

The impact of yoga on hypertension : An extensive investigation.

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Introduction

Because hypertension is so common, it poses a significant threat to the general public's health. A recent study found that hypertension affects 984 million people all over the globe. [Citation needed] [Citation needed] [Citation needed] It is anticipated that this number will skyrocket to 58 billion by the year 2025. The incidence of hypertension was alarmingly high across the board in both industrialised and underdeveloped countries. It is estimated that between thirty and forty-seven percent of Europeans suffer from hypertension.

The number of people who are diagnosed with hypertension keeps climbing all over the world. African Americans have one of the highest rates of hypertension in the world, at 48%, while the prevalence of hypertension in the United States is growing, having reached 38% in 2018. The rate of hypertension among African Americans in the United States is also one of the highest in the world. Men (though menopause seems to diminish this difference) and those in lower socioeconomic positions are at a larger risk of getting hypertension than women and those in higher socioeconomic positions. One person in India out of every ten has high blood pressure (hypertension). Unfortunately, antihypertensive drugs are not only expensive but also laden with the possibility of adverse effects. Patients who have been diagnosed with hypertension often do not take their medication as directed. Medication used to treat hypertension is not sufficient to control blood pressure on its own. It is essential to give the physiological systems of the body some rest if one wants to maintain stable blood pressure. Because it relaxes both the mind and the body and helps the blood flow more freely, Savasana therapy is one of the most effective treatments for treating hypertension. The investigator's expertise in the area of community medicine, together with the findings of the literature research, led them to the conclusion that savasana might be beneficial for individuals who suffer from hypertension. The technique was selected for the research, and the findings were presented with the use of an evidence-based approach since it is simple to apply in practise while posing just a little amount of danger.

Methodology

Without the input, process, and final product assessment model that served as the conceptual backbone of this study, it would not have been possible to achieve the primary objective of this research project. A kind of quasi-experimentalism known as a pre-test and post-test control group design was

used in the research project. The scope of the investigation was limited to certain neighbourhoods in Lucknow. The study included a total of one hundred participants, of whom fifty were selected at random to participate in the experimental group, and the other fifty were put in charge of the control group. The samples were selected via the use of a technique known as "purposive sampling," with the goal of including all of the participants who were eligible. In order to analyse and interpret the data that was gathered in light of the objectives, descriptive and inferential statistics were used.

Findings

According to the frequency and percentage breakdown of the demographic data, the majority of hypertensive patients in the experimental group (43%) were between the ages of 41 and 50, whereas the majority of subjects in the control group (47) were between the ages of 51 and 60. This finding was based on the fact that the experimental group received the drug. The percentage of female patients who were part of the control group was 55%, whereas the percentage of female patients who were part of the experimental group was 60%. In terms of education, the majority of patients in the control group (58%) did not have any kind of formal education, whereas the majority of patients in the experimental group (57%) did not have any kind of formal education. 78% of the individuals in the experimental group had previous experience working as coolies, while only 72% of the subjects in the control group had such experience. When the monthly incomes of the two groups were compared, it was found that those in the experimental group had a much larger number of patients in the income range of \$3,000 than those in the control group (15.5%), with 64% of patients falling within this range. When patients in both the experimental and control groups were questioned about hypertension in their families, the great majority of patients in both groups responded that there was none. When it comes to the unfavourable behaviours of patients, the vast majority of those who belong to the control group do not exhibit any of them (74 percent), while 62% of patients who were assigned to receive the placebo did not participate in any harmful behaviours. When it came to patients' eating habits, the majority of those in the control group (29.94%) followed a vegetarian diet, whereas the majority of those in the experimental group (77.03%) did not follow a vegetarian diet. The pretest blood pressure measurements showed that 82% of patients in the experimental group were prehypertensive, while the pretest blood pressure measurements indicated that 60% of patients in the control group were prehypertensive. The results of the posttest analysis revealed that the majority of patients in the experimental group, 84%, had normal blood pressure, while the majority of patients in the control group, 85%, had prehypertension. When posttest blood pressure was analysed, it was found that the majority of patients in the experimental group had normal blood pressure (82%); however, this was not the case in the control group (81%). Those who were part of the control

group had blood pressure measurements that averaged 1.16, whereas those who were part of the experiment group had blood pressure readings that averaged 0.35. The difference in standard deviations between the intervention group and the control group has a t-value of 12.06, which is statistically significant. 0.06 was the standard deviation for the group that received intervention. The standard deviation of the control group was equal to 0.39. The results of this study show that those who participated in the trial had lower average blood pressures. According to the findings of the study, post-test blood pressure was not substantially connected to factors such as age, gender, level of education, occupation, monthly income, previous history of hypertension in the family, unhealthy behaviours, or diet. When demographic data and blood pressure were compared between the experimental and control groups, the estimated value of the chi square test suggested that there was no link between the two groups at the p 0.05 level.

Conclusion

In this particular study, the researchers were interested in determining whether or not savasana was effective in reducing the blood pressure of hypertensive individuals. The findings of the study revealed that savasana had a considerable impact on the blood pressure levels of the test subjects in the group that participated in the trial. After carrying out the investigation, the investigator came to the conclusion that savasana had a considerable effect on the participant's blood pressure. Savasana is a potent practise that carries little to no danger and has a great potential for use in a broad variety of contexts.

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