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AN EXPLORATION OF RESILIENCE, SPIRITUALITY AND POST TRAUMATIC GROWTH IN THE FACE OF TRAUMA

Waheeda KHAN, Komal CHANDIRAMANI

Abstract

Traumatic events acquire both negative and positive qualities that reflect a person's life. The negative side includes psychopathologies and the positive side includes transformation in lifestyle. The focus of the present research is to explore the positive transformation of females experiencing trauma as a result of Breast Cancer, Sexual Abuse and Spousal Bereavement. It was hypothesised that there would be significant group differences among the three traumas on the measure of Post traumatic growth, Resilience, Spirituality and also to examine their relationship. The data was collected using purposive sampling method and the size of the total sample was 90 (i.e. 30 females in each group). A three group design was followed where Post traumatic growth inventory by Tedeschi and Calhoun (1996) and Spirituality and Resilience Assessment Packet by Kass and Kass (2000) was administered on the three groups of trauma to meet the objectives. The results revealed significant differences between the groups indicating breast cancer cases mean scores to be highest. Also, significant positive relations were found between the variables, supporting positive growth in the sample. Overall, it can be concluded that an increase in the above factors is associated with self-reported positive life changes over time. Further research on related topics, based on the findings of the present and other studies, will undoubtedly advance our understanding of the positive psychological changes following breast cancer, sexual abuse and spousal bereavement.

Keywords

Post traumatic growth, Resilience, Spirituality, Trauma

INTRODUCTION

Trauma is defined as (1) the person experienced, witnessed or was confronted with an event or events that involved actual or threatened death or a serious injury, or a threat to the physical integrity of self or others and (2) the person's response involved intense fear, helplessness or horror (APA, 2000). Some of the traumas are a sudden injury/serious accident, a physical/sexual assault, observing the death or serious injury of another person, natural disasters, chronic

illnesses and others (Joseph, Williams, & Yule, 1997). Traumatic events acquire both negative and positive qualities that reflect a person's life. The negative side includes psychopathologies and the positive side - transformation in lifestyle. The focus of the present research is to explore the positive transformation among females experiencing trauma as a result of Breast Cancer, Sexual Abuse and Spousal Bereavement.

A recent focus in the trauma literature has been on the possibility of positive psychological changes in the aftermath of

adversity and suffering. The topic of growth has become a magnet for research, with the pioneering work of Tedeschi and Calhoun who coined the term 'Posttraumatic Growth' (PTG) in 1995. They stated PTG as an individual's experience of significant positive change arising from the struggle with a major life crisis (Tedeschi & Calhoun, 2004).

It is important to understand that PTG is not simply a return to baseline functioning after a difficult life experience; rather, it represents a transformation that exceeds the baseline functioning. It is transformative positive change that (a) occurs most distinctively in the aftermath of trauma rather than during lower level stress, (b) appear to go beyond illusion, (c) is experienced as an outcome rather than a coping mechanism and (d) require a shattering of basic assumptions about one's life that traumas provide but lower level stress does not (Tedeschi & Calhoun, 2004). The concept of PTG has two important implications. Firstly, in order for PTG to occur, a person has to be exposed to an event that is perceived as extremely undesirable and intense in nature (Tedeschi & Calhoun, 1996). Minor stressors or normal developmental processes are therefore not associated with the emergence of PTG. Secondly, positive changes occur only after the struggle has taken place (Bellizzi & Blank, 2006; Tedeschi & Calhoun, 2004).

A growing body of research suggests that majority of adults who are exposed to potentially traumatic events are resilient (Bonanno, Galea, Bucciarelli, & Vlahov, 2007). Scales, Benson, Leffert and Blyth (2000) conceptualized resilience as overcoming negative events and quickly returning to pre-trauma levels of functioning. Resilience has largely been

conceptualized by most investigators as a dynamic process involving interactions of biological/psychological/social factors that ameliorate the negative effects of stressful life events to promote successful adaptation over an individual's life (Luthar & Zigler, 1991). When being confronted with specific stressful life events, resilient individuals find opportunities to exercise their decision making, confirm their priorities in life, set new goals and other complex activities. They experience similar events as compared to less resilient individuals, but they appraise the events as less stressful and maintain their optimism about their ability to cope with them (Alfred & Smith, 1989).

Although similar, PTG and resilience differ from one another in some subtle but important ways (Calhoun & Tedeschi, 2006). Carver (1998) distinguished between the two constructs by referring to resilience as a return to the previous level of functioning after adversity and by associating PTG with not merely returning to the previous level of functioning but exceeding it on some dimension. Implicit in this distinction is the assumption that for PTG to occur, a person has to display resilience and return to a healthy functioning before moving towards more effective subsequent functioning.

Spirituality comes from the Latin word Spiritus, meaning 'breath of life'. It includes a personal sense of ultimate purpose, meaning and values and a sense of connectedness. It can encompass belief in and relatedness to, a transcendent reality, higher being or higher power. Studies investigating spirituality as a philosophy or attitude have found that individuals who report greater spirituality have improved subjective states of well-

being, improved quality of life and an increase in longevity (Levin, 1996). Spirituality can enhance a person's ability to cope with negative life events and that negative life events can cause enhanced spiritual growth. Spiritual involvement provides an important mechanism for coping with challenging traumatic events by alleviating symptoms such as depression, anxiety, hostility, better quality of life and an experience of more positive emotions (Fallot & Heckman, 2005).

Previous review has stated positive transformation in females experiencing various traumatic events (breast cancer, sexual abuse and spousal bereavement). In spite of the negative consequences associated with illness, breast cancer patients often try to find meaning and purpose in life (Tedeschi & Calhoun, 1995). Patients reported positive changes like better appreciation for the smaller things in life (Thornton, 2002), closer intimate relationships, spiritual growth and an enhanced sense of personal strength (Cordova & Andrykowski, 2003) following breast cancer diagnosis. Also, McMillen, Zuravin and Rideout (1995) found some benefit from the sexual abuse. Cobb, Tedeschi, Calhoun and Cann (2006) found that appreciation of life was the sole domain related to severity of abuse in a sample of sexual abuse victims. Moreover, finding an answer to the meaninglessness of a death is a critical part of the bereavement process that is related to positive outcomes such as PTG (Miles & Crandall, 1983). These positive changes may enhance wisdom and maturity, a new life perspective, increased independence and purpose in life (Kessler, 1987).

Resilience and spirituality also play a role in dealing with traumatic events.

Wenzel et al. (2002) found a significant proportion of their sample of cancer survivors reported experiencing resilience and personal growth, which in turn promoted a sense of wellbeing. Gall, Charbonneau and Florack (2011) investigated the role of spirituality in relation to perceived growth following a diagnosis of breast cancer. Also, spirituality was associated with improved quality of life and positive psychological adjustment styles suggesting additional benefits of enhanced spirituality (Cotton, Levine, Fitzpatrick, Dold, & Targ, 1999). Ahrens, Abeling, Ahmad and Hinman (2010) examined predictors and outcomes of spirituality and resilience among sexual assault survivors. Results suggested that spirituality and resilience was high in those who had PTG. Flynn (2000) suggested that spirituality leads to undoing the damage of the abuse and creating new aspects of the self and experience. Hyman and Williams (2001) concluded that resilience is a protective factor and helps the victim to bounce back from the adversities of sexual abuse.

Finding meaning in one's life following a loved one's death can represent a spiritual change that may result from bereavement. Continued connection with the deceased can encourage deepening of spirituality representing spiritual growth (Cait, 2004). Brown, Nesse, House and Utz (2004) found that loss of a spouse caused bereaved individuals to increase their self rating of the importance of their spiritual beliefs and an increased appreciation for life. Substantial amount of bereaved people indeed show resilience (Bonanno, Wortman & Nesse, 2004). Resilient pattern does not imply that such people experience no upset related to the loss of aversive event, but rather that their overall level of functioning is

essentially preserved (Bonanno, Moskowitz, Papa & Folkman (2005).

Not all people who experience traumatic events actually become psychologically traumatized. Individuals report positive change following a serious life event and that the event provides them a learning opportunity to live life more fully (Park, Mills- Baxter, & Fenster, 2005). The data for present research was collected from females because they are more likely to suffer from adverse effects of traumatic events and develop growth more than males (Frans, Rimmo, Aberg, & Fredrikson, 2005). Also, there is a need to study the phenomena of positive growth in its cultural context. This is because most researches have been carried out in the west and may not lend insight into the nature of positive growth that women experience after adversity in the Indian cultural context. Overall, the present study was undertaken to understand the positive psychological change or PTG and the ability of individuals to bounce back in the face of to trauma.

Based on the objectives, the following hypotheses are formulated:

1. There would be significant difference among females experiencing trauma as a result of breast cancer, sexual abuse and spousal bereavement on the measure of PTG with its dimensions, resilient and spiritual worldview
2. There would be significant relation among the dimensions of PTG and Resilient/Spiritual Worldview in the females experiencing trauma as a result of breast cancer, sexual abuse and spousal bereavement.

METHODOLOGY

The purpose of the present research was to explore resilience, spirituality and PTG in the face of trauma.

PARTICIPANTS

The study population consisted of females experiencing trauma as a result of (a) breast cancer (b) sexual abuse and (c) spousal bereavement. The data was collected using purposive sampling method. The size of the total sample was 90 (i.e. 30 females in each group).

Identification of breast cancer cases was done with the help of doctors of Medical Oncology in various hospitals of New Delhi. Of 30 cases, 16 were from stage I and 14 were from stage II. Stage III and IV cases were not included. The information regarding sexual abuse cases was taken from the working staff of various NGO's in New Delhi. The sample of bereaved women who lost their husbands, consisted of 30 cases aged between 30-60 years. Only those participants were included whose time since abuse was between 6 to 18 months.

TOOLS

Post Traumatic Growth Inventory (PTGI): The Posttraumatic Growth Inventory (PTGI) developed by Tedeschi and Calhoun (1996) was used to measure positive growth from the trauma. The current version consists of 21, positively worded items, with a 0-5 response choice. It assesses five dimensions of growth which are New Possibilities, Relating to Others, Personal Strength, Appreciation to Life and Spiritual Change. The PTGI has shown a high degree of internal

consistency with Cronbach's alpha coefficient $\alpha = 0.93$. (Cohen, Cimboric, Armeli, & Hettler, 1998).

Spirituality and Resilience Assessment Packet (SRA): The Spirituality and Resilience Assessment Packet is a multidimensional self report instrument developed and revised by Kass and Kass (2000). It is a structured questionnaire which identifies the resilient, self defeating aspects of their worldview and the potential value of spiritual and psychological growth. The Cronbach's alpha coefficients were found out to be $\alpha = 0.93$.

RESULTS AND DISCUSSION

The data were analyzed using descriptive and inferential statistics. Percentage of cases and range of PTG, resilient and spiritual worldview were depicted using bar diagrams. One-way Analysis of Variance (ANOVA) was used

to analyze the significant differences between the means among the three groups (i.e. breast cancer, sexual abuse and spousal bereavement). Pearson Product Moment method of coefficient of correlation was used to see the relation of PTG with resilient and spirituality in total sample

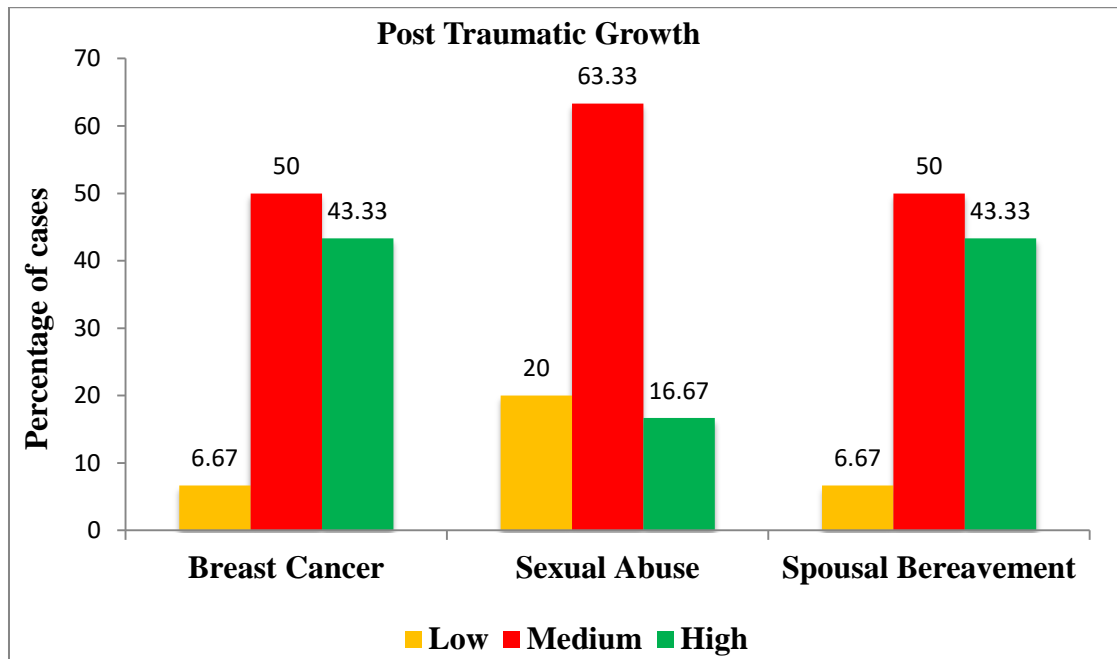
From table 1, it can be seen that the mean of breast cancer cases is highest for Resilient and spiritual worldview, overall PTG with its dimensions i.e. new possibility, appreciation to life and spiritual change. The mean for other two dimensions i.e. relating to others and personal strength is highest for spousal bereavement cases. Graph 1 shows PTG is found highest for sexual abuse followed by the same percentage for breast cancer and spousal bereavement cases. High PTG has same percentage for both the breast cancer and spousal bereavement followed by sexual abuse cases.

Table 1 shows Mean and S.D's of Breast Cancer, Sexual Abuse and Spousal Bereavement cases on the measure of Post Traumatic Growth (PTG) with its dimensions, Resilient and Spiritual Worldview (N=30)

Groups PTG	Breast Cancer		Sexual Abuse		Spousal Bereavement	
	Mean	S.D.	Mean	S.D.	Mean	S.D.
Overall PTG	68.57	9.55	57.47	11.31	65.50	12.00
New Possibility	18.60	3.19	15.73	3.64	17.97	3.70
Relating to Others	18.77	3.29	17.37	3.65	19.40	4.58
Personal Strength	12.70	2.38	11.50	2.93	13.00	2.84
Appreciation to Life	10.17	1.74	7.17	2.05	8.30	1.64
Spiritual Change	8.30	1.23	5.77	1.41	6.83	1.26
Resilient Worldview	5.16	0.30	4.00	0.83	4.76	0.91

Spiritual Worldview	23.90	3.73	19.87	5.08	21.20	4.63
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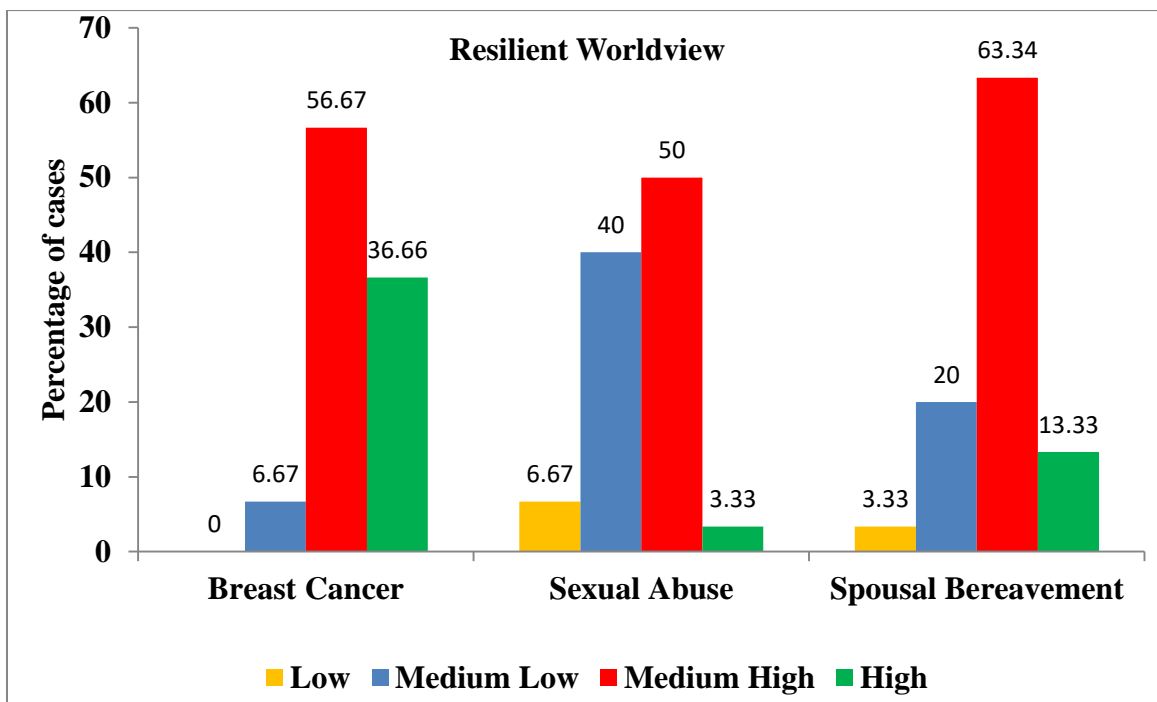
Graph 1 shows percentage of cases and range of Post Traumatic Growth (i.e. Low, Medium and High) for Breast Cancer, Sexual Abuse and Spousal Bereavement (N=30).



Graph 2 and 3 show low, medium and high resilient and spiritual worldview, which is found highest for spousal bereavement followed by breast cancer and sexual abuse cases. Resilient worldview is found highest for breast cancer followed by spousal bereavement and sexual abuse cases. High spiritual worldview is found highest for breast cancer followed by sexual abuse and spousal bereavement cases. Medium-low resilient and medium-

low spiritual worldview is highest for sexual abuse followed by spousal bereavement and breast cancer cases; with not a single case of low resilient worldview in breast cancer cases. Low spiritual worldview has same percentage for sexual abuse and spousal bereavement cases with not a single case found in breast cancer cases.

Graph 2 shows percentage of cases and range of Resilient Worldview (i.e. Low, Medium Low, Medium High and High) for Breast Cancer, Sexual Abuse and Spousal Bereavement (N=30).



Graph 3 shows Percentage of cases and range of Spiritual Worldview (i.e. Low, Medium Low, Medium High and High) for Breast Cancer, Sexual Abuse and Spousal Bereavement (N=30).

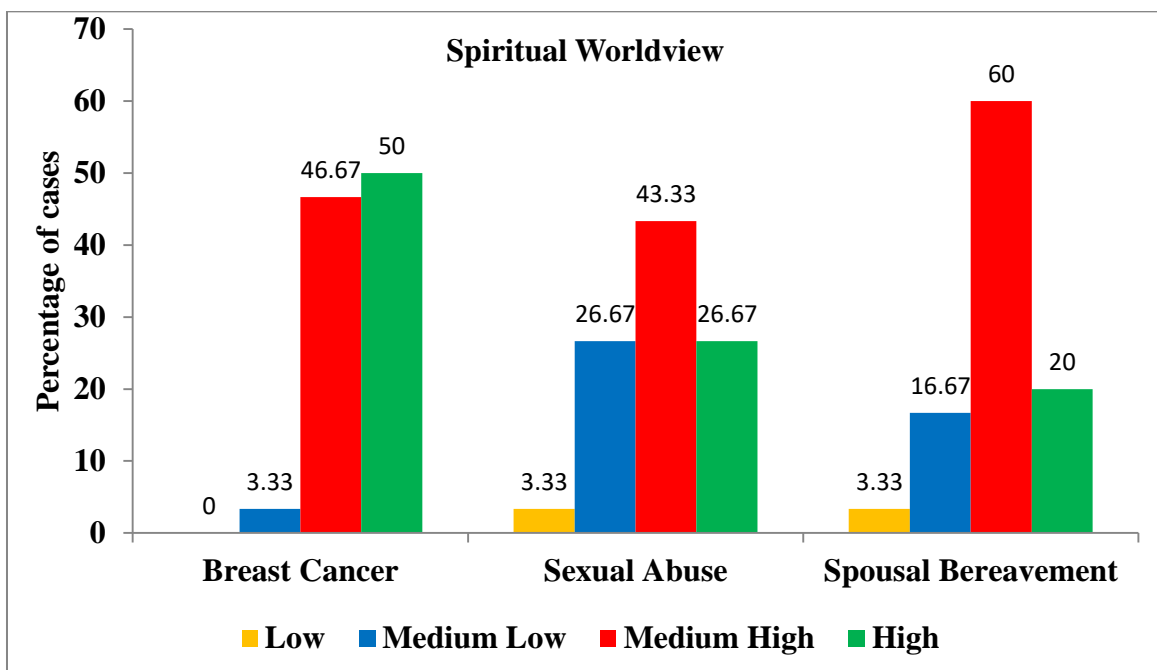


Table 2 shows summary results of ANOVA on the measure of Post Traumatic Growth (PTG) and Resilient/Spiritual Worldview with its dimensions.

Measures	Source of Variance	SS	df	MS	F-ratio	P-value
Overall PTG	Between Groups	1971.49	2	985.74	8.14	0.001
	Error	10540.33	87	121.15		
	Total	12511.82	89			
New Possibility	Between Groups	136.07	2	68.03	5.50	0.006
	Error	1076.03	87	12.37		
	Total	1212.10	89			
Relating to Others	Between Groups	64.95	2	32.48	2.16	0.122
	Error	1309.53	87	15.05		
	Total	1374.49	89			
Personal Strength	Between Groups	37.80	2	18.90	2.54	0.085
	Error	647.80	87	7.44		
	Total	685.60	89			
Appreciation to Life	Between Groups	137.69	2	68.84	20.75	0.000
	Error	288.63	87	3.32		
	Total	426.32	89			
Spiritual Change	Between Groups	97.07	2	48.53	28.56	0.000
	Error	147.83	87	1.70		
	Total	244.90	89			
Overall Resilient Worldview	Between Groups	20.58	2	10.29	14.04	0.000
	Error	63.78	87	0.73		
	Total	84.36	89			
Overall Spiritual Worldview	Between Groups	253.35	2	126.68	6.22	0.003
	Error	1772.97	87	20.38		
	Total	2026.32	89			

It is observed from table 2 that the F-ratio is statistically significant for spiritual and resilient worldview, overall PTG with

its dimensions namely, new possibility, appreciation to life and spiritual change.

Table 3 shows Inter-correlation of dimensions of Post Traumatic Growth and Resilient/Spiritual Worldview in total sample (N=90).

Measures	PTG	NP	RO	PS	AL	SC	RW	SW
Post Traumatic Growth (PTG)	--							
New Possibility(NP)	0.86**	--						
Relating To Others (RO)	0.84**	0.79**	--					
Personal Strength(PS)	0.77**	0.41*	0.47**	--				
Appreciation To Life(AL)	0.82**	0.57**	0.47**	0.80**	--			
Spiritual Change (SC)	0.64**	0.42*	0.29	0.63**	0.62**	--		
Resilient Worldview (RW)	0.89**	0.77**	0.68**	0.69**	0.76**	0.62**	--	
Spiritual Worldview (SW)	0.61**	0.44*	0.50**	0.49**	0.57**	0.50**	0.61**	--

*p < 0.05; ** p < 0.01

Table 3 shows inter-correlations of PTG and Resilient/Spiritual Worldview in the total sample. It can be seen that significant moderate to high correlations are found between overall PTG and its dimensions and the variables of resilient and spiritual worldview

DISCUSSION

The purpose of the present research was to explore resilience, spirituality and PTG in the face of trauma. The present study was taken to understand what positive changes these women could experience as a result of exposure to traumatic events that were severe in nature and to what extent these experiences would enhance the meaningfulness in their lives.

It was hypothesized that there would be significant differences among females experiencing trauma as a result of breast cancer, sexual abuse and spousal bereavement on the measure of overall

PTG with its dimensions, Resilient and Spiritual Worldview. The hypothesis was supported as significant differences were found between three groups on the measure of Resilience, Spirituality and overall PTG with its dimensions of new possibility, appreciation to life and spiritual change indicating that the mean was highest in the cases of breast cancer followed by spousal bereavement and sexual abuse. Previous studies have shown that 53%-83% of breast cancer patients reported positive changes after diagnosis and treatment (Sears, Stanton, & Danoff-Burg, 2003; Taylor, 1983).

It was observed that breast cancer cases were able to identify new possibilities in their lives and discovered the possibility of taking a new path. Many participants in the present research reported that as life is unpredictable, they wanted to take advantages of opportunities by adapting to a new lifestyle in order to increase the quality of their lives. These

participants developed strength of mind, willpower and optimism post cancer. It helped them develop new life skills to handle future crises with greater ease. The above results also indicated that breast cancer cases reported positive changes in life philosophy such as appreciating each new day and reported a major shift in how they approach and experience their daily lives. In this context, Thornton (2002) also reported that an increase in benefit finding among cancer patients was linked to a better appreciation for smaller things which endorsed a sense of discovering new possibilities in everyday life.

Breast cancer cases got involved in spirituality much more than before. The results were supported by Gall, Charbonneau and Florack (2011) who investigated the role of spirituality in relation to perceived growth following a diagnosis of breast cancer. Specifically, the participants in the present study depended on prayer as they viewed it as a mediator which would help them in dealing with their condition. This might be because they viewed God's role in illness management. In this context, a participant reported that "I thank my God everyday for the faith in my heart because it is this faith that sustained me."

Moreover, Deshields, Tibbs, Fan and Taylor (2006) who contended that resilience is an important consideration in the context of breast cancer research because many women consider their cancer diagnosis as life threatening. In the present research, the reason for better resilience in breast cancer cases can be that they develop certain characteristics during the course of their illness like making a spiritual connection, having meaningful work, engaging in social activism, being a

self-directed learner, living a healthy lifestyle and expressing a wide range of feelings which is also consistent with a brief review by Mulcahy (1996) on resilience. Many participants in the present research reported that their condition helped them to develop problem solving and positive thinking skills that led them to become self confident and resilient. A participant reported that "Cancer made me stronger than before. I feel I am stronger than ever and that is because of God's blessing and my will power."

Significant positive relations were found between PTG and its dimensions in the total sample. This indicated that finding new possibilities in life was highly linked to positive psychological change after struggling with a traumatic event. In the present study, women started engaging themselves in new and different path of life that led to a development of new directions which further enhanced PTG. They stated that those who experience positive changes after trauma not only positively change their viewpoints of themselves, but also experience strengthened relationships and meaningful engagement in activities (Davis & McKearney, 2003). In the present study, it was observed that these women perceived a control over their traumatic situation and developed personal strength. The strength and positive relation with others helped them develop new directions in life which ultimately led to positive psychological growth. The strength that participants reported referred to managing fear and negative emotions associated with their condition. They reported it coming in two ways, either becoming stronger than before or discovering strength one was unaware of.

Spiritual change also helped the participants to cope with the loss. This is because they established a stronger relationship with the higher existence that led to increased feelings of control and tendency to seek meaning in life. In this context, a participant reported that “after the event, I felt that my life was shattered. But then it is my continued belief in God that is helping me to deal with the abuse. My belief in God is helping me to cope positively.” Overall, the groups reported positive psychological changes, including increased independence and maturity, better relationships, improved ability to cope with other crises, a deepening of spiritual beliefs and an increased belief in them. These findings were consistent with previous research (Calhoun & Tedeschi, 1989-1990).

Qualitative and descriptive studies suggested that some people experience resilience, greater appreciation of life and changed priorities, better relationships with family and others and positive changes and spirituality as a result of their experience with cancer (Belec, 1992; Fromm, Andrykowski, & Hunt, 1996). Similarly, in the context of sexual abuse, Liem, James, O’Toole and Boudewyn (1997) found the relation between resilience and PTG. Overall, it can be stated that the resilient pattern reported by the three groups helped them to deal successfully with the adversities of their life. But it did not mean that they did not experience any upset related to an aversive event. Despite of their adversity, their overall level of functioning was essentially preserved. They also reported meaningfulness in life which gave them a sense of power to deal with future adversities.

Every research has some limitations. The present study consists of 30 participants in each group. This sample size does not provide a safe basis for generalization of the findings of the study. Generalizations were constrained since the sample was taken purely on convenience. Also, self report data could be biased and may not provide the most valid or accurate accounts of an individual’s behaviour. Future research should employ large samples and different research design to better understand the relationships between the variables used in the present study. Further studies should work towards articulating other characteristics like time since trauma, age, personality characteristics, coping styles etc and can also include other variables like social support, emotion regulation, etc.

CONCLUSION

Overall, it can be concluded that significant differences were found between the three groups indicating the mean of breast cancer cases to be highest. Also, significant positive relations were found between the variables indicating positive growth. The current study did reveal some intriguing findings with regard to the positive growth. It is hoped that it will add to the literature and motivate future researchers to explore in greater detail the experience of positive growth in those who find themselves facing traumatic events in the Indian context.

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LEVEL OF AWARENESS, UNDERSTANDING AND IMPLEMENTATION OF THE WELLNESS CONCEPT IN POLAND

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Abstract

In this article, we present general reports on the understanding and ways of realizing the concept of wellness in Poland. We would like to point out the main directions of development of services related to the concept of wellness and good practices in Polish education. We also present a brief summary of the research carried out in Poland regarding the diagnosis of the level of Poles' awareness of the concept of wellness, depending on their gender, age and disability. Based on the available literature and our research, we conclude that despite the fact that the number of receivers of wellness services in Poland is growing, it is necessary to educate Polish society in the scope of the correct definition of the concept of wellness, which belongs to the basic scope of pro-health activities falling within the broad concept of public health.

Keywords

Wellness concept in Poland, Awareness about wellness, Concepts of wellness.

INTRODUCTION

Understanding the concept of wellness

In the modern term "health" includes the concept of wellness, meaning "quality of life", "well-being". It refers to the subjective assessment of health. According to the World Health Organization (WHO 2000) wellness is the optimal health of individuals in the physical, social, emotional, intellectual and spiritual dimensions that enable them to fulfill their duties (role) in: the family, the community in which they live, the workplace, the place of worship and other areas. Historically the term of wellness is coming from USA thanks the unique work of Halbert Dunn and other American experts which followed him in their research (Dunn 1959; Naisbitt 1982; Travis ROK; Maller, 2005, Miller 2005). About the complexity of wellness as

the global phenomena in the context with WHO definition of wellness are focused research outputs of Krejčí (Krejčí a kol. 2016; Krejčí, Tilinger, Vacek 2016; Krejčí, Kornatovská, Jirásko 2017) and Rehor (Rehor 2016; Rehor 2013; Rehor, Krejčí 2015). According Rehor (2016) the approaching to the wellness as a domain from the variety of setting such as school, community, worksite, academic and professional preparation is very helpful.

The concept of wellness - both in Poland and in Europe - is incorrectly defined and understood. It is necessary to educate Polish as well as European society in the scope of the correct definition of the concept of wellness, which belongs to the basic scope of pro-health activities falling within the broad concept of public health.

The term wellness is one of the modern health-related plans, as well

related to quality of life (aspiring for wellness). Wellness is a lifestyle that is supposed to ensure full, well-being and lead to harmony between the body, spirit and mind. Wellness is much more than physical health, it's a lot of overlapping areas in which the quality of life is extremely important. The philosophy of wellness fits in with holistic health prophylaxis (Łubkowska, 2015, Artinovic et al., 2012).

The reaction on the so-called the civilizational fatigue of humanity was the philosophical-existential concept of achieving a state of goodness in all dimensions of the human individual. According to its American creator, this is to be an integrated method of human functioning, focused on maximizing its individual potential in the environment in which it functions. This potential includes physical and mental health, spiritual and intellectual balance, which in general is supposed to lead and determine well-being. As in practice few people are able to follow life in accordance with this idea, offers for several days of trips appeared or even practices in the place of residence, aimed at regeneration of forces (Mazurski, 2014).

Terms “wellness” and “well-being” tourism are also used often synonymously or alternatively. Some authors treat well-being tourism as one of the types of wellness tourism, others replace the term well-being with the term wellness (Mazurski, 2014). Author suggest a more holistic concept of wellness in which wellness contains elements of lifestyle, physical, mental, and spiritual well-being, and one’s relationship to oneself, others, and the environment. Several concepts, such as well-being, happiness, quality of life, holistic practice and spiritual beliefs relate to the concept of wellness.

Well-being is connected with nature, community, relaxation, different treatments using art, music and energy, while wellness tourism is a luxury product of five star hotels. They assume that concept of well-being tourism is the offer bought instead of wellness as a cheaper alternative. Perhaps it happens in some cases but well-being tourism is now a new form and have its own environmentally conscious customers expecting holistic approach to health in harmony with nature and local culture. The concepts of wellness and well-being tourism are closely related, and, consequently, have occasionally been used as synonyms (Mazurski, 2014).

Medical tourism and wellness

Marak et al. (2014) stated that modern spa and wellness tourism is developing in four forms: health-care vacation, anti-ageing vacation, wellness vacation and beauty vacation. In Poland it is becoming more common to combine health resort treatment with spa and wellness. On one hand, sanatoriums develop their services by adding spa and wellness procedures. On the other hand, clients and patients get more and more interested in spa and wellness offer in their free time, which makes it logical to provide health resort services together with spa and wellness services as one, branded tourist product of the region.

The trend of combining the benefits of a spa visit with a holiday has increased. An awareness regarding the benefits of healthy eating, nutrition, exercising, beauty, relaxation and pampering is increasing and people love to include those elements in their holidays or purposefully travel to achieve wellness. It is either visiting a local spa or traveling overseas, more and more people are opting to take a break

from their fast-paced life to pamper themselves, relax and rejuvenate. In addition to this, to attract more people and satisfy their demands different spas are promoting variety of wellness programs and treatments including healthy lifestyles, alternative therapies, fitness programs, weight-loss treatments, detox diets, mineral and thermal skin treatments, massage and yoga (Marak et al., 2014).

The basic values of the SPA & Wellness market is to take pleasure in the implementation of various forms of physical activity, searching for small sources of luxury, body care, the need to relax, unwind and free time, conscious nutrition and personal development, respect for the needs of the body, soul and mind and recreation in the bosom of nature. SPA & Wellness is not a product or service, it is the art of living with respect for it and a sense of joy. SPA & Wellness centers offer a wide range of services, affecting in a simple and quick way to improve the well-being and health of people, because all kinds of massages, water treatments and a variety of cosmetic services are much more pleasant for the body than tiring exercises. The list of offered services is becoming longer and longer every year, and the offered treatments are more and more innovative and original.

The result of the ever-wider activity related to health care is the emergence of a new form of travel, called SPA & Wellness tourism, which is based on the idea referred to as the philosophy of well-being. SPA and Wellness offer is addressed to all people who want to improve their physical and mental condition. An important place in this offer deals with the issues of wellness, beauty, physical fitness and the emotional order of a human being.

In Poland, the first SPA facilities began to develop in the mid-90s, currently there are hundreds of them. However, centers that fully deserve this name are currently around 30.

Who benefits from wellness programs?

The number of Poles benefitting of SPA & Wellness centers is still growing, and the main clients providing these services are middle-income people with pro-health consciousness, people who want to improve their health state, well-being, relax, socialization and take maximum advantage of free time which is often lacking in everyday life. The average age of a wellness client, according to ISPA report from 2007, is about 40 years. Most often it is a person who has higher education, occupies a high professional position (managerial position, etc.), lives in a city of over 100 thousand people and owns a property (house). Large percentage of clients using wellness services are women, not only because it is easier to persuade them to undertake beauty treatments and improve their physical condition, but also because nowadays they are able to schedule and take part of these services independently. In the research, the majority were women (57.14%), the remaining group were men (42.86%). Respondents benefitting of SPA & Wellness services were usually people aged 30-40, living in a city (65.71%), married (54%) or unmarried (46%). The vast majority (80%) had higher education. One of the most important factors determining the participation of SPA & Wellness services is income. The higher the income, the more frequent the use of wellness services (Alejziak, 2014).

Artinovic et al. (2012) stated that the survey participants are familiar with the

principles of healthy nutrition, as well as with wellness as a lifestyle which includes proper alimentation, rest and exercise. They also indicated that the greatest number of the surveyed people considers multiple benefits in investing in wellness but, on the other hand, not be willing or able to invest sufficient resources. One of the main prerequisites for the increase of the number of those who practice wellness is the affordability of prices (Stankovic et al., 2012).

The most common motive for visiting the spa and wellness centers is the aim of general relaxation and rest of the client, followed by the improvement of its external appearance, and finally the improvement of health state. Spa and wellness tourism guarantees an escape from the fast pace of life, it is a way of diminishing stress and problems of everyday life (Bajgier-Kowalska, 2015).

Analysis conducted by Alejziak (2014) that verified the needs most often carried out during a stay at a SPA and Wellness center, indicat domains such as psychological rest, a rest from the pressures of everyday life, finding peace of mind and better self-knowledge.

Other most common reasons for using them include: improving and maintaining good health, rest and recreation, beauty and physical attractiveness, fighting stress, pursuit of harmony of the body, the spirit and the mind, personal development, search for sensual experience, life style, building relationships, fashion (Marak et al., 2014).

Wellness as a megatrend in a light of disabled needs

Health state is currently a highly valued quality, because it enables meeting various needs related to self-creation and

self-realization of the individual. Thus, it gives a sense of happiness and life satisfaction. Health behaviors, habits, awareness of health prevention largely determine the high quality of life of modern man (Alejziak, 2014).

The issue of wellness and well-being can be considered as the so-called megatrend, a long-lasting, fast-spreading trend, strongly affecting society in many dimensions and evoking the conviction of its inevitability. Examples of megatrends identified in 2014-2015:

- Ernst & Young (2015), m.in. Digital future, Entrepreneurship rising and health reimaged.
- Frost & Sullivan (2014), m.in. Connectivity and Convergence, Future of Mobility, Infrastructure Development, Social Trends and Health, Wellness and Well-being.

The phenomenon of the occurrence of a wellness megatrend is attributed to an increasing importance in the group of people with disabilities (Maciaszczyk, 2016).

This trend begins to create a new approach to health - the health service is not only to provide medical care, but rather to manage health. Disability is a kind of bargaining power that often helps the outpost stay in the game, as the demand for medical and paramedical services among disabled consumers is at a very high level. People with disabilities declare more and more frequent consumer behaviors following the discussed megatrend. Behaviors associated with it are not limited only to medical issues, but also many other activities aimed at improving subjective well-being, which is defined by the World Health Organization not only on the basis of negative health indicators, but also

subjectively perceived by the individual satisfaction with the physical, mental and social state of your life.

Persons experiencing disability from the cited study also stated that they are willing to use the advice of professionals in the area of eating habits or the diminishing stress level. They declared that their awareness of caring for the environment or buying safe products deepened. The care for the external appearance and well-being has also increased. Despite the understandable barriers of physical nature, at the same time, physical activity gained greater significance. Nearly 63% of surveyed disabled consumers confirmed regular physical activity - regardless of whether the activity was related to the rehabilitation of the musculoskeletal system, whether it was of an individual activity, type of exercise or walk. Almost three quarters of the studied group (72%) declared the use of dietary supplements and the use of health counseling, but it did not concern motor skills (Maciaszczyk, 2016).

Good wellness practices in polish education

Health promotion is aimed at the reduction of the differences in society's access to factors determining the frequency of occurrence of pro-health behaviors (Charzyńska-Gula et al., 2013). Health education is also the key component of health promotion. Adequate competences obtained in the process of health education are necessary to participate in promotion actions, change own life style and own environment, in order that these changes translate into 'health benefits'. Health education is a component of actions undertaken in all areas of health promotion. In the health promotion model

biased towards its empowerment, health education performs creation of conditions in which individuals learn about health and diseases, strengthen their capabilities to act on behalf of own health and the health of others, and become subjects of these actions. Thus, empowerment is a direct effect of education; people may change their life style and, consequently, improve their own health and form communities capable for actions. In this way, a social change may take place which is the goal for which health promotion strives.

Poland is one of the countries where the Health Promoting School concept was implemented earliest. In 2013 there were about 3,000 schools in the regional network of HPSs. (Woynarowska, Woynarowska-Sołdan, 2015). The Polish concept of HPS is based on European principles of health promotion in school and is adjusted to the political, social and economic context, as well as the school system in our country.

The "Health promoting school" (HSP) program, developed in Europe and in Poland since 1991, is the most widespread and dynamically developing habitat health promotion project. It is also an expression of a new approach to the perception of the relationship between upbringing (education) and health and the role of the school in protecting and strengthening the health of the individual and society. A comprehensive approach to health at school (whole school approach to health), which presupposes the existence of coherence between the school policy and its everyday practice and includes:

- focusing health education at school on participation and development of competence to act,
- taking into account how students understand health and well-being,

- creating health policies at school,
- creating a physical and social environment conducive to health,
- shaping life competencies,
- building effective relationships between the school and the local community

In terms of how Polish schools approach mental health support for their students in international context, we found in Patalay's report (2017) that on average Polish schools indicated a greater focus on universal approaches compared with targeted approaches. Universal approaches were least prevalent in France (38%) and most prominent in Poland and Ireland with over 80% of schools reporting a focus on universal provision. This is also observed when considering approaches that are focused on reactive treatment, prevention and promotion approaches, with few countries having high levels of provision in all these categories (Poland and the UK report somewhat high levels across categories) (Patalay et al. 2017).

The trend of health and wellness promotion discussed in this paper in recent years is becoming increasingly popular also in higher education. The growing offer of courses and post-graduate studies at Polish universities encourages the broadening of perspectives in terms of widely understood health education and pro-health behaviors.

Among the areas of great interest can be distinguished:

- Relaxation techniques, Psycho-somatic practices of yoga, Biological renewal- University School of Physical Education in Wrocław;

- Yoga and relaxation - University School of Physical Education in Warsaw;
- Yoga in prevention and therapy, Yoga and Ayurveda GWSP- Upper Silesian School of Entrepreneurship in Chorzów;
- Modern and Traditional Forms in Wellness and SPA and Biological Renewal – University School of Physical Education in Katowice;
- Relaxation techniques and yoga elements - Olsztyn College.

OBJECTIVE AND HYPOTHESES

The main aim of the presented study conducted in Poland was to analyse awareness of Polish people about the importance of wellness for human life.

Authors of the study formulated following hypothesis:

Women are much more active than men in the field of wellness and health support.

METHODS

Procedure and material

The study was conducted as part of the cooperation of the University School of Physical Education in Wrocław, Poland with the College of PE and Sport PALESTRA in Prague, Czech Republic. In the Polish part of the project 838 people from different Polish cities participated in the study, of which 408 were females and 430 were males. The subjects were divided into several groups (Table 1).

Table 1 Number of respondents and sums in the investigated groups (N = 838; 408 males, 430 females)

SEX	No disability Age>20	Disability Age>20	Sportsmen Age>20	Age categories (no disability)			
				15-19	20-39	40-59	60+
Females	287	47	74	34	120	132	35
Males	288	49	93	33	135	123	30
Σ	575	96	167	67	255	255	65

Diagnostic tool

The research tool used to assess the awareness of Polish society was WellAwarIn Questionnaire by Krejčí and Vacková (2013), translated and adapted by authors in 2016.

The questionnaire includes demographic data and 10 open questions to fill by participants of the study, related to understanding and definition of wellness, different possibilities of benefiting from wellness practices and tendencies of analyzed group.

Statistics

The hypothesis was verified by testing the compliance of two relative frequencies in two independent populations, assuming two sufficiently large sets (Pacáková, 2011).

RESULTS AND DISCUSSION

Results analyses showed that in the Polish population twice as many males than females did not hear the word wellness, every third male declared that he did not know anything about this phenomenon. For females the word wellness was most often associated with health and a healthy lifestyle, relaxation-rest, water treatments and massage. For men, wellness is primarily health and a

healthy lifestyle, relaxation as a rest and massage.

The study also showed no significant difference between population with disability and without disability as well as sportsmen, all analyzed groups didn't differ in using specific biological regeneration methods.

For all groups considered in terms of age, except teenagers, the word wellness is usually associated with health and a healthy lifestyle. The most familiar with the word wellness are teenagers and people from the middle age range. The two youngest age groups (15-19 and 20-39) more often than the two other groups associated wellness with fitness and sport. What's interesting, teenagers more often associate wellness with relaxation, well-being, balance, than with health and healthy lifestyle.

The philosophical trend of a return to nature has a significant ecological, demographic, health-related, and economic impact. Active and health-enhancing leisure time by outdoor physical activities can significantly increase the benefits of physical activity and facilitate adoption of a healthy lifestyle in children and adolescents, and can also be combined with the school environment (Fromel et. al., 2017). About the strong context and influence of phenomena of wellness on economy is possible to study in the analyses of Vackova

(2014). Different forms of natural environment (parks, meadows, woods) are associated with a feeling of happiness, a decrease in mental stress and can significantly affect emotional well-being (Pasanen et.al., 2014).

Dylewicz and Michałowska-Krzywicka (2015) draw attention to the fact that the level and scope of commercialization of wellness slogans means that it does not fully reflect the essence of the problem of health prevention. Having no scientific background and permanent connection with the health care system, this slogan has become only a slogan of a specific fashion for relaxation and superficial well-being. Wellness cannot be justified in documented pro-health effects, such as, for example, reduction of basic risk factors for diseases, including cardiovascular diseases.

In the opinion Marak et al. (2014) low validity of recreation and sports (wellness) offer may be a result of a weak identification of such an offer with the spa product, and little experience of national patients and visitors with this type of offer in Poland, where over the years the therapeutic model was dominant. In contrast, the development of other forms of health tourism in Poland, related to: cosmetics and beauty treatments, anti-aging treatments through physical and psychological activities, and rest and relaxation took place only at the end of the twentieth century and the beginning of the twenty-first century (Marak et al., 2014).

According to Woynarowska and Woynarowska-Soldan (2015) the following difficulties were also revealed in the implementation of the project: lack of knowledge and incomplete understanding of the concept of health promotion by employees of design schools; skill shortage: planning and evaluating activities, school coordinators playing the role of health

promotion leader in working with adults; taking by schools at the same time many projects / programs offered (and even imposed) by various institutions (central, local), causing a high burden on teachers of various, usually joint-stock tasks; lack of financial resources for the implementation of the project at the central level (eg for visits and organization of workshops in schools, preparation of materials), which made it difficult to support the work of schools; insufficient interest and support for schools from the majority of voivodship Schools Promoting Health coordinators and local governing bodies; difficulties in acquiring specialists (eg physicians) to conduct training in schools in rural areas and in small towns (schools were largely dependent on their own resources).

Young adulthood is particularly significant because most young people graduate from school and begin a different way of life, often including taking on studies at institutions of higher education. Most studies have revealed a positive correlation between health literacy and education and the importance of assessing young adults is emphasized by a few studies revealing that their health literacy is inadequate. The role of health educators, librarians, and other professionals in promoting students' skills in finding and understanding health information has been emphasized. Health literacy is also related to the setting in which health information is provided the education programs that teach individuals health information, and the academic courses students study raising the question of how university health education is related to students' health literacy.

Health education is related to the promotion of active recreation, such as health-enhancing physical activity.

Specific attention should be paid to those enrolled in courses related to physical education, physical activity and lifestyle, in where the role of physical activity in health promotion is emphasized (Sukys et al., 2017). Knowledge about health-promoting physical activity may enhance students to look for, understand, and implement it in more rigorous activities. An increase of students' enrollment in health education courses is associated with better competencies in the health promotion domain, which includes the ability to find out about activities that are beneficial for one's own mental well-being, find information on healthy activities such as exercise, and take part in activities that improve health, such as joining an exercise class or sports club. In addition, there is a positive association between enrollment in health-related university courses, and especially the number of such courses, and students' health promotion competencies (Sukys et al., 2017).

Regarding to Marak et al. (2014), Jandová, Vacková (2016), Vacková a kol (2016) there is a need to increase information regarding the very philosophy of wellness and spa or functions of health resort tourism and benefits coming from use of such kind of services. What is still missing is basic knowledge about healthy lifestyle, although much has been done so far in that respect and the respondents see a clear improvement in comparison with a few years ago. Activities in that regard have a great effect in large cities, but customers make better use of them in smaller locations.

CONCLUSIONS

The study confirms the hypothesis with probability 95%: 69% of females try

to include wellness activities into your everyday life compared to only 41% of males.

According to the authors research study realization health care should be based primarily on public health education, but also on offering opportunities for pro-healthy lifestyle, even in free time. Motivation and expectations of people who choose the current wellness offer - unlike those who want to go for typical health purposes are different.

The creation of specific health centers in the area frequently visited for tourism and leisure purposes is also an interesting market, where the self-awareness and self-esteem of guests is the basis for the implementation of a certain offer.

In conclusion we stress the the main importance of wellness concept in nowadays society (according Rehor 2016; Krejčí et al 2016) as "a quest for maximizing individual's and social potential in enhancing of health, productivity and independence", a definition that separates health promoting sustainable self-managed behaviours such as physical activity, nutrition, relaxation and intellectual growth from pampering and "feeling good" interventions aimed and practised with an extensive profit in mind.

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CONCEPTION OF QUALITY OF LIFE, ROLE OF HARMONY, SELF-AWARENESS AND FREEDOM

Jaroslav ŠKVAŘIL

Abstract

The basic postulate of the present paper is that Quality of life is measurable by the level of experiencing. The article introduces a new concept of quality of life based on the hierarchical ordering of keywords according to the logical framework method. With this arrangement we get a mosaic that combines concepts of daily life with concepts used in the spiritual science. Such a newly-portrayed view on the quality of life should contribute to clarifying otherwise concealed relationships between the keywords. This awareness should contribute to a true self-confidence building, which is based on self-knowledge. The findings designed in the article are intended to consciously choose of a lifestyle that will lead to the experience of harmony, self-confidence, freedom and joy in life. Knowledge is already applied in the newly emerging field of "Wellness Gastronomy", both as a nutrition psychology and as a comprehensive view of nutrition, which includes both the latest knowledge of nutrition science and thousands of years of knowledge about diet that promotes physical, mental and spiritual development.

Keywords

Harmony, self-awareness, morality, freedom, love, truth, truthfulness, health, beauty, joy, development, efficiency, power, relations, control, service, life-regime, lifestyle, wellness.

INTRODUCTION

There have been two important events in the Czech Republic concerned with the term of quality of life. First it was the conference on the Quality of Life organised in the city of Třebon in 2004 (Křivohlavý 2004). This was followed by three international conferences "Health Education and Quality of life", organised under guiding of Prof. Milada Krejci, PhD. in the University of South Bohemia, Faculty of Education in 2007, 2009 and 2011. The presenters shared their expert views and detailed the context of the term of Quality of Life (Hošek, V., ???; Krejčí, M., Hošek, V., 2016; Krejčí, M., Tilinger,

P., 2016; Krejčí, M., 2017; Neuwirth, R., 2017; Rehor, P., 2015; Rehor, P., Krejčí, M., 2015).

During our research, we have come upon only one more comprehensive Czech definition of the term Quality of Life by Křivohlavý (2006), who dealt with the theme of the meaningfulness of the human existence. After compiling all definitions and terms characterising the Quality of life measured by importance, I have narrowed the definition of following significant features: harmony, self-awareness, morality, freedom, love, truth, truthfulness, health, beauty, joy, development, efficiency, power, relations, control, service, life-regime, lifestyle and wellness.

To categorize above-mentioned terms, we have used the logical framework (NÚOV, 2008) approach as the most suitable and up-to-date method of project planning and realization. In the presented approach to Quality of Life we define four vertical levels of objectives. The top one is Beyond the Purpose, then the Purpose and defined Outputs. Each output is realized through certain Activities. In the horizontal

direction, there are specified data sets and risk factors attributed to each level. These horizontal variables would be addressed in specific situations (applications on a specific person, community, etc.). The Logical framework approach points to the hierarchy of terms. A comprehensive hierarchical pattern is thus derived from a linear sequence of terms, see Table 1.

Table 1 Hierarchy of keyword according to the logical framework approach

Objects	Atma		
	Sat being, existence, presence	Citta consciousness, spirituality	Ananda bliss
Purpose	Harmony, Rhythm	Consciousness, Purity, Truthfulness	Freedom, Love
Outputs	Health, Beauty	Development, Efficiency, Power	Relations, Control, Service
Activities	Needs management on the physical, mental and spiritual level		

First to choose is the highest purpose or beyond the purpose or the main contribution of this project. The achievement of this purpose is on the ideal level, it sets the horizon on which the project is aimed. The achievement of such purpose cannot be guaranteed as there are too many conditions and influences that cannot be covered by the project. Such highest purpose is also unmeasurable.

OBJECTIVES, RESEARCH QUESTION

The more advanced technologies we have, the more people suffer from mental illnesses, e.g. the increasing of human knowledge does not lead to the increasing of human quality of life. The main objective of the presented study is to introduce a new concept of quality of life based on the hierarchical ordering of keywords according to the logical framework method. Under the objective

defined criteria we developed the research question.

Research question:

Why is it in our intellectually advanced time that the effectiveness of efforts to improve the quality of life is so low?

METHODS

Like main research tool of the investigated phenomena we used the Logframe method in combinations with methods of analysis, synthesis, induction and deduction. For the formulation of the concept we applied causal and operational thinking. We delineated the analytic procedures specifically to each determined factor, addressing trustworthiness with hypothetical examples drawn from the area of quality of life.

RESULTS AND DISCUSSION

The results of the research shows that the understanding of life in our modern society is conveyed by kaleidoscopic and thus virtual. This fact does not consciously and productively create a lifestyle that leads to an increase in quality of life. The solution is to achieve a mosaic understanding of life by connecting ancient spiritual teachings with current scientific knowledge. Linking self-knowledge with the recognition of natural laws gives the power to change lifestyle, which will lead to an increase in quality of life with the high productivity of this prospect. This experience should be transferred to the life of the whole society, such as Wellness gastronomy, a diet that promotes the quality of life. This new level of understanding of processes that affect our quality of life will enable them to consciously manage and contribute significantly to perception, understanding, and thus to the promotion of the quality of life throughout the Earth, including fauna and flora. This new understanding of the quality of Earth's life is one of the main conditions for averting the current military, economic, ecological and social crisis on Earth.

The categorisation of keywords on three main levels

To choose the keywords for the highest purpose level, we have utilized an acclaimed spiritual scientific system – the Vedas. In ancient times, knowledge of the spiritual worlds and nature formed a unified whole. There was only one science at that time, according to which pyramids and other monuments were built, which the current building industry cannot repeat. The division into natural sciences and

spiritual sciences (metaphysics) is introduced by Aristotle (384-322 BC) (Rezek, 2003), and only from the end of the 13th century the division of the originally unified science into the theology and natural sciences is definitively divided (Janeček, O., 1991). Theology deals exclusively with the knowledge of the spiritual worlds natural sciences are exclusively concerned with nature. The theme of the history of spiritual and natural sciences has long been devoted to our distinguished historian Janeček, living in 1921-2004 (Janeček, O., 1991).

"There is no distinctive boundary between natural science and spiritual science. Spiritual science is to be a direct continuation of natural science into the spiritual (supra-intellectual). Nature's subject matter is nature, the subject of spiritual science is spiritual, the method of scientific work is the same" (Kalva, Z., 1991).

Spiritual science observes the same objects and phenomena related to them as natural science, but by other means, that is, from the level of superconscious knowledge. If the same subject or phenomenon is examined, then the two approaches should have the same conclusions independently of each other. The paradigm of spiritual science is fundamentally unchanging. The paradigm of natural science is constantly evolving. Rudolf Steiner (Anthroposophy) (Steiner, R., 2011, Steiner, R., 2002), Gustav Jung (Deep Psychology), and Jan Amos Komenský (Pansofie) became the main representatives of spiritual science in Novyák. Spiritual scholars can be considered as old philosophical masters (Master Eckhart, Paracelsus, Augustin, etc.). The work of the spiritual scholar and propagator of Vedic Wisdom - the Slovak Evangelical priest Jan Malaliar (1869 - 1946), is also significant.

It can be assumed that, at some point, a consistent understanding of the findings from both investigations will again occur. In the Czech Republic, it is possible to consider the first swarm of astronomer Jiří Grygar, who in his lectures on the theme of his religion and science (Grygar, J., 2013) advocacy in one person predicts the ideal of finding a unified paradigm for spiritual and natural science.

The authors of the Vedas labelled the Consciousness which has established the whole universe as “ATMA”. Unification of human consciousness and the “Atma” constitutes the highest level of human development. The “Atma” is described in the three basic qualities “Sat”-“Citta”-“Ananda” appearing simultaneously and inseparably:

- “SAT” = being, pure existence, presence. The Truth pervading past, present and future. SAT is the sustaining element of creation. In general terms of understanding life, Existence can be identified with the term of health. It means keeping the level of intake and output of matter, energy and information on the physical, mental and spiritual plane. Distortion of intake and fluctuation of its quality as well as blocking of output lead towards illness onset. As long as a human is (or thinks that they are) healthy, they do not perceive any value in health.
- “CITTA” = consciousness, spiritual light. Consciousness is the developing element of creation. The will to develop “CITTA” is subconscious. With a higher level of humanity, it becomes more conscious up to the level:
 - a) When it becomes the formative value of consciousness (total acceptance of the idea) and prevails over the will to experience joy (willingness to sacrifice life for ideals).
 - b) When it enables the control of mental processes, later energy and even finally physical processes.
 - c) When it enables the conscious control of social systems.
- “ANANDA” – bliss. A quality of fulfilment of life. Understanding the quality of life as experiencing the bliss is shared by all the entities on the planet Earth. If we generally talk about the joy of life, we mean experiencing the flow of energy causing bliss. In the third part of Sarva Upanishada (Maliarik, J., 1927; Maheshwarananda, P.S., 1992), 14 kinds of prana are mentioned. Five of them deal with physical plane, five with mental plane and four with spiritual plane. Chinese Taoist tradition uses the term CCHI for prana. The term Ki is used in Japan, whereas ancient Slavs called this energy ZIVA. All these terms point to the term specified in Vedas as prana. We can use a localised translation: life-energy. The level of experiencing bliss – Ananda is directly proportional to the level of prana flow in our body. So far, such energy is scientifically undetectable. However, if it really exists, the science will find a way to do so.

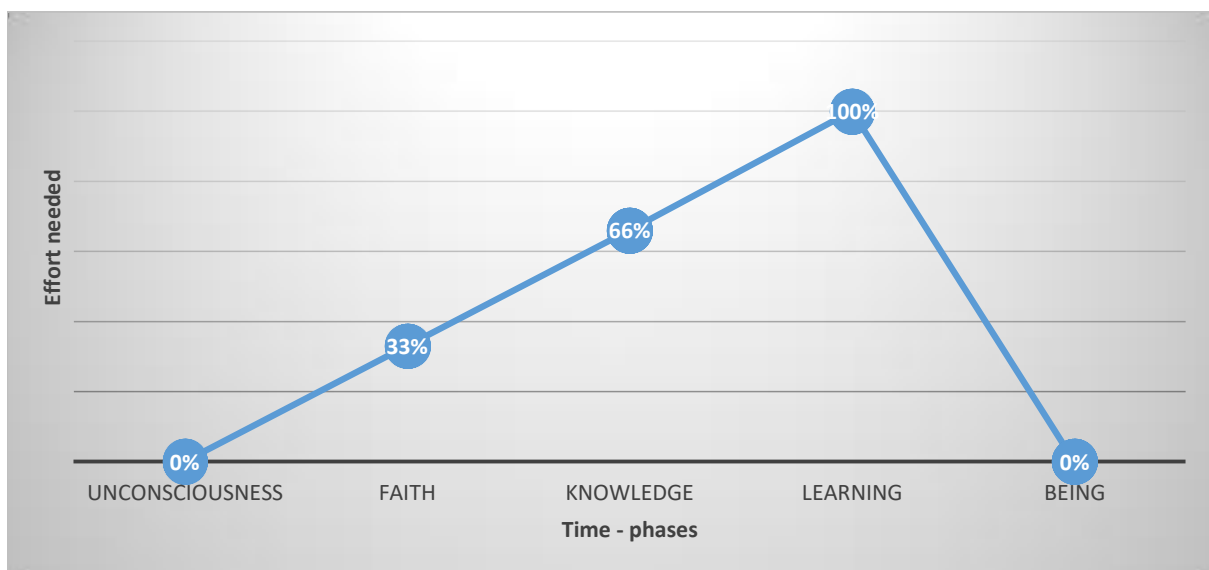
The tools to stimulate development

At first sight, the definition of Sat-Citta-Ananda (Table1) lacks development, or the means to its functionality. To

understand it, we need to add "vertical" dimension or development levels, which are defined as the sevenfold universe (Steiner 2010). The Vedas describe the cyclical development of humans in details in the third part of Sarva Upanishada (Maliarik, J., 1927, Maheshwarananda, P.S., 1992). The other dimension that directs the human development in each cycle is "horizontal" i.e. the process of becoming. This defines the loops of each spiral movement, spiralling up around the vertical axis and leading a human to development. On each of spiral loop, the four realisation steps can be identified. The

first three steps describe the development of consciousness (Citta): faith, knowledge, realization and the final step is achievement the state of being (Sat). The inner strength which stimulates "Citta" to develop is the longing to bliss – "Ananda". Such longing is inherent to each human regardless of colour, faith or culture. Depending on the level of consciousness of a human, they are governed by a corresponding law. The rhythm of the development is paced by the law of cyclicity, see Figure 1.

The Figure 1 Phases in context of percentage effort intensity



Faith – is a state of positive or negative experience when interacting with a certain reality (principle, egregor). The positive or negative relation has originated in the past or it can be consciously built up.

Knowledge – is a state of logical-conceptual understanding, connection of constructs and ideas of reality. To achieve

this state a relatively immense effort is needed.

Learning – is a state when the subject has repeatedly verified their experience, that they are on a right track and correctly evaluates the learned principle. They become independent on leadership. Achieving this stage is the culmination of the effort needed on the path to being.

Being (pure existence) – is the state when following learned principles does not require any effort. The interaction with the surrounding develops. The intake and output happen without any extra effort – see “Complete life-regime as the basis of the Quality of life” (Škvařil, J., 2007a).

The term "purpose" indicates the final stage of the project Achieving the Quality of Life. It brings the answer to the question WHY. It is the description what the situation will look like when the aim is reached. For this achievement, the following terms are used: harmony, self-awareness and freedom. The achieved level of Quality of Life would be judged by the level of experiencing the state of harmony, self-awareness and freedom.

Harmony

Harmony of a human (society) with the rhythms of: nature, universe (the law of cyclicity), social system. The balance of intake and output of matter, energy and information (Škvařil, J., 2007a)

Harmony with bio fields of humans and other living beings.

Harmony with one's life mission and one's present direction.

Harmony with a perceived moral level and with the way of solving life-situations.

Self-awareness

True self-awareness – being aware of oneself

- Awareness of the process of management of one's needs of intake and output.
- Awareness of influencing the surrounding.
- Awareness of the life mission, of the achieved level of development.

- Awareness of progressing on the path of becoming: faith – knowledge – realization – being.
- The conscious distinction between relative and complete achievement of being in terms of: harmony, purity (morality), truthfulness, freedom, love.

The connection of the individual self with the cosmic Self (Atma) is considered to be the true knowledge. The path to realizing such state leads through a gradual understanding of what is not the self (possession, body, emotions, thoughts).

False self-awareness

I know that I have an advantage in something (abilities, possession, beauty, etc.) compared to others.

Freedom

Experiencing freedom brings the greatest bliss. The level of fullness of freedom is related to the level of achieved being (the ability of intake and output, accepting responsibility, etc.) and to the corresponding level of awareness (self-awareness) in following areas:

Social awareness

Being aware of state, development and management of society. I.e. understanding management processes in social systems (family, fellowship, state, the Earth, Universe).

Purity – detachment

Purity is liberation from one's own animal instincts. I.e. detachment from possessing the things, the sensual experiences, the learning which is not accomplished by knowledge, the social standing, etc.

Love – selfless giving

Experiencing freedom is related to love. The essence of love is experiencing energy based on union from 1% to 100%. The limit there is the level of union with one's own self. Outer aspect of love is selfless giving without expecting any reward. Love has also a quantitative marker: I can love my child 100% and still hate my neighbour or I can love the whole humanity. The relative level of love shows the time dimension as well (e.g. between the partners the ceasing of their 100% love is related to the level of reciprocity).

DISCUSSION TO OUTPUTS

According to the Logical Framework approach, the Outputs mean the objectives answering the question "WHAT?", what is to be achieved. It specifies the objectives, which are to be realised and measured within a certain time frame. This level of objectives can be defined as: health, beauty, development, efficiency, power, relations, control and service. Every human is capable of experiencing the full bliss related to their level of development on condition of harmonious development of awareness in the areas of being, consciousness and freedom.

Health in the context of wellness

„There is no untreatable illness, only untreatable patients” (Šula, J., 2016).

Health is the area of quality of life, which is well defined by the World Health Organisation (1946) as: Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Health is measured by the level of inner peace, harmony; and simultaneously by the fullness of energy and readiness to act. The

opposite to health is illness. There are different form of illness and health. Increased level of health is necessary for the increased level of encumbrance (Škvařil, J., 2007b).

The level of health is set by life-style realised by the life-regime. The life-regime indicates the level of knowledge of life principles. Complex understanding of life-regime includes:

The management of rhythms in order to balance the alterations of:
Activity and sleep, work and rest, stress and relaxation, male and female principle.

Management of physical, mental and social needs in order to:

- Satisfy the needs simultaneously on each level (physical, mental and social).
- To keep the balance between intake (of matter, energy, stimuli and though impulses) and output needed to discharge the intakes (activities, behaviour, attitudes, feelings and thoughts).

Management of quantity and quality:

- Of intake of matter, energy and sensual and mental stimuli so that they would not cause stress reactions
- Of output (activities, behaviour, attitudes, feelings and thoughts) so that the subject is in harmony with its surrounding.

The means to reach and sustain life-regime (Škvařil, J., 2007a)

- Avoiding harmful matter, energy and stimuli and choosing the beneficial ones.

- Promoting discharge of excessive and harmful matter, energy and stimuli.
- Increasing vitality.

At the present situation there are two major ways to regenerate the balance – health:

The first possibility is to return to the genuine lifestyle, which is not always fully possible. The other possibility is to understand the principles of life-regime and to apply them to the present way of life – i.e. regulate the lifestyle. To utilize present science findings and technical advances to improve the damaged environment. To increase the efficiency of the education process in order to reverse the effects of social degradation.

Development – Power – Influence

“From the power, that bounds all the creation, free is the soul which has mastered itself.” Goethe (Steiner, R., 1999)

It is the area of quality of life set by general ideas of measurable physical and mental efficiency, ability to decide and managing the processes. It is evaluated by the level of creative input, ability to create, manage and execute the work and to influence the surrounding. It is measured by efficiency: work done, money earned, social success etc.

Education is the main tool to develop it. The efficiency of education is influenced by following attributes:

The level of integration of presented information

- To present facts as a mosaic instead of kaleidoscopic knowledge.
- To offer understanding and existence instead of beliefs and learning.

- To present consistently the knowledge of spiritual and conventional science.

To respect the process of becoming

In praxis it can mean:

- To utilize information adjusted as motivation.
- To include vocational level into the teacher-pupil scale.
- To utilize present egregors to help establish patronage over each major topic.

To respect the Law of Seven (Sevenfold composition of Universe) (Steiner, R., 2010)

Examples of utilization:

- An indirect increase of the will to decide

The prime product of thinking is the will to decide. In the third part of Sarva Upanishada (Maliarik, J., 1927, Maheshwarananda, P.S., 1992), this ability and the part of human being as well is called "ahamkara". The pyramid topped by Ahamkara (the power or will to decide or the ability to concentrate the notion of self) is based on the gyanedrias and karmedrias (the senses as instruments of perception and legs, hands, sexual organs as active instruments). From sense inputs the Manas – imagination is created. Based on sufficiently developed imagination the notions – Budhi is created. Only with the development of Budhi, it is possible to build up the decision – Ahamkara. Understanding this pyramidal principle, we can understand that the power of decision is often enhanced mostly by developing the senses of perception.

This fact is utilized for example in Waldorf education training.

- Conscious commission to transformation

Transformation is the transcendence from dependence on gross energies to subtle ones. The transformation is conditioned by:

1. Learning to perceive subtle energies, matter, stimuli and information.
2. With the help of subtle energies to manage the balance of intake and output on the subtle level instead of the gross level.
3. To achieve the detachment from the gross energies, matter, stimuli and information.

For example – from energy based on proteins, fats and carbohydrates toward the yin/yang energy, towards enzyme vitality and finally to the life-energy prana.

- The motivation to educate according to the development levels

The forward motion is caused by the law of karma, law of sacrifice and the law of love. Proper choice of these principles in education significantly increases the efficiency of education.

Relations – the application of the will to decide

As much as you understand, you work for yourself and as much as you are ignorant, you work for others who understand more (KSB, 2017).

The relation of an individual to the society and the society to an individual, which determines the social maturity of the individual, their level of understanding the management principles of society (incl.

Family) and time cycle of consciousness activity. Evaluated by the level of social contribution, long-term influence on the development of the affected society and the level of received support from the society.

Levels of social maturity of an individual and community according to acceptance of the moral code (Maliarik, J., 1934, Maliarik, J., 1983). The success of an individual in a society depends on their level of understanding the level of social development of oneself as well as of the society. Various levels of moral code can be learnt from the human history. Generally, the terms of morality and righteousness are perceived as synonymous. Ethics is understood to be the scientific assessment of both. Following the etymology and cultural background of both terms, we can see that they are not synonymous but representing different grades of moral code.

Righteousness

From Sanskrit roots denoting the movement in straight line. The direction, the norm is given (by male - hero, deity-logos) etc. That is why the term of righteousness is understood as following the rules given by God, which are similarly presented in different religious systems (e.g. the Commandments in the Bible, Yama and Niyama in Vedas). These principles do not change with time and connect spirituality with the conscience. Following these principles represents the path towards good, peace and bliss.

Morality

Morality is understood as following the regulations, norms and rules (e.g. fashion, county, language, lifestyle, etc.), habits, customs and behaviour, which complies

with socially accepted standards. It is the term denoting the standards really followed by a certain society, what they see as acceptable or reprehensive regardless the moral code or righteousness set by moral code. For example, the Nazi Germans considered moral to kill the "inferior race" people to improve humanity and help the world. They lived with it and never felt remorse. Morality expresses the moral level of an individual or community. There is no connection between age and morality, it does not appear to be true that with developing age the humans (or society) develop its moral standards or that it realizes the righteous idea set by spiritual principles.

Ethics

Greek term means habit, custom, getting accustomed and accepting habits. Ethics is understood to be an ideal compilation of principles which should be followed by members of a society in their free and responsible endeavour. The term ethos is root for Ethics, ethical as well as for ethology. While morality is understood as what simply is, ethics is perceived as the ideal to aim towards. History shows that such an ethic ideal is only occasionally converging with the idea of righteousness. I.e. the term of ethics does not correspond with righteousness or morality. Based on ethic notions of different periods, the Maslow motivation pyramid can be figured 26. Hence, the vision of a moral ideal defined as a set ethical level originates in the moral development of concerned individual or society. If such levels could be detailed, an objective evaluative matrix of society or individual would be provided. Presently, Maslow's hierarchy of needs is generally acknowledged as such (Maslow,

1970). However, Maliarik's system of nineteen levels of development as detailed in his works Nineteen Holy Words and Moral Child Education is much more precise (Maliarik, J., 1983).

Management processes

Social success of an individual is determined by their understanding of management processes:

- Management processes governed by cosmic law. To what extent an individual is (or is not) in accordance with cosmic law and aims of development periods set by cosmic law, including the level of Divine intervention in each period (see anthroposophy, Vedas).
- Management processes set by current global population management on the Earth in particular areas (see for example the Concept of social security of Russian Federation (KSB, 2017).
- Self and community (family) management in accordance /or lack of hereof with moral code and above-mentioned management processes (see for example Moral Child Education (Maliarik, J., 1983).

Criteria for the success of an individual in a society

- The level of awareness of altering and upholding the social roles, the creation of information fields etc., in order to achieve influence. It means that with acquired power and influence
 - One can enslave individuals and communities with the help of violence, fear, false moral code and gain strength from their control and suffering

- Or one can serve others (humanity, nature etc.), develop them (increase their self-awareness and spiritual level) and gain strength from their joy
- Or one can “do good”, i.e. remove others’ burden without realizing the purpose of such burden
- The level of conscious harmony/ unity with natural elements, fauna, flora, spiritual world and its universal moral code. One can also accept the reverse attitude.
- The level of the conscious upholding of the balance of development phases: unification – value – expansion, which apply to any project realization process.

CONCLUSION

In assessing the quality of life, the concord or discord of practised morality and ethic ideal, as well as individual or communal moral code, is important. Such ratio is significant in health development, in motivation as well as in the way of projecting the will to decide. According to many visionaries (such as Lazarev, S. 2011), the time period from the human action to the instance of reaction has been significantly shortening in last ten years.

Example of activities in the area of health

- Summary of required intakes and outputs on the physical, mental and spiritual level 20.
- Summary of activities leading to harmonization and improvement of intake and output on the physical, mental and spiritual level (Škvařil, J., 2007a).

- Details of intake on the physical level – nourishment (Škvařil, J. 2018).

Applications of the presented concept of quality of life

The presented concept of quality of life inspired a new look at gastronomy and food production

The concept of quality of life inspired the development of the pea flour product “Hraška”, (Ceria, 2017), launched on the market in 2003. The product enabled a new, completely original way of applying legumes in gastronomy, contributing to an increase in the nutritional level of nutrition 29. In 2010, based on this concept, a project was created and implemented in the Slovak firm Slovnaft, Ltd. "Go to the Green", based on the method “Semaphore of the Food Quality” (ČSSV, 2010). The concept of quality of life has been applied since 2015 in the newly emerging field of Wellness Gastronomy (SŠHS, 2015) on the one hand as a nutrition psychology and on the other as a comprehensive view of nutrition which includes both the latest knowledge of nutrition science and thousands of years of knowledge on diet supporting the physical, spiritual development. Two expert conferences (Škvařil, J., 2018) took place on Wellness Gastronomy.

The presented concept of quality of life inspired an original approach to health education at schools

In 2014, the Project of “School Dining as a part of Education” was submitted to the Senate of the Czech Republic (Škvařil, J., 2014a, Škvařil, J. 2014b), when the presented concept of quality of life created a base of the promoted project.

Increasing of the wellness education productivity and of wellness activities

Above-mentioned description of the Quality of Life could be understood as a description of all possibilities in life management – life-regime. However, it is necessary to find a suitable lifestyle, which would lead to harmony (health) and at the same time it would support the physical, mental and spiritual development and would lead to harmonisation of relations to other living entities. One universally valid template would not be sufficient. That is why we expect that the definition of Quality of Life could significantly increase the efficiency of anyone working in the field of wellness in coaching and mentoring in order to improve the quality of life of their clients or their own.

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PRE-SENIUM AS PREPARING PERIOD FOR SENIUM - BENEFITS OF SPA STAY IN THE PRIESSNITZ'S SPA, LTD. IN JESENİK FOR CLIENTS 50+

Dobroslava JANDOVÁ, Pavla FORMANOVÁ, Otakar MORÁVEK

Abstract

The authors present a research study realised in the experimental sample of 51 seniors aged 50+ with a focus on quality of life promotion in pre-senium and senium life periods. The research study graduated in the summer of 2017 in Priessnitz spa, Ltd. in Jeseník during the 4-week stay of seniors. On board and before the dim, they completed a battery of clinical and laboratory examinations, identical regimens, identical identical procedures, and physical activity training for the home daily life. The authors present the first part of the results, namely the kinesiological examination with the diagnostic part of the Computer Kinesiology expert information system. After staying at the spa, the total of 50+ groups improved the sum of all kinetic tests in 39%. In the figures are presented values in the area of total dysfunction with an improvement of 31%. There are also presented the findings in the myofascial / myofascial chain 7 with an improvement of 38%. The 7th string best describes the functional disorders of postural and dysfunction of the horizontal and vertical motion system control. The publication of the result has been supported by the Czech Science Foundation – project GAČR ID 17-25710S “basic research of balance changes in seniors”

Keywords

Seniors, balance development, health, Computer Kinesiology.

INTRODUCTION

Aging is generally referred to as a life-long inevitable biological process at the end of which is old age (Ondrušová, 2011). Other authors contemplate aging in two aspects: as a general process, i.e. the aging of the entire human population, and at the same time as an individual process, when an individual ages. As the only objective factor for the designation of "senior", it is accepted the calendar age of the individual (Zavazalová, 2001). Opposite to this scheme, Haškovcová (2010, 2012) states in her publications that the “senior” represents both - a sign for the elderly

person as well as the oldest member (family, father, distinction of father and son with the same names and surnames) as well as a “Nestor” of a community or of certain interest groups (working team, sports associations, clubs, etc.). In the English-written literature, the term senior or gerontion did not live too much, but the term "older people" is used. As well as "Elderly". For this age group, the European Commission proposed the term "more experienced" (Haškovcová, 2010). Senior age brings different physical, psychological, socio-economic, and social changes (Ondrušová, 2011). In relation to the posture assessment and evaluation

(body posture, body weight, stability and balance), extent of movements and reflective changes in soft tissues, we must take into account limiting factors in the elderly, i.e. polymorbidity. Except the diseases of the cardiorespiratory system and disorders of the sensory organs, it belongs here different eating disorders, thermoregulation disorders, degenerative processes of the spine and joints, muscular weakness and all the associated unfavorable hypomobility (Laughton, Slavin, Katdare, et al. 2003; Ondrušová, 2011).

Early senium is defined from the age range of 60 to 65 years, most authors work with the senium after reaching the age of 65 and more (Haškovcová 2010, 2012). For this age group, the term "more experienced" was proposed by the European Commission (Haškovcová, 2012). According to the Czech Statistical Office (CSÚ, 2016) on December 31, 2016, the amount of persons aged 65+ in the Czech Republic reached 18.3%, so it is important also in our country to motivate seniors already in the pre-senium age as well as in senium age. The evaluation of the effect of spa treatment on the consolidation of health and improvement of the physical condition of a group of persons of 50 years and over did not occur accidentally. The basis of the effects and health benefits of staying in the spa is the inimitable and irreplaceable influence of natural healing resources that favorably affects the human organism in terms of the optimization (until normalization) of physiological processes through adaptation to a series of physical, physico-chemical stimuli (Capko, 1998; Janský et al, 2006; Kolářová, J., Kolářová, I., 2009). The positive influence of natural resources has

its irreplaceable place in the primary prevention system (wellness lifestyle) and in the medical-wellness prevention, which deals with the prevention of disorders of relapses of functional disorders, the formation of organic diseases, reduces the development of polymorbidity and reduces the number of complications in chronic diseases (Kolářová, J., Kolářová, I., 2009).

The authors present the findings from the research in the summer 2017, when in Priessnitz's spa, Ltd. in Jeseník a group of 99 selected seniors in pre-senium and senium age were monitored for a 4-week before and after comprehensive spa treatment rehabilitation care. The selected seniors signed informed consent to be included in the research sample. Exclusion criteria led to a reduction of the sample to 70 probands (e.g. the exclusion criterion was the long-term use of corticoids for associated diseases such as severe asthma bronchiale, etc.).

A relative condition of inclusion in the monitored sample was a post-climacteric state in female seniors. From the group of 70 people was created a sample of 51 probands aged 50 and over, which showed an interest about understanding of their existing musculoskeletal condition and about education according individual possibilities to movement activities for daily life physical activity in sense to preserve the condition in pre-senium and in senium.

OBJECTIVES AND HYPOTHESES

The main goal of the research study was to demonstrate through the Computer Kinesiology method that after completing a 4-week intervention program in Priessnitz spa, Ltd. in Jeseník in the sample

of monitored seniors in pre-senium as well as in senium will be analysed a significant improvement in the overall condition of the locomotory system.

HYPOTHESES

On the base of the main objective two hypotheses were declared:

H1: After completing of the 4-week intervention program, in the monitored sample of seniors 50+ will be analysed the significant improvement of the sum of all kinetic tests.

H2: String 7 is the most telling of functional disorders of postural and dysfunction of both horizontal and vertical motion system management.

METHODS

Material

The sample consisted of 46 female and 5 male seniors. The average age of females was 55 years and the average age of males was 54 years, ranging from 50 to 77 years of age (some of them were already in senium). The probands came as patients to the spa for various indications. In the probands were analysed followed diagnoses: thyroid disease and post thyroid gland for autoimmune disease - 3 females, chronic obstructive pulmonary disease of moderate degree (COPD) - 3 females, almost homogeneous group of people had a diagnosis of anxiety-depressive disorder: 40 females and 5 males, e.g. 51 persons in total.

Procedure

Every senior absolved a medical checkup in on the day of receipt or at latest 24 hours after arrival. For all probands, the

basic somatic data were monitored: body height, body weight, BMI, Blood Pressure, Heart Frequences, stand on 2 scales, usual screening of internal examination, examination by spa physician, blood sampling (hematological and biochemical examination batteries including endoscopy for Endocrinological Institute in Prague).

All clients underwent kinesiological examination by diagnostic part of the Computer Kinesiology (CK) expert information system (Jandová, 2009; Jandová, Morávek, 2009). They all filled out the Knobloch questionnaire of self-judging scale, which is not the subject of this communication, and will be published later in correlation with the battery of investigational substances in the Endocrinological Institute in Prague. The check-up was performed on the last day of the spa stay. Laboratory examinations of steroids, serotonin, homocysteine and other substances will be the subject of a separate message after the treatment of the samples. The authors follow previous positive research in the sample of women after strumectomy (Jandová, Morávek, 2011). The kinetic examination of the Computer Kinesiology quantifies the dysfunctions of the locomotor system in the three-point scale, the output is numerical data (tables and graphs) according Jandová (2009), Jandová, Morávek (2009).

Methods

Diagnosics

Diagnosics consists of 46 tests, 23 tests per body: 5 active tests, 8 passive movements, 10 trigger points, etc. The Computer Kinesiology system uses a three-step scale for numerical evaluation of the size of findings in the motion apparatuses (PA) and allows the numerical values to be

written, graphical outputs and statistical evaluations (Jandová, 2009; Jandová, Morávek, 2009).

Intervention 4 weeks

All probands absolved the 4 weeks intervention in spa. The probands were subjected to the Step-by-Step Diagnosis in the first 24 hours of their stay and divided into groups for Nordic Walking in the uneven terrain of the spa park, where some routes have an upward elevation of up to 80 m (Morávek, 2008).

To all probands rational diet was prescribed. To all probands through decades-long verified intervention program of physical activity was indicated (Jandová, Morávek, 2011, Morávek, 2008). Clients received almost identical prescription of exercise procedures: Nordic Walking daily, 5x weekly group therapeutic physical education (sLTV) with elements of breathing gymnastics, fitness and indoor exercises in the field, 2x weekly hydrokinesiotherapy in a rehabilitation pool controlled by a physiotherapist, 6 times a week Priessnitz (7 patients were prescribed once a week with individual psychotherapy), 5 probands were administered analgesic diadynamic currents for coxarthrosis and gonarthrosis (Capko, 1998). No changes in long-term medication have been made throughout the stay. The baseline values of all examinations were baseline. Subsequent changes in the state of health and the values of the monitored examinations are assumed to be the result of a comprehensive spa treatment rehabilitation care. One sample of the probands was a clinical control group on its own, another solution would lack ethics and would be legally unacceptable.

Statistics

Statistical analysis was provided based on the SPSS program, using Wilcoxon test, Kruscal-Wallis test, Pearson correlation coefficient and Mann-Whitney U-test, using the three-step scale for numerical evaluation of the size of findings in the motion apparatuses (PA) and allows the numerical values to be written, graphical outputs and statistical evaluations (Jandová, 2009; Jandová, Morávek, 2009).

RESULTS AND DISCUSSION

Results of the diagnostic part of Computer Kinesiology

In the first part of the research project the authors present the evaluation of the summary results of the diagnostic part of the Computer Kinesiology (CK) of the expert information system. As it was mentioned above diagnostics consists of 46 tests, 23 tests per body: 5 active tests, 8 passive movements, 10 trigger points, etc. in the coherent monitoring system of Computer Kinesiology.

In this paper the authors present the summary results of the entire set of probands in the following pointers:

- Table 1 with resulting numerical data sums of all motion finds of the entire set of 51 probands on the input and output, ie the change in the total sum of the findings of the file, expressed in%.
- Graphical presentation of the sum of all motion findings in individual patients (Figure 1).
- Graphical presentation of the total dysfunction (CD) of the locomotor apparatus (PA) at the input and output of individual patients. The CD value takes into account the

biomechanical effects on posture (Figure 2). The CD value reveals leg arterial defects, valgosity or varosity of the lower limb joints and the like (Jandová, 2009; Jandová, Morávek, 2009).

- Graphical presentation of the sum of the findings on the right and left side of the movement (myofascial) chain 7 for the whole file (Figure 3). Chain 7 most suggests dysfunction of the spine and posture, it also contains information about all spinal segments and their reflex connections to the internal

organs (horizontal dysfunction), while at the same time it exhibits posture management dysfunction (vertical dysfunction, CNS functional disorders, equilibrium control), see Jandová (2009), Jandová, Morávek (2009).

- Graphical representation of the sum of the findings of motion tests of active movements, passive movements and changes in soft tissues (Figure 4).

Table 1 The sum of all movement findings in the sample of probands in Pre, Post examination in sum of all Computer Kinesiology tests scoring (N=51; 46 females, 5 males)

Pre - examination	score	2 288 points
Post - examination	score	1 399 points
		▪ Improving 889 points, e.g. 39 %

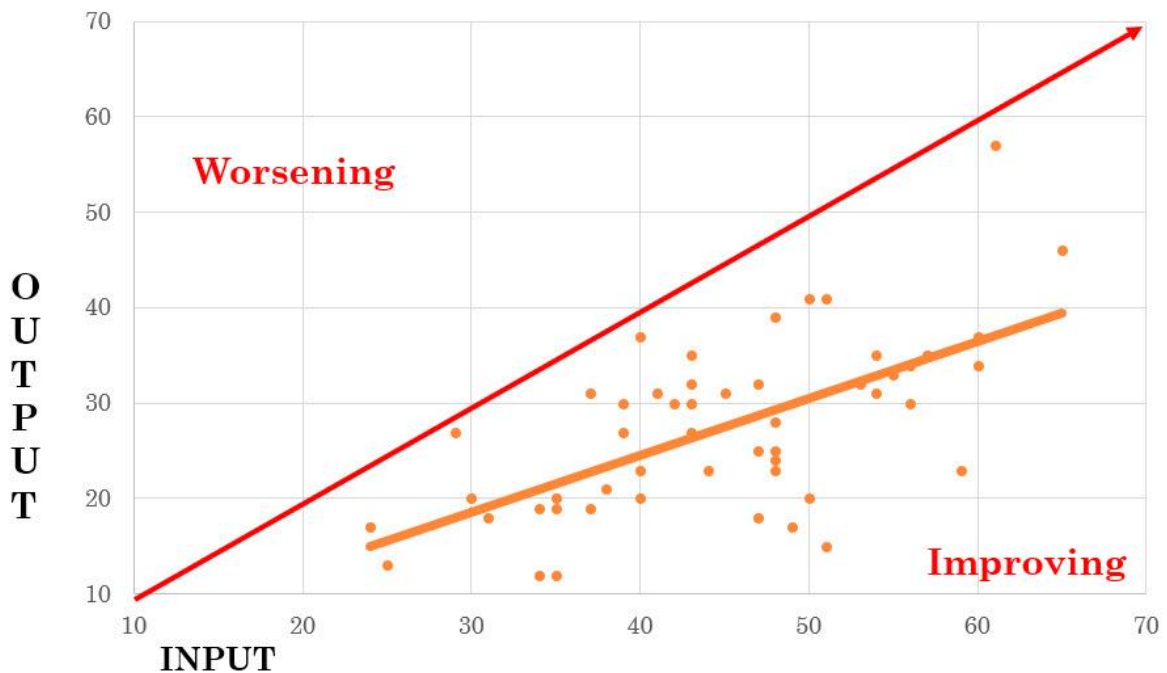


Figure 1 Graphical presentation of the sum of all motion findings in individual patients (N=51; 46 females, 5 males)

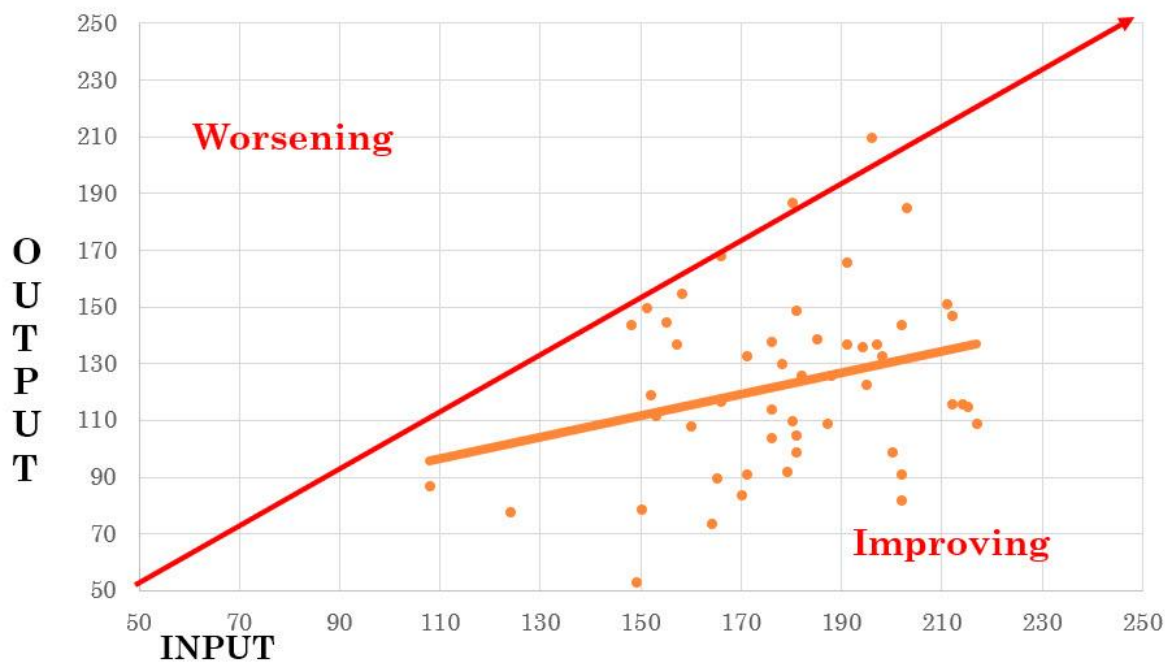


Figure2 Graphical presentation of the total dysfunction (CD) of the locomotor apparatus (PA) at the input and output of individual patients (N=51; 46 females, 5 males)

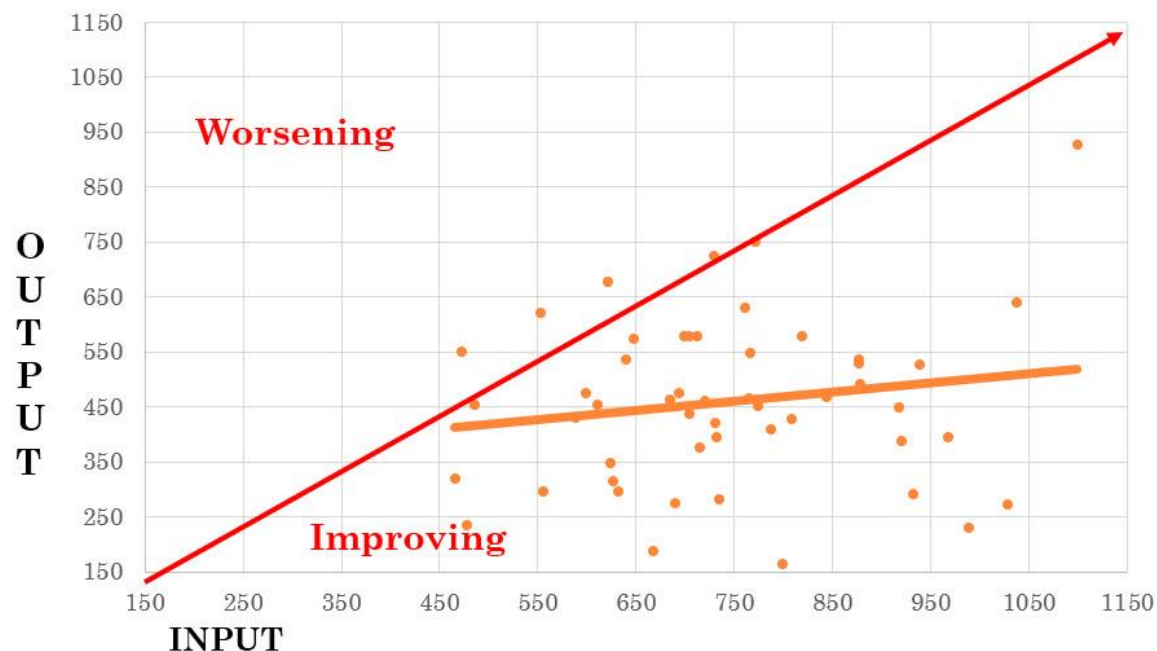


Figure 3 Graphical presentation of the total dysfunction (CD) of the locomotor apparatus (PA) at the input and output of individual patients. (N=51; 46 females, 5 males)



Figure 4 Graphical presentation of the sum of the findings of motion tests of active movements, passive movements and changes in soft tissues (N=51; 46 females, 5 males)

DISCUSSION

The selection of almost identical procedures for the health benefit of probands of the whole sample was made optimally on the basis of many years of empirical experience of the team of Priessnitz spa, Ltd. in Jeseník and researches carried out systematically by the computer information system Computer Kinesiology since 1998. From different adequate physical activities during applied climatotherapy was selected as most effective physical activity walking with sticks along the spa routes in the spa park area (Jandová, Morávek, 2011; Morávek 2008). As an integral part of the procedure, the monitored probands absolved daily the Priessnitz's bath of the upper limbs (sympathicotonic depletion, parasympathetic elevation) according Jandová, Morávek (2011) and Janský et al (2006). Earlier researches in Priessnitz spa, Ltd. in Jeseník confirmed the effect of the collective

providing of the corrective exercises (combination of intercourse, breathing exercises with fitness in outdoor as well as in indoor environment, and collective fitness training in hydrokinesiotherapy with stretching elements in the rehabilitation pool. Results of the Priessnitz spa, Ltd. in Jeseník are presented annually at the V. Priessnitz conferences (for example data from authors Jandová, Morávek: Effect of the Complex Spa Care in Adolescents with Asthma in the Priessnitz spa, Ltd. in Jeseník in the summer of 2003 - in 80 teenagers).

CONCLUSION

Results of examinations of probands sample after completing 4-week treatment in Priessnitz spa, Ltd. in Jeseník, as the diagnostic part of Computer Kinesiology show a significant improvement in the health condition and the overall condition improvement of the locomotor apparatus in

pre-senium period and in senium period as well. By staying in the spa, clients have gained a higher level of physical activity. Stretching of the truncated muscles, strengthening of the inhibited muscle groups, and straightening of the spine, simultaneously improved the balance and posture (Horák, 2006; Laughton, Slavin, Katdare, et al. 2003). The results show an improvement in the range of passive and active movements. Significant decreasing in the incidence of reflex neuromuscular changes of soft tissues represents the verification of the increase of nonspecific resistance on noxious external, internal and psychosomatic. A positive change in overall dysfunction and in the seventh tendomuscular strand was objectively reflected in positive numerical results. The correlation between the results of the CK and the Knobloch self-assessment questionnaire will be published in the next publication in correlation with the battery of neurosteroid and neurohormone tests. After the 4-week stay in Priessnitz spa, Ltd. in Jeseník, in clients was monitored the significant improving in the function of the locomotive apparatus, 35% in active movements, 43% in passive movements and 38% in the reduction of the reflex changes in soft tissues. Active probands will prosper in both primary and secondary prevention in pre-senium and in senium through increasing of their physical activity (Ondrušová, 2011; Tůmová, 2002). Repeated stay in the spa, especially in the context of adopting the wellness lifestyle, provides clients with education and motivation in individually adequate physical activities, where they can continue their homework according to their habits. Achieving a higher level of fitness while staying in a spa and maintaining

fitness in the home environment helps eliminate or minimize the dysfunctions of all body control systems in the complex concept of psycho-neuro-immuno-endocrine. Within the personalized approach, clients are motivated to exercise, which in turn leads to an improvement of Quality of Life and to maintaining optimal day-to-day activities (ADL), i.e. promotion of self-sufficiency and self-service until high ageing (compare with Zavazalová, 2001).

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ASYLUM SYSTEM IN SLOVAKIA

Pavol KOPINEC

Abstract

The Slovak Republic was confronted with the phenomenon of migration and refugee issues shortly after the revolution in 1989. Although, the first refugees began to flow into the country from the second half of 1990. First influx of refugees led to the need to develop asylum legislation and to set the basics rules of the immigration and asylum policy. Special focus should be given to refugee children, especially those between age 13 to 18, who are one of the most vulnerable in this group, because they are many times regarded as adults or foreigners and not first as children.

Keywords

Asylum, Refugees, Refugee Children, Protection

STATISTICAL BACKGROUND

More recently Slovakia has become a destination for new immigrants (Mačkinová, 2012). However, the Slovak Republic is for most refugees and refugee children only a transit country. Between 1993 and 2013 it received 57 349¹ asylum applications, as whole 618 applicants were granted asylum, 509 international protection and 7507 cases were rejected. Action was suspended on the rest of the applications. The No. of asylum seekers reached their climax between 2001 and 2004 with a historical maximum in 2004 - 11 395 asylum seekers. Only 6 European countries had more applications submitted than Slovakia, this year. The 2005 – 2012 period was characterized by a dramatically opposing trend and the No. of asylum seekers fell from 3549 to 491 in 2011. As far as the nationalities of the asylum applicants are concerned, the 5 largest

groups in 2012 were from Somalia, Afghanistan, Georgia, Congo and Moldova. Although asylum seekers represent a considerable proportion of immigrants coming to the Slovak Republic, only about one third of the claimants continued in their asylum procedure.²

Between 2000 and 2006 Slovakia experienced a strong influx of unaccompanied minors (UMs) applying for asylum with highest peak in 2002. In 2002 were received 1371 UMs' asylum applications. However, there were several cases when adult asylum seekers claimed to be younger than 18 years and later in the procedure it was established that they were adults. Most children were coming from former republics of the USSR, India, Pakistan, Afghanistan and Bangladesh, aged 16 to 18 years. Given this situation, the Migration Office of the Ministry of

¹ Statistic source: Migration Office of the Ministry of Interior of the Slovak Republic (various)

² Hurna L.: Asylum legal framework and policy of the Slovak Republic, ISSN 2029– 2058, s. 1402

Interior SR devoted 2 specialized facilities for vulnerable groups of asylum seekers,

where most of the refugee children claiming asylum were placed.

Table 1. Asylum application in Slovakia 2002 - 2012

Year	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Asylum applicants	9743	10358	11395	3549	2849	2642	909	822	541	491	732
Grants of asylum	20	11	15	25	8	14	22	14	15	12	32
Grants of subsidiary protection	-	-	-	-	-	82	66	98	57	91	104
Total grants	20	11	15	25	8	96	88	112	72	103	136

Table 2. Asylum seeking children in Slovakia 2002 - 2012

Year	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Dependants 0-18	-	-	-	-	221	102	43	33	38	40	50
UM's asylum applicants	1371	707	196	101	138	157	72	28	7	18	5
Total 0- 18 asylum applicants	-	-	-	-	359	259	114	61	45	58	55

In the UK asylum application rose from 4256³ in 1987 to a peak 84 132 in 2002, and decline to 21785 in 2012. Between 2002 and 2012 were received 350235⁴ asylum applications (excluding dependents), as whole 42203 applicants were granted asylum, 4 370 exceptional leave, Humanitarian Protection or Discretionary Leave and 262452 had been refused asylum or exceptional leave. The No. of asylum seekers reached their climax

between 1999 and 2002 with a historical maximum in 2002. From 2004 No. of asylum seekers fell significantly in the UK. More recent data shows that in 2012 UK had 21785 asylum applicant's (82% were males, 18% females), 5139 applicants' were granted asylum and in initial decision were 10853 refused. The highest No. of asylum applicants in 2012 were from nationals of Pakistan, Iran, Sri Lanka, India, Bangladesh. Syria saw the highest percentage increase in applications. Most of the applicants are young and male.

³ Blinder, Scott. "Migration to the UK: Asylum." Migration Observatory briefing, COMPAS, University of Oxford, UK, February 2013.

⁴ Statistic source: Home Office (various)

Between the years 2002 and 2004, Britain received 41613 asylum applications from children. However, statistics from this period provided by The Home Office (from here on in referred to as HO) are only estimating on dependants under 18, showing % of all dependant asylum seekers who are children. The No. of unaccompanied minors is clearly shown. We can only estimate, that the highest No. of children claiming asylum in the UK was

between 2002 and 2003 with over 33 000 cases. The period between 2005 – 2009 is relatively stable with around 7500 applications per year. After this year the No. of children seeking asylum declined with 5400 applications in 2011. The largest groups of asylum seeking and refugee children were from Afghanistan, Somalia, Sri Lanka, Iran, China, Bangladesh and India

Table 3. Main asylum applicants in UK 2002 - 2012

Year	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Asylum applicants	84132	49407	33960	25712	23608	23431	25932	24487	17916	19865	21785
Grants of Asylum	8272	3863	1563	1941	2168	3545	3727	4188	3488	4309	5139
Grants of HP/DL (ELR)⁵	20136	7211	3995	2798	2304	2198	2166	2554	1707	1339	962
Total Grants	28408	11074	5558	4739	4472	5743	5893	6742	5195	5648	6065

Table 4. Asylum seeking children in UK 2002 - 2012

Year	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Dependants 0-18	15160 ⁶	8618	5465	4206	3819	3896	3847	4362	2647	4010	-
UM's asylum applicants	6200 ⁷	3180	2990	2965	3450	3645	4285	3174	1717	1398	1168
Total 0 - 18 asylum applicants	21360	11798	8455	7171	7269	7541	8132	7536	4364	5408	1168 ⁸

⁵ Humanitarian Protection and Discretionary Leave were the two key statuses introduced in 2003 by United Kingdom following the abolition of the protection status “exceptional leave”.

⁶ Estimated No. of dependants under 18 years 2002 - 2007. Source: Home Office: the National Archives

⁷ <http://webarchive.nationalarchives.gov.uk/20110218135832/http://rds.homeoffice.gov.uk/rds/pdfs2/hosb803.pdf>

⁸ Data on dependants would be available by Home Office at august 2013

THE ASYLUM LEGISLATION IN SLOVAKIA

The Constitution of the Slovak Republic in article 53 stipulates that: “The Slovak Republic shall grant asylum to aliens persecuted for the exercise of political rights and freedoms. Such asylum may be denied to those who have acted to violate the fundamental human rights and freedoms”⁹. The federal Act was replaced by new Act on Refugees No. 283/1995 Coll. which came into force in 1996. It was first Slovak national legislation relating to the refugees. The Act described the procedures of state authorities on the process of determination of refugee status and defined the rights and duties of aliens who applied for refugee status or who were granted refugee status in the territory of the Slovak Republic.¹⁰ Improvements were adopted regarding the legal status of a recognized refugee and foreigner to obtain temporary protection. There was criticism directed at this refugee Act by the European Commission to be less restrictive. The asylum legislation need to be more detailed regarding access to the procedure.¹¹ The Act was amended by Act No. 309/2000 Coll. The Act introduced the subsidiary protection status and more complex procedures for granting temporary shelter. Since its entry came into force it has been amended six times with last two

amendments in 2007 and 2008. The last amendments more accurately clarify the rules for conducting interviews with asylum seekers with an emphasis on the special rights of unaccompanied minors. The interview with an unaccompanied minor can only be conducted in the presence of his/her guardian who can prepare them for the interview and inform the minor about the importance and possible consequences of the interview.

Within the last 20 years Slovakia has introduced many new broad policy papers, legal frameworks and strategies (and the national legislation was adopted in compliance with the international and EU instruments on asylum matters), despite the fact that Slovakia usually enacts only the minimum standards required by the relevant EU directives.¹² The latest document adopted in 2011 is the Migration policy of the Slovak Republic with a perspective by the year 2020.

THE ASYLUM PROCEDURE

The asylum process starts once an application for refugee status is submitted upon arrival at any Alien and Border Police Centre near the border, international area of the airports or elsewhere at the specialized police departments on the country’s territory. The Migration Office of the Ministry of the Interior SR (MO MI) is responsible for examining of asylum applications and for making the decision. The Migration Office is also responsible for determining if another EU state could be responsible for lodged asylum

⁹ Humanitarian Protection and Discretionary Leave were the two key statuses introduced in 2003 by United Kingdom following the abolition of the protection status “exceptional leave”.

¹⁰ Article 1(1) of the Refugee Act No. 283/1995 Coll.

¹¹ European Commission. Regular report from the Commission on Slovakia’s progress towards accession, 1998, p. 35.
http://ec.europa.eu/enlargement/archives/pdf/key_documents/1998/slovakia_en.pdf>

¹² Guličová, M. G.; Bargerová, Z. Organisation of Asylum and Migration Policies in the Slovak Republic. Bratislava: International Organization for Migration Bratislava, 2008, p. 23

application (the Dublin procedure). A notable part of the asylum procedure is the interview. The asylum seeker is requested to present grounds for asking asylum. The police have to provide the asylum seeker with an interpreter from the language in which the applicant is able to communicate.¹³ After applying for asylum, the applicant is placed in a reception centre which is run by the Migration Office. In the reception centre applicants are registered and issued with a photo ID designating them as asylum seekers. Asylum seekers receive free accommodation, food, and health care as well as other necessary material assistance and pocket money. Social, legal and psychological counselling, as well as social activities, are provided by on an everyday basis by NGO's, mostly funded by European Refugee Fund (ERF). The Asylum Act stipulates that an asylum seeker, or anyone who is granted a temporary shelter or a supplementary protection, has an automatic right to a temporary or a tolerated permit of stay in Slovakia.¹⁴ The duration of the asylum process varies for different asylum seekers¹⁵. The outcome of the asylum procedure is the decision of the Migration office on the granting or the non-granting of asylum or subsidiary protection. The Migration Office is obligated to provide its decision within the 90 days after the asylum application is made. The decision could be appealed to the Regional Court in Bratislava or Košice and in the second

instance to the Supreme Court of the Slovak Republic. It is not unusual for applicants to wait several months for the final decision.

Decisions on asylum applications may have the following outcomes:

Grant asylum

A recognized refugee has most of the rights of the Slovak Citizens, including right to access labour market, social welfare and education and the decision is followed by the process to help integrate into Slovak society.

Subsidiary protection

If the asylum is not granted, the Migration Office may decide to grant to the foreigner a subsidiary protection for one year. This status can be extended for an additional year if the reasons for the subsidiary protection still exist. The foreigner has the right to a temporary residence permit, pocket money, accommodation and can be employed. He/she can attend also free Slovak lessons.

Tolerated stay

If there is an existing obstacle to the administrative expulsion of the foreigner, the foreigner may apply for the tolerated stay permit with the Alien police department, after a review of the case and the indicated reasons for the tolerated stay by this department. A tolerated stay is granted for up to 180 days, but it is possible to renew it repeatedly. The foreigner cannot be employed or start business, but has the right to a material need allowance. They cannot have public health insurance, with the exceptions of the

¹³ §6 (2) of the Act on Asylum

¹⁴ http://www.emn.sk/phocadownload/emn_studies/emn_sk_study_on_organiz_of_migr_asylum_policy_sr_en.pdf

¹⁵ Under the amendment to the Asylum Law, asylum seekers may enter the labour market if the decision on their case has not been lawfully issued within one year.

victims of human trafficking and receive accommodation assistance.

Refusal

Once an asylum application has been refused, the applicant can appeal within 30 days at the Regional Court or to the higher court instances (following the appeal process), then leave Slovakia through voluntary returns (IOM), be removed or to leave without permission, which is what happens in more than 90 % of cases.

CONCLUSIONS

Many times it is stressed out by the Government and as well by the Local Authorities that Slovakia is only a transit country where migration issues play not a significant role. This negative approach can later affect the process of the integration of migrants into the society, local community and the further education of refugee children, too. It is also very important to know, understand and work with the ideas and views of refugee children in each country.

We need to understand that the best interest of the child is their own interest and motivation. (Stančiak J., Novotný, J., Příbyl H., Kopáčiková M., 2009).

Continuous research on the topic is very needed. Important is the involvement of the universities and postgraduate researchers in the topic to better understand the needs of refugees and refugee children. Cooperating on European Level and learning good practice from our neighbours.

International protection of refugees in particular pursuing and defending the rights of persons who have been forced to suspend contacts with their country of

origin. These persons are mostly aware that their country of origin can not expect protection from the police, a fair trial, redress committed them or punish those, who violate their rights, not even help of consular offices, while located abroad. (Mačkinová, 2010)

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HEALTH BENEFITS OF THE PHYTOTHERAPEUTIC PRODUCT SOMRAS - RESULTS OF PILOT PROJECT

Vít ČAJKA

Abstract

The phytotherapeutic product Somras (in Sanskrit meaning “Elixir of Health”) is made of phytoherapeutic agents as garlic, ginger, lemon, apple cider vinegar and honey according the Ayurveda technology. Cardiovascular Disease (CVD) is the most common cause of death in a civilized world. The death rate for CVD is still high in the Czech Republic, accounting for 51% of the total annual mortality rate, and 35% in the European Union. The imperative of the time is to look for new ways in the prevention and treatment of risk factors of civilization diseases. In the literature and in the old pharmacopoeia, we find information about the beneficial effect of some phytopharmacs on the function of the cardiovascular system. The main objective of the presented study was to assess the therapeutic preventive effect of phytotherapeutic product Somras as a food supplement, and its influence on selected risk factors of civilization diseases in the pilot research project.

Keywords

Civilization diseases, phytopharmacies, cardiovascular system, food supplement “Somras”, Ayurveda.

INTRODUCTION

Natural dietary supplements strengthen the body against the negative effects of civilization diseases. Halvorsen 2002; Ramkissoon, Mahomoodally, Ahmed et al 2012 presented findings from their study about indication of the potential of some dietary components to prevent and/or inhibit protein glycation. Such dietary components could reduce formation of endogenous AGEs in vivo, thus reducing the likelihood of developing diabetic complications or reducing their progression. It was found that there was no direct correlation between the antioxidant capacity and antiglycation potential suggesting that the two might act through different pathways. Certainly, more studies related to the structure of these dietary adjuncts and the reaction FIG. 5.

Correlation between phytochemical properties: (a) total phenolic content (TPC) and DPPH, (b) TPC and FRAP, (c) TPC and % inhibition of glycation, (d) FRAP and % inhibition of glycation, (e) DPPH and % inhibition of glycation of the 10 extracts.

An evaluation of the efficacy of the combination of ginger (*Zingiber officinale*) and plai (*Zingiber cassumunar*) gel for the treatment of osteoarthritis of the knee using 1% diclofenac gel as a comparator show that both Plygersic gel and diclofenac gel could significantly improve knee joint pain, symptoms, daily activities, sports activities and quality of life measured by KOOS following 6 weeks of treatment. In the repeated ANOVA, there were no differences in the results between the Plygersic and

diclofenac gel groups (Niempoog, Siriarchavatana, Kajsongkram, 2012).

Atherosclerosis which results from gradual deposition of lipids in medium and large arteries is a leading cause of mortality worldwide. Apple juice can effectively prevent the progress of atherosclerosis. This is likely due to antioxidant and anti-inflammatory effect of apple juice (Setorki, Asgary, Eidil et al. 2009).

OBJECTIVE

The main objective of the presented study was to assess the therapeutic preventive effect of phytotherapeutic product Somras as a food supplement, and its influence on selected risk factors of civilization diseases in the pilot research project.

METHODS

Material

The pilot research project was attended by 50 participants, 22 males, 28 females in the age range 53 – 72, in the average age 57 years. All participants after the proper information about the project aims and procedure signed a voluntary participation in the project. No entry criteria were given. All participants were lacto – vegetarians and all practiced regularly yoga according the System Yoga in daily life (Maheshwarananda, 2006).

Procedure

The project intervention lasted one year from September 2014 until September 2015. In the period of October - December 2015 obtained data were collected and analysed.

Diagnostic examinations

In accordance with the main objective of the pilot project, the following diagnostic parameters were monitored:

- blood count,
- cholesterol,
- glycaemia,
- liver tests,
- vitamin B12,
- homocysteine,
- blood pressure,
- sono-carotid
- Questionnaire about overall influence of the phytotherapeutic product Somras

Intervention

Cardiovascular Disease (CVD) is the most common cause of death in a civilized world. The death rate for CVD is still high in the Czech Republic (CR), accounting for 51% of the total annual mortality rate (Kasalová Daňková 2012), and 35% in the European Union (Ginter, Simko 2010). Therefore the imperative of the time is to look for new ways in the prevention and treatment of risk factors of civilization diseases.

In the literature and in the old pharmacopoeia, we find information on the beneficial effect of some phytopharmacs on the function of the cardiovascular system.

Garlic has very important cardiovascular, immune and oncological preventative effects. Garlic contains amino acids, flavonoids, phenolic substances, sterols and saponins that act antibacterially and against molds. The garlic also increases vascular resistance, improves blood flow, lower blood lipid levels and platelet aggregation (NMJ, 2010;

Reinhart, Talati, White et al. 2009; Warshafsky, Kamer, Sivak 1993). Garlic lowers blood pressure (Ried, Frank, Stocks et al. 2008). Research also shows that garlic can be effective in the prevention and treatment of type 2 diabetes and in the treatment of oxidative stress (Devon 2013). There is still no evidence for the possible interaction of garlic with Warfarin (Vaes, Chyka 2000).

Ginger has pronounced anti-inflammatory and anti-rheumatic effects, and is used to prevent colds. Ginger stabilizes glycemia in diabetes (Li, Tran, Duke, Roufogalis 2012). A favourable effect on CKD is documented by an Israeli study of the study demonstrating a statistically significant reduction in serum glycemia, total cholesterol, LDL, VDL and triglycerides (TG), as well as an increase in HDL cholesterol (Fuhrman, Rosenblat, Hayek et al. 2000). Nicoll et al. demonstrate the anti-inflammatory, antioxidant, hypotensive and hypolipidemic effects of ginger, reduce platelet aggregation, which suggests that the barrier might find use in the treatment of CVD (Nicoll, Henein 2009). Jiang et al. demonstrates that therapeutic doses of ginger do not affect the effects of warfarin in healthy individuals (Jiang, Williams, Liauw et al. 2005). Double-blind randomized controlled clinical trial of Iranian 2008 whose hyperlipidemic patients were divided into two randomized treatment group (enjoyed ginger capsules 3 times daily, 3 g), and - a group of placebo (lactose capsules 3 times daily 3 g) for 45 days. Levels of triglycerides, total

cholesterol, and LDL cholesterol in the ginger group recorded a significant decrease compared to the placebo group Khandouzi, Shidfar, Rajab et al. 2015). The level of HDL cholesterol in the gherkin squid increased statistically (Alizadeh-Navaei, Roozbeh, Saravi et al. 2008; Chang, Wang, Yeh et al. (2013).

Lemon is significant with a great deal of vitamin C. From the dietetic and therapeutical point of view, it is not its most interesting nutrients, but so-called companion substances or phytochemicals. These include citric acid, which is the largest, and malic, acetic and formic acid. These increase the effect of ascorbic acid or vitamin C. Hesperidin and other flavonoids contained in lemons strengthen the capillary walls, improve vascular elasticity and reduce blood clot formation (Khan Y, Khan RA, Afroz et al. 2010; Sari, Selim, Dilek et al. 2012). Regular consumption of lemons is recommended for arteriosclerosis, which increases the risk of thrombosis because it reduces cholesterol deposits in the blood vessels and reduces the risk of heart disease (Pamplona-Roger 2008). It acts to prevent the development of cardiovascular diseases.

Apple vinegar is commonly used as a flavour coriander. It produces almost all kinds of fruit through the fermentation process. Most commonly from grapes and apples. Daily use of small doses (0.57 mmol of vinegar - mayonnaise, salads, etc.) reduces systolic blood pressure (Johnston,

Gaas 2006) statistically significantly (20 mmHg). It works in the prevention of cardiovascular disease.

Honey is used at the same time as food, sweetener, flavour prescriptions and cure. Honey contains mainly simple sugars - glucose and fructose, vitamins B1, B2, B3, B5, E, K, C, and carotene, minerals, phosphorus, iron, magnesium, calcium, chlorine, copper, sulfur, and other elements, amino acids and enzymes. It is a digested feed for bee larvae. It does not digest in the stomach but passes smoothly into the intestine. It's a good carrier. It has a good penetration into tissues and cells. He carries the healing substances attached to it. It has antimicrobial properties (Mandal, Mandyl 2011).

Honey contributes to the expansion of coronary heart arteries and to better blood circulation in the heart muscle, not only by providing essential nutrients for muscle - grape sugar, vitamins B and C, trace elements potassium and magnesium. It works in the prevention of cardiovascular diseases (Munstedt, Hoffmann, Hauenschild et al 2009; Yaghoobi, Al-Waili, Ghayour-Mobarhan et al. 2008; Alvarez-Suares, Tulipani, Romandini et al. 2010; Rosa, Tubero, Atzen 2011).

The world's most well-known products include the followed combinations of phytopharmaks (Valera, Maekawa, De Oliveira et al. 2013; Kubra, Murthy, Rao 2013; Gull, Saeed, Shaukat et al. 2012), see Table 1.

Table 1 World's most well-known phytopharmaks in favourite combinations

INGREDIENTS
apple vinegar, garlic, honey - raw juice
apples, carrots, ginger, lemon - raw juice
lemon - in water
garlic, lemon - raw juice
garlic, ginger, lemon, apple vinegar, boil, add honey - concentrated solution
apple vinegar, garlic, honey - raw juice
ginger and turmeric

Naturotherapy information sources describe the use of these substances in the combinations in which they are also produced. They describe their ability to recanalize blood vessels, primarily coronary, their ability to dissolve atheromatic plaques. Our product, Somras, is the most similar composition of Heart bypass, designed to prevent and purify the vascular bed,

primarily coronary and cerebral (Smyth, Cifelli, Ortori et. al. 2010).

The phytotherapeutic product Somras (in Sanskrit meaning "Elixir of Health") is made of phytoherapeutic agents as garlic, ginger, lemon, apple cider vinegar and honey according the Ayurvedic technology. In the Somras food supplement the beneficial effects of the above-mentioned substances

suitably complement and potentiate. In India, in folk healing for millennia, a combination of all five ingredients is used to complete body cleansing.

RESULTS AND DISCUSSION

The composition of the participants was very diverse and unbalanced. Some of the participants did not have any health problems and did not treat any diseases, other participants had a large number of long-term and serious diseases stabilized by pharmacological therapy. Due to the wide variety and heterogeneity of the monitored sample of participants, the results could not be statistically evaluated.

That is why we present the assessment in an individual form via qualitative evaluation in the followed categories:

Vitality – 25 participants experienced improvements in vitality and immunity. They were not so sick, they had a lower incidence of common colds than in previous years. Somras was effective at the onset of colds, which often stopped altogether.

Cholesterol – 15 participants had cholesterol elevated, cholesterol decreased by 7.

Diabetes mellitus – 8 participants had diabetes, 3 had lower blood glucose levels, 1 physician reduced their insulin dose. One participant had a bleeding into the ocular background, which stopped with the use of Somras.

Hypertension – 18 participants had treated hypertension, 5 people reported pressure stability, no pressure fluctuations.

Cervical artery atherosclerosis – in 14 participants, the presence of atheromatic plaques was described in

sono-carotid artery. During their annual use, they did not disappear, nor did they progress. They stabilize the Somras effect here.

Dizziness – 5 elderly subjects had dizzy states, 2 reported a decrease in dizziness.

Hearing Impairment – Improvement of aged hearing loss has not been confirmed.

Homocysteine – only 10 participants, 3 were improvements, 3 worsened.

Vitamin B12 – has not been affected.

Blood image – unaffected.

Digestion – 3 participants reported improved digestion and disappearance of constipation.

Hepatic tests – not affected.

Obesity – One participant has lost 7 pounds, disappeared by the swelling of the lower limbs.

Skin diseases – After 1 month of use, skin seborrhea disappeared, acne improved in 2.

Lower limb veins – 3 participants had varicose veins, reported calming and reduced pain.

One participant noted improvement in vision, one treatment of painful menses and one improvement in potency.

The project did not complete 7 people. One for allergies to garlic, three for stomach problems, three participants did not reason.

The valuable findings of the project were information on good tolerance of Somras, good effect on vitality and immunity. Valuable is evidence of interruption of intraocular bleeding and diabetes. Valuable information about the stabilization of atheromatic plaques in carotids.

Limits of the presented study

Because the input criteria were not exactly done, the sample of participants was incomprehensible to general population. Therefore, the presented results of the study we give as informative only for those interested experts, which are working in the area of health promotion.

CONCLUSION

Over the past five thousand years, human civilization has used different types of medicinal plants based on observations of their effects on the organism. It was a method of trial and error, whether it was in the oldest times or a little later. Medicinal plants have been accompanying a man on his way through life for a very long time.

The Somras' greatest contribution is the prevention of civilization diseases. It also participates in the stabilization of civilization diseases already infected. In case of more serious chronic illness, Somras is supportive, not therapeutic. In order to obtain further and accurate information on the effects of Somras, it will be appropriate to carry out further investigations under the exactly specified conditions.

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