

A QUASI EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF ACHARYA TECHNIQUE ON LOWER BACK PAIN AMONG WOMEN AT URBAN COMMUNITY

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ABSTRACT

Low Back pain affects at least 80% of the population in during any one year up to a half of the adult population 15% to 49 % will have back pain. It is common in individuals who lead sedentary lives and in those who engage in manual labor. It can occur at any age but is most prevalent during the third to sixth decades of life. The present study was intended to assess the effectiveness of acharya technique the level of lower back pain among women at selected urban area. The objectives of the study were 1. To assess the level of lower back pain before and after administration of acharya technique in experimental and control group of women. 2. To determine the effectiveness of acharya technique on women. 3. To associate the post-test level of lower back pain with their selected demographic variables. **Materials and Methods:** A quasi-experimental study was conducted with both control and group for 7 days two times a day. **Results:** The data obtained was analysed through descriptive statistics and inferential statistics. In experimental group pre-test and post-test level of lower back pain mean value from 6.25 to 3.33 and standard deviation from 1.77 to 1.73. This shows the effectiveness of acharya technique on lower back pain among women. The study concludes that the acharya technique had beneficial effect on lower back pain.

INTRODUCTION

“Prevention is better than cure / an ounce of prevention is worth a pound of cure”

Pain is an unpleasant sensory, emotional and subjective experience associated with the actual or potential tissues damage (international association of pain). Low back pain or lumbo sacral pain / lumbago is defined as discomfort in the spinal area below the level of 12th rib and above the gluteal folds (between the lower costal margin and gluteal folds) experienced atleast once a month, with or without radiation in the leg. (**World health organization ,2012**)

Globally, the prevalence of LBP is 60-80% among general population. In which 10-50% of them receive stretching exercise as treatment for low back pain. Low back pain is not only considered to be the most common reason for functional disability, but also estimated to affect 90% of the universal population (**Ozlem, O. etal.2014**)

The low back pain may arise from pathological and non-specific causes. The pathological causes include degenerative diseases of spine, inflammatory arthropathy metabolic bone conditions, fracture. Nonspecific or common low back pain is aggravated by static loading of spine (prolonged sitting or) by lever activities such as vacuuming or working with the arms elevated away from the body and levered postures. (bending forward). This type of nonspecific low back pain reduces when the spine is balanced by multidirectional forces such as walking, constantly changing the positions and stretching exercises (**Anthony, H.W. etal.2016**).

This Acharya Technique is a simple, natural, self-cure, stretching exercise which involves flexor, extensor and oblique muscle consists of five steps each of half minute duration to reduce low back pain. As compared to allopathic medicines, this nature cure exercise has many benefits.

NEED FOR THE STUDY:

Low Back pain affects at least 80% of the population in during any one year up to a half of the adult population 15% to 49 % will have back pain. It is common in individuals who lead sedentary lives and in those who engage in manual labor. It can occur at any age but is most prevalent during the third to sixth decades of life.

Low Back pain should be viewed as a medical disorder, with the goal being to return to regular physical activity as quickly as possible and to enable the patient to receive the most beneficial care at optimal times. In up to 80% of patients back pain, a precise anatomical cause cannot be localized. The lifetime prevalence has been estimated at anything between 50% to 90%. In any one year, the incidence of back pain is reported to be 5% of the population. 2/3rd of workers considers themselves at risk of back pain in the work place. Number of industries such as agriculture and construction are perceived to carry higher risk, such risk perception appears well founded in that incidence of back pain at work high and is the most frequent problem.

The chronic low back pain (LBP) is one of the most common musculoskeletal challenges women face during menopause. Around 70% of pre-menopausal women will experience symptoms tied to estrogen deficiency, with musculoskeletal pain reported in over half of women in perimenopause. Most studies demonstrate that increasing menopausal symptoms correlates to chronic back pain symptoms. Female sex hormones play an important role in the etiology and pathophysiology of a variety of musculoskeletal degenerative diseases. Postmenopausal women show accelerated disc degeneration due to relative estrogen deficiency.

Some exercise which are time consuming, tiring and require hours of daily practice for months if not years. Once you learn the Acharya technique for back pain for 3 to 5 minutes every day the results will be within a week with few details of do's and don'ts including some simple precautions, it can be practiced in the comfort of the home.

Anand, M & Tamizkodi (2014) conducted the study to assess the efficacy of Acharya Technique on lower back pain among 30 industrial workers at Erode using purposive sampling technique. The study results shown that 36.7% participants had complete discomfort by lower back pain during pretest “After administration of Acharya Technique”, 40% of participants had only mild discomfort due to lower back pain, results showing the impact of the technique. The study also suggested including Acharya Technique in continuing educational programme on wider scale and accepting it as a measure followed to get rid of lower back pain.

When the researcher came across this incidence and prevalence of low back pain and the recent low back pain statistical information found that the women is more on the risk zone to low back pain. This aroused the interest for the researcher for treating the low back pain among the women at community level. Hence the researcher felt the need to provide the alternative method for treating low back pain among the women at their home set up.

STATEMENT OF THE PROBLEM

A Quasi experimental study to assess the effectiveness of acharya technique on low back pain among women at urban community.

OBJECTIVES

- 1.To assess the level of low back pain before and after doing acharya technique in experimental and control group of women.
- 2.To determine the effectiveness of acharya technique by comparing the mean scores of backpain levels before and after doing Acharya technique in experimental and Control group of women.
- 3.To find out the association between Selected demographic variables and back pain level before and after doing acharya technique in experimental and control group of women.

HYPOTHESIS

NH1:

There will be no significant difference among low back pain levels before and after administration of Acharya technique in experimental and control group of women.

MATERIALS AND METHODS USED

The research approach used in the study was quantitative approach by using pretest and post-test research design. The study was conducted at selected area with 40 samples by using purposive sampling technique. The tool used for the study was demographic variable and numerical pain scale to collect the data and data were analysed by using descriptive and inferential statistics.

DESCRIPTION OF THE TOOL

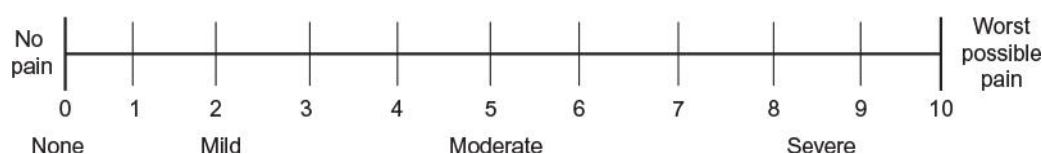
After an extensive review of literature, discussion with the experts and with the investigator's professional experience, acharya technique is given.

PART 1:

Demographic variables: The demographic variables includes Age, Marital status, Religion, Educational status, BMI, Hobbies, History of co-morbid illness, Diet pattern, Pain killers, Duration of pain experience, Pain intensity.

PART 2:

NUMERICAL PAIN SCALE



No Pain: 0

Mild Pain: 1-3

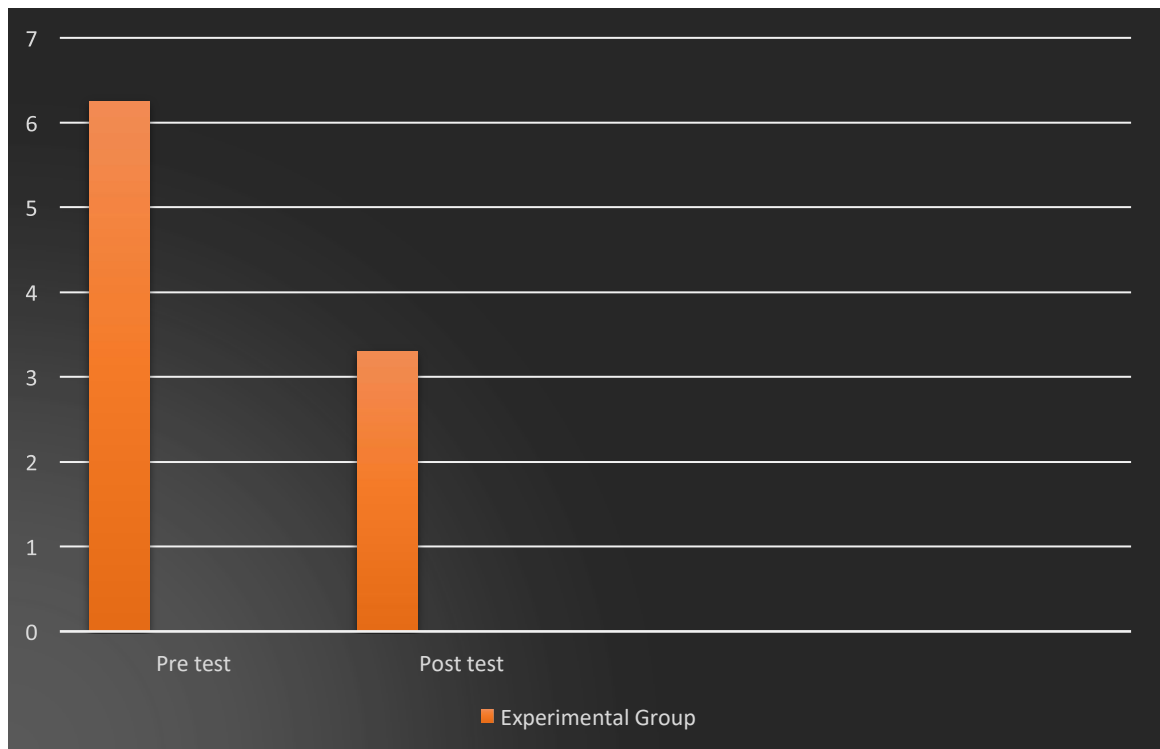
Moderate Pain: 4-6

Severe Pain: 7-10

RESULTS AND FINDINGS

The study findings reveals that majority of women in the control and experimental group was suffering from moderate level of lower back pain (60%) and severe level of lower back pain (40%) before performing acharya technique .But after performing the acharya technique there was a significant difference in the experimental group ,12(60%) had mild level of lower back pain and 8 (40%) had moderate level of lower back pain .Where as in control group (10%) had mild level of lower back pain ,(50%) had moderate level lower back pain and (40%) had severe level of lower back pain .

In experimental group pre-test and post-test level of lower back pain mean value from 6.25 to 3.33 and standard deviation from 1.77 to 1.73. This shows the effectiveness of acharya technique on lower back pain among women.



The study findings disclose that there was significant difference between pre and post-test level of lower back pain with the study group participants at ($p < 0.05$). This shows the effectiveness of acharya technique on the level of lower back pain among women.

CONCLUSION

Lower back pain is caused by injury to a muscle (strain) or ligament. Common causes include improper lifting, poor posture, lack of regular exercise, a fracture, a ruptured disc or arthritis. It is observed that the lower back pain is common among women. Hence the study was aimed to assess the effectiveness of Acharya technique among women at selected area. This study findings showed that Acharya Technique is effective in reducing lower back pain and lower back pain disability among women. Acharya Technique can be educated and practiced as a non-pharmacological measure for reducing lower back pain and lower back pain disability. The study findings concluded that Acharya Technique can be included in continuing educational programmes on wider scale and accept it as a measure followed to get rid of low back pain among women.

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