

TO EVALUATE THE EFFICACY OF SAVASANA ON HYPERTENSION AMONG HYPERTENSIVE CLIENTS AT SELECTED VILLAGES IN LUCKNOW

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Introduction

High blood pressure is highly widespread, making it a serious public health concern. The total number of adults estimated to have high blood pressure (called hypertension) was estimated to reach 972 million. The projected growth for this will be 56 billion dollars by 2025. "Duluth, 2003" More over one billion people living in both developed and developing countries have hypertension. Europeans suffer from hypertension in roughly a third to a half of the population. According to Snyder (2010),

A worldwide epidemic of hypertension exists. According to new estimates, hypertension is on the rise in the US, and the rate for those of African descent is about the highest in the world, at 44 percent. Among both men and individuals of low socioeconomic position, hypertension is more common. So, then, FERRUINI (2007) says: In India, one in every ten people has high blood pressure. With antihypertensive medication, side effects are common and costs are high. Numerous factors lead to medication noncompliance in hypertension patients. antihypertensive medicines by themselves cannot bring blood pressure under control. To ensure the proper level of blood pressure, it is critical to achieve a state of physiological calm. It reads as: (Indian Express Bureau, 2004) Having accomplished relaxation of the body, normal blood circulation is facilitated, which aids in the treatment of high blood pressure. Based on the literature research, hypertension prevalence and incidence are current throughout the world, and in the field of community care, the investigator believes savasanam may be useful for patients with hypertension. this investigation was selected because of its simplicity to do in everyday life and with minimal danger, which was then substantiated using evidence-based approach

Methodology

The conceptual framework of this study was based on Daniel.L.Stuffle beams. This framework covered the aforementioned facets of the investigation: context, input, process, and output evaluation. a quasi-experimental pre-test and post-test control group design was used for the investigation. A group of people were recruited in villages in Lucknow to participate in the study. In total, there were 60 people in the sample group. 30 of these people were placed in the experimental group and 30 were placed in the control group. A purposive sampling strategy was used to determine which samples to use. Descriptive and inferential statistics were used to analyse the acquired data according to the study's objectives.

Findings

Majority of the subjects (40% in experimental group and 46.67% in control group) were between the ages of 41-50 and 51-60, respectively. As regard to sex, of the patients in the experimental group, 68.67% were female, whereas of the patients in the control group, 56.67% were female. Of all the subjects in the experimental group, only 17 (56.67%) had formal education, but of all the subjects in the control group, just 50 (50%) had formal education. Most patients in the experimental group (73.33 percent) were coolies, while the majority of patients in the control group (73.33 percent) were coolies. Based on the monthly income, the majority of patients (66.66%) belonged to the lower end of the range (less than 3000), whereas in the control group, the majority of patients (50%) belonged to the upper end of the range (more than 3000). Most patients (76.67% of all subjects)

did not have a family history of hypertension, with the notable exception of those in the control group (80% of all subjects). In regard to harmful behaviors, most patients, 22 (73.33%) of them, do not have any. Although only in the control group, nearly half of the patients (47.67%) had no harmful habits. 86.33 percent of patients in the experimental group were non-vegetarian, whereas 96.67 percent of patients in the control group were non-vegetarian. According to this study, the majority of the patients in the experimental group (83.33 percent) had prehypertension, while the majority of the patients in the control group (90 percent) had prehypertension. On further analysis, 83.33% of patients in the experimental group had normal blood pressure, but in the control group, the percentage of patients with prehypertension was 83.33%. The posttest level of blood pressure among the experimental group was statistically analyzed. According to the results, out of the patients in the experimental group, 83.33% had a normal blood pressure, whereas in the control group, 83.33% had prehypertension. Mean blood pressure for the control group was 1.16, while that of the experimental group was 0.16. The post-intervention standard deviation of the experimental group was 0.36, while the control group had a post-intervention standard deviation of 0.39. These "t" values add up to 15.625. The blood pressure in the experimental group was shown to have been reduced. the post-test level of blood pressure was not related to demographics such as age, sex, education, occupation, monthly income, or family history of hypertension, poor behaviors, or dietary habits. at a significance level of <0.05, the estimated chi-squared value did not demonstrate a significant connection between demographic characteristics and blood pressure.

Conclusion

This study investigated whether savasana could help those with hypertension lower their blood pressure. After administering savasana, the experimental group experienced a strong connection between blood pressure and the results of the study. The study's findings led the researcher to believe that Savasana significantly lowered blood pressure. Savasana is a safe, effective, simple procedure with limited danger.

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