



CARDIAC REHABILITATION TRAINING THROUGH YOGA FOR AGED PEOPLE

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ABSTRACT

At present we are in mechanical life and having more urged to complete the day to day task. In this competition we have a motive to win the race but the way which we have selected or not in comparing or analyzing by our self. This leads too many complicated situation, time and health may be worsen day by day. What is the reason the urge arises in the body no one answering even or tries to understand what is the meaning of the questions If I ask anybody , the replay is no time I am busy with my work. This answer is going to creating many more short time problems and long time problems attack the life so easily stress, tension adopt the body. So the life style, diet, behavioral attitude may change the person because of his own life style.

KEYWORDS: Yoga, Cardiac, Meditation

INTRODUCTION

Many people are wondering to know the heart problem is very easy to manage our self. Consuming and managing meditation, balancing physical exercise, asana and, pranayama relaxation and following low sodium diet and careful about intake fluid is help to keep the body in normal condition. But Cardiac failure is unpredictable and it will take time to recover from the failure.

- Warning signs of worsening heart failure
- Sudden weight gain (2–3 kg in one day or 5 or more kg in one week)
- Extra swelling in the feet or ankles
- Swelling or pain in the abdomen
- Shortness of breath not related to exercise
- Discomfort or trouble breathing when lying flat
- Waking up feeling short of breath
- Coughing or wheezing
- Increased fatigue

- Mental confusion
- Loss of appetite

To effectively monitor your symptoms, you need to know the signs of trouble. This can be tricky because symptoms may seem to come and go and it can be hard to tell the difference between the side effects of medications and the symptoms of heart failure itself.

Quality of life (QOL) and stress levels after coronary artery bypass graft (CABG) surgery are important assessments to improvise health strategies in the management of coronary artery disease (CAD). There could be definitive complications of surgery such as the risk of failure resulting in higher mortality rate at 5 years than 1 year after CABG with 6.3% requirement of revascularization.

QOL scores correlate with survival rates and both are affected adversely by the stress levels. The QOL improves at 5 years without any association with preoperative ejection fraction



(EF) but this association was not found at 12 years of CABG.

Lifestyle behavior follow-up is poor in low-income countries, especially in young CABG patients and after the first diagnosis of CAD, hence, it is important to develop simple, effective, and low-cost strategies for the secondary prevention of further morbidity and mortality.

Worldwide, approximately 20% of people who receive primary health care have depression or anxiety disorders in general. Anxiety is associated with high risk of coronary heart disease (CHD) mortality in particular of prior depression status. The presence of anxiety and/or depression before surgery has the effect on cardiac rehabilitation outcomes after surgery and both the factors are triggered and contributed using stress levels; hence, there is a need for early diagnosis and supportive therapeutics that involve mind-body interventions. There is need for interventions which target stress management and improve QOL, in particular after CABG.

Cognitive behavioral therapies and other mindfulness-based stress management programs can bring significant change in depression scores than usual care after CABG and also improve the physical and mental health. However, these programs require one-to-one sessions with a specialist and are time-consuming and costly. Yoga therapy is simple and cost-effective, it can be offered in groups, and people can be trained to practice regularly on their own with regular monitoring and follow-ups. Studies on yoga after CAD and CABG are available. Long-term follow-ups of relaxation-based lifestyle change studies in CAD with or without myocardial infarction (MI) have been reported.

CORONARY ARTERY DISEASE

Cardiac problem is common in now a day. The heart is very important and also is an efficient manager for each and every one of the human being Coronary Artery Disease develops the blood vessels unable to supply the blood without or less oxygen and nutrients which may leads the cholesterol containing deposits in our arteries which is cause the cardiac output and rhythm. Our heart is tone muscular pump that is responsible for pumping about 3000 glance of blood through your body every day.

When artery have a blockage in the blood vessels caused by atherosclerosis without an adequate blood supply the heart become starved of oxygen and the vital nutrition. This can cause chest pain if blood supply to a portion of heart muscles is cut off, entirely a heart attack occur. Generally C A D will appear above 40 years in mankind but very resent research explaining the most of the youths affecting by CAD their reversible habit. After the diagnosis of CAD the patients are not involving to prevent the excited problems. They need a rehabilitation program to stop the unwanted growth through physical exercise, asana, pranayama. Rehabilitation is rejuvenation of the heart and its parts. It gives a new life to your age.

ASANA

Asana is a tool which makes a magic in our physical body and mind in a miracle ways. Muscles are toning and rejuvenating, nerves are getting elongate, the proper neuro transmission happening. The blood vessels are dilating and blood flow carrying with O₂ and nutrients in the increased level. Asana much more effective aider for cardiac rehabilitation program.

Below said asana training is preventing the problem and control to manage.

PURPOSE

The purpose study embarrassing the health condition presently is very poor condition and also eating habit and lifestyle is in a wrong path, because of this young adults are suffering from Coronary Artery Disease problem .My aim is prevent the CAD problem and also to educate the affected people to manage the problem.

METHODOLOGY

It has been selected 60 people and divided in to two groups, namely control group and other one is experimental group. Each group is having 30 members. We have taken the pre test with cardiologist guide. After the find out by expert, I have decided to give the yoga practices which schedule is followed by trainee.

TRAINING SCHEDULE

No.	Asana / Yoga Technique	Duration in Minutes
1	Shavasana (corpse pose)	3
2	Basic warm-up exercise (all types)	15
3	Shavasana	3
4	Tadasana	3
5	Shavasana	3
6	Bhujangasana	1
7	Dhanurasana (bow pose)	1
8	Makarasana	2
9	Pavanmuktasana	2
10	Utkattasana	1
11	vajrasana	1
12	Ardhamatsyendrasana	2
13	Shavasana (corpse pose)	3

14	, Tiryak Tadasana	2
15	Katichakrasana	2
16	Shavasana	2
17	Anulom_Viloma, Deep Breathing	10
18	Bhramari Rechak	10
19	Ujjayi breathing without Kumbhak	10
20	Prayer	7
	Om chanting	30
	Nadi sodhana	10
	Sheetali -sheetkari	20
	Yoga Nidra for Stress Relief (every day 1 time)	30
	suriyanamaskar	20

RESULT OF THE STUDY

- The Result of the Study Showed that Combinations of Asana, Pranayama with Surya Namaskar significantly improved on selected physiological variables and lipid profile except Total cholesterol among patients of coronary artery disease.
- The Result of the Study Showed that Combinations of Asana, Pranayama Surya Namaskar with natural diet significantly improved on selected physiological variables and lipid profile better than Asana with natural

diet, Pranayama with natural diet and control group except total cholesterol among patients of coronary artery disease.

CONCLUSIONS

- It was concluded that Asana with Pranayama significantly improved on selected physiological variables and lipid profile among patients of coronary artery disease.
- It was concluded that Combinations of Asana, Pranayama with natural diet significantly improved on selected



physiological variables and lipid profile among patients of coronary artery disease.

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