Journal of Rare Cardiovascular Diseases
ISSN: 2299-3711 (Print) | e-ISSN: 2300-5505 (Online)
www.jrcd.eu

RESEARCH ARTICLE

A Clinical Study on the Effects of Yoga Nidra on Blood Pressure Control in Hypertensive Patients in a Selected Rajkot Hospital

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Article History
Received:15-10-2025
Revised:12-11-2025
Accepted:27-11-2025
Published:01-12-2025

Abstract:
The medical word for elevated blood pressure is hypertension. Blood pressure is contingent upon the resistance encountered by the blood flowing in the arteries and the cardiac output of the heart. The blood exerts excessive pressure on the artery walls. Patients diagnosed with hypertension were examined at KDP Hospital, Atkot, to assess the efficacy of Yoga Nidra in lowering blood pressure. A non-equivalent control group pretest-posttest design was used in the research that was carried out as part of a quasi-experimental investigation. A convenience sampling method was used to collect the data set, which consisted of sixty people with high blood pressure. Thirty of these individuals were allocated to the study group, while the other thirty patients were assigned to the group that served as a control. The experimental group practiced Yoga Nidra for 20 minutes each morning between 6 and 8 AM. This persisted for 15 consecutive days. We assessed blood pressure readings using a sphygmomanometer and stethoscope according to the ACC/AHA 2020 classification scheme. It was determined that both systolic ($t=16.54$, $p<0.001$) and diastolic ($t=19.43$, $p<0.001$) blood pressure considerably lowered in the experimental group. The systolic ($t=12.23$, $p=0.321$) and diastolic ($t=6.34$, $p=0.745$) values were significantly higher in the post-test group compared to the control, indicating the intervention's efficacy. Prior to commencing Yoga Nidra instruction, the majority of patients were classified as Stage I or Stage II hypertensive. Normalisation of both diastolic and systolic blood pressure was seen post-therapy (54% and 70%, respectively). The study's findings suggest that Yoga Nidra may function as a viable alternative therapy for hypertension, since it is a non-invasive, drug-free, and cost-effective method for lowering blood pressure. This strategy is appropriate for several countries because to its simplicity and clarity. This establishes it as a valid alternative treatment for those with hypertension seeking holistic or complementary approaches in addition to standard pharmacotherapy. The results suggest that it may be used to mitigate the risks of illnesses linked to hypertension, stroke, and cardiovascular conditions, hence enhancing the efficacy of non-pharmaceutical health interventions. The generalisability of the findings might be enhanced by doing further research with bigger sample sizes and a more diversified population, therefore establishing that Yoga Nidra may effectively reduce blood pressure. This would facilitate its implementation in routine medical practice.

Keywords: Hypertension, Yoga Nidra, Quasi-Experimental Study, Non-Pharmacological Intervention, Holistic Therapy, Complementary Treatment.

INTRODUCTION

Science and technology has changed in the 21st century. It's because things are changing so fast that people are living much more stressed out lives. We might call this period the Age of Anxiety and Worry. There's always symbolic tension to the Morden guy. Various psycho-physical ways the stress and pressure of daily living are impacting on certain organs of the body.. This is the most common form and affects 90–95% of people with high blood pressure. There are several risk factors, including being sedentary, obese,-sensitive to sodium, a heavy drinker; not getting enough vitamin D; and getting older. Humans who sit still are 20 percent to 50 percent likelier to develop hypertension.

High blood pressure is also called hypertension by the doctors. So the blood is pushing too hard against the walls of the blood vessels, a pressure that depends on the force exerted by the heart when it contracts, and the resistance of those walls to blood flow. It complicates and rocks cardiovascular disease, cerebrovascular accidents and mortality. Nowadays, hypertension and its consequences rank among the commonest causes of decease. Any benefits of treatment have been based on antihypertensive therapy alone. That being said, people need better drugs than the ones widely in use now. They can have serious adverse effects for many people. A few clinical studies have indicated Yoga Nidra might be useful for hypertensive individuals in lowering blood pressure, pointing towards it as a potential alternative therapy. Medical experts in several countries are endorsing the practice.

A meditation method, yoga nidra (YN), also known as yogic sleep or psychic sleep. Yoga Nidra is a compound term derived from two Sanskirt words. The name of this technique is derived from two Sanskrit words. “Yoga” is the Sanskrit word for union and “Nidra” means sleep. This Yoga Nidra is a practice, a meditation, a place of consciousness. Yoga Nidra is different from meditation. Yoga Nidra is trying to find a way into the deep conscious aware sleepy state. In current verbiage this is interplay with the autonomic nervous system.

High blood pressure is an issue everywhere. Prevalence of hypertension in the US has also been increasing, now standing at 34% in 2016. Ranked : African American adults’ 44 percent rate of high blood pressure are among the highest in the world. Men are at higher risk of high blood pressure, although that difference disappears post-menopause. People with low socioeconomic position are also at high risk of developing hypertension. (Ferroini, 2007). One in every ten Indians has high blood pressure. Medication for hypertension is expensive and is associated with adverse effects. Not many people with high blood pressure take their medicine, and they have many reasons for not doing so. Antihypertensive drugs alone can’t control blood pressure. Relaxing your body is really important to maintain the normal blood pressure. (Indian Express Bureau, 2004) Savasana therapy relaxes body and ensures normal blood flow without obstruction. It’s among the best ways of controlling blood pressure. The researcher reviewed the literature and learned that hypertension is prevalent in many areas. They also worked with the community, and they believed that savasana could help people who had high blood pressure. The investigator has selected this study as a result of that prerequisites do not require any risk quickly and powerful as evidence-based system in daily life.

Anjana K, Archana R etal; to determine that OM chanting and Yoga Nidra will produce a positive body effect on the blood pressure and lipid profile in the intervention group, they will subject-wise conduct of randomized controlled CT. The adopters experienced significant reduction of systolic and diastolic BP, low level of LDL and high concentration of HDL after two months follow up (p <0.001). Besides, the negative outcomes were non-existent, so the safety of those methods was also increased even more, so they would constitute effective supplementary therapy of hypertension along with the baseline one.

Ahuja N, Pathania M etal analyze a short-term effect of a single session of 16 min Yoga Nidra on blood pressure (BP) and HRV in patients of essential hypertension. Results Results showed that there were significant decreases of SBP (- 7 mmHg) and diastolic BP (- 6 mmHg) of 32 subjects with high HRV. In the regression analysis, the results are valid because Neurovisceral Integration Model is a helpful reference since there is a relationship between the different variations in HRV and the reduction in BP. These are enough to justify an early successful adjunct interventionist yoga nidra in the treatment of hypertension since it has physiologic positive effects beyond the reach of standard methods of treatment.

The main objective of the study is to examine the feasibility of an implementation of a health-worker-led Yoga intervention programme among hypertensive cases in a primary care setting in Nepal. The surveys, interviews, focus group discussions were used to gather data with the participants of the Yoga and Hypertension (YoH) trial, implementers, and government officials. The results indicated that yoga was readily learnt and practiced, a means to health, and a more sustainable intervention in the community setting group. Not that they would like it to be paid but said that those running the program would be motivated, could meet expenses and work without extra support of staff. The government knew yoga very well as a method of health promotion and its incorporation into the medical system was anticipated. Although these presentations might necessitate efforts to capacity-building those involved in the provision of health services, and grassroots participation in neighborhood yoga canters to follow-up access to and sustainability of yoga intervention do not seem impossible based on the study.

Problem statement

The effect of the Yoga Nidra on blood pressure level in a hypertensive patient at a chosen hospital in Rajkot.

Objectives

- To compare the level of pre- and post-blood pressure of hypertensive individuals in the two groups (experimental and control).
- To compare the blood pressure value of the patients with hypertension in both experimental and control groups before and after the test.
- To determine the correlation between the mean change in blood pressure level pre- and post-testing of hypertensive patients and the demographic parameter they selected in an experimental group and the control group.

Hypothesis

H 1: BP level of pretest compared to BP level of post test of hypertensive patients has a significant difference ($p<0.05$) in both the experimental group and control group.

H2:There exists substantial difference in the levels of blood pressure before and after testing between hypertensive patients within both control and experimental groups at the $p<0.05$ level.

H3:The mean difference between the analysis of blood pressure level prior to and after testing among hypertensive patients with regard to their chosen demographic factors in both the experimental and control groups exists at a $p<0.05$ leveL.

METHODOLOGY

Research Approach

The research design used in this study was quasi-experimental research. In statistics, the change in the initial measurement with the final measurement illustrates how the independent variable affects the

dependent variable during analysis.

Research Framework

The experiment was carried out using a quasi-experimental research design where pre and post test samples are used to test the effectiveness of Yoga Nidra on blood pressure control among hypertensive patients.

Study setting

The present study was conducted in the male and female medical wards of KDP Hospital Atkot.

Sample

Participants in the trial could have high blood pressure alone or in combination with other systemic diseases.

Size of Sample

In this study, sixty persons were taken after being diagnosed with hypertension. A total of sixty subjects were used; thirty subjects as study subjects and the other thirty subjects as control subjects..

Methods for sampling

The samples utilised in this investigation were selected using a non-probability purposeful selection approach.

An Overview of the Instrument

Section 1 details the methods used to collect demographic information from hypertension patients using structured interviews. The experimental and control groups' blood pressures were monitored before and after testing using an observation schedule, as described in Section 2.

Stages of Yoga Nidra:

By adjusting one's breathing, posture, and exposure to ambient noise, the first phase of yoga nidra is to calm the mind and body. Keep an eye out; the subjects were warned. Step two, after centering oneself mentally and physically, involved making a decision, or Sankalpa. The instructions were to keep it short and energetic while mentally repeating the sankalpa three times with certainty and conviction. A change in body-wide awareness was a part of the third stage. You had to pay close attention, listen carefully, and think on your feet without moving a muscle. There were sequential changes in consciousness. The next step was to have them simply observe their breathing as usual. Keeping track of breaths in and out was an awareness. In the fifth stage, one fully experienced, intensified, and recalled their bodily or emotional sensations. Subjects envisioned extremes of temperature, weight, joy, sadness, love, hate, etc., to practice contrasting emotions. At this point, we invited participants to picture themselves in the chidakasha, also known as the "inner space" or "space of consciousness," and to fill it with stories, objects, and events. Step two was to mentally chant sankalpa three times while maintaining optimism, faith, and determination. In the third stage, participants were encouraged to externalize their consciousness by perceiving sounds, objects, and people around them. They were advised to be cautious and stretch before moving. There was a 5–10 minute sleep window during the first three–five days. It was challenging to remain awake during yoga nidra. Five days were required for their yoga nidra correction.

RESULTS

The demographic characteristics of the hypertensive patients enrolled in the study and those in the control group.

TABLE 1.A: Demographic variables' distribution.

n=30+30

Demographical variables	Experimental group		Control group	
	Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
Age				
36-45	6	20	9	30
46-55	8	27	8	27
56-65	7	23	9	30
66 and above	9	30	4	13
Gender				
Male	12	40	11	37
Female	18	60	19	63
Marital status				
Single	2	7	1	3
Married	24	80	25	83
Divosed	1	3	2	7
Widower	3	10	2	7
Religion				
Hindu	23	77	25	83
Muslim	2	7	1	3
Christian	3	10	2	7
Jain	2	7	2	7
Education status				
Illiterate	7	23	6	20
Under school	4	13	7	23
Under graduate	13	44	13	44

Post graduate	6	20	4	13
Occupation				
Jobless	3	10	4	13
Farmer	7	23	8	27
Retired	5	17	3	10
Professional	5	17	5	17
Medical field	8	27	7	23
Others	2	6	3	10

The demographic data indicate that in the conditions of both experiments and control, women prevailed among cases with hypertension (60%, 63%). Most of the patients were 46 to 65 years old, and the most common ages were 66 and older among the experimental group (30%) and 56 to 65 among the control group (30%). Most of them were married (80 percent of the experimental group compared to 83 percent of the control group) and Hindu (77 percent and 83 percent, respectively). In education too, both the groups saw the highest percentage of the bachelor holder at 44%. A fairly large proportion of the subjects were medical workers (27 percent of the experimental group and 23 percent of the control group), but the rest are farmers, professionals, or retired. In terms of demographics the two groups were quite close.

TABLE 1.B: Distribution of health variables

Health variables	Experimental group		Control group	
	Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
Weight				
45-55kg	4	13	6	20
55.1-65kg	12	40	14	47
65.1-75kg	9	30	4	13
75.1-85kg	2	7	4	13
85.1 and above	3	10	2	7
Height				
1.4-1.5m	5	17	7	23
1.51-1.6m	16	53	18	60
1.61-1.7 m	5	17	2	7
1.71 above	4	13	3	10
BMI				
<18.5 under weight	1	3	2	7
18.5-24.9 normal	14	47	15	50
25-29.9 over weight	6	20	4	13
30-34.9 obesity	5	17	6	20
>35 extreme	4	13	3	10
Dietary pattern				
Vegetarian	24	80	25	83
Non vegetarian	6	20	5	17
History of smoking				
Yes	12	40	14	47
No	18	60	16	53
History of Alcoholism				
Never	22	74	20	67
Occasional	4	13	6	20
Always	4	13	4	13
History of Chewing tobacco	22	74	20	67
Never	4	13	6	20
Occasional	4	13	4	13
Always				

According to the data on the health variables, the most individuals in the control and the experimental groups weighed about 65 kg (47% and 40% respectively). In both sets of experimental (53 percent of the total) and control (60 percent) groups, there were participants whose height ranged between 1.51 meters and 1.6 meters. Even though the majority of both samples were overweight or obese, more than a half of participants in the control and almost a half of participants in the experiment had normal body mass indexes. Eighty percent of the individuals in the study, as well as eighty-

three percent of those in the control group, were vegetarians. Previously, 41 and 40 percent of the control and experimental groups smoked respectively. Many of them had never tried alcohol (74 percent experimental, 67 percent control) and tobacco (74 percent experimental, 67 percent control). The two groups had few differences in their health profile, except it was their drug and smoking history.

Table 2: Comparisons of BMI, SBP, DBP, PR, MAP

Sl.no.	Parameters	Experimental group ($n = 30$)				Control group ($n = 30$)			
		Pre-test (mean ± SD)	Post-test (mean ± SD)	Mean difference	*p* value	Pre-test (mean ± SD)	Post-test (mean ± SD)	Mean difference	*p* value
1	BMI	26.69 ±3.94	26.28 ±3.64	0.39	0.009*	26.45 ±4.76	26.68 ±4.96	0.23	0.782
2	SBP	140.9 ±15.46	120.40 ±9.54	22.5	0.001**	140.8 ±14.15	137.74 ±16.23	3.06	0.411
3	DBP	88.84 ±10.48	76.4 ±6.40	12.44	0.001**	89.45 ±10.78	86.73 ±9.53	2.72	0.211
4	PR	80.71 ±10.54	77.74 ±9.15	2.97	0.023*	84.75 ±8.45	82.38 ±10.38	2.37	0.447
5	MAP	105.45 ±11.5	91.45 ±6.35	14	0.001**	102.98 ±9.78	99.94 ±11.45	3.04	0.744

The study looked at how five health markers changed before and after an intervention in an experimental group and a control group, each with 30 participants. All of the parameters in the experimental group showed substantial decreases: The mean difference for BMI was 0.39 (p = 0.009), for SBP it was 22.5 (p = 0.001), for DBP it was 12.44 (p = 0.001), for PR it was 2.97 (p = 0.023), and for MAP it was 14 (p = 0.001). All of these changes were statistically significant. On the other hand, the control group didn't exhibit any big changes: The mean difference in BMI was 0.23 (p = 0.782), the mean difference in SBP was 3.06 (p = 0.411), the mean difference in DBP was 2.72 (p = 0.211), the mean difference in PR was 2.37 (p = 0.447), and the mean difference in MAP was 3.04 (p = 0.744). The mean difference of SBP were 22.50, whereas the mean difference of DBP were 12.44 after 12 weeks of the intervention of Yoga Nidra among the experimental group. These results show that the intervention worked and made the cardiovascular and metabolic indices in the experimental group much better.

Table 3: Comparison of pre and post test level of blood pressure among Hypertensive patients in Experimental group.

Blood Pressure	Assessment	Mean	SD	t value	p value
Systolic	Pre-test	142.9	15.46	16.54	0.001**
	Post-test	120.4	9.54		
Diastolic	Pre-test	88.84	10.42	19.43	0.001**
	Post-test	76.4	6.4		

As can be seen from Table 3, Yoga Nidra practice resulted in a significant decrease in both the systolic and the diastolic blood pressure among the experimental group of the hypertensives. Mean systolic and diastolic BP decreased from 142.9 ± 15.46 and 86.3 ± 11.5 mmHg before the test to 120.4 ± 9.54 and 75.8 ± 9.304 mmHg after the test, respectively. The t-value(16.54) and p-value (0.001) also means that the results were highly statistically significant ($p < 0.01$). The mean diastolic pressure decreased as well, from 88.84 ± 10.42 mmHg to 76.4 ± 6.4 mmHg, with a t-value of 19.43 and p-value 0.001. All of which suggests that Yoga Nidra made quite an impression on that cohort, in terms of bringing down their average systolic, and their average diastolic, blood pressure.

Table 4 Comparison between pre and post-test level of blood pressure in hypertensives patients in control group

Blood Pressure	Assessment	Mean	SD	t value	p value
Systolic	Pre-test	140.8	14.17	13.23	0.231

	Post-test	137.74	16.21		
Diastolic	Pre-test	89.45	10.78	6.34	0.745
	Post-test	86.73	9.53		

Table 4 indicates a non-statistically significant change in blood pressure in the hypertensive patients in the control group, who did not exercise the practice of Yoga Nidra. Systolic blood pressure The average systolic blood pressure decreased by a little bit 140.8214.17 mmHg to 137.7416.21 mmHg. The t-value was 12.23 and p-value was 0.321, insignificant($p>0.05$). Mean diastolic pressure also decreased a bit (89.45 + 10.78), to (86.73 + 9.53) representing t value of 6.34 and p value of 0.745. The results show that there was no meaningful difference in blood pressure with control group when Yoga Nidra practice was not performed.

Table 5: Level of blood pressure before test comparison between Experimental and Control group of Hypertensive patients.

Blood Pressure	Group	Mean	SD	t value	p value
Systolic	Experimental	142.9	15.46	1.11	0.073
	Control	140.8	14.17		
Diastolic	Experimental	88.84	10.42	1.017	0.062
	Control	89.45	10.78		

Table 5 reflects that blood pressure of hypertensive patients was determined prior to the test in each of the experimental and control group. AP and vascular aging: the average blood pressure of the experimental group was 142.9+15.46 systolic against 140.8+14.17 in the control group. The t -value was 1.11, and p -value was 0.073, not significant. The median diastolic blood pressure readings of the experimental group was 88.84 +/-10.42 and 89.45 +/-10.78 in the control group. The t value was insignificantly different and p value was 1.017 and 0.062 respectively. The two groups had a nearly similar baseline blood pressure before intervention as indicated in the data.

Table6 : Comparison of post-test level of blood pressure between Hypertensive Patients both in Experimental and Control group.

Blood Pressure	Group	Mean	SD	t value	p value
Systolic	Experimental	120.4	9.54	7.78	0.001*
	Control	137.74	16.21		
Diastolic	Experimental	76.4	6.4	5.94	0.001*
	Control	86.73	9.53		

Table 6 illustrates the way blood pressure levels of people with high blood pressure varied after the test of the experimental group and control persons. The systolic blood pressure of the experimental group was significantly reduced and showed an average of 120.4+9.54 compared to 137.74 +16.21 of the control group. The difference was statistically significant, t-value was 7.78 and p-value was 0.001. The Experimental group likewise had a significantly lower diastolic blood pressure value of 76.4+/- 6.4 compared to the control group which had a value of 86.73 +/- 9.53. T-value was 5.94 and p-value 0.001. The findings indicate that the intervention led to significant reduction of systolic and diastolic blood pressure in the experimental group than the control group.

The given hypothesis of statistically significant dependence between the degree of blood pressure and any of the demographic parameters, including age, sex, occupation, diet, smoking, drinking, or regular exercises cannot be proved at the level of statistical significance $p<0.05$.

DISCUSSION

Hypertension is a main cause of heart disease, stroke, and diabetes worldwide. Medications for hypertension are beneficial, but side effects typically prevent patient compliance. The aetiology of hypertension is unknown, however an overactive sympathetic nervous system is involved. Increased cardiac output and vascular resistance elevate pressure in the arteries and may alter blood vessel structure, inhibiting long-term management.

Guided meditative relaxation method Yoga Nidra may help manage hypertension. Research shows Yoga Nidra may significantly lower systolic blood pressure ($t=7.78$, $p<0.001$) among participants, proving its efficacy. Yoga Nidra substantially reduced diastolic blood pressure levels in the experimental group compared to the control group ($t=5.95$, $p<0.001$), indicating a favourable effect on both systolic and diastolic pressure. This technique was very beneficial, as 54% of individuals obtained normal systolic readings and 70% normal diastolic levels following the intervention.

A study by Thangam and Bharathi found that

regular 20-minute Yoga Nidra sessions reduced systolic (up to 130.4 mmHg) and diastolic (up to 82.8 mmHg) pressures in 35 elderly hypertensive individuals in old age homes, with t-values of 4.19 and 3.98 ($p<0.001$). In 40 hypertension patients aged 35–65, Raj and Dr. Shivaprasad found that a one-hour Yoga Nidra session significantly lowered systolic and diastolic blood pressure, supporting its utility as an additional therapy.

Systolic blood pressure dropped significantly in 140 hypertension patients in Nepal who got yoga instruction and practiced it consistently for 90 days, according to Dhungana and Khanal's larger randomised control experiment. National hypertension care standards should include yoga, according to the research. A comprehensive review and meta-analysis by Bhardwaj et al. (n=482) found that Yoga Nidra lowered systolic BP by 12.03 mmHg and diastolic BP by 6.32 mmHg via profound relaxation, vascular resistance reduction, and parasympathetic activity. Despite encouraging results, the analysis found considerable bias in previous research and recommended additional rigorous trials.

Kumar and Neha conducted a quasi-experimental study on older adults in Bhojpuri District and found that 12 sessions of Yoga Nidra reduced systolic BP from 147.76 to 117.63 and diastolic BP from 97.92 to 83.18, as well as perceived stress scores. These findings imply that Yoga Nidra may safely and effectively regulate geriatric blood pressure and stress.

Finally, Ayurveda and Yoga together control hypertension holistically. Ayurvedic medications like Raktadabashamak Ghana Vati and Panchakarma, along with Yoga Nidra and OM chanting, may alleviate stress and improve cardiovascular health. Integrative treatments for hypertension and well-being require additional study to prove their safety and effectiveness.

RECOMMENDATIONS

The study's most important results show that Yoga Nidra could help people with high blood pressure and other health problems. Multicentric randomized controlled trials with bigger sample groups that are grouped by drug type are needed to make the evidence stronger. Looking at more sympathetic factors could help us better understand how lowering blood pressure works. These insights may help promote policy changes aimed at lowering the national burden of high blood pressure.

CONCLUSION

The participants in this study are people that were under treatment due to high blood pressure at one of the hospitals in Rajkot. This research aimed at identifying whether Yoga Nidra can improve blood pressure or not. Based on research results, a significantly reduced blood pressure was observed administered with treatment of Yoga Nidra technique. The results of the current study suggest that Yoga Nidra is a therapy that is positive, non-invasive, and does not require the administration of any medication in order to address diabetes. It has been said that it is not just the best option on how to prevent and treat high blood pressure, but it is also easy to comprehend and an easy process to instruct.

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