

Volume 2, Issue 2

Research Article

Date of Submission: 27 Feb, 2026

Date of Acceptance: 30 Mar, 2026

Date of Publication: 15 Apr, 2026

Advancing Culturally-Informed Mindfulness for Parkinson's and Equity Reflections - A Conceptual and Reflective Commentary

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Citation: Mary, L., Adhikari, P., Udayakumara., Manimegalai, A. P., Ifeanyichukwu, A. (2026). Advancing Culturally-Informed Mindfulness for Parkinson's and Equity Reflections - A Conceptual and Reflective Commentary. *J Rehabil Res Curr Updates*, 2(2), 01-04.

Abstract

A written communication in response to Kwok et al., (2025) recent article 'Enhancing Whole-Person Care Through Mindfulness: Qualitative Insights from Patients with Parkinson's Disease' published in *Mindfulness*, and commend their qualitative insights on mindfulness-based rehabilitation in Parkinson's disease (PD) [1]. The study's three emergent themes "reshaping illness experience through embodiment," "cultivating a sense of community through mindful engagement," and "fostering lasting mindfulness impact" highlight how group-based, mind-body practices yielded psychosocial and even spiritual benefits for Chinese PD patients beyond mere symptom relief. Notably, participants described mindfulness as "transformative, offering psychosocial and spiritual benefits beyond physical relief". Kwok et al. conclude that "integrating mindfulness into gerontological care is crucial to optimise holistic wellness, particularly for people with Parkinson's disease," and they call for "personalising disease-specific mindfulness techniques" and expanding mind-body experiences beyond goal-driven practice. In line with this whole-person approach (Culturally-Informed Mindfulness), this commentary builds upon Kwok et al.'s paper to explore culturally-informed approaches by drawing on our clinical experience in India to extend and conceptualise their framework.

Keywords: Parkinson's Disease, Mindfulness, Culture, Mind-Body Practices, Psychosocial, Spirituality

Introduction

Our observations suggest that culturally rooted practices, such as, *japa* (mantra repetition), *Yoga Nidra* (yogic sleep), and *pranayama* (regulation of prana or breath), could can enrich PD care by meeting similar holistic needs with regards to health in other (non-PD). populations. These modalities (*japa*, *yoga* and *pranayama*) complement Kwok et al.'s findings on cultural adaptation, neurodegenerative care, and mindfulness equity.

This commentary does not aim to prescribe or endorse specific clinical interventions for Parkinson's disease but to provide a conceptual reflection on how culturally informed mindfulness approaches may complement existing frameworks of whole-person care. The practices referenced such as *japa* (mantra repetition), *pranayama* (breath regulation), and *Yoga Nidra* (guided relaxation) are discussed here as exploratory and contextually grounded examples of traditional mind-body modalities that warrant systematic investigation rather than immediate clinical adoption. Although some early studies suggest potential psychophysiological benefits of these practices, the current evidence base remains preliminary, and rigorous trials are needed to establish safety, dosage parameters, and long-term outcomes in neurodegenerative conditions [2,3]. Theoretical reflections in this commentary draw from consciousness studies, geriatric care philosophy,

and public health ethics to highlight how cultural resonance can enhance patient engagement and psychological well-being. However, all physiological interpretations such as modulation of stress pathways or autonomic tone should be viewed as tentative mechanisms requiring empirical validation. We also acknowledge that certain yogic postures or breath techniques may not be suitable for individuals with advanced Parkinson's disease or comorbid cardiovascular and respiratory conditions; therefore, any implementation must include professional supervision and monitoring for adverse effects. By situating these reflections within a culturally grounded yet ethically cautious framework, this commentary aims to contribute to an ongoing interdisciplinary dialogue on equitable and culturally responsive mindfulness, rather than proposing prescriptive clinical models.

To Enrich and Emphasize our Communication

Kwok et al. emphasise culturally relevant adaptation: their tailored program for Hong Kong Chinese patients used Cantonese affirmations and movement sequences aligned with local values. For example, each session included *AUM* chanting and "bee breath" (*Bhramari Pranayama*) to promote emotional release and reduce tremors, and Cantonese phrases (e.g. "Kuan Rong" for lenience and "It is okay just to try") to foster acceptance. These cultural anchors helped patients feel safe and empowered. By analogy, Indian patients respond strongly to interventions grounded in their spiritual heritage. Chanting sacred mantras (*japa*) is ubiquitous in India and easily mastered by novices. In a recent Indian pilot study, 12 weeks of twice-daily listening to the *Gayatri Mantra* significantly reduced perceived stress and insomnia in PD patients and even improved cognitive recall (memory scores) and stabilised blood pressure [2]. This aligns with Kwok's finding that breath-work and affirmation address mental and motor symptoms. More broadly, mantra meditation is supported by evidence for stress and anxiety reduction, blood pressure lowering, and enhanced autonomic balance [4]. In practice, Hindu mantras (like *Om* or *Gayatri*) often serve as portable meditative tools in Indian elders and clinicians report that even short mantra sessions can calm agitation or anxiety [4]. Thus, integrating familiar chants into PD care offers a culturally equivalent to Kwok's Cantonese affirmations, expanding their "culturally relevant" strategy to a South Asian context.

In addition to the mantra, traditional yogic techniques naturally extend Kwok et al.'s embodied approach. Kwok's program already included yogic movement (modified sun salutations, "soaring crane" sequence) and pranayama (*AUM* and bee breath), and their patients noted that breath-work calmed tremors and mindful walking eased gait freezing. Building on this, our geriatric practice emphasises systematic pranayama. Slow diaphragmatic, alternate-nostril, and ujjayi breath are standard in India for stress relief and cognitive focus. Although a recent study protocol notes that specific pranayama PD methods remain clearly defined evidence suggests pranayama enhances parasympathetic tone and improves respiratory function, which could directly benefit PD symptoms and stress triggers [5]. For example, our patients report that rhythmic breathing exercises reduce anxiety-driven fluctuations and encourage a sense of inner steadiness, complementing Kwok's theme that mindfulness "interrupts maladaptive cognitive-emotional cycles". Similarly, *Yoga Nidra*, a guided yogic relaxation akin to a conscious sleep state, targets insomnia and anxiety. Although formal trials of *Nidra* in PD are still scarce, preliminary accounts (and related sleep [6]. Incorporating *Nidra* addresses Kwok's note that participants struggled with prolonged meditation and cognitive fatigue. When we alternate active movement, breathing, and deep relaxation (e.g. *Nidra*), we can tailor sessions so Parkinsonians gradually acclimate to meditative states without undue strain. This resonates with Kwok's recommendation to include "shorter meditation and mindful movement practices such as yoga, Tai Chi, or Qigong" for movement-disorder populations. Indeed, randomised trials have shown that adapted yoga programs for PD improve balance and mood more than stretching controls emphasising that carefully designed yogic interventions are feasible and beneficial for older adults with PD [3].

Our geriatric medicine perspective shows why these integrative modalities are valuable for elders. Parkinson's predominantly affects older adults, a group whose care must address complex physical, psychological, and spiritual dimensions. As Acosta & Ely (2024) argue, elderly patients desire health care that recognises spiritual and religious values, significantly affecting coping and long-term outcomes [7]. In India's pluralistic society, many seniors already self-initiate prayer, ritual, or meditation as part of illness coping. When healthcare formally integrates such practices (prayer, ritual, or meditation) into PD programs, we honour patient preferences and likely improve engagement. For example, according to Ayurvedic concepts, PD symptoms resemble an excess of *Vata* (air) in the nervous system; yogic breathing and grounding mantras are believed to pacify this imbalance. While biomedical science translates this loosely as vagal modulation and attentional shift, the parallel philosophical language helps patients feel seen and hopeful. Thus, our clinical observations affirm Kwok's insight that treating PD "as a whole-person" is crucial [7]. Fostering an "accepting and compassionate relationship" with symptoms involves more than dispensing pills; it invites practices that reconnect the person to something larger, a community or a spiritual tradition.

From a human consciousness standpoint, *mantra* and mindfulness tap similar neural pathways. Focusing on an internal mantra or breath engages the prefrontal cortex and basal ganglia circuits that underpin attention and motor control. In Kwok's study, participants who practised breath and movement noticed reduced tremor intensity. We speculate this reflects enhanced top-down regulation: by directing attention inward, patients may break cycles of fear and dyskinesia, much as Kwok describes how mindfulness "may help interrupt the negative cycle" of rumination and motor symptoms. Mantra repetition, in particular, induces a relaxed neurophysiological state, as evidenced by studies showing reduced cortisol and blood pressure [4]. This may counter the stress-induced exacerbation of PD symptoms that Kwok's participants experienced. Thus, Buddhist- and Vedic-inspired practices converge in their effect on consciousness

and embodied cognition. We need to raise awareness of subtle body sensations and decouple them from fear-laden thoughts; these techniques dovetail with Kwok's embodiment theme, helping to reshape the illness narrative.

From a consciousness and behavioural neuroscience perspective, practices such as mantra repetition and mindful breathing may engage neural networks related to attention and emotional regulation. Preliminary imaging and physiological studies on meditative states suggest increased activation of the prefrontal and anterior cingulate cortices and improved autonomic balance during focused attention [4]. While such mechanisms remain hypothetical in Parkinson's disease, they offer a conceptual bridge linking the experiential focus of mindfulness with emerging understandings of embodied cognition. Rather than claiming direct neurological modulation, this commentary views these practices as psychophysiological metaphors that help patients reframe their relationship with illness redirecting attention from fear or rumination toward embodied awareness and acceptance. This interpretive stance aligns with Kwok et al.'s observation that mindfulness may interrupt maladaptive cognitive-emotional cycles. The aim here is to articulate a theoretical pathway for culturally resonant meaning-making, not to assert a confirmed neurobiological mechanism. Further empirical work using neurophysiological and qualitative methods is required to substantiate these associations and evaluate safety and feasibility for individuals with movement disorders.

Public health and equity considerations further motivate our commentary. Kwok et al. (2005), rightly note that community-based group sessions address psychosocial stigma and resource gaps in conventional care. In India, similar models are increasingly feasible: community senior centres, temple halls, and public health programs now host yoga and meditation classes for the elderly. Leveraging these venues can make mindful PD care more accessible to rural or low-income populations. For instance, volunteer-led yoga-for-elder programs exist, and neurologists could partner with them to include simple pranayama or mantra modules. This aligns with WHO strategies encouraging the integration of traditional and lifestyle medicines into health systems [8]. WHO explicitly recognises mindfulness, yoga, and related practices as part of a global "traditional, complementary and integrative medicine" framework highlighting that these modalities are evidence-informed options for prevention and chronic care [9]. Ensuring mindfulness equity means offering interventions in patients' languages and cultural idioms. Kwok et al. demonstrate this using Cantonese affirmations; analogously, we must be ethically vigilant that mindfulness programs do not become a Western imposition but rather empower patients with culturally familiar tools. The bioethical principle of justice demands that patients of diverse backgrounds receive whole-person care suited to their values. In our experience, when senior patients can choose between a Sanskrit chant or a mindfulness mantra, uptake and adherence improve.

Kwok et al. have touched on integrating mindfulness into neurodegenerative care. Our interdisciplinary perspective, spanning geriatric medicine, yoga science, consciousness research, public health, and ethics, supports and extends their conclusions. The Indian clinical context provides additional evidence that culturally grounded practices (e.g. japa meditation, Yoga Nidra, specialised pranayama) serve as effective whole-person interventions for PD. These modalities complement conventional therapy by reducing stress, improving sleep, and enhancing self-regulation, much as Kwok's participants reported relief in both motor and non-motor domains. We therefore advocate that future PD programs and research explicitly incorporate local contemplative traditions alongside mindfulness. Doing so addresses gaps in cultural adaptation and equity, and enriches the framework of gerontological care. When we weave together these diverse threads, the wisdom of yogic practices, the rigour of biomedical inquiry, and the values of patient-centred ethics, we can fulfil Kwok et al.'s vision of whole-person, mind-body care in Parkinson's disease and beyond.

In extending Kwok et al.'s (2025) findings, the present reflection emphasises on the value of community-based and culturally grounded approaches to mindfulness within public health and geriatric care systems. Community yoga or meditation sessions held in accessible, non-clinical settings such as senior centers or temple halls may promote inclusion and reduce stigma but their use for Parkinson's disease management should remain exploratory until validated frameworks and safety guidelines are established. Importantly, integrating traditional practices into healthcare systems must be guided by the principles of beneficence, non-maleficence, and justice. The World Health Organization (2019) and Hoenders et al. (2024) recommend that traditional and complementary practices be incorporated through evidence-informed, ethically governed models rather than ad hoc adoption [8,9]. This commentary therefore advocates ethical vigilance: mindfulness interventions should be culturally familiar yet scientifically and clinically monitored. Ensuring mindfulness equity means co-developing programs with communities, translating practices into patients' own languages, and providing informed consent that acknowledges both benefits and limitations. In this spirit, culturally informed mindfulness is best positioned not as an alternative clinical therapy but as a patient-centered, ethically sensitive complement that fosters engagement, dignity, and holistic well-being.

Kwok et al. (2025) have demonstrated that culturally resonant mindfulness can meaningfully enhance whole-person care in Parkinson's disease [4]. Building upon their work, our interdisciplinary reflection proposes that traditional Indian contemplative practices japa, pranayama, and Yoga Nidra illustrate how local cultural idioms may enrich mindfulness-based rehabilitation in other contexts. We emphasize, however, that these examples are offered as theoretical and experiential insights rather than clinical recommendations.

Conclusion

The evidence base for such culturally adapted practices in Parkinson's disease remains preliminary, and future research

must carefully define intervention parameters, establish safety protocols, and evaluate efficacy through controlled studies. Developing such work will require collaboration among neurologists, psychologists, geriatricians, yoga scientists, and ethicists to ensure both cultural authenticity and clinical prudence. Conceptually, culturally informed mindfulness shows that equity in mind-body medicine extends beyond access it also includes epistemic and cultural recognition. This commentary contributes to a broader understanding of how mindfulness can be respectfully adapted and responsibly studied across diverse populations by framing these reflections within an ethical, evidence-oriented, and cross-cultural dialogue.

Acknowledgements

The authors gratefully acknowledge the support of their respective departments and institutions, and sincerely thank the reviewers for their insightful feedback that contributed to improving this manuscript.

Ethical Consideration

This article is a conceptual and reflective commentary that synthesizes published literature and professional experience; it does not involve human participants, patient data, or any clinical intervention. Accordingly, no ethical approval or informed consent was required. The discussion of traditional practices such as japa, pranayama, and Yoga Nidra is presented solely for theoretical and educational purposes, without direct clinical application. The authors affirm their adherence to academic integrity and ethical writing standards, ensuring accurate representation of cited work and avoidance of any misleading or promotional claims.

Author Contribution

LM conceptualized the commentary framework and drafted the initial manuscript. PA and UM contributed geriatric and yoga-science perspectives and critically revised the clinical and cultural integration sections. APM contributed public health insights and literature contextualization. AI contributed ethical, interdisciplinary, and methodological perspectives and refined the theoretical and equity framing. All authors participated in revising the manuscript for intellectual content, approved the final version, and agree to be accountable for all aspects of the work.

Funding

There is no funding for this commentary

Conflict of Interest

The authors declare no competing interests with respect to this commentary.

References

1. Kwok, J. Y. Y., Lai, C. A., Sin, W. W. F., Chan, L. M. L., Shum, Y. Y., Choi, E. P. H., ... & Ho, R. T. H. (2025). Enhancing Whole-Person Care Through Mindfulness: Qualitative Insights from Patients with Parkinson's Disease. *Mindfulness*, 16(8), 2303-2314.
2. Nagarajaiah, P., GM, N. R., Goothy, S. S. K., & JK, M. (2025). Effectiveness of 12 weeks of listening to Gayatri Mantra in the management of non-motor symptoms in patients with Parkinson's disease: A pilot study. *Asian Journal of Medical Sciences*, 16(2), 111-114.
3. Dutta, R. (2020). Role of yoga in Parkinson's disease-A comprehensive update of the literature. *J Neurosci Neurol Disord*, 4, 045-8.
4. Tseng, A. A. (2022). Scientific evidence of health benefits by practicing mantra meditation: Narrative review. *International journal of yoga*, 15(2), 89-95.
5. Rao, P., Agarwal, D., Rohatgi, S., & Chaturvedi, S. (2024). Pranayama (yogic breathing practices) in Parkinson's disease: protocol for a scoping review of literature. *BMJ open*, 14(12), e092315.
6. Datta, K., Tripathi, M., Verma, M., Masiwal, D., & Mallick, H. N. (2021). Yoga nidra practice shows improvement in sleep in patients with chronic insomnia: A randomized controlled trial. *National Medical Journal of India*, 34(3).
7. Acosta, L. M. Y., & Ely, E. W. (2024). Holistic care in healthy aging: Caring for the wholly and holy human. *Aging Cell*, 23(1), e14021.
8. Hoenders, R., Ghelman, R., Portella, C., Simmons, S., Locke, A., Cramer, H., ... & Jong, M. (2024). A review of the WHO strategy on traditional, complementary, and integrative medicine from the perspective of academic consortia for integrative medicine and health. *Frontiers in medicine*, 11, 1395698.
9. World Health Organization. (2019). WHO global report on traditional and complementary medicine 2019. World Health Organization.