IJCRT.ORG

ISSN: 2320-2882



INTERNATIONAL JOURNAL OF CREATIVE **RESEARCH THOUGHTS (IJCRT)**

An International Open Access, Peer-reviewed, Refereed Journal

EFFECT OF 12 WEEKS REGULAR YOGA PRACTICE ON TEACHERS SUFFERING WITH HYPERTENSION

- 1. Dr. Arti Awasthi, Assistant Professor, Department of Physical Education, Jamuna Devi Nareshchandra Mahavidyalaya, Orai (U.P.)
 - 2. Dr. Rajan Bhatia, Assistant Professor, Dayanand Vedic College, Orai, Jalaun, U.P.

ABSTRACT

Yoga is a remedy and highly effective in the treatment of high blood pressure. The present study aimed to evaluate the effectiveness of yoga in the treatment of high blood pressure. 10 male subjects suffering from high blood pressure volunteer for the study and after obtaining informed consent, yoga session was conducted in Jawahar Navodaya Vidyalaya, Orai, Jalaun, UP (India) for a period of 12 weeks. During the period of yoga practice the symptom relief in the subjects was assessed periodically by a sphygmomanometer. A very encouraging results were seen due to Practice of selected pranayama and Yogic asanas. Yoga is proved to be a best method to treat high blood pressure.

Keywords: Yoga, Hypertension.

1. Introduction

Today's work culture and lifestyle are causes of driving heart disease-related deaths in India. Heart disease has been accounted as India's most prominent cause of death and has been growing in tandem with a rapid shift in lifestyles brought a bout through India's rapid industrialization, increased migration to cities and economic growth. Sedentary lifestyles and occupation coupled with high -calorie low nutrient food, consumption of alcohol and tobacco have elevated mortality rate due to cardiovascular diseases.

High blood pressure is a medical condition in which the pressure of the blood pushing against the blood vessel walls is persistently high. High blood pressure forces the heart to work harder to pump blood throughout the body. When blood pressure is high for prolonged periods, hardening of the arteries, heart failure, and other ailments can develop. Blood pressure is measured in millimetres of mercury (mm HG) using two numbers, for example 120/80. The first number (the "systolic blood pressure") represents the pressure in your blood vessels when your heart beats. The second number (the "diastolic blood pressure") represents the pressure in your vessels when your heart rests between beats. Normal blood pressure is less than 120/80. Blood pressure of 140/90 and above is considered high. Raised diastolic pressure is considered more serious than raised systolic pressure as it has more serious long-term effects.

Many studies show that yoga can be a very effective and non-invasive way of reducing high blood pressure. It is particularly effective in reducing the diastolic number – which is the most important. It is suggested that people with high blood pressure should only practice certain asanas (postures), whilst acknowledging that there are other asanas that are not suitable for them. The yogic practices of meditation and pranayama (breathing exercises) are also particularly beneficial for people who suffer from high blood pressure.

2. Method and procedure:

Selection of subject

10 male Teachers suffering from high blood pressure volunteered for the present study. Their age was in between 40 to 55 years.

Detailed clinical history of each subject was taken. Informed consent was obtained from all the members. Regular voga practice for 12 weeks was given to the teachers suffering from Hypertension. Their Blood Pressure recorded at their first visit and thereafter before and after the voga session for every 7 days. The Blood Pressure measurements were recorded by using digital Blood Pressure apparatus with the subject seated. Blood pressure (BP) was recorded before and after the practice of pranayama and meditation. The systemic arterial blood pressure was recorded in millimetre of mercury (Hg) All the parameters were recorded between 6 and 8 am in order to avoid circadian variations.

All the subjects were well instructed to keep uniform dietary habits and received the same yoga training daily. The subjects were also advised not to change their lifestyle or perform any other physical exercises during yoga training.

Study protocol:

The yoga practice schedule consisted of

- 1. Pranayama 15 mins.
- 2. Short break 5 mins.
- 3. Meditation 15 mins.
- 4. Selected Asanas -30 mins.

Pranayama which they performed were:

- 1. Bhastrika pranayama
- 2. Kapal Bhati pranayama
- 3. Anulom Vilom pranayama
- 4. Bhramari pranayama

Selected Asana which they practiced daily:

- 1. Uttanasana (Standing forward bend pose)
- 2. Viparita Karani (Legs-up-the-wall pose)
- 3. Adho mukha svanasana (Downward-facing dog pose)
- 4. Pashchimottanasana (Seated Forward Bend Pose)
- 5. Setu Bandhasana (Bridge pose)

Data were analyzed using SPSS. Paired T-test was used as statistical test for comparing pre and post test.



3. Results:

Table 1: Changes in Systolic and Diastolic Blood Pressure before and after yoga practice

Subject	PRI	E-TEST	POST TEST (After 12 weeks)				
	SYSTOLIC	DIASTOLIC	SYSTOLIC	DIASTOLIC			
1	160	110	135	90			
2	155	100	130	95			
3	152	100	138	98			
4	150	100	140	92			
5	150	98	130	85			
6	148	95	128	80			
7	147	93	140	90			
8	145	90	120	80			
9	145	85	130	80			
10	140	80	132	80			

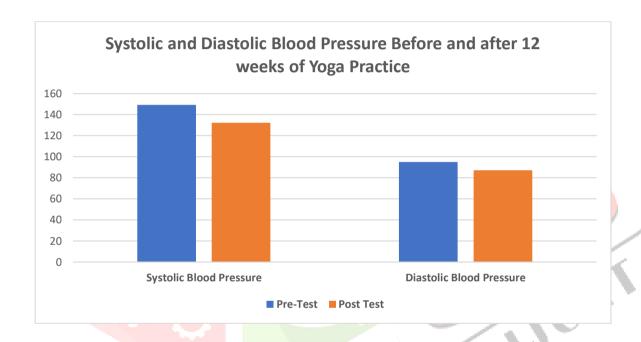


Table 2. Statistical analysis of systolic blood pressure levels at first and last visit. **Paired Samples Statistics**

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	systolic_pre	149.20	10	5.633	1.781
	systolic_post	132.30	10	6.183	1.955

Paired Samples Test

	Paired Differences					t	df	Sig.		
Mean Std.		Std. Error	95% Confidence				(2-			
		Deviation	Mean	Interval of the				tailed)		
				Difference						
				Lower	Upper					
Pair 1 systolic_pre - systolic_post	16.900	7.093	2.243	11.825	21.974	7.534	9	.000		

Table 3. Statistical analysis of diastolic blood pressure levels at first and last visit.

Paired Samples Statistics

		Mean	N	Std.	Std. Error
				Deviation	Mean
Pair 1	diastolic_pre	95.10	10	8.582	2.713
	diastolic_post	87.00	10	6.896	2.180

Paired Samples Test

Turiou bumpios Tost										
	Paired Differences					t	df	Sig. (2-tailed)		
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference						
				Lower	Upper					
Pair diastolic_pre 1 diastolic_post	8.100	6.367	2.013	3.545	12.655	4.023	9	.003		

The results were analyzed by Paired 't' test. P -value < 0.05 was considered significant. From the above table, changes in Systolic and Diastolic blood pressure are highly significant in our study.

4. Discussion:

Work pressure, change in lifestyle such as increased stress, unhealthy diet, decreased physical activities, more consumption of tobacco or caffeine or alcohol or smoking all caused increased incidences of cardiovascular diseases. Stress is a major factor responsible for high blood pressure and heart disease. Yoga acts as a natural relaxant that calms the mind and soothes the nervous system reducing our stress response and its harmful effects. In the present study, we got a significant decrease in systolic and diastolic blood pressure. Cardiovascular functions are controlled by neural factors as well as others like temperature, hormones, etc. of these, neural factors primarily concern the autonomic nervous system which plays a major role in maintaining and regulating cardiac functions, e.g. systolic and diastolic blood pressure. Imbalances in these lead to cardiovascular disorders such as hypertension, ischemia, infarction, etc. Yoga by modulating autonomic activity with increased parasympathetic tone and reducing sympathetic tone decreases Systolic and diastolic blood pressure. In the present study, a significant reduction in systolic and diastolic blood pressure can be due to alteration of autonomic activity with parasympathetic predominance and relatively reduced sympathetic tone. This autonomic modulation in yoga is mediated through alteration of breathing patterns which induces various central and autonomic mechanisms as well as mechanical and hemodynamic adjustments causing both tonic and phasic changes in cardiovascular functioning. Pranayama is composed of complex breathing that calm body and mind. The main aim of pranayama is to regulate breathing. It acts by making breathing slow and deep. Slow breathing acts by a generalized decrease in the excitatory pathways regulating respiratory and cardiovascular systems. A neural control mechanism is the same for the respiratory and cardiovascular system, so alteration in one system will modify the functioning of the other. Slow and deep breathing inflates lungs to its maximum capacity. This inflation stretches pulmonary stretch receptors which result in decreased sympathetic tone in skeletal muscle blood vessels resulting in peripheral vasodilatation and decreased peripheral resistance and thus decreases diastolic blood pressure. During the practice of pranayama, one concentrates on the act of breathing which diverts attention from worries and destresses him. This stress-free state of mind evokes relaxed responses in which parasympathetic nerve activity overrides sympathetic activity. Meditation acts by reducing stress-induced sympathetic overactivity. Thereby it decreases arterial tone and peripheral resistance resulting in lowering of diastolic blood pressure. Regular practice of yoga improves baroreflex sensitivity and decreases sympathetic tone that restores blood pressure to normal levels in patients of essential hypertension.

Another mechanism by which yoga reduces systolic and diastolic blood pressure is by reducing activation of hypothalamic pituitary- adrenal axis or by direct stimulation of vagus nerve which acts by shifting the autonomic nervous system balance from sympathetic to parasympathetic resulting in positive changes in cardiac vagal functions, mental wellbeing by decreasing stress and energy state and in related neuroendocrine, metabolic and inflammatory responses.

5. Conclusion:

It has been observed in our study that the regular practice of yoga helps to improve cardiovascular function. When a person follows an active lifestyle, takes healthy food, takes required sleep, does regular exercise and yoga, it will reduce the chances of cardiovascular diseases. Yoga may do it by parasympathetic dominance over the sympathetic system, which will bring improvement in cardiovascular endurance.

References:

- 1. Raj M1, Krishnakumar R2; Hypertension in Children and Adolescents: Epidemiology and Pathogenesis; Indian J Pediatr. 2013 Mar; 80Suppl 1:S71-6.
- 2. Marshall Hagins1, Andrew Rundle 2, NathanS.Consedine3, A randomized controlled trialcomparing the effects of yoga to an activecontrol on ambulatory blood pressure inindividuals with Pre- and Stage 1Hypertension. Journal of ClinicalHypertension (Greenwich, Conn.).2014,16(1), 54-62.
- 3. Devi P1, Rao M, Sigamani A2, Faruqui A3et.al. Prevalence, risk factors and awarenessof hypertension in India: a systematic review.J Hum Hypertens. 2013; 27(5):281-7.
- 4. Chobanian AV1, Bakris GL2, Black HR3 etal. The Seventh Report of the Joint NationalCommittee on Prevention, Detection, Evaluation, and Treatment of High BloodPressure., the JNC 7 report.Jama 2003,289(19):2560-2572. PubMed Abstract | Publisher Full Text
- 5. Patel C1. Reduction of serum cholesterol andblood pressure in hypertensive patients bybehavior modification. Journal of the RoyalCollege of General Practitioners, 1976,26,211-215.
- 6. Okonta NR1. Does yoga therapy reduce bloodpressure in patients with hypertension?: anintegrative review. Holist Nurs Pract.2012;26(3):137-41.
- 7. Damodaran A1, Malathi A2, Patil N 3 et al. Therapeutic potential of yoga practices inmodifying cardiovascular risk profile inmiddle aged men and women. J AssocPhysicians India.2002; 50(5):633-40.
- 8. Santaella DF1, Araújo EA2, Ortega KC3 et al. Aftereffects of exercise and relaxation onblood pressure. Clin J SportMed.2006:16(4):341-7
- 9. S.Susan Hedayati1, Essam F. Elsayed2, andRobert F. Reilly3.Non-pharmacological spects of blood pressure management.Kidney International.2011; 79(10), 1061-1070.
- 10. Joseph S1, Sridharan K2, Patil SK3 et al.Study of some physiological and biochemicalparameters in subjects undergoing yogictraining. Indian J Med Res. 1981; 74:120-124.11. Udupa KN1, Singh RH2, Settiwar RM3.Physiological and biochemical studies on theeffect of yogic and certain other exercises.Indian J Med Res. 1975; 63:620-624.
- 11. Jong MMJD, Randall DC. Heart Rate Variability Analysis in the Assessment of Autonomic Function in Heart Failure. J Cardiovasc Nurs. 2005;20(3):186–195.
- 12. Flora JS. Alterations in sympathetic and parasympathetic nervous system in heart failure. In: Companion Branwalds Heart Disease. 1st ed. Philadelphia: Saunders; 2004,. p. 247–277.
- 13. Lewington S, Clarke R, Qizilbash N, Peto R, Collins R. Age-specific relevance of usual blood pressure to vascular mortality: a metaanalysis of individual data for one million adults in 61 prospective studies. Lancet. 2002;360(9349):1903–1916.
- 14. Conen D, Ridker PM, Buring JE, Glynn RJ. Risk of cardiovascular events among women with high normal blood pressure or blood pressure progression: prospective cohort study. BMJ. 2007;335(7617):432.

- 15. Bernardi L, Gabutti A, Porta C, Spicuzza L. Slow breathing reduces chemoreflex response to hypoxia and hypercapnia, and increases baroreflex sensitivity. J Hypertens. 2001;19(12):2221–2229.
- 16. Ray D. S. Yogic Exercises: Physiologic and Psychic Processes. Jaypee Brother Medical Publishers; 1998,.
- 17. Nagarathna R, Nagendra HR. Yoga for promotion of positive health. In: Swami Vivekananda Yoga Prakashana. 4th ed. Bangalore;...
- 18. Murugesan R, Govindarajulu N, Bera TK. Effect of selected yogic practices on the management of hypertension. Indian J Physiol Pharmacol. 2000;44:207–217.
- 19. Damodaran A, Malathi A, Patil N, Shah N, Suryavanshi, Marathe S. Therapeutic potential of yoga practices in modifying cardiovascular risk profile in middle aged men and women. J Assoc Physicians India. 2002;50:633-673.
- 20. Singh S, Malhotra V, Singh KP, Madhu SV, Tandon OP. Role of yoga in modifying certain cardiovascular functions in type 2 diabetic patients. J Assoc Physicians India. 2004;52:203–206.
- 21. Katiyar SK, Bihari S. Role of pranayama in rehabilitation of COPD patients a randomized controlled study. Indian J Allergy Asthma Immunol. 2006;20:98–104.

