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Efficacy of Selected Yoga Intervention among Hypertensive Clients

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Introduction

Hypertension is a huge public health concern since it is so prevalent.972 million adults around the world are thought to have high blood pressure.By the year 2025, this is predicted to rise to 56 billion.As of 2003, (Duluth, Mn.,)In both rich countries (333 million) and developing countries (639 million), hypertension was prevalent.About 30 to 45 percent of people in Europe suffer from hypertension.(Soreson, 2018))

Having high blood pressure is a global problem.

At 44 percent, African Americans have the highest rate of hypertension in the world in the United States, which has risen to 34 percent since 2016. When it comes to hypertension, men are more likely to suffer from it than women (though menopause seems to reduce this disparity). (Ferroini, 2017). High blood pressure affects one in ten Indians. Antihypertensive medications can have undesirable side effects and can be rather costly. For a variety of reasons, hypertension individuals frequently fail to take their medicine as prescribed. Blood pressure cannot be controlled solely by antihypertensive medications. It's critical to keep your blood pressure in check by relaxing your body's muscles. (Bureau of the Indian Express, 2014) Savasana therapy relaxes the body, allowing for regular blood flow without blockage, and it is a useful approach for controlling blood pressure. – According to a survey of the literature, hypertension is prevalent and on the rise in various countries, and researchers working in the community believe that savasana can help those who suffer from the disease. The investigator chose this study since it is a simple and potentially risk-free process that may be carried out in daily life.

Methodology

An assessment model based on Daniel.L.Stuffle beams' context, input, process and product evaluation model was used as a frame work for this study's core goal. The study used a quasi-experimental pre- and post-test control group design as its research approach. The investigation was limited to a few neighbourhoods in Indore. The study had a total of 60 participants, 30 of whom were in the experimental group and 30 of whom were in the control. Purposive sampling was used to choose the samples based on the inclusion criteria. Data was analysed and interpreted using descriptive and inferential statistics in accordance with the project's goals.

Findings

Among hypertension patients in the experimental group, 12 (40 percent) were between the ages of 41-50 and 51-60, whereas in the control group, 14 (46.67 percent) were between the ages of 51-60. Females comprised 66.67% of the patients in the experimental group and 55.67% in the control group, whereas males comprised only 33.33%.15 (50 percent) of respondents in the experimental group and 17 (56.67 percent) of subjects in the control group had no formal education, respectively. In the experimental group, the majority of patients (73.33 percent) were coolies, but in the control group, the same number of patients (73.33 percent) were coolies.

According to their monthly income, the majority of patients in the experimental group (20 (66.66 percent) and the control group (15 (50 percent) were in the 3000 range, respectively. Many individuals, 23 (76.67 percent) in both experimental and control groups, had no family history of high blood pressure. When it comes to the experimental group's undesirable habits, 22 patients (73.33 percent) were found to be habit-free. However, 16 patients (53.33 percent) in the control group had no negative habits.

There were 25 patients (83.33%) in the experimental group who were not vegetarians, while there were 29 patients (96.67%) who were not vegetarians in the control group. The majority of experimental group patients (83.33 percent) had prehypertension, while the majority of control group patients (90 percent) had prehypertension, according to examination of pretest blood pressure levels.

The majority of patients in the experimental group, 25 (83.33 percent), had normal blood pressure, whereas the majority of patients in the control group, 25 (83.33 percent), had prehypertension. After analysing posttest blood pressure levels in the experimental group, 25 (83.33 percent) had normal levels of blood pressure, while 25 (83.33 percent) had prehypertension in the control group.

The mean blood pressure score in the experimental group was 0.16, while it was 1.16 in the control group. Standard deviation was 0.36 in the experimental group and 0.39 in the control group following the intervention, with a computed "t"-value of 15.625. It reveals that the experimental group has lower blood pressure. According to the findings, there was no correlation between the post-test blood pressure reading and any of these demographic factors: gender or age; education level or occupation; gross monthly income; family history of hypertension; poor habits or dietary habits; or family history of hypertension. There was no correlation between demographic characteristics and blood pressure in both the experimental and control groups, according to the estimated chi square value.

Conclusion

In this study, patients with hypertension were tested to see if savasana could help lower their blood pressure. The results of the study showed that savasana had a substantial impact on blood pressure in the experimental group. The study's findings led the researcher to the conclusion that savasana therapy lowers blood pressure significantly. Using Savasana can be a simple, effective, and risk-free intervention.

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