

A Comparative Study to Assess the Effectiveness of Pranayama on Quality of Life and Blood Pressure among Menopausal Women of Selected Community Area of Bhiwani

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Abstract

Introduction : Pranayama is the yogic practice of focusing on breath. In Sanskrit, Prana means "vital life force", and Yama means to gain control. In yoga, breath is associated with the prana, thus, Pranayama is a means to elevate the pranashakti, or life energies. Pranayama is described in Hindu texts like the Bhagavad Gita and the Yoga Sutras of Patanjali. Later in Hatha yoga texts, it meant the complete suspension of breathing.

Methodology : Evaluative approach used with is quasi experimental research design. Menopausal women aged between 45-50 years who fulfilled inclusion criteria. Non-probability purposive sampling technique used in this study. Setting of the study was selected Community area of Bhiwani.

Results : The calculated "t" value was 00.902 which was not significant at $p=0.375$, which shows that there was no significant difference between the pretest and post- test level of selected menopausal symptoms.

Conclusions : Pranayama can be incorporated as an effective therapy in managing selected menopausal symptom among menopausal women.

Keywords : Comparative; Effectiveness; Pranayama; Quality of Life; Menopausal women.

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Introduction

Macdonell gives the etymology as prana (prana), breath, + Ayama and defines it as the suspension of breath.¹

Monier-Williams defines the compound pranayama as "of the three 'breath-exercises' performed during Samdhyā (Seepurak, rechak (English : retchorthrowout), kumbhak".²

This technical definition refers to a particular system of breath control with three processes as explained by Bhattacharyya: purak (to take the breath inside), kumbhak (to retain it), and recheck (to discharge it). There are other processes of Pranayama besides this three-step model.³

The Buddha did incorporate moderate modulation of the length of breath as part of the preliminary tetrad in the Anapanasati Sutta. Its use there is preparation for

concentration. According to commentarial literature, this is appropriate for beginners.⁴

Indo-Tibetan tradition : Later Indo-Tibetan developments in Buddhist pranayama which are similar to Hindu form can be seen as early as the 11th century, in the Buddhist text titled the Amṛta siddhi, which teaches three bandha in connection with yogic breathing (kumbakha).⁵

Effectiveness : A Cochrane systematic review on the symptomatic relief of mild to moderate asthma by breathing exercises stated that there was limited evidence they might bring about improvement in quality of life, hyper ventilation symptoms, and lung function.^{3, 2} A study from 2017 proves that a regular practice of Pranayama helps decrease stress, and also improve the sleep quality simultaneously.⁵

Risks : Although relatively safe, Hatha Yoga is not risk free. Beginners should avoid advanced moves and exercise within their capabilities. Functional limitations should be taken into consideration.⁶

Objectives

- v To assess the pre-test level of selected menopausal symptoms among menopausal women in experimental and control group.
- v To assess the post-test level of selected menopausal symptoms among the menopausal women in experimental and control group.
- v To determine the effectiveness of pranayama on selected menopausal symptoms among the menopausal women in experimental and control group.
- v To associate the post-test level of pranayama on selected menopausal symptoms among menopausal women with their selected demographic variables in experimental and control group

Hypothesis

H₁ There is a significance relationship between Pranayama on selected menopausal symptom missing Menopausal women.

Assumptions

1. Menopausal women may experience some menopausal symptoms.
2. Perception of menopausal symptoms may vary from woman-to-woman
3. Pranayama may have some effect on selected menopausal symptoms among menopausal women.

Delimitations

The study was delimited to 4 weeks.

The study was delimited to menopausal women.

Research Methodology This chapter explains the methodology adopted by the investigator to assess the level of menopausal symptoms among menopausal women

Research approach : Evaluative approach

Sample : Menopausal women aged between 45-50 years who fulfilled inclusion criteria.

Sampling techniques : Non probability purposive sampling technique

Research design : The study designed chosen for the study is quasi experimental research design

Setting of the study : Selected Community area of Bhiwani

Source of data : -45 years community women

Results

Table 1 : Frequency and percentage distribution of demographic variables in the experimental and control group

Demographic Variables	Experimental Group		Control	
	No.	%	No.	%
Age in years				
45-46years	8	26.67	8	26.67
47-48years	12	40.00	12	40.00
49-50years	10	33.33	10	33.33
Education				
Illiterate	6	20.00	7	23.33
Primary	13	43.33	11	36.67
Higher secondary	9	30.00	8	26.67
Graduate	2	6.67	4	13.33
Occupation				
Govt. employee	-	-	3	10.00
Private	3	10.00	9	30.00
Housewife	27	90.00	18	60.00
Type of work				
Sedentary	10	33.33	11	36.67
Moderate	14	46.67	13	43.33
Heavy	6	20.00	6	20.00
Type of food				
Vegetarian	3	6.67	3	10.00
Nonvegetarian	27	93.33	27	90.00
Mode of delivery				
Normal delivery	17	56.67	15	50.00

N=60

LSCS	13	43.33	15	50.00
Number of delivery				
1	3	10.00	8	26.67
2	16	53.33	11	36.67
More than two	11	36.67	11	36.67

Table 2: Comparison of pre-test and post-Test Level of Menopausal Symptoms Score In The Experimental And Control Group n=60

Group	Pretest		Post-test		"t" Value
	Mean	S.D	Mean	S.D	
Experimental Group	12.60	1.48	8.17	1.12	t=24.130*** p=0.000,(S)
Control Group	12.10	1.35	12.30	1.51	t=00.902 p=0.375,(N.S)

***p<0.001,S-Significant-Not Significant

Above table shows the comparison of pretest and post-test level of menopausal symptoms score in the experimental and control group, Considering the experimental group, the pretest means score was 12.60 with S.D. 1.48, regarding the post-test, the mean score was 8.17 with S.D. 1.12. The calculated "t" value was 24.130 which was statistically highly significant at $p<0.001$ level. With respect in the control group, the pretest mean score was 12.10 with SD 1.35 and regarding the post-test the mean score was 12.30 with SD 1.51. The calculate "t" value was 00.902 which was not significant at $p=0.375$ which shows that there was no significant difference between the pretest and post-test level of selected menopausal symptoms.

Discussion

The frequency and percentage distribution of demographic variables in the experimental group considering age majority 12 (40%) were aged between 47-48 yrs, regarding education, majority 13 (43.3%) were primary education, regarding occupation, majority 27 (90%) were house wives, considering type of work 14 (46.67%) were moderate workers, with respect to the type of food 28 (93.33%) were non-vegetarian, regarding type of delivery 17 (56.67%) were normal delivery, considering number of children 16 (53.33%) had two children. Regarding the control group 12 (40%) were aged between 47-48 yrs, considering education 11 (36.67%) were comes in majority under primary education, regarding occupation, majority 18 (60%) were housewives, considering type of work 13 (43.33%) were moderate workers, with respect to type of food 27 (90%) were non vegetarian, regarding mode of delivery 15 (50%) were normal delivery and LSCS, considering number of children 16 (53.33%) had two children.

Conclusions

The study findings concluded that the women in experimental group had reduction in selected menopausal symptoms. When compared with control group after the intervention; hence Pranayama can be incorporated as an effective therapy in managing selected menopausal symptom among menopausal women.

Nursing Implications, Recommendations

This chapter presents the summary of the study and conclusion drawn

Nursing Implications

The investigator has derived the following implication from the study which is vital concern in the field of nursing practices, administration, education and research.

Nursing Practice

The Nurse should advocate the clients regarding yoga and help them to choose appropriation therapy.

Nursing Administration : The Nurse administrator should organize public awareness program in their organization on yoga and Pranayama and its wide range of benefit to menopausal women.

Nursing Education : The Nurse Educator should involve the concept of yoga in nursing practice.

Nursing Research : Nurse Researcher can provide more research in this evolving discipline.

Recommendation : A similar study can be conducted with a large sample size with longer duration.

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