

# How a Himalayan Master and Teacher Promotes Healthy Behavior among His Followers in the Vedic Tradition

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## Abstract

The current article describes how a Himalayan Master and Satguru, Professor and Dr. Sri Svami Purna Maharaj, uses the Vedic/Ayurvedic and other related Himalayan methodology and tradition to address the prevention of disease and promote healthy behavior among the spiritual community of students and seekers through a system developed under his guidance and supervision called the Purna Health Management System (PHMS). The article also explains some of the Vedic/Ayurvedic traditions the PHMS is based on and how they are supported by Western literature and research. Finally, it reports findings of a pilot study investigating outcomes related to self-reported physical health, mental/emotional health, and stress for those who follow the PHMS teachings and framework. The pilot study involved a cross-sectional, mixed-methods anonymous online survey of people who were practicing the PHMS teachings and implementing the system. Out of the 100 potential participants, 41 chose to complete the survey, a 41% response rate. Non-parametric Spearman's  $\rho$  Correlation Coefficients were used to test hypotheses for relationships between frequency of implementation of the four key factors of the PHMS and the self-reported outcomes of physical health, mental/emotional health, overall stress level, and ability to manage stress. A two-tailed  $p < .05$  was considered statistically significant. Participants of the pilot study who reported frequently implementing the PHMS also reported positive health outcomes; for example, those who reported implementing the life balance (stress management) aspect of the PHMS more frequently also reported increased physical health, increased mental/emotional health, increased ability to manage stress, and decreased overall stress. Although further research is needed, the findings of this pilot study suggest that the PHMS approach may be useful to both faith communities and health professionals wanting to promote health and prevent disease in those whom they serve.

**Keywords:** health behaviors, physical health, mental health, emotional health, stress management, Vedic tradition

## 1. Introduction

Currently, people across the globe are experiencing high levels of chronic disease which can be prevented through proper lifestyle choices (National Prevention Council [NPC], 2012; World Health Organization [WHO], 2013). In response to this ongoing issue, Professor and Dr. Sri Svami Purna Maharaj, known by his students and followers simply as Svamiji, a Himalayan Master and Propounder who espouses ancient Vedic philosophy (Adhyatmik Foundation, 2017), has developed a health management system that engages people in the self-management of their own health as a way to promote health and prevent disease. Svamiji's Teachings that embrace Vedic/vedantic Teaching (which cannot be compared at all with Abrahamic or related schools of thought mainly found in the West), have followers across the globe, and as such Svamiji is not considered *clergy* in the traditional Western meaning of the term. However, in his role as *Satguru* (a Sanskrit term meaning Teacher/Propounder of the Ultimate Truth) and similar to clergy in Western faith tradition, he is responsible for guiding his followers on the path of spiritual growth and development.

To help people live longer, healthier, and more fulfilling lives, Svamiji developed the Purna Health Management System (PHMS) (Purna Health Management System, 2017), which is based on the concepts of health and happiness in a holistic sense in philosophical and spiritual wisdom from the *Vedas* (Jamison & Witzel, 2003). *Veda* is a Sanskrit term which means true knowledge (Purna, 2013). The Vedas are sacred teachings from the most ancient Gangetic/ Indo Civilization Tradition which inspired Hinduism and are collected in four books.

Each book has a different content area: *Rigveda* addresses spiritual knowledge, *Samveda* contains songs used for worship of the Divine, *Yayurveda* (Ayurveda) focuses on medical treatment and health promotion, and *Atharvaveda* describes facets of Nature (Purna, 2013), together known as *Sanatam Dharma*.

The PHMS is framed by several Vedic concepts (Jamison & Witzel, 2003). One is called *Shatamjivet*, which espouses that humans are built to live healthy lives for 100 years or more if they take care of themselves properly (Spedding, 2012). Therefore, to experience a fulfilling life, there are four objectives, referred to as *Puruṣārthas*, to keep in mind. Those four objectives are *dharma* (engaging in doing one's purpose, or duty in life), *artha* (having the necessary resources and wealth to carry out that purpose or duty), *kama* (enjoyment of life while living one's purpose), and *moksha* (using one's time in life to work toward the ultimate aim of liberation or spiritual enlightenment) (Spedding, 2012). As Svamiji has stated, these objectives explain why having a long healthy life is important: so that we have enough time to find fulfillment and happiness, build resources, do our duty with a sense of purpose and meaning, and ultimately experience unity with the Divine. A shortened life span may not allow enough time for all four objectives to come to fruition (Purna, 2012).

Vedic tradition neatly divides the 100-year life span of humans into 25-year segments, called *ashramas*. Each segment has its own purpose and duty (Spedding, 2012), and they are similar to life stages described by Western lifespan human developmental theorists, such as Erikson (1959) and Havighurst (1972). Svamiji incorporates those developmental stages into the PHMS teachings, reminding His community of spiritual seekers that each ashrama has a different aim. The first ashrama is *Brahmacharya* (ages 0-25 years), and the primary developmental aim at that time is learning. The second ashrama is *Grihstha* (ages 25-50 years), and the focus of this stage is gaining employment, starting a family, and becoming a householder. The third ashrama is *Vanprastha* (ages 50-75 years), and it involves giving back to the community through sharing knowledge and life experience while gradually working towards retirement. The final ashrama is *Sanyasa* (age 75+ years), and it involves having the spiritual aspect of life as a primary focus while renouncing worldly life and being content with what one has (Spedding, 2012). None of these stages are rigid. Overall, they are meant to reflect typical life patterns and should be used as guidelines that are applied to suit the individual. For example, one may decide to start a family earlier or later in life, or not at all; one may continue education and study past the first stage of life; or one may choose to renounce worldly affairs and focus on the spiritual at any stage of life.

The PHMS uses the above three concepts—*Shatamjivet*, *Puruṣārthas*, and *Ashramas*—as part of its framework. Supported by these notions, the PHMS is itself comprised of four key factors: health, fitness, and nutrition; life balance (stress management); spiritual growth and development; and living in harmony with the natural environment (Spedding, 2012). Below, these four key factors are described and how they are supported by Western literature is discussed.

### 1.1 The Purna Health Management System and Supporting Western Literature

The first key factor of the PHMS is health, fitness, and nutrition (Spedding, 2012). This factor is concerned with consuming a proper, primarily plant-based, diet that has good nutritional content (Spedding, 2013); getting enough sleep and addressing any sleep disorders that arise (Spedding, 2014b); engaging in appropriate fitness activities and exercise (Spedding, 2012); using health tips, herbal remedies, and non-drug treatment to support a natural cure health approach that encourages the body's innate ability to heal itself naturally before disease occurs (Spedding, 2012; Spedding, 2013); and getting preventive check-ups to increase health awareness of one's own body (Spedding, 2012). As an example of one way to address this factor, Svamiji suggests taking a walk in nature for an hour daily when possible.

Promoting the health of the physical body in the manner suggested by the PHMS is important because there is a global need to prevent chronic disease, which is possible through proper lifestyle choices (Dall et al., 2015; National Prevention Council, 2012; World Health Organization, 2013). The value of getting enough exercise to maintain physical health has been well documented for many years (Barton & Pretty, 2010; Bo, Jiang, Ji, & Zhang, 2013; Pasanen, Tyrväinen, & Korpela, 2014; Pretty, 2004). Dishman et al. (2015) also found that exercise decreases insomnia. Sleep is important because it supports resilience and good mental health (Fields, Hoyt, Linnville, & Moore, 2016; Ogeil & Baker, 2015; Pedersen et al., 2015, Wang et al., 2017). The Western literature also suggests that there are health benefits to consuming a plant-based diet (Cassidy et al., 2010; Ornish et al., 2008; Ornish et al., 2013; Sabaté & Soret, 2014; Tuso, Stoll, & Li, 2015; Van't Veer, Jansen, Klerk, & Kok, 2000).

The second key factor of the PHMS is life balance (stress management) (Spedding, 2012). This factor is concerned with managing one's time properly to reduce stressful scheduling (by not having too many things to do in a given period of time); prioritizing professional versus personal goals and activities; engaging in

wholesome, inspiring hobbies and interests (Spedding, 2012); handling one's thoughts, emotions, and actions/reactions in a balanced way (Spedding, 2014a; Spedding, 2015); and finding ways to communicate with others using calm, harmonious interactions (Spedding, 2012).

The Western literature suggests each thought or emotion causes a chemical reaction in the body which can impact health (Gross, 2013; Pert, 1999). For example, Pert (1999) discovered a communication system within the body, comprised of receptors on molecules for neurotransmitters, that are released in the body whenever a person experiences an emotion. Gross (2013), in his review of the literature regarding the benefits of emotional regulation, cited studies demonstrating that the ability to regulate anger can prevent heart disease. These findings suggest that the physical body can be negatively affected when emotions and thoughts contain negative content (Behere, Das, Yadav, & Behere, 2013). Positive psychology, in contrast, has been found to support health (Bolier et al., 2013; Kok, et al., 2013). Studies have suggested that it is important to decrease stress (Shalev et al., 2013; Simon et al., 2006) and strive for balance to promote better health (Epel, Daubenmier, Moskowitz, Folkman, & Blackburn, 2009; Panagariya, 2011; Puterman et al., 2010).

The third key factor of the PHMS is spiritual growth and development (Spedding, 2012). This factor is engaged through spiritual pursuits found in Patañjali's (1999) eight limbs of yoga, which is based in Vedic philosophy: Restriction (of negative behaviors and thoughts), observation (of positive behaviors and thoughts), asanas (physical exercises and postures), pranayama (control of life force through breathing techniques), pratyahara (control of senses), dharana (contemplation), dhyana (meditation), and samadhi (highest cosmic consciousness or supraconsciousness) (Patañjali, 1999; Spedding, 2012).

The spiritual practices most frequently addressed in the Western literature include meditation, breath work, and yoga (Patañjali, 1999; Purna, 2008). Research suggests that engagement in spiritual and religious practices support both mental and physical health (Powell, Shahabi, & Thoresen, 2003; Weber & Pargament, 2014). For instance, meditation has been found to have myriad health benefits (Epel et al., 2009; Lavretsky et al., 2013), including changing the neurology of the brain in positive health-supporting ways (Newberg & Waldman, 2009). Pranayama (breathwork) also promotes health (Sendhilkumar, Gupta, Nagarathna, & Taly, 2013). In addition, literature suggests the practice of yoga leads to better health (Bansal, Gupta, Agarwal, & Sharma, 2013; Cramer, Park, Steel, Gangadhar, & Pilkington, 2017; Kumar, Yadav, Yadav, Tolahunase, & Dada, 2015; Manchanda & Madan, 2013; Manchanda et al., 2013).

The fourth key factor of the PHMS is living in harmony with the natural environment (Spedding, 2012). This factor is concerned with communing with nature and other beings to support health and well-being, having reverence for nature, making lifestyle choices that support environmental sustainability and protect the environment, avoiding environmental toxins, maintaining a clean environment, and choosing to not kill animals for food (Spedding, 2012).

The Western literature suggests that humans can consciously change how they live in, build within, and use nature for the betterment of health and the environment (Clayton & Meyers, 2009; Kellert, Heerwagen, & Mador, 2008; Sternberg, 2009; Stoknes, 2015). Indeed, spending time in nature in its unpolluted state promotes health (Clayton & Meyers, 2009; Sternberg, 2009) and brain function (Kühn, Düzel, Eibich, Krekel, Wüstemann, Kolbe... & Lindenberger, 2017). Evidence suggests, however, that toxins from the environment have negative effects on our mental and physical health (Borrego et al., 2006). Polluted air causes problems with breathing in adults and children (Garcia-Chevesich et al., 2014; Martins et al., 2012). Air pollution is also a factor in the development of heart disease (Yamamoto, Phalkey, & Malik, 2014). Evidence suggests drinking water that is polluted has serious negative effects on the health of adults and children (Azizullah, Khattak, Richter, & Häder, 2011; Currie, Graff-Zivin, Meckel, Neidell, & Schlenker, 2013). Therefore, it is important to live in harmony with the environment and protect it so that humanity can benefit from its health-promoting elements (Clayton & Meyers, 2009; Kellert, Heerwagen, & Mador, 2008; Sternberg, 2009; Stoknes, 2015).

As described, the PHMS calls for a multi-faceted approach to managing health (Spedding, 2012). Our health behaviors affect our mental health (Walsh, 2011) and our physical bodies through our deoxyribonucleic acid (DNA) (Kumar et al., 2015; Lin, Epel, & Blackburn, 2012). Indeed, the Western literature suggests that a combination of approaches found in the PHMS increases longevity and reverses disease by lengthening the telomeres in our DNA (Ornish et al., 2013; Shalev et al., 2013; Simon et al., 2006; Vuturo, 2013). The current article explores how a Himalayan Master and Teacher/Propounder, Sri Svami Purna Maharaj (known as Svamiji), involves members of his spiritual community in health behaviors through the PHMS and reports on findings of a pilot study investigating health outcomes from using the PHMS.

### 1.2 How Svamiji Promotes Healthy Behaviors in Members of His Spiritual Community

In recent years, Svamiji has shared the PHMS with members of a small spiritual community in the United States who attend retreats he holds a few times a year. At least once a year, he includes a health day event as part of one of his retreats. During the health day, the sole focus is on the PHMS and health. Svamiji gives a lecture (referred to as a discourse) about health management and responds to questions from audience members. People who have been applying the PHMS teachings are asked ahead of time to share an example from their lives about how the PHMS has helped them address a particular issue. Retreats and health days are recorded in video and audio format and transcribed when possible so that the information endures and is readily available for interested parties.

During the intervening months between retreats and health days, Svamiji invites His followers to engage in *seva* (selfless service) projects related to the PHMS. The *seva* projects are typically matched to interested individuals who have a background in health or a related field and are completed under the guidance and direction of Svamiji. Some examples of those projects include developing teaching materials to share with the general public, businesses, and health professionals; writing publications about various aspects of the PHMS; creating a website and a newsletter about the PHMS; conducting research and disseminating the study findings. The following section presents the results of a research-related *seva* project involving a pilot study that was conducted to investigate outcomes from using the PHMS (Schulz, 2015).

## 2. Method

The Purna Health Management System pilot study was completed as a thesis in partial fulfillment of a Master's degree in Humanities (Schulz, 2015). The study received institutional review board approval prior to the recruitment of participants and addressed several hypotheses, including those listed below, which are relevant to this article.

### 2.1 Hypotheses

- 1) Participants who report frequent implementation of the PHMS Teachings will report experiencing increased physical health.
- 2) Participants who report frequent implementation of the PHMS Teachings will report experiencing increased mental/emotional health.
- 3) Participants who report frequent implementation of the PHMS Teachings will report experiencing decreased overall stress.
- 4) Participants who report frequent implementation of the PHMS Teachings will report experiencing increased ability to manage stress.

### 2.2 Data Analysis

Demographic characteristics of the sample were summarized using frequency and percentage. Non-parametric Spearman's  $\rho$  Correlation Coefficients were calculated to test the above hypotheses for the relationship between frequency of implementation of the four key factors of the PHMS and the self-reported outcomes of physical health, mental/emotional health, overall stress level, and ability to manage stress. Non-parametric analysis was done instead of Pearson's Correlations (parametric) because the data are not on a normal distribution. A two-tailed  $p < .05$  was considered statistically significant. SPSS, version 23 (IBM Corp., Armonk, NY) was used for the analyses.

### 2.3 Instrumentation

The pilot study used a cross-sectional, mixed-methods anonymous online survey to gather data. Completion of the survey was voluntary. The survey was created specifically for the study under the guidance of a panel of experts in Vedic philosophy. The survey was not formally validated for construct validity given the nature of the study, however the panel of experts supported its content validity. The survey itself contained demographic questions, Likert scale items, and checklists. The Likert items were rated on a scale from 1-5 or 1-6 points and asked participants, in part, to indicate their frequency and use of the four PHMS key factors (i.e. "In general, how often do you implement the PHMS teachings about Life Balance (stress management) into your life? daily; several times a week; weekly; monthly; less than once a month"), and their self-reported level of physical health (i.e. "My overall physical health on most days, taking into account intensity of physical pain and other symptoms, frequency of physical illness, fatigue and general energy level is: excellent; very good; good; fair; poor"), mental/emotional health (i.e. "My overall mental health on most days, taking into account intensity of emotional pain and other symptoms, mood swings, mental clarity and general stress level is: excellent; very

good; good; fair; poor”), overall stress (i.e. “In general, during the past twelve months, what has been the overall amount of stress you experienced in life?: no stress; very little stress; mild stress; moderate stress; quite a lot of stress; extreme stress), ability to manage stress (i.e. “In general, how would you rate yourself on your ability to manage that stress? excellent; very good; good; fair; poor”); as well as the help they felt they received in support of their health and well-being attributed to the various key factors of the PHMS (i.e. “The PHMS teachings about Life Balance (stress management) have helped to improve my health and well-being”: strongly disagree, moderately disagree, mildly disagree, mildly agree, moderately agree; strongly agree”).

The checklists asked participants to indicate the types of food they ate and the leisure activities, spiritual practices, and environmental practices they engaged in during the past week. The survey also included open-ended questions that asked participants how they were involved in the various aspects of the PHMS and how those aspects were helpful. For this current article, only results from the demographic questions and Likert scale items about frequency of PHMS implementation, with the outcomes of self-reported physical health, mental/emotional health, overall stress and ability to manage stress are presented.

#### *2.4 Recruitment of Participants*

Potential participants were recruited through announcements made during a health day event and retreat held by Svamiji in April 2014. A sign-up sheet was used to collect contact information from interested parties. A follow-up e-mail with informed consent, including how long it would take to complete the survey was sent to 100 people with a link to the survey. Participants were not compensated for completing the survey. Forty-one people completed the survey by the end of June 2014 which is when the survey closed. There was an initial question on the survey through which they granted their informed consent to participate in the study. The survey took about 20 minutes to complete.

### **3. Results**

The 41 participants were mostly female (73%), White (66.5%), aged 26-49 years (58.5%), and employed (84%) with an educational level of a college degree or higher (91%). Table 1 presents the demographic characteristics of the study participants.

Table 1. Demographic characteristics of pilot study participants (n=41)

Variable	<i>n</i> (%)
Age <sup>a</sup>	
26–49 years	24 (58.5)
50–74 years	15 (36.5)
Age not stated	2 (5.0)
Gender	
Male	11 (27.0)
Female	30 (73.0)
Race/ethnicity	
White	27 (66.5)
Hispanic/Latino	11 (27.0)
Other	3 (7.5)
Marital status	
Never been married	6 (15.0)
A member of an unmarried couple	4 (9.5)
Married/legally partnered	15 (36.5)
Divorced	15 (36.5)
Would rather not say	1 (2.5)
Widowed	0 (0)
Employment status	
Self-employed	20 (49.5)
Full time	14(34.5)
Retired/unemployed	5(12.5)
Part time	1 (2.5)
Employment status not stated	1 (2.5)
Educational level	
High school or General Educational Development test	3 (7.5)
College degree	17(41.5)
Graduate degree	20 (49.5)
Education level not stated	1 (2.5)
Approximate annual income	
\$0–\$39,999	12 (29.3)
\$40,000–\$99,999	10 (24.3)
\$100,000+	11 (26.8)
Income not stated	8 (19.5)

<sup>a</sup> The mean age was 47 years with a range of 26–74 years.

<sup>b</sup> The range was \$0–\$500,000.

In general, participants reported experiencing increased physical health ( $\rho = 0.30-0.53$ ), mental/emotional health ( $\rho = 0.17-0.50$ ), and ability to manage stress ( $\rho = 0.29-0.52$ ), and decreased overall stress ( $\rho = -0.33-0.04$ ) (Table 2). The correlations were statistically significant for three of the four key factors of the PHMS: health, fitness, and nutrition; life balance (stress management); and living in harmony with the natural environment (all  $p < .05$ ). Life balance (stress management) was significantly correlated with all four self-reported outcomes (all  $p < .05$ ). There were no significant correlations found for the spiritual growth and development factor with any of the self-reported outcomes Table 2 reports on Spearman’s  $\rho$  Correlation Coefficient for Self-Reported Outcomes with Frequency of Implementation of the Four Key Factors of the Purna Health Management System.

Table 2. Spearman’s  $\rho$  correlation coefficient for self-reported outcomes with frequency of implementation of the four key factors of the Purna Health Management System teachings

Key factor of PHMS Teachings:	Self-Reported Physical health outcome	Self-Reported Mental/emotional health outcome	Self-Reported Overall stress level outcome	Self-Reported Ability to manage stress outcome
Frequency of Implementation-Health, fitness, and nutrition PHMS Teachings	0.53**	0.50**	-0.24	0.52**
Frequency of Implementation-Life balance (stress management) PHMS Teachings	0.49**	0.33**	-0.33*	0.51**
Frequency of Implementation-Spiritual growth and development PHMS Teachings	0.30	0.17	0.04	0.29
Frequency of Implementation-Living in harmony with the natural environment PHMS Teachings	0.40**	0.42**	-0.25	0.52**

\*  $p < .05$ . \*\*  $p < .001$ .

#### 4. Discussion

For hypothesis 1, increased physical health was significantly correlated with three of the four key factors: health, fitness, and nutrition; life balance (stress management); and living in harmony with the natural environment. This suggests that there are factors not directly focusing on the health of the physical body that may influence physical health outcomes, such as including the natural environment (Clayton & Meyers, 2009; Kühn, Düzel, Eibich, Krekel, Wüstemann, Kolbe... & Lindenberger, 2017; Sternberg, 2009), and stress management (Epel, Daubenmier, Moskowitz, Folkman, & Blackburn, 2009; Panagariya, 2011; Puterman et al., 2010), as suggested by the literature and the PHMS (Spedding, 2012). Regarding hypothesis 2, the above findings suggest that the most salient aspect of the PHMS appears to be that of life balance (stress management); correlations for this key factor were statistically significant for all four self-reported outcomes. This result highlights the importance of living a balanced lifestyle, managing one’s schedule and priorities and one’s reactive tendencies, and finding harmonious ways of relating with others (Spedding, 2012). The health benefits of stress management are also supported by the Western literature (Chiesa & Serretti, 2009; Misra & McKean, 2000; Ross & Thomas, 2010). It was surprising that there were no significant correlations between any of the self-reported outcomes and the PHMS key factor of spiritual growth and development (hypothesis 3). Despite this result, the Western literature has shown that spirituality and religious participation do provide health benefits (Powell et al., 2003; Koenig, 2012; Weber & Pargament, 2014). A possible explanation for this result is that, when engaging in a spiritual path, one can trigger a cycle that purifies the body and mind (Purna, 2012). While progressing through cycle of purification, one may experience physical health challenges, mental and emotional issues may arise, and a sense of increased stress may be felt. Svamiji explains that this process can be challenging and that we need to have

courage and strength to get through it (Purna, 2014). Finally, for hypothesis 4, significance was found for three of the four outcomes: physical health, overall stress, and ability to manage stress. It is surprising that living in harmony with nature was not found to be significant for mental/emotional health outcomes for these participants, since literature suggests that exercising in nature (Barton & Pretty, 2010) or in perceived green areas (Sugiyama, Leslie, Giles-Corti, & Owen, 2008) is supportive of mental health. More research with larger sample size is warranted to tease out the various relationships between the four PHMS key factors and health outcomes more clearly.

#### *4.1 Limitations*

The current pilot study had several limitations. The survey used could not be validated for construct validity given the nature of the study. While validated measures could have been used for certain outcomes, such as stress and physical health, using them would have made the survey too long and burdensome for participants. Because the study used a cross-sectional survey design and correlational analyses, no conclusions can be drawn regarding causality. There were only 41 participants, so study results cannot be generalized to the larger population and the study findings are vulnerable to sampling bias. The study had no control group which means that there was likely a bias toward the health-promoting qualities of the PHMS. Finally, because results were based on self-report, the health outcomes and frequency of use of the PHMS may have been over-reported or under-reported. However, in spite of its limitations, this study does provide some useful insights regarding the potential for the PHMS to help people to support aspects of health.

### **5. Conclusion**

The current article explored how a Himalayan Master and Teacher/Propounder involves members of His spiritual community in health behaviors and how effective that approach is based on self-reported outcomes. Svamiji engages His followers by providing the PHMS, a system for self-management of one's health based on sacred scriptures related to His faith tradition, scheduling time during the year to specifically talk about health and health management with the spiritual community, inviting discourse about the topic of health, making those discourses available through audio and video recordings and written transcripts, inviting people to share with the spiritual community about how the PHMS has been useful for them, and involving health professionals in the spiritual community to work on service projects (books, website, newsletter, course development, presentations, research and dissemination) regarding the topic. This approach seems to work well and may be useful for other spiritual or religious groups to adopt in whole or in part, as appropriate to their tradition. Health professionals may also find the wisdom of the PHMS to be useful in fostering health promotion and preventing disease in those whom they serve.

Additional research is needed regarding the PHMS. For instance, a new survey study is being planned that will examine emotional balance (Spedding, 2014a). Since evidence suggests that engaging in the health behaviors espoused by the PHMS positively affects the length of telomeres and therefore longevity (Ornish et al., 2013; Shalev et al., 2013; Simon et al., 2006; Vuturo, 2013), another potential direction for future research would be to examine the centenarians who live in villages in India and apply PHMS teachings and to determine what they believe allows them to live so long, similar to other studies around the globe (Cheung, & Lau, 2016; Darviri, et al. 2009; Haveman-Nies, De Groot, & Van Staveren, 2003; Wong, et al., 2014). Finally, the current pilot study suggested another possible research direction. Based on the surprising results for the spiritual growth and development key factor of the PHMS, future studies could investigate how that specific factor affects the physical and mental/emotional health of people following the PHMS (Hill, & Pargament, 2008; Koenig, 2012; Seybold, & Hill, 2001; Singh, Ram, & Goyal, 2017).

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