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# Yoga for Healthy Ageing: On Wellness and a Greying India

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# Yoga for Healthy Ageing: On Wellness and a Greying India

 **The Hindu** 21 June 2026 **GS2**

Source: [ujyari.com](http://ujyari.com) — researched, fact-checked & UPSC-mapped



## INTERVIEW ANGLE

*"Is yoga a serious public-health tool for elderly care, or mostly a symbolic annual ritual?"*

Source: [Original editorial](#)  [The Hindu](#)

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## WHY THIS MATTERS NOW

The 12th International Day of Yoga, observed on June 21, carried a theme centred on yoga for healthy ageing. The timing is not incidental. India is entering an era of rapid population ageing, and the framing pushes yoga out of the realm of annual spectacle and into the question of how a young nation prepares for the care needs of its rapidly growing elderly cohort.

## THE CRUX IN 60 WORDS

India will age before it grows rich. As the elderly share of the population climbs toward roughly a fifth by mid-century, non-communicable disease and frailty will strain a health system short on geriatric capacity. Yoga, framed as preventive, lifelong wellness, can help, but only if institutionalised through NPHCE, AYUSH centres and primary care rather than staged once a year.

## THE ISSUE, DECODED

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ELEMENT	WHAT IT IS	WHY IT MATTERS
Healthy ageing theme	The 12th Yoga Day focus on elderly wellness	Reframes yoga as preventive geriatric care
Demographic ( <a href="https://ujjiyari.com/vocab/demographic/">https://ujjiyari.com/vocab/demographic/</a> ) shift	Elderly share rising toward a fifth by 2050	Multiplies the chronic-disease care burden
NPHCE	National Programme for Health Care of the Elderly	Existing delivery channel for wellness
MWPSA, 2007	Maintenance and Welfare of Parents and Senior Citizens Act	Statutory ( <a href="https://ujjiyari.com/vocab/statutory/">https://ujjiyari.com/vocab/statutory/</a> ) rights framework for the elderly

## THE ANALYSIS: FROM SPECTACLE TO SYSTEM

- 1 The demographic clock is the real story.** A society where one in five citizens is elderly faces a structural rise in hypertension, diabetes, arthritis and cognitive decline. Prevention, started early, is cheaper than treatment delivered late.
- 2 Yoga's value is preventive, not curative.** Evidence links regular practice to better blood pressure control, balance, flexibility and mental wellbeing. For the elderly, that translates into fewer falls, better mobility and reduced isolation.
- 3 Delivery is the weak link.** India has the platforms, NPHCE, Ayushman Arogya Mandirs and AYUSH wellness centres, but thin staffing and weak follow-through limit reach. A theme is not a programme.
- 4 Wellness must sit beside medicine.** Yoga complements geriatric care; it does not substitute for specialists, diagnostics and affordable drugs that an ageing population also needs.

## DATA AND INSTITUTIONS VAULT

**WHO projection:** 1 in 6 people globally will be aged 60 or above by 2030. **India ageing:** Elderly share projected toward roughly 19 to 20 percent by 2050. **NPHCE:** National Programme for Health Care of the Elderly, launched to provide dedicated geriatric services. **Statute:** Maintenance and Welfare of Parents and Senior Citizens Act, 2007. **Delivery network:** Ayushman Arogya Mandirs and AYUSH wellness centres.

## THE DEBATE

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**Argument for:** Yoga is a proven, low-cost preventive tool that can reduce the chronic-disease burden of ageing and reach citizens at scale through existing health infrastructure.

**Argument against:** An under-resourced elderly population needs medical-grade geriatric care, affordable medicines and trained doctors first; promoting yoga risks substituting symbolism for hard investment.

**Balanced verdict:** The two are not rivals. Yoga as institutionalised prevention reduces the future load on clinical care. The failure mode is treating either one as sufficient on its own.

## HOW TO THINK ABOUT THIS (TRANSFERABLE SKILL)

*When a government observance announces a theme, ask the delivery question: what existing programme, budget line and frontline worker will actually deliver it? Themes without institutional channels are slogans. The analytical move is to map every wellness idea onto a named scheme and a named delivery point.*

## DIAGRAM-IN-WORDS

Ageing population -> rising NCD and frailty burden -> preventive yoga via NPHCE and AYUSH centres -> lower morbidity and care costs

## THE WAY FORWARD

- ① Embed structured yoga modules in NPHCE and primary health centres with trained instructors.
- ② Use Ayushman Arogya Mandirs and AYUSH wellness centres as standing delivery points, not annual venues.
- ③ Measure outcomes, blood pressure, mobility, mental health, rather than counting participants.
- ④ Pair wellness with investment in geriatric specialists, diagnostics and affordable drugs.
- ⑤ Strengthen implementation of the Maintenance and Welfare of Parents and Senior Citizens Act, 2007.

## THE TAKEAWAY BOX

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*Preventive wellness as a strategy for an ageing society with weak geriatric capacity. **Lift line:** “Yoga’s promise for a greying India lies in daily practice woven into primary care, not annual theatre.” **Prelims hooks:** NPHCE, Ayushman Arogya Mandirs, Maintenance and Welfare of Parents and Senior Citizens Act 2007, WHO ageing projections, International Day of Yoga. **Ethics/Interview angle:** The duty of the State and family toward the elderly, and dignity in old age. **PYQ linkage:** UPSC has asked on the social and economic implications of an ageing population in India. **Connects to:** Demographic dividend (<https://ujjyari.com/terms/demographic-dividend/>), NCD burden, health-system financing, social security.*

**Sources:** *The Hindu* (<https://www.thehindu.com/opinion/editorial/>), *PIB* (<https://pib.gov.in/>)

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Source: Yoga for Healthy Ageing: On Wellness and a Greying India — Ujjyari.com | Free UPSC & State PCS  
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**KEY ARGUMENTS AT A GLANCE**Ujjyari Current Affairs · [ujjyari.com](http://ujjyari.com) · Free Daily Current Affairs for UPSC & State PCS

## Yoga is most valuable to a greying India as institutionalised, lifelong preventive care, not as a one-day spectacle.

**✓ SUPPORTING**

- The point is simple: yoga reduces non-communicable disease risk that drives elderly morbidity.
- India faces a demographic shift toward roughly a fifth of its population being elderly by 2050.
- Existing platforms like NPHCE and Ayushman Arogya Mandirs can deliver wellness at scale.

**⚠ COUNTER**

Critics argue medical-grade geriatric care, not yoga, is what an under-resourced elderly population most urgently needs.

**→ WAY FORWARD**

Embed structured yoga and wellness in NPHCE, AYUSH centres and primary care, with trained instructors and measurable health outcomes.


**MAINS ANSWER FRAMEWORK**

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**QUESTION**

*India is ageing rapidly even before it has grown rich. Examine how preventive wellness, including yoga, can be integrated into the public-health architecture for the elderly. (250 words)*

**INTRODUCTION**

India is ageing faster than it is growing rich. The 12th International Day of Yoga theme on healthy ageing signals a shift from spectacle to a preventive-health strategy for the elderly.

**BODY**

Demographic projections suggest the share of Indians aged 60 and above could reach close to a fifth of the population by 2050, while the WHO estimates one in six people globally will be over 60 by 2030. An ageing society multiplies the burden of non-communicable diseases like hypertension, diabetes and joint disorders, straining a health system already short on geriatric specialists.

Preventive wellness, including structured yoga, offers a low-cost, scalable intervention that can reduce morbidity, improve mobility and address mental health and isolation among the elderly. The challenge is institutional.

Yoga cannot remain a televised annual event. It must be embedded in the National Programme for Health Care of the Elderly, delivered through Ayushman Arogya Mandirs and AYUSH wellness centres, taught by trained instructors, and evaluated against health outcomes.

The Maintenance and Welfare of Parents and Senior Citizens Act, 2007 supplies a rights framework, but service delivery remains thin. Wellness must complement, not replace, clinical geriatric care.

**CONCLUSION**

Yoga's promise for a greying India lies in daily practice woven into primary care. Treated as preventive infrastructure rather than annual theatre, it can ease a coming care burden.


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