Scale

When it comes to holistic health we are looking beyond the physical body and are addressing physical, emotional, social, spiritual, and intellectual health. All of these 5 aspects of holistic health are what enable a person to truly live each day in the healthiest, happiest way possible and if one area is compromised, most likely other areas will be as well (Fig-1).

5. QUALITY OF LIFE (QOL) :

For millenniums, yoga has been used as a way of improving physical, emotional, mental, and spiritual states of its practitioners in India. However, its impacts on health and quality of life have only recently started being explored in the West during the last few decades. To appreciate its potential effectiveness in improving the quality of life of mankind, one must have a basic understanding of the fundamentals of yogic science as well as the result of the recent scientific studies that have investigated its impact on the quality of life of patients suffering from different ailments (31).

Term QOL was coined in the United States after World War II. At first it meant “the good life,” and was limited to having or not having typical consumer goods. Good QOL meant affluence – having a car, a house of one’s own or other commodities. It was a “have” category. The concept gradually evolved and its range widened to encompass life satisfaction, realisation of one’s needs and aspirations and modifying one’s environment in order to cope with it better. In other words, the

QOL concept gradually moved from “have” to “be.” In those days, high quality of life was reserved for the healthy. Only a healthy society the argument went can produce material and cultural goods and enable people to use them and achieve the high level of development which is the mark of better quality of life. Attention was paid to the process of QOL assessment. Finally, general QOL began to be defined as an individual’s appraisal of his/her own life situation within a specific time span (32). In other words, it is the appraisal of a fragment of one’s life which takes place between the human subject on the one hand and the factors which have an impact on him/her from the external environment and the internal environment (his/her own body) on the other hand. Observer ratings are viewed as additional, complementary information. One must remember that these ratings are not free of subjectivity in the perception of reality. The importance which people ascribe to various aspects of life, partly depends on the role the rater is playing in the diagnostic process and the rater’s profession. Physicians pay more attention to the somatic state and to physical complaints which may reduce quality of life. Psychologists and the patient’s family pay more attention to psychosocial dimensions. The subjective source direct appraisal of one’s situation by the interested party – is now considered the most important and the most valid source of information.

So what are the determinants of one’s appraisal of one’s quality of life? Everyone takes several factors into consideration when appraising their quality of life. Some of these factors are objective, others are subjective.

External factors which are important for both healthy and unhealthy people include the economic situation, education, place of residence, work, family relations, and social relations. Appraisal of the life situation is mutable and depends on the rater’s personality, which has been shaped by former experience and social status (Fig. 2). Temperament, which is largely genetically determined, also affects the appraisal of one’s quality of life (33).

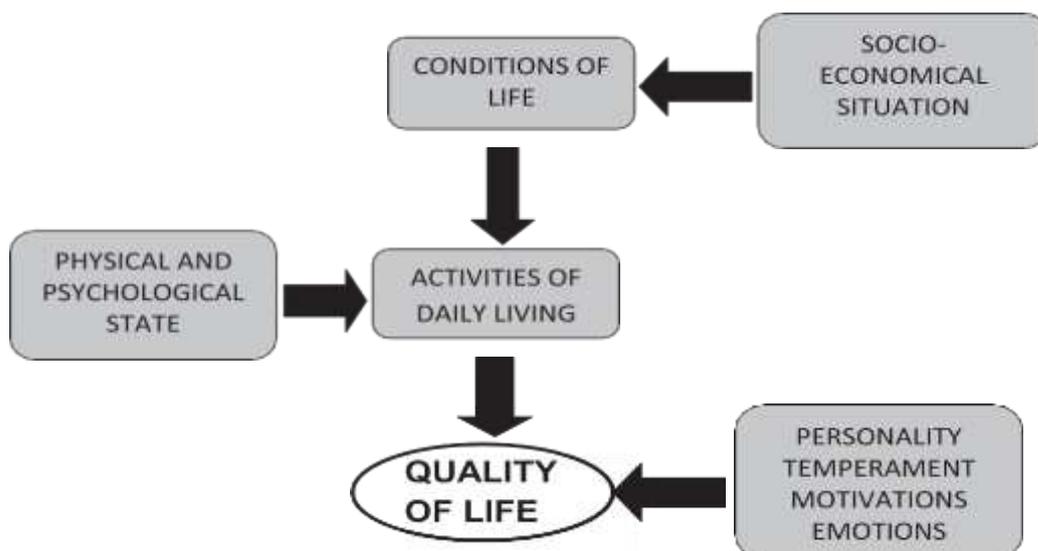


Fig. 2. Determinants of quality of life

6. QUALITY OF WORK (QOW):

Although the expression “Quality of Work Life” was not used in the late 19th century, certain isolated efforts had already been made to improve conditions for workers, for example, the fact that certain companies shared profits with their employees. From a more contemporary perspective, these initiatives may be viewed as an attempt to improve

QOW (34). It would be several decades before the social sciences and humanities showed real interest in work and, more specifically, in the relationship between workers' attitudes and behaviors, on one hand, and the company's productivity, on the other hand. The studies by sociologist Elton Mayo, at Western Electric's Hawthorn plant in 1933 – now recognized as “classic” – involved verifying the influence of environmental factors on plant workers' performance. Mayo's results tempered the Taylorian performance rules applied until then. From that point on, the beginnings of a movement towards a policy of humanizing employees' work conditions can be seen (35).

A brief examination of the definitions of satisfaction shows that it corresponds to a psychological state resulting from the difference between the situation in which a person finds himself or herself and the situation in which that person wishes to be (36-38). Thus, the way satisfaction is measured, generally on a continuum, makes it totally inappropriate for measuring dynamic constructs such as QWL. In fact, according to Golembiewski, Billingsley and Yeager (39), a dynamic construct like QWL is characterized by three kinds of possible changes: (1) “alpha” changes, which correspond to a change in a condition over time; (2) “beta” changes, which correspond to a change in a condition over time, but with a possible change in reference point as well; and (3) “gamma” changes, which correspond to a change in condition over time, with a possible change in reference point and a change in the person's perspective and priorities. As Trist and Westley (40) emphasize, a static construct like satisfaction (which can only measure “alpha” changes) is therefore inappropriate for evaluating a dynamic construct such as QWL.

In that light, let us consider the economic reality of the 1990s, characterized, among other things by (1) market globalization leading to increased competition among nations, and thus among companies; (2) the emergence of countries where production costs are lower; and (3) an increase in communication technologies (cell phones, e-mail, etc.) that has increasingly disrupted and reduced the private life of people who use them. These factors, among others, could well explain the decline in research efforts in this field. Paradoxically, as the number of studies about stress and mental health at work increased during the same period, probably due to the pressure put by the aforementioned climate, the conclusion that imposed itself is that ambiguity about the concept of QWL is the main factor that explained the decline of publications keyworded with QWL (41).

Concept:

The term „quality of work life (QWL) has different meanings of different peoples, some consider it industrial democracy or co-determination with increased employee participation in the decision making process. For others, particularly managers and administrators, the term denotes improvement in the psychological aspects of work to improve productivity. Unions and workers interpret it as a more equitable sharing of profits, job security and health and humane working conditions. Others view it as improving social relationships at the workplace through autonomous work groups. Finally, others take a broader view of changing the entire organizational climate by humanizing work, individualizing organizations and changing the structure and managerial systems. In general terms, QWL, refers to the favorableness or unfavorableness of a job environment for people⁶. It refers to the quality of relationship between employees and the total working environment (42).

Dimensions of Quality of Work (42):

The dimensions of QWL are health and well-being, job security, job satisfaction, competence development and the balance between works with non-work life. Each of the dimensions of QWL from the perspectives of employees is briefly discussed below.

- **Health and well-being:** Health and well-being of QWL refer to physical and psychological aspects of an individual in any working environment.
- **Job security:** A dramatic change of workforce in contemporary work environments has revealed a significant amount of organizational change. Organization change such as downsizing, rightsizing and outsourcing have adversely affected employees' loyalty, morale, motivation and perceived job security. Organization of Economic Cooperation and Development (OECD) (1996) highlighted that job security is the most controversial issue in contemporary work environment. Job security, the central aspect of QWL represents the strength of the organizations to provide permanent and stable employment regardless of the changes in the work environment. Hence, providing a sense of security is important, especially in the work environment where many facets of jobs can be outsourced.
- **Job Satisfaction:** Later, cognitive and behavioural components were added to this definition. The cognitive aspect represents an employee's belief about his job or job situation. This means an employee may believe that his or her job is interesting, stimulating, or otherwise. The behavioural component represents an employee's behavioural tendencies toward his or her job. The action of attending work regularly, working hard and intending to stay in the organisation for a long period of time shows the positive behaviour which indicates job satisfaction.

- **Competency Development:** Growth in skills and knowledge is an important aspect of competency development that enhances QWL. Therefore competency development is operationalized as the nature of the job that provides opportunities and stimulates growth in skills and knowledge either for a career or organizational development. Career development opportunity will provide essential training that will help the individual employees to equip with the new skills to spearhead in their career. Most contemporary organizations do not limit themselves to just training an employee for a job, but they go beyond to furnish them with a support system that encourages workplace learning.
- **Work and non-work life balance:** A major component of QWL, which is important for both the employees and the employers, is the relationship between work and home life. Figure 3 and 4 shows the constructs and practice of QWL (42).

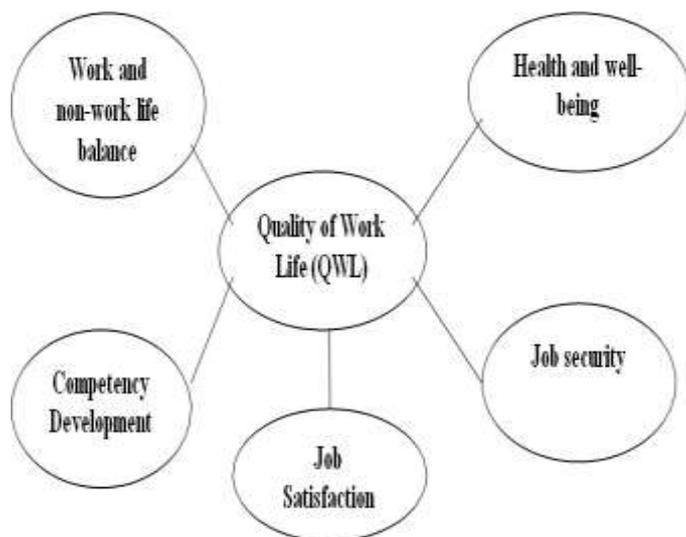


Figure 3.: The Constructs of QWL

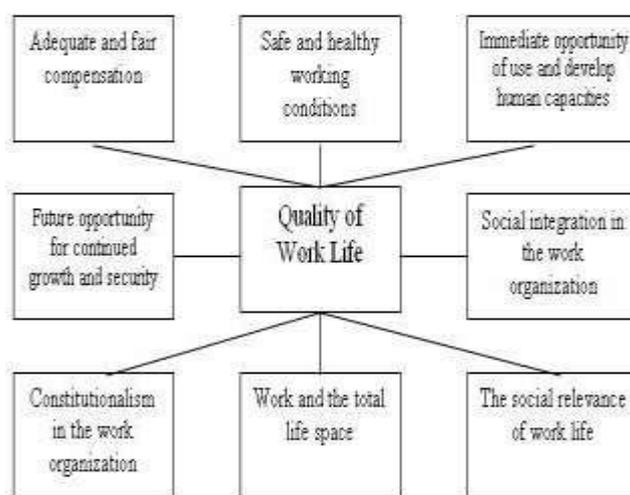


Figure -4 The Practices of QWL

7. IMPACT OF YOGA ON QOL AND QOW :

In the study of temporal dynamics of the affect-creativity relationship, it is found that positive affect is directly proportional to the creativity of an individual(42). Mindful yoga practice has reported greater appraisal of stress and greater frequency of coping (43). Such employees may prevent themselves from getting into CWBs as a reaction to work stressors and may seek out other strategies to help cope with work stressors. Yoga group has shown more resilient to stress and protect against stress-related deterioration of self-control as compared to control group (44). Individuals who are higher in self-control are found to be able to refrain from acting on aggressive impulses because they have a capacity of altering, overriding, or manipulating aggression-related emotions. The study found that yoga helps to develop strong morals and healthy values (45). Individuals with high moral values will be less involved in any kind of deviant behaviors.

Oxford University conducted a 10 week yoga intervention with prisoners and found that yoga can improve psychological wellbeing and mood among prisoners and results showed a positive effect on stress and their impulsive behaviors (46) It is well-known fact that rate of mental issues reported by prisoners is always high in comparison to the issues reported by normal people and such high level of behavioral patterns are identified as the sign of aggression, distress, antisocial behavior, alcohol, and drug abuse within prisoners.

Yogic way of life can be preventive, which can provide improvements in many mental and physical health conditions and quality of life. It can also promote healthy working conditions especially if predictors of CWB are controlled by awareness and self-control of individual employees (47).

Work-related stress is a complex problem in occupational medicine, related to several psychosocial risk factors. A higher level of perceived stress among workers could contribute to determining health problems and promote the onset of some cardiovascular, musculoskeletal, and other diseases. Therefore, it is necessary to design, plan and conduct work-related stress-reduction programs. A valuable setting to perform these activities is the workplace and one of the most adopted method is represented by Yoga interventions carried out at workplaces directly, as part of corporate wellness programs. The synthesis of the available evidence and its quantitative analysis prove the effectiveness of Yoga interventions carried out at workplaces in decreasing perceived stress among employees, when compared to no-treatment. Nevertheless, these conclusions are based on a few studies with “some concerns” about methodological rigor and future studies are needed. Indeed, in order to define common characteristics of Yoga interventions (such as style,

duration, volume and frequency), and to assess the effectiveness of Yoga interventions compared to other similar approaches, it is mandatory to design effective strategies of research about health programs carried out as part of corporate wellness programs to manage work-related stress (48).

8. CONCLUSION:

With the global pandemic condition due to covid 19, we are living in a stressful and isolated life. The attendance of different workplaces is very low except of emergency staff. In order to achieve holistic health it is necessary to develop quality of life and quality of work. The balance between the QOL and QOW is necessary for development and progression towards a positive direction. Without the traditional intervention of yogic practices it is very difficult for us to achieve our goal of life, especially when we are in a difficult situation.

REFERENCES :

1. Lu H, Stratton CW, Tang YW. Outbreak of Pneumonia of Unknown Etiology in Wuhan China: the Mystery and the Miracle. *Journal of Medical Virology*.
2. Holshue ML, DeBolt C, Lindquist S, Lofy KH, Wiesman J, Bruce H, et al. First case of 2019 novel coronavirus in the United States. *New England Journal of Medicine*. 2020.
3. Li Q, Guan X, Wu P, Wang X, Zhou L, Tong Y, et al. Early transmission dynamics in Wuhan, China, of novel coronavirus–infected pneumonia. *New England Journal of Medicine*. 2020.
4. Wang C, Horby P, Hayden F, Gao G. coronavirus outbreak of global health concern. *Lancet* 2020; published online Jan 24. [https://doi.org/S0140-6736\(20\)30185-9](https://doi.org/S0140-6736(20)30185-9)—In this Comment, the first sentence of the. 2020.
5. WHO. Rolling updates on coronavirus disease (COVID-19) 2020b) [Online]. Available: <https://www.who.int/emergencies/diseases/novelcoronavirus-2019/events-as-they-happen>.
6. Team EE. Note from the editors: World Health Organization declares novel coronavirus (2019- nCoV) sixth public health emergency of international concern. *Eurosurveillance*. 2020;25(5).
7. WHO. <https://www.who.int/emergencies/diseases/novelcoronavirus-2019/events-as-they-happen>. 2020.
8. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
9. Wang M, Cao R, Zhang L, Yang X, Liu J, Xu M, et al. Remdesivir and chloroquine effectively inhibit the recently emerged novel coronavirus (2019-nCoV) in vitro. *Cell research*. 2020;30(3):269-71.
10. Rezabakhsh A, Ala A, Khodaei SH. Novel Coronavirus (COVID-19): A New Emerging Pandemic Threat.
11. Booth S, Hills-Evans K. Pandemic Influenza and Respiratory Illness Preparation and Response: A Citizen's Guide. 2020.
12. Yang Y, Peng F, Wang R, Guan K, Jiang T, Xu G, et al. The deadly coronaviruses: The 2003 SARS pandemic and the 2020 novel coronavirus epidemic in China. *Journal of Autoimmunity*. 2020:102434
13. Dhama K, Sharun K, Tiwari R, Dadar M, Malik YS, Singh KP, Chaicumpa W. COVID-19, an emerging coronavirus infection: advances and prospects in designing and developing vaccines, immunotherapeutics, and therapeutics. *Human Vaccines & Immunotherapeutics*. 2020 Mar 19:1-7.
14. Chen P, Mao L, Nassis GP, Harmer P, Ainsworth BE, Li F. Wuhan coronavirus (2019-nCoV): The need to maintain regular physical activity while taking precautions. *Journal of sport and health science*. 2020 Mar;9(2):103.
15. <https://www.aurawellnesscenter.com/2010/06/27/tradition-of-yoga-in-the-indian-society/>
16. <https://spiritualindiatrip.com/religion-philosophy/yoga/>
17. <http://spiritualindiatrip.com/2015/definition-yoga/>
18. <http://www.greatspiritualbooks.com/2016/yoga-body-origins/>
19. World Health Organization. (2006). *Constitution of the World Health Organization – Basic Documents*, Forty-fifth edition, Supplement, October 2006.
20. Stokes, J.; Noren, J.; Shindell, S. (1982-01-01). "Definition of terms and concepts applicable to clinical preventive medicine". *Journal of Community Health*. 8 (1): 33–41. doi:10.1007/bf01324395. ISSN 0094-5145. PMID 6764783.
21. World Health Organization (1958). *The first ten years of the World Health Organization*. Geneva: WHO.
22. Jump up to:^a *"Part 1 – Theory: Thinking About Health Chapter 1 Concepts of Health and Illness"*. *phprimer.afmc.ca*. Archived from the original on 2016-08-12. Retrieved 2016-06-22
23. World Health Organization. *The determinants of health*. Geneva. Accessed 12 May 2011.
24. Public Health Agency of Canada. *What Determines Health?* Ottawa. Accessed 12 May 2011.
25. Lalonde, Marc (1974). *"A New Perspective on the Health of Canadians."* Ottawa: Minister of Supply and Services. Archived 2014-10-28 at the Wayback Machine

26. Mar 25, 2011 - My dear Snehi and Sohan: Sharirmadhyam khalu dharmasadhanam meaning “the body is the means of fulfillment of dharma” is an expression from Sarga 5:33 of Kumarasambhavam by Mahakavi Kalidasa. Kumarasambhavam is a Sanskrit drama-poem.
27. Acharya agnivesha. Carakasamhita. Ayurveda dipika commentary by chakrapanidatta. Varanasi: choukamba surabharati prakashan; edition 2008, Chapter 1, verse 15, 6pp.
28. Official Records of WHO, no. 2, p. 100.
29. <https://guidingwellness.com/wellness-and-holism/what-is-holistic-health/>
30. [https://www.pdhpe.net/better-health-for-individuals/what-does-health-mean-to-individuals/meanings-of-health/dimensions-of-health/#iLightbox\[gallery2875\]/0](https://www.pdhpe.net/better-health-for-individuals/what-does-health-mean-to-individuals/meanings-of-health/dimensions-of-health/#iLightbox[gallery2875]/0)
31. https://link.springer.com/referenceworkentry/10.1007/978-94-007-0753-5_3818
32. De Walden-Gałuszko, K. (1997). Ocena jakości życia uwarunkowana stamem zdrowia Warsaw: Centrum Onkologii-Instytut [in Polish with English summary].
33. Owczarek Krzysztof, 2010, The concept of quality of life, ACTA Vol. 8, No. 3, 2010
34. Goode, D. A.: 1989, ‘Quality of life, quality of work life’. in W. E. Kiernan and R. L. Schallock (eds.), Economics, Industry and Disability: A Look Ahead (Paul H. Brookes, Baltimore), pp. 337–349.
35. Mayo, E.: 1960, The Human Problems of an Industrial Civilisation (Viking Press, New York).
36. Boisvert, M.: 1981, La qualite´ de vie au travail (Agence d’Arc, Montre´al).
37. Locke, E. A.: 1976, The nature and causes of job satisfaction’, in M. D. Dunnette (ed.), Hand book of Industrial and Organizational Psychology (Rand-McNally, Chicago), pp. 1279–1349.
38. Quilty, L. C., M. Van Ameringen, C. Mancini, J. Oakman and P. Farvolden: 2003, ‘Quality of life and anxiety disorders’, Journal of Anxiety Disorders 17, pp. 405–426.
39. Golembiewski, R. T., K. Billingsley and S. Yeager: 1976, ‘Measuring change and persistence in human affairs: Types of change generated by OD designs’, Journal of Applied Behavioural Science 12, pp. 133–157.
40. Trist, E. and W. A. Westley: 1981, La qualite de la vie au travail dans la fonction publique federale (Travail Canada, Ottawa).
41. Martel Jean-Pierre and Gilles Dupuis, (2006), quality of work life: theoretical and methodological problems, and presentation of a new model and measuring instrument, Social Indicators Research (2006) , DOI 10.1007/s11205-004-5368-4.
42. Swathi. R, A Study on Dimensions of Quality of Work Life of Employees, International Journal and magazine of engineering, technology, management and Research, 4;9;2017;188-96
43. Amabile T, Barsade S, Mueller J, Staw B. Affect and creativity at work. Adm Sci Q 2005;50:367-403.
44. White LS. Reducing stress in school-age girls through mindful yoga. J Pediatr Health Care 2012;26:45-56.
45. Ramadoss R, Bose BK. Stress and improving self-control in vulnerable youth. Int J Yoga 2010;20:75-80.
46. Monk-Turner E, Turner C. Does yoga shape body, mind and spiritual health and happiness: Differences between yoga practitioners and college students. Int J Yoga 2010;3:48-54.
47. Bilderbeck AC, Farias M, Brazil IA, Jakobowitz S, Wikholm C. Participation in a 10-week course of yoga improves behavioural control and decreases psychological distress in a prison population. J Psychiatr Res 2013;47:1438-45.
48. Della Valle et al, Effectiveness of Workplace Yoga Interventions to Reduce Perceived Stress in Employees: A Systematic Review and Meta-Analysis, J. Funct. Morphol. Kinesiol. 2020, 5, 33; doi:10.3390/jfmk5020033 pp 2-16.