| Jai Sri Gurudev |

FACULTY OF NURSING

ADICHUNCHANAGIRI COLLEGE OF NURSING

RESEARCH COMPENDIUM 2023-2024

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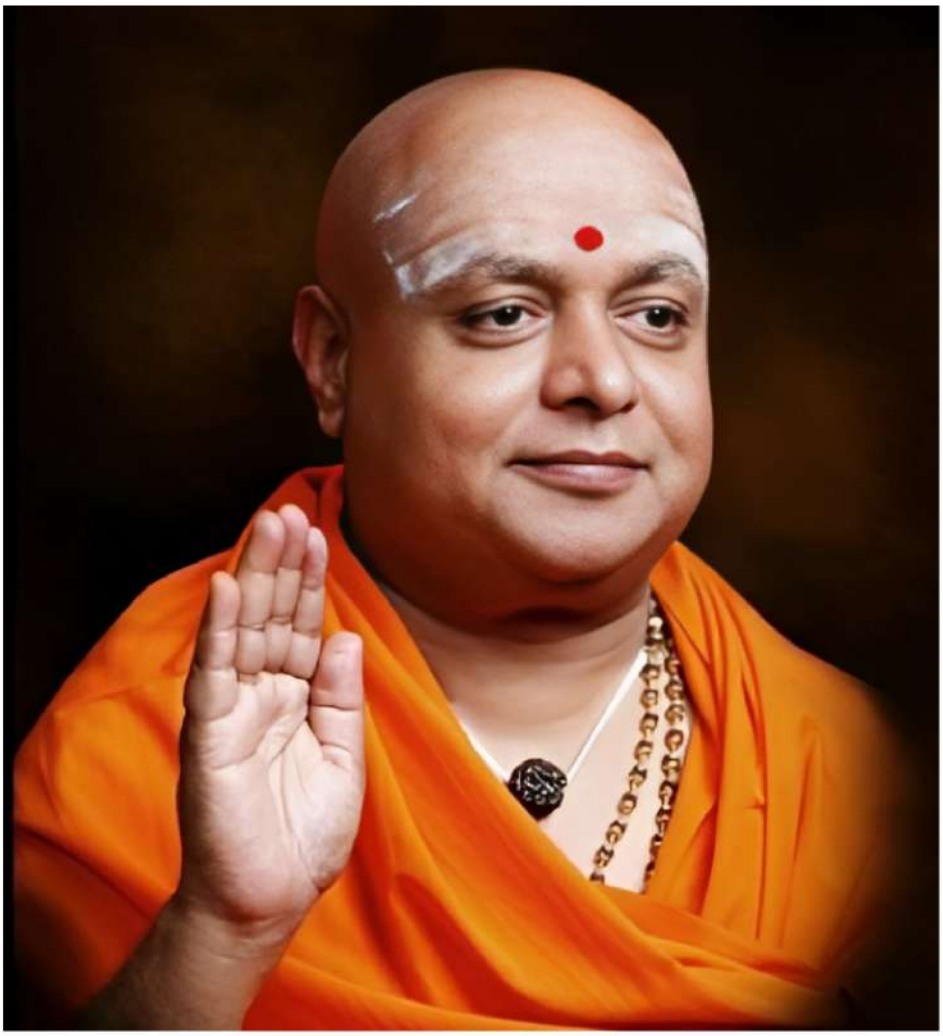
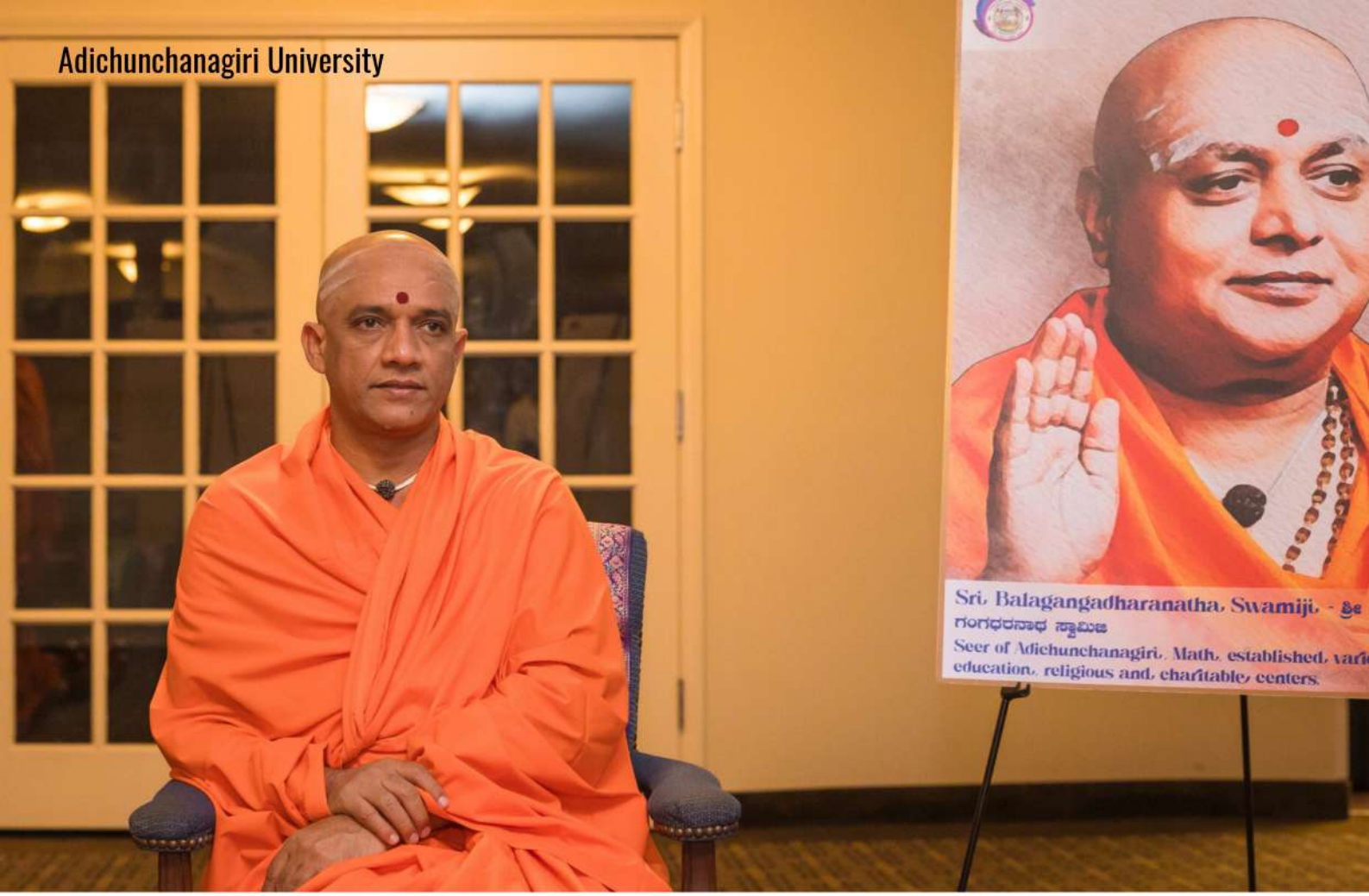


Sri Sri Sri Dr. Balagangadharanatha Mahaswamiji assumed the holy chair of Sri Adichunchanagiri Mahasamsthana Math in 1974. Poojya Mahaswamiji was truly an enlightened soul. He treated all the people alike without discriminating on the basis of caste, creed, gender or social status. His approach towards handling different problems was truly scientific and logical. He implicitly understood the importance of education to the masses in alleviation of poverty.

Poojya Mahaswamiji was a great visionary with a perfect blend of science and spirituality. He was primarily instrumental in establishing Sri Adichunchanagiri Shikshana Trust that runs more than 500+ Educational institutions catering for about 130000 students across the country to impart quality education from primary to Professional Courses with a special focus on young people of semi-urban and rural areas.

Mahaswamiji had a vision of serving the humanity in eight fold areas of Adhyathmika (Spirituality), Anna (Free Food), Akshara (Knowledge), Arogya (Health), Ashraya (Shelter), Anukampa (Helping Hands), Aranya (Afforestation), Akalu (Cattle Protection) was exemplary and noteworthy.

He was rewarded and conferred with innumerable titles for his services in the field of Education, Health, Spiritual, Moral, Social, Cultural and Environmental activities. Most prominent among them are “Padma Bhushan, Doctor Honoris Causa, Saadhanaacharya, Akshaya Santha Sanatana, Dharmarathna, Seva Soorya, Vidya Samrat, Parisara Rathna, Abhinava Vivekananda, Rashtriya Ekatha Prashasthi” and so on.



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Continuing the Legacy of Enlightenment and Service

His Holiness Jagadguru Sri Dr. Nirmalanandanatha Mahaswamiji anointed as the 72nd Pontiff of Adichunchanagiri Mahasamsthana Math as successor to his Guru, Sri Sri Sri Dr. Balagangadharanatha Mahaswamiji in the year 2013.

Poojya Mahaswamiji, unlike many other youngsters, had an inclination towards Spirituality, Science and Service rather than Materialism. He adapted an ascetic life in 1998 and underwent formal training in the traditional knowledge systems. His unquenchable thirst for knowledge is evident from his attitude in conferences and functions wherein he listens to the discourses on Vedas, Upanishads and other Shastras like an eager young student.

Poojya Mahaswamiji, aided by his educational background and interest in Engineering has incorporated Modern Technologies and revolutionized the functioning of all the Institutions of Shikshana Trust. He has taken up the initiative of introducing a computerized working environment in all the Academic and Administrative activities of the institutions.

The Vision of Poojya Mahaswamiji is to follow the footsteps of his Guru, working tirelessly to “Preserve, Promote, Pursue and Progress with Passion in the Path of his Patriarch”. His Holiness was conferred with “Doctor Honoris Causa” (Honorary Doctor of Science) by the University of Mysore, Karnataka in 2016.

Principals Message

"Welcome to the Adichunchanagiri College of Nursing's Research Brochure. This publication highlights our commitment to advancing healthcare through cutting-edge research. Join us on a journey of discovery and innovation in nursing science."

Prof. Chandrashekar H C
Dean & Principal
Faculty of Nursing
ACU

Vice principal message

"At the College of Nursing, research is not just a pursuit—it's a passion. Our faculty and students are dedicated to pushing the boundaries of nursing knowledge and practice, driven by a commitment to improve patient outcomes and transform healthcare."

Prof. Victoria Sarvand
Vice-Principal
Faculty of Nursing

Research coordinator

I am thrilled to inform you that our long-awaited Research Compendium is now ready for printing! This compendium represents a culmination of extensive research efforts and contributions from our esteemed faculty and researchers.

The Research Compendium aims to provide a comprehensive overview of cutting-edge research across various disciplines within our institution. It showcases a diverse array of scholarly works, including original research articles, reviews, and innovative practices.

I extend my heartfelt appreciation to all contributors for their invaluable submissions and dedication to advancing knowledge in their respective fields. Your contributions have not only enriched this compendium but also strengthened our academic community.

Dr. Komala H K
Research Coordinator
Faculty of nursing
ACU

2023-24

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3	Craniotomy post operative management, brain is wider than the sky	Mrs. Chandana C, Prof. Shobha K R, Prof. Chandrashekar H C	Medical Surgical Nursing
4	Myocardial infraction - quality of life: life with-heart	Mrs. Rakshitha M, Prof. Shobha K R, Prof. Chandrashekar H C	Medical Surgical Nursing
5	Daily life with hypertension- "measure your blood pressure, control it, live longer"	Mrs. Rakshitha M, Prof. Shobha K R, Mrs. Chandana C	Medical Surgical Nursing
6	Polycystic kidney diseases insight and cognizance	Mrs. Pavithra K, Prof. Shobha K R, Mrs. Rakshitha M	Medical Surgical Nursing
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Research article

Effectiveness of nurse-led clinical interventions on knowledge, physiological and psychological outcomes, and symptom burden among patients undergoing hemodialysis - Part 1 pilot study

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ABSTRACT

Introduction and Aim: The most popular treatment for treating severe and irreversible renal failure is hemodialysis. Even under the greatest circumstances, getting used to kidney failure's consequences and the time spent on dialysis may be challenging. In addition to the 'lost time', the patient could feel less energetic.. This pilot research aims to assess the efficacy of video-assisted teaching on selective nurse-led clinical interventions to improve knowledge, physiological and psychological outcomes and reduce the symptom burden among patients undergoing hemodialysis.

Materials and Methods: Forty hemodialysis patients were recruited and randomly allocated to intervention (n = 20) and control groups (n = 20) using an evaluative pre-test and post-test repeated measure study design with the control group. Patients in the intervention group received intervention in terms of Watching a video clip (40 minutes) - the video consist of disease condition, hemodialysis, dietary habits, fluid restriction, sleep hygiene, meditation, and yoga techniques, for two weeks after pre-test, later practice session, and group discussion along with Individualised teaching and counseling session, finally a regular weekly follow up at dialysis unit, while the control group received only routine care.

Results: In the intervention group there was a gradual increase in knowledge, coping and QoL (quality of life), reduction in stress and symptom burden, and physiological outcomes remain the same without much change. In the control group, they did not change the knowledge, physiological and psychological outcomes, and symptom burden in most of the patients.

Conclusion: For enhancing knowledge, physiological and psychological results, and symptom load, nurse-led clinical treatments are helpful, safe, essential, natural therapies that may be carried out under supervision both during hemodialysis and at home. Nurse-led clinical interventions integrated into routine care shall lead to improvements in patients' life.

Keywords: Chronic kidney disease; knowledge; physiological outcome; stress; coping; quality of life; symptom burden; hemodialysis.

INTRODUCTION

A prolonged injury to the renal parenchyma is what is known as chronic kidney disease (CKD), which may progressively proceed to ESRD ("End-Stage Renal Disease"; 1) A major public health issue on a worldwide scale, chronic kidney disease (CKD) increases the probability of negative outcomes in other illnesses (2-4). Dialysis is enabling the long-term application of lifesaving but expensive treatment for patients with end-stage kidney disease, and CKD is a major contributor to morbidity and mortality from non-communicable diseases. Treatment costs for CKD increased after the 1960s with the availability of renal replacement therapy (5). Over 2.5 million individuals are now undergoing renal replacement treatment, and by 2030, that figure is expected to increase by a factor of two to 5.4 million (2). Patients who are undergoing hemodialysis come across a lot of problems in the form of complications, which may be because of disease conditions, dietary and fluid restrictions, psychosocial as well physiological factors, and with the hemodialysis procedure itself. Where lack of knowledge regarding the above all will lead to the overburden of dialysis as well as decreases in the QoL (Quality of Life) of patients undergoing hemodialysis. This pilot research examines the impact of nurse-led therapeutic interventions on patients receiving hemodialysis in terms of knowledge, physiological and psychological outcomes, and symptom burden.

Need for the study

In the randomized control study, 160 HD patients were divided into intervention (n = 80; got instruction and a booklet) and control (n = 80; received normal treatment) groups at an HD centre of a 2030-bed tertiary teaching hospital in Southern India. Pre- and post-intervention knowledge and adherence levels were evaluated with validated knowledge questionnaires and the ESRDA Questionnaire. With

the aid of the statistical program SPSS version 19.0, the data were statistically analyzed. The level of statistical significance was established at 0.05. According to the study's findings, the intervention group's increase in illness management knowledge and adherence was noticeably greater than that of the control group. Knowledge and adherence did not significantly correlate with one another. All areas of adherence—attendance at dialysis, adherence to medication, episodes of shortening, fluid restriction, as well as food restriction—saw improvements. Dietary restriction and fluid compliance both showed statistical significance, where it helps a patient to have a better quality of life and reduced burden (5).

When commencing dialysis or after receiving treatment for many months, many patients experience depression. Encourage them to speak with a social worker, nurse, or doctor if they're sad (6).

Every individual has the right to competent care and the ability to participate in decision-making. Healthcare systems are complex and dynamic. It takes coordination and cooperation to satisfy the recipient's requirements. It is important to encourage students with different backgrounds and abilities to become more self-aware and independent (5).

The current research sought to evaluate the impact of a patient education program and a nurse-led telephone follow-up on hemodialysis patients' adherence to treatment. Adherence to four requirements, including nutrition, medication usage, fluid limitations, and HD attendance, is necessary for the establishment of a successful HD program. A key element in attaining desired therapeutic results in ESRD patients is adherence to the prescribed treatment plan. It lowers the hospitalization rate, disability, and adverse consequences such as blood infections, nutritional problems, and muscular spasms[4]. Integrating nurse-led clinical interventions for hemodialysis patients is approximately simple, economical, and does not require much preparation. Many studies have been undertaken on an individual aspect basis and few similar studies from India have been reported. Therefore, the researcher felt compelled to choose this study to evaluate the impact of a nurse-led clinical intervention program on hemodialysis patients.

MATERIALS AND METHODS

An evaluative pre/post-test repeated measure research design with a control group was utilized to achieve the aim to assess the efficacy of nurse-led clinical interventions on knowledge, physiological and psychological outcomes, and symptom burden among patients undergoing hemodialysis (Fig.1).

At first hemodialysis patients were selected based on the inclusion criteria of male and female patients aged between 20 to 60 years who were on maintenance hemodialysis for at least 2 months and the hemodialysis patients with complications associated with myocardial infarction, had undergone kidney transplant, shown nonadherence to hemodialysis process (not regular) were not included in the study. These forty patients selected from Mandya Institute of Medical Sciences Hospital, Mandya were randomly allocated to the intervention and control groups. Patients in the intervention group watched a 40-minute video consisting of disease condition, hemodialysis, dietary habits, fluid restriction, sleep hygiene, meditation, and yoga techniques, for two weeks after the pretest, followed by two group practice sessions, group discussions with dietitians, individualized teaching with a dietician, and a counseling session facilitated by the researcher. So, one can understand the difficulties the patient faces in practicing teachings and guidelines, for around 30 minutes for everyone (Fig. 1). After the completion of interventions, the intervention groups' follow-up will be done weekly once to check the practice along with routine care. However, the control group studied before the intervention group and received only routine care (Table 1).

Structured knowledge questionnaire with 30 items was used to assess the knowledge, physiological parameters checklist was prepared, where Sodium Na+, Potassium K+, Calcium Ca+, Phosphorus PO_4,

<table>
<tr><td colspan="2">Assessed for eligibility using purposive sampling technique n=50</td></tr>
<tr><td colspan="2">Excluded (n=10)
Not meeting inclusion criteria (n=4)
Declined to participants (n=6)</td></tr>
<tr><td colspan="2">Random allocation by lottery method (n=40)</td></tr>
<tr><td>Allocated to intervention group(n=20)</td><td>Allocated to control group(n=20)</td></tr>
<tr><td>Received video-assisted nurse-led clinical interventions along with routine care.</td><td>Received only routine care</td></tr>
<tr><td colspan="2">Follow up</td></tr>
<tr><td>Intervention group (n=20) continued the practice</td><td>Control group (n=20)</td></tr>
</table>

Fig. 1: Flow chart of methodology

Blood Urea Nitrogen (Post Dialysis), Hemoglobin was obtained from patients record and Systolic Blood Pressure (BP), Weight, Diastolic BP, Dialysis Adequacy (Kt/V), Body mass index (BMI), Urea Reduction Ratio (URR) were monitored by the investigator. Physiological outcomes, stress was

assessed from 10 items perceived stress scale, coping monitored from ways of coping scale, and quality of life was assessed from KDQOL-SF™ user's manual version 1.3, while symptom burden was assessed from the Dialysis Symptom Index prepared in the University of Pittsburgh Medical center. All tools were in English language, and these were translated into a local language (Kannada) and reliability was obtained using Cronbach's Alpha test.

Ethical consideration

The appropriate authority has given permission for the collection of data. Every research participant provided their informed permission. The research participants were made aware that their participation was completely voluntary, that no incentives were offered, and that they could discontinue the study at any moment.

Data analysis

The data were statistically analyzed with SPSS version 20. The Kolmogorov-Smirnov test had been utilized to evaluate if the research variables were regularly distributed. Thus, for socio-demographic data, descriptive statistical parameters such as mean, standard deviation, and percentage were computed, and a parametric test such as the independent t-test and repeated measures ANOVA test were utilized for intragroup comparison. In this analysis, the independent variable is Video assisted Nurse Led Clinical Interventions, and the dependent variables were knowledge, physiological, psychological, and symptom burden.

RESULTS

Descriptive characteristics

Among 40 patients (n=~20 in intervention group and n=20 in control group), majority (87%) the age group of 31-60 years, and least (13%) in the age group of 21-30 years. 23 were males and 17 were females, whereas 27 were Hindus, 9 were muslins and 4 were Christians. Out of 40 patients 8 had no formal education, high school was 6, primary was 10 and undergraduate and more were 16. Occupation status of patients 13 were employed, 17 unemployed and 10 self-employed. 32 were married, 6 were single and 2 were widowed. Majority (93%) of the subjects were undergoing dialysis twice a week. All 40 patients had not undergone any awareness programmes regarding dialysis/renal care previously.

Knowledge

One to three months showed that, there is statistically significant difference in knowledge score between intervention and control group indicating nurse led clinical interventions were effective in imparting knowledge among intervention group at the p value <0.001.

Physiological outcomes

Physiological parameters systolic blood pressure and diastolic blood pressure were monitored., were calculated for the various time periods of baseline(pretest) after 15 days (post-test), after 3months (post-test). It showed no significant change between the intervention group and control group.

Psychological outcomes

In terms of psychological outcomes such stress, coping and quality of life at and after 3 months there is significant difference in the intervention group compared to the control group indicating the nurse led clinical interventions were effective in improving in terms reduced stress level, improvement in coping level and improved quality of life scores.

The data presented in the Table 2 show that difference between pretest and posttest knowledge score was significant (p=0.001). Similarly, some physiological variables showed significant differences between before and after intervention i.e., hemoglobin(p=0.001) and phosphorus (0.001). Significant difference was seen in psychological scores as well stress(p=0.01), coping(p=0.001), QOL(p=0.001). Symptom burden score showed significant reduction after intervention (0.001), indicating that Nursing interventions had made a significant contribution in patients on hemodialysis.

Table 1: Distribution of demographic characteristics of patients undergoing hemodialysis in experimental and control group

Sl. No	Demographic characteristics		Experimental group n=20 f (%)	Control group n=20 f (%)	Chi-square (χ2)	p value
1	Age in years	21 to 30	2(10)	3(15)		NS
		31 to 40	5(25)	6(30)		
		41 to 50	6(30)	4(20)		
		51 to 60	7(35)	7(35)		
2	Gender	Male	11(55)	12(60)	0.102	0.749 NS
		Female	9(45)	8(40)		
3	Religion	Hindu	10(50)	17(85)	Fisher exact test	0.057 NS
		Muslim	8(40)	1(5)		
		Christian	2(10)	2(10)		
4	Educational status	No formal education	5(25)	3(15)	Fisher exact	0.429

		Primary	3(15)	7(35)	test	NS
		High school	4(20)	2(10)		
		Under graduation & above	8(40)	8(40)		
5	Occupation	Employed	6(30)	7(35)	3.148	0.207 NS
		Unemployed	11(55)	6(30)		
		self-employed	3(15)	7(35)		
6	Marital status	Single	1(5)	5(25)	Fisher exact test	0.091 NS
		Married	17(85)	15(75)		
		Divorced/ Widowed	2(10)	0		
7	Frequency of dialysis	once a week	1(5)	2(10)	0.368	0.548 NS
		Twice a week	19(95)	18(90)		
8	Previous awareness program regarding dialysis/renal care	Yes	0	0		N S
		No	20(100)	20(100)		

(p>0.05 Not significant) NS: Not significant, t=Independent t-test

Table 2: Comparison of pretest and post test scores of knowledge, physiologic, psychological parameters and symptom burden among patients undergoing hemodialysis in experimental group

Sl no	Variables	PRE-TEST Mean ± SD	POST-TEST Mean ± SD	Mean diff	S D of differ.	p value
01	**Knowledge**	13.35±1.86	25.35± 1.93	-12.10	2.29	0.001
02	Systolic Blood Pressure	142.40±5.37	137.9±0.45	4.50	5.54	0.002
	Diastolic Blood Pressure	94.60±4.86	96.20±0.62	-1.60	4.75	0.148
	Weight	55.55±11.68	56.10±13.56	-0.55	5.13	0.637
	Body mass index	22.95±5.19	22.90±4.70	0.05	6.73	0.03
	Sodium Na+	141.90±1.62	140.80±0.89	1.65	0.78	0.008
	PotassiumPO+	4.34±0.36	4.42±0.33	-0.08	0.54	0.539
	Calcium Ca+	3.19±0.12	3.15±0.10	0.03	0.14	0.285
	Phosphorous PO4	3.84±0.87	4.71±0.28	-0.87	0.97	0.001
	Blood Urea Nitrogen (Post Dialysis)	10.00±2.03	10.15±1.87	-0.15 .	3.07	0.829
	Hemoglobin	9.14±0.68	10.48±0.60	-1.34	0.80	0.001
	Urea Reduction Ratio (URR)	42.06±11.74	38.79±14.52	3.27	18.21	0.432
	Dialysis Adequacy (Kt/V)	1.24+/-0.06	1.29±0.08	-0.05	0.09	0.046
03	Stress	19.20±1.51	13.65±1.57	5.55	2.48	0.001
	Coping	35.60±3.47	98.30±9.15	-62.70	10.22	0.001
	Quality of life	234.65±1.27	224.40±8.51	7.96	5.76	0.001
04	**Symptom burden**	99.00±5.02	37.00±2.36	62.00	5.71	0.001

p>0.05 Not significant

Table 3: Comparison pretest and posttests knowledge, physiological and psychological outcome scores and symptom burden scores of patients undergoing hemodialysis between experimental and control group

Variables	Observations	Group	Mean diff.	SD Difference	Change (%)	Comparison with in the group		Comparison between the group	
						p value		p value	
Knowledge	Pre-Post test	Exp	-2.10	2.29	91.32	0.001	sig	0.001	sig
		con	0.60	2.37	4.48	0.272	NS		
Physiological outcome									
Systolic Blood Pressure	Pre-Post test	Exp	4.50	5.54	3.16	0.002	NS	0.189	NS
		Con	6.80	5.37	4.70	0.001			
Diastolic Blood Pressure	Pre-Post test	Exp	-1.60	4.75	1.69	0.148	NS	0.116	N S
		Con	-3.70	3.45	3.93	0.001	Sig		
Weight	Pre-Post test	Exp	-0.55	5.13	0.99	0.657		0.150	NS
		Con	1.25	2.00	2.23	0.011	NS		
Body mass index	Pre-Post test	Exp	0.05	6.73	0.22	0.974	NS	0.974	NS
		Con	0.00	0.00	0.00	-			
Sodium Na+	Pre-Post test	Exp	1.10	1.65	0.78	0.008	NS	0.005	NS
		Con	0.00	0.00	0.00	--			
PotassiumPO+	Pre-Post test	Exp	-0.08	0.54	1.73	0.539	NS	0.535	NS
		Con	0.00	0.00	0.00	0.00	NS		

Calcium Ca+	Pre-Post test	Exp	0.03	0.14	1.05	0.285	NS	0.277	NS
		Con	0.00	0.00	0.00				
Phosphorous PO4	Pre-Post test	Exp	-0.87	0.97	22.69	0.001	Sig	0.001	Sig
		Con	0.00	0.00	0.00				
Blood Urea Nitrogen (Post Dialysis)	Pre-Post test	Exp	-0.15	3.07	1.50	0.829	N S	0.828	NS
		Con	0.00	0.00	0.00	--			
Hemoglobin	Pre-Post test	Exp	-1.34	0.80	14.61	0.001	Sig	0.001	Sig
		Con	0.00	0.00	0.00	---			
Urea Reduction Ratio (URR)	Pre-Post test	Exp	3.27	18.21	7.78	0.432	NS	0.426	N S
		Con	0.00	0.00	0.00	---			
Dialysis Adequacy (Kt/V)	Pre-Post test	Exp	-0.05	0.09	3.63	0.046	NS	0.038	N S
		Con	0.00	0.00	0.00	--			
Psychological Stress	Pre-Post test	Exp	5.55	2.48	28.91	0.001	Sig	0.001	Sig
		Con	-0.30	1.08	1.57	0.230	NS		
Coping	Pre-Post test	Exp	-62.70	10.22	176.12	0.001	Sig	0.001	Sig
		Con	-1.40	4.56	3.93	0.186	NS		
Quality of life	Pre-Post test	Exp	10.25	7.96	4.37	0.001	Sig	0.001	Sig
		Con	7.30	11.72	3.39	0.007	NS		
Symptom burden	Pre-Post test	Exp	62.00	5.71	62.63	0.001	Sig	0.001	Sig
		Con	0.70	8.74	0.72	0.724	N S		
(p>0.05Not Significant) NS: Non-Significant, sig - significant									

The data presented in the Table 3 show that knowledge scores differed after the interventions, The changes observed from pre-test to post- post-test knowledge scores among the patient's undergoing hemodialysis improved significantly after the intervention (p=0.001). Similarly in physiological variables significant difference observed after intervention in hemoglobin level(p-0.001) and phosphorus PO4 (p=0.001). Significant difference seen in psychological Scores as well stress (p-0.001). coping (p-0.001), QOL (p=0.001) and symptom burden score reduction (p0.001) between experimental and control group.

DISCUSSION

The results of current study demonstrated that three months of nurse led clinical interventions were effective in improving knowledge, reducing stress, improved coping level and improvements in quality of life but did not make any changes in the physiological parameters. The results of previous studies have concluded that implementation of the patient education program and nurse-led follow-up can lead to better adherence to hemodialysis in four dimensions of HD attendance, medication use, fluid restrictions, and dietary recommendations in HD patients (6).

Another study results show that the assessment of quality of life is important for patients undergoing Hemodialysis, as it shows the QOL score is very less compare with healthy person. More and more educative and interventions is needed to improve the quality of life among patients undergoing hemodialysis and KDQOL-SF is effective in assessment of QOL (7).

A randomized control study was conducted using 160 HD patients at a HD center of a 2030 bed tertiary teaching hospital and showed that the increase of knowledge on disease management and adherence in the intervention group was significantly higher compared to the control group. There was no significant correlation between knowledge and adherence. Adherence improved for all the domains i.e., dialysis attendance, episode of shortening, adherence to medication, fluid restriction and dietary restriction. Adherence to Fluid and dietary restriction were statistically significant (8).

To summarize, in the present study, nurse led clinical interventions did not have any significant impact on physiological parameters of hemodialysis patients except selected ones, there are similar studies conducted in the past. The study shows that an educational material regarding healthy habits that may improve QoL, such as healthy nutrition, physical activity, and social support, could be useful for medical staff, patients, and their families. Patients with end-stage CKD need multidisciplinary. and individualized care, so that all their needs are met, and their optimal quality of life is ensured in all its domains (9). Another study reveals that the Guided meditation resulted in statistically significant improvement in happiness, enthusiasm, inspiration, activeness, alertness, awareness, degree of stability, self-confidence, clarity of thoughts, control over anger, self-reflection. It reduced perceived stress. It improved burden and effect of kidney disease, symptoms of kidney disease and total Kidney Disease Quality of Life score (10).

CONCLUSION

Despite the fact that nurse-led therapeutic treatments for hemodialysis patients were useful, safe, and practical, yoga and meditation are still not a standard element of clinical practice in dialysis facilities. Additionally, this pilot study has given the researcher insight into hemodialysis patients' other challenges, including financial and intradialytic difficulties, which were not included in the current study factors. To gain insight into these features and provide a more thorough interventional package for patients receiving hemodialysis, more research and case studies are required.

CONFLICT OF INTEREST

There are no conflicts of interest with the content of this article, according to the authors.

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KIDNEY TRANSPLANTATION – MAKING A NURSING CARE PLAN, ORGAN DONATION SAVES LIFE

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ABSTRACT:

Renal transplant recipients are strongly encouraged to self-manage their own drug regimens, food, and lifestyle modifications following transplant due to the complexity of their medical care. Comments made by hospitalized recipients of kidney transplants about clinical care features that the ward nurses did not feel were very important served as the impetus for this investigation. Investigating the care received by recipients of kidney transplants during their stay as inpatients on the renal ward was the goal of this study. Twelve recipients of kidney transplants shared their stories with researchers in this qualitative study in order to gauge their feelings on their hospital stays. Individuals on the ward believed that the nurses did not appreciate their opinions or the significance of immunosuppressive medicine. Their concern about becoming sick was also mentioned. After receiving a kidney transplant, patients have high standards for the care they get in the hospital. Recipients of kidney transplants should be treated with respect and included in decision-making on their care as knowledgeable individuals who would typically be handling their own care at home.

Keywords: Transplantation of kidneys, recipient of a kidney transplant, patient experience, hospital stay, nursing care

INTRODUCTION

The two bean-shaped kidneys are around the size of a fist each. One on each side of your spine, they are situated right below the rib cage. About a half cup of blood is filtered by healthy kidneys each minute, eliminating waste and surplus water to produce urine.[1]

Causes of renal functions

1. Proteinuria OR Albuminuria – Nephrotic syndrome
   - Increases significantly the amount of protein excreted in urine
   - lack of ability of the liver to fully reduce lost protein resynthesis
   - Hypoproteinaemia
   - reduces the blood pressure associated with cancer
   - reduce the amount of plasma
   - Increased buildup of fluid in the tissues
   - edema.
   - Orthostatic proteinuria – on long standing.
2. Polyurea & Nocturia
   - Polyurea - A rise in the ability to concentrate
   - raise the volume of diluted urine
   - Increase the flow rate
   - urine output = 3L/day; urine osm = < 250 mOsm/L
   - Nocturia - waking up at night frequently to void urine.
3. Oliguria & Anuria –
   - Oliguria – urine volume
   - Anuria – no urine formation
4. Uraemia & Azotaemia – found in renal failure.
   - Uraemia – increase in plasma urea level.
   - Azotaemia - retention of nitrogenous waste products e.g. urea, creatinine etc.
   - Symptoms are – nausea, vomiting, confusion, convulsions, even death.
   - Treatment – haemodialysis followed by renal transplant

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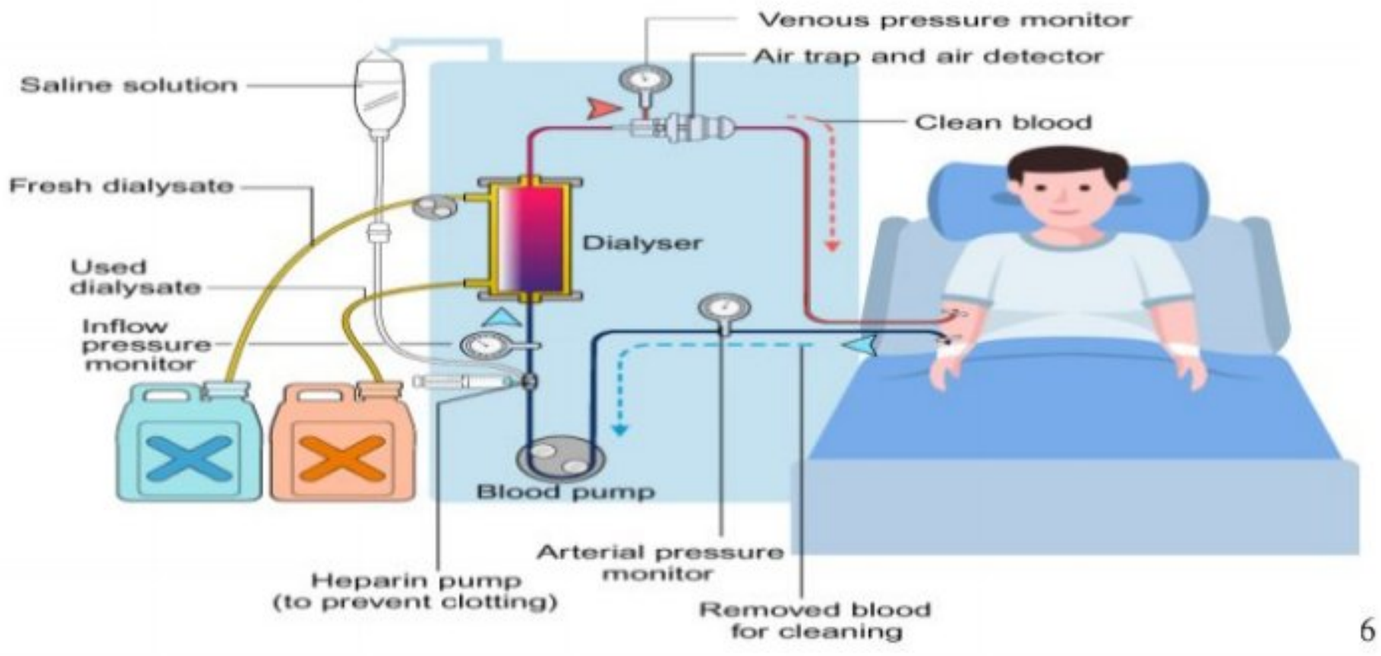
5. Acidosis - at plasma pH of 7.35.
   - ✓ Metabolic acidosis Respiratory acidosis
     - Diabetic acidosis
       - Hypoventilation
       - Diarrhoea [loss of alkali]
       - Pulmonary oedema
       - Renal failure
     - Lactic acidosis
       - Aspirin in large doses
6. Haematuria
   - ➢ Presence of plenty of increases the RBCs in urine
   - ➢ Due to damage to glomerular capillaries e.g. glomerulonephritis
   - ➢ In renal stones, renal TB, trauma to kidney etc
   - ➢ In urinary tract infections[2]

Renal replacement therapy

The term "renal replacement therapy" refers to a group of life-sustaining procedures for kidney failure. In individuals suffering from renal failure, nonendocrine kidney function is substituted by renal replacement therapy. The methods include peritoneal dialysis, continuous hemofiltration and hemodialysis, and intermittent hemodialysis.[3]

DIALYSIS

Dialysis is the procedure of eliminating excess water and waste from blood.[4] It is a prosthetic kidney replacement, particularly in cases of renal failure. Diffusion and ultrafiltration help dialysis control renal function to some extent, although it cannot replace lost kidney function entirely. In cases of chronic renal failure (CRF), it is carried out when the glomerular filtration rate is less than 15 ml/min/1.73 m2.[5]



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PRINCIPLES OF DIALYSIS

The principles of fluid ultrafiltration and solute diffusion over a semi-permeable membrane underlie dialysis. Substances in water have the tendency to diffuse, or go from an area of high concentration to an area of low concentration. Fluid removal through ultrafiltration is accomplished by adjusting the dialysate compartment's hydrostatic pressure, which causes certain dissolved solutes and free water to pass through the membrane along a pressure gradient that is formed. Water moves from a low solute concentration to a high solute concentration by OSMOSIS/Convection—Hemofiltration.[7]

TYPES OF DIALYSIS

There are two types of dialysis:

Hemodialysis

This approach involves the patient's blood being cleansed and then reinfused into the patient's body via the dialysis machine.

Peritoneal dialysis

A surgically implanted catheter is used to perform peritoneal dialysis on a patient. The catheter that collects waste from the blood arteries in the stomach walls is then filled with a cleaning solution called dialysate. Then it's pulled out and thrown away. It is believed that hemodialysis is less adaptable and convenient than peritoneal dialysis. [7]

Advantages of Dialysis

Anyone can perform dialysis at home as well. Dialysis can be performed easily and comfortably with peritoneal dialysis. Peritoneal dialysis equipment is smaller and easier for patients to transport. Hemodialysis is not done daily, in contrast to peritoneal dialysis.

Disadvantages of Dialysis

Increased risk of sepsis (blood poisoning). Here, microorganisms can enter the body and spread throughout the blood, possibly resulting in the failure of several organs. Light-headedness and a sense of urgency are warning signs.[8]

KIDNEY TRANSPLANTATION

Joseph Murray and his team used the recipient's identical twin as a donor when they performed the first kidney transplant that was successful in 1954.

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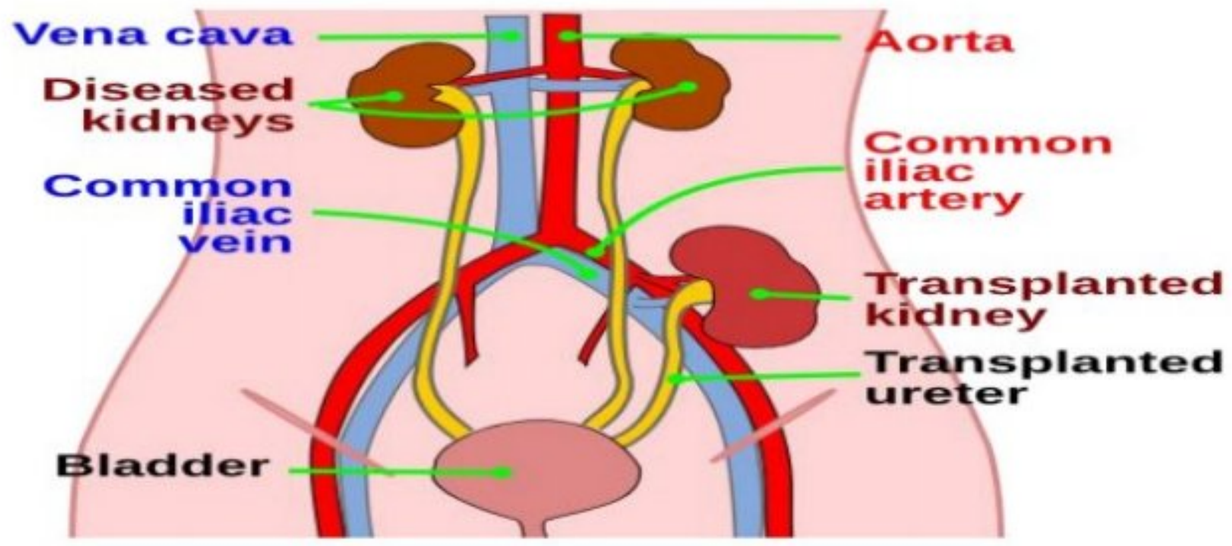
Kidney transplant surgery involves using a donor kidney that is healthy to replace a sick kidney. A kidney can be donated by a living person or by a deceased organ donor. Might be able to donate a kidney through family members or other suitable candidates.[9]



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Indication for Kidney Transplantation

- End-stage renal disease (ESRD) is rapidly rising.
- Renal failure are diabetes and hypertension.
- Chronic or acute ischemia, intrinsic renal (glomerulonephritis, focal-segmental glomerulosclerosis)
- Reflux nephropathy, obstruction. [11]

Types of Kidney Transplants

Deceased-donor kidney transplant

A deceased-donor kidney transplant involves taking a kidney from a recently deceased donor—either from a donor card or with the donor's consent—and transplanting it into a recipient whose kidneys have failed and are no longer functioning correctly. Before being implanted into the recipient, the kidney is either kept refrigerated or connected to a machine that provides oxygen and nutrients. In order to minimize the kidney's duration outside of a living person, the donor and recipient are typically located close to the transplant facility.

Living-donor kidney transplant

An individual whose kidneys have failed can receive a living-donor kidney transplant by having the kidney taken from the living donor. If two failing kidneys can be replaced with one living kidney, this is an alternative to deceased kidney transplantation.

Pre-emptive Kidney Transplant

Before the kidney's function declines, a preventive kidney transplant is carried out. The regular filtering function of the kidneys must be replaced by dialysis. Preemptive kidney transplantation is the recommended treatment for end-stage renal illness.[12]

When it comes to treating renal failure, a kidney transplant is frequently preferable to a lifetime on dialysis. Feel better and live longer with chronic kidney disease or end-stage renal disease treated with a kidney transplant.

Preparation of kidney transplant

To decide whether to put the patient on the transplant queue, we conduct a thorough health evaluation. Tests may consist of urine analysis. Tests for compatibility: crossmatching to match patients with kidneys, tissue typing, and blood typing.

Benefits of the kidney transplant

Increased strength, endurance, and energy are the results of a successful kidney transplant. Should have greater control over everyday of life and be able to resume a more regular lifestyle following transplantation. There are no dietary or hydration restrictions.

Risks of the kidney transplant

Kidney transplantation carries the same dangers as any other type of surgery. Breathing issues, infections, or bleeding are possible risks. Along with potential drug side effects, may become more vulnerable to infections as the medication take after transplantation will weaken body's defenses against infection.[13]

Complications

- Infection and Sepsis.
- Post Transplant Lymph Proliferated Disorder.
- Electrolyte Imbalances.
- Iatrogenic Side Effects.[14]

KIDNEY TRANSPLANT PROCEDURE

The kidney transplant procedure is performed under general anaesthesia, so the patient won't be conscious at all. The surgical team continuously checks the patient's blood pressure, heart rate, and blood oxygen level. An incision is made in the lower part of one side of the abdomen during surgery to implant the new kidney into the body. They remain in situ until they cause problems, such hypertension, kidney stones, pain, or infection. The blood arteries of the new kidney are attached to blood veins just above a leg in the lower abdomen. The bladder in the new kidney is joined to the kidney by the ureter.[13]

MANAGEMENT OF PATIENTS WITH KIDNEY TRANSPLANTATION

Medical Management

Antiviral and Antibiotic medications to lower the chance of infection.to be taken for the initial three to six months following transplantation in order to assist avoid infection. o use immuno suppressants to lower the chance of kidney rejection Tacrolimus and steroids are immunosuppressive medications.[15]

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Surgical management

The donor kidney is positioned in the lower abdomen during kidney transplant surgery. The blood vessels

of the new kidney are connected to blood vessels located slightly above one of the legs in the lower abdomen. The ureter, the new kidney's conduit through which urine travels to the bladder, is connected to the bladder.[14]

NURSING MANAGEMNET

To identify symptoms like pain at the graft site, oliguria, anuria, abrupt weight gain, elevated body temperature, increased proteinuria, or creatinine, the nurse must keep a close and continuous eye on the patient. All of these are classic signs of rejection, along with anxiety.[16]

17

Preoperative nursing care

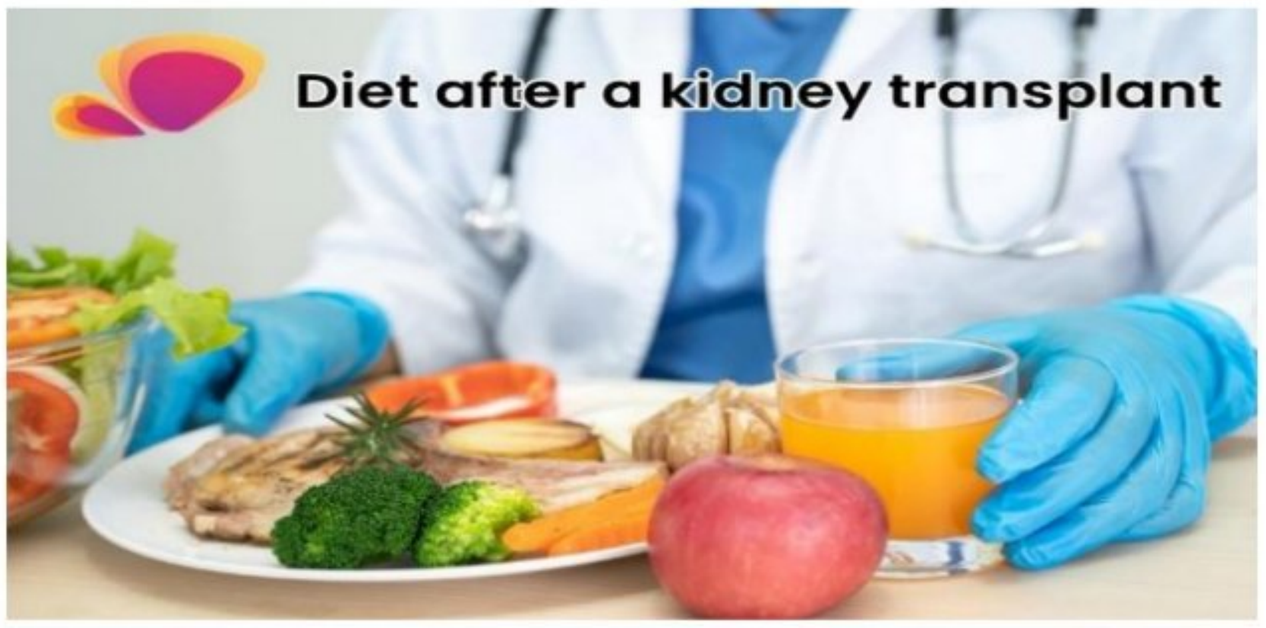
Avoid blood thinners including aspirin for at least one week prior to surgery. The day before surgery, eat light meals until noon and then clear liquids. Stay well hydrated; the day of surgery, Should drink clear liquids until two hours before arrival at the hospital.[18]

post operative nursing care

A kidney transplant recipient's postoperative nursing care is comparable to that of any patient who has had a major surgical surgery in many aspects. The treatment of wounds, pain management, maintaining a healthy pulmonary toilet with incentive spirometry, and wound and electrolyte balance are all priorities.[19]

Dietary management

Nurse should provide dietary foods for the patients like Limit high-calorie foods such as fatty foods, sweets, pastries, and other foods high in fat or sugar.



REHABILATION OF PATIENT WITH KIDNEY TRANSPLANTATION

Rehabilitation makes suggestions for After eight weeks, the majority of kidney transplant recipients are able to resume their regular activities and jobs. Till the wound heals (typically six weeks following surgery), refrain from lifting anything heavier than ten pounds and limit exercise to walking. As continue to heal, get checked out frequently.[20]

CONCLUSION

Patients with chronic renal disease respond best to kidney transplantation, however for this treatment option to be genuinely helpful, many factors need to be taken into account. Success with this therapy option requires a deep comprehension of the challenges associated with the care of those evaluated as KT prospects. Based on the review, these elements have been arranged into a standardized care plan that may be used in clinical settings. This program can be used to teach nurses the skills they need to provide better care and give their coworkers more authority. Nursing leadership roles can be established and their effects on the health system and individuals can be evaluated with the help of the evidence presented in this format. This review summarizes the various circumstances in which statistically significant methodological diversity exists. More work is required to establish a general consensus within the nursing community about access to kidney transplantation.

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CRANIOTOMY – POST OPERATIVE MANAGEMENT

BRAIN IS WIDER THAN THE SKY

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ABSTRACT

Craniotomy, a surgical procedure involving the removal of a portion of the skull to access the brain, is commonly performed to treat various neurological conditions. Postoperative care plays a crucial role in ensuring optimal recovery and minimizing complications among craniotomy patients. This abstract provides an overview of key aspects of postoperative care, encompassing immediate recovery, neurological monitoring, pain management, infection control and early rehabilitation, healthcare providers can enhance recovery outcomes and improve the overall quality of care for individuals undergoing craniotomy procedures.

KEYWORDS

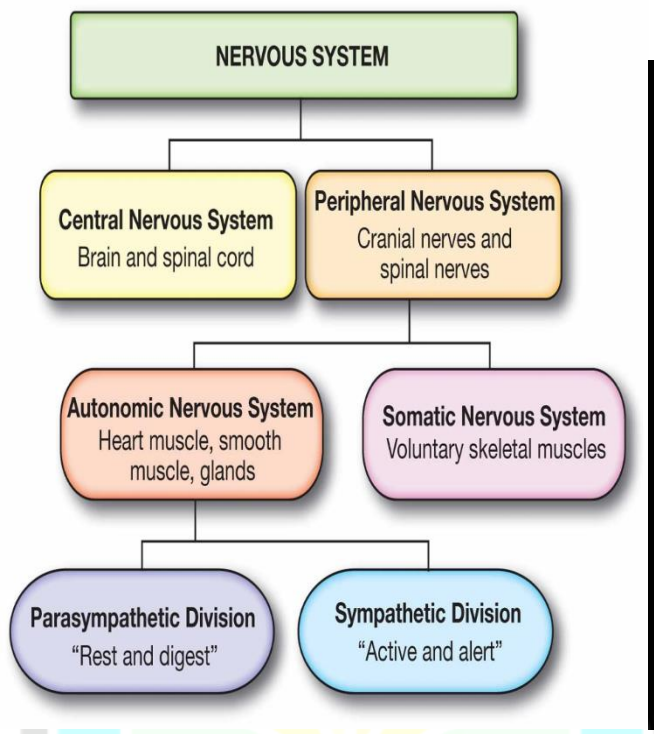
Craniotomy, ICP (Intra cranial pressure), Neuro rehabilitation

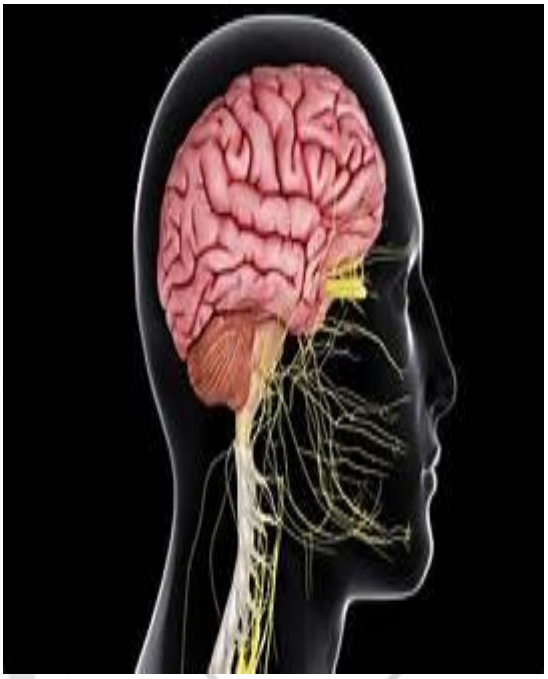
HEALTH

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Good health is central to handling stress and living a longer, more active life. In this article, we explain the meaning of good health, the types of health a person needs to consider, and how to preserve good health. People with a family health history of chronic disease may have the most to gain from making lifestyle changes.

NERVOUS SYSTEM

The nervous system is a network of neurons whose main feature is to generate, modulate and transmit information between all the different parts of the human body. This property enables many important functions of the nervous system, such as regulation of vital body functions (heartbeat, breathing, digestion), sensation and body movements. Ultimately, the nervous system structures preside over everything that makes us human; our consciousness, cognition, behaviour and memories.





CRANIOTOMY

A craniotomy is a type of brain surgery where a surgeon removes part of your skull to access your brain. During the same surgery, your surgeon will replace the removed part of your skull before closing the incision site. A craniotomy treats tumours, blood clots and epilepsy. It can take up to two months to heal after a craniotomy.

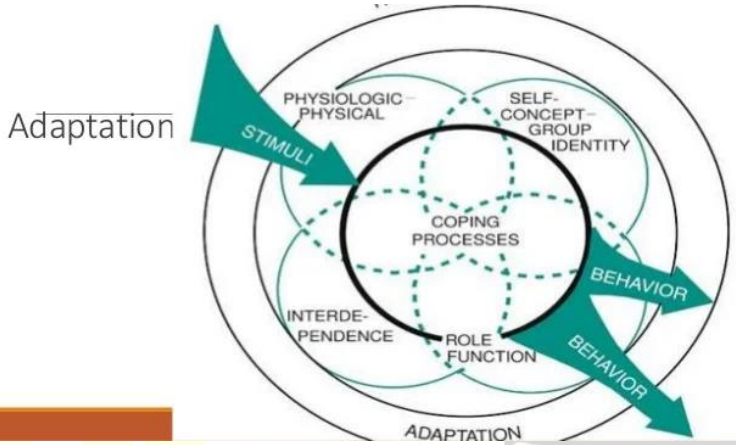
INDICATIONS FOR CRANIOTOMY

- A tumour.
- A blood clots.
- An abnormal collection of blood vessels (vascular malformations).
- Tangled blood vessels (arteriovenous malformation).
- An artery enlargement (aneurysm).
- Swelling or pressure in your brain.
- Epilepsy.
- A skull fractures.

- Diagnostic Biopsy

NEEDS OF PATIENTS AFTER CRANIOTOMY

By applying Roy's Adaptation Model, nurses can tailor their care to the individual needs of patients undergoing craniotomy, fostering adaptation and promoting positive outcomes throughout the perioperative period and beyond. This approach acknowledges the dynamic nature of the patient's adaptation process and aims to support them in achieving optimal health and well-being.



POST OPERATIVE MANAGEMENT

Postoperative management of craniotomy patients involves a comprehensive approach to ensure optimal recovery and prevent complications. Below are specific considerations for various aspects of care:

Neurological Monitoring:

Continuous assessment of neurological status, including level of consciousness, pupil size and reactivity, motor function, and cranial nerve function.

Frequent neurological checks to detect any changes in condition promptly.

Vital Signs Monitoring:

Continuous monitoring of vital signs, including blood pressure, heart rate, respiratory rate, and temperature.

Maintaining stable hemodynamic is crucial for preventing complications.

Pain Management:

Administering analgesics as prescribed to manage pain and ensure patient comfort.

Assessing pain regularly and adjusting medications as needed.

Intracranial Pressure (ICP) Management:

Monitoring and managing ICP through methods such as elevation of the head of the bed, maintaining normocapnia, and administering osmotic diuretics if indicated.

Fluid and Electrolyte Balance:

Monitoring fluid and electrolyte levels closely to prevent dehydration or fluid overload.

Addressing any electrolyte imbalances promptly.

Seizure Prophylaxis:

Administering antiepileptic medications as prescribed to prevent seizures, particularly in patients at higher risk.

NURSES ROLE

Nurses play a critical role in the care of patients undergoing craniotomy, both in the preoperative and postoperative phases. Here are key aspects of the nurse's role in the care of craniotomy patients:

Preoperative Phase:

Assessment and Planning

Educate the patient about surgery

Provide emotional Support

Preoperative Medication Administration

Intraoperative Phase:

Collaboration

Patient Positioning

Monitoring

Documentation

Postoperative Phase

Neurological Assessment, Vital Signs Monitoring, ICP Monitoring

Pain Management, Wound Care

Fluid and Electrolyte Balance, Encourage early mobilization and rehabilitation activities.

Maintain open and effective communication with the patient, family, and the healthcare team.

Address the emotional and psychological needs of the patient and their family during the recovery process.

IMPLICATIONS OF PALLIATIVE CARE

Palliative care for craniotomy patients involves providing comfort, support, and quality of life for individuals with serious, life-limiting conditions. While craniotomy is often performed with the goal of treating or curing neurological conditions, there may be instances where the surgery is part of a palliative care plan. Here are key considerations for palliative care in craniotomy patients Holistic Assessment, Communication and Shared Decision-Making, Quality of Life, Spiritual Care.

NEURO REHABILITATION

Rehabilitation for craniotomy patients is a crucial component of the recovery process, aimed at optimizing functional abilities, promoting independence, and enhancing the overall quality of life. The specific rehabilitation plan will vary based on the patient's condition, the type of craniotomy performed, and individual needs. Here are key aspects of rehabilitation for craniotomy patients Early Mobilization, Occupational Therapy, Speech Therapy, Cognitive Rehabilitation.

HOME MANAGEMENT

Home management for craniotomy patients is an essential aspect of the recovery process. It involves providing a supportive and safe environment for the patient as they transition from the hospital to their home. The specific home management plan will depend on the patient's individual needs, the type of craniotomy performed, and any specific postoperative instructions from the healthcare team.

CONCLUSION

In conclusion, postoperative management in craniotomy patients is a comprehensive and dynamic process aimed at ensuring optimal recovery, preventing complications, and promoting the patient's overall well-being. The success of postoperative care relies on a multidisciplinary approach, involving neurosurgeons, nurses, rehabilitation specialists, and other healthcare professionals. By addressing various aspects such as neurological monitoring, vital signs management, pain control, and rehabilitation, healthcare teams strive to provide individualized and patient-cantered care.

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MYOCARDIAL INFARCTION – QUALITY OF LIFE: LIFE WITH – HEART

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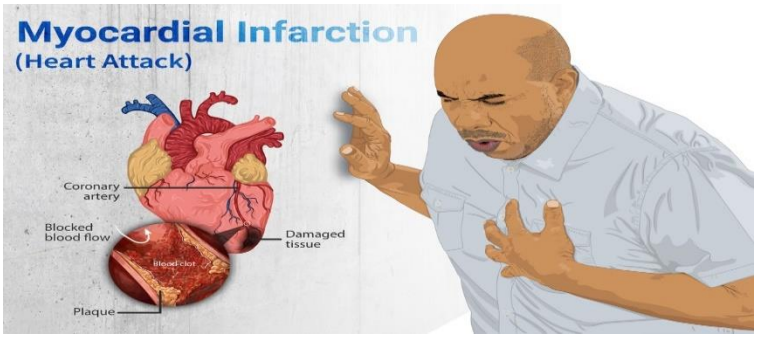
ABSTRACT:

Myocardial infarction (MI), commonly known as a heart attack, is a critical cardiovascular event that significantly impacts the overall well-being of affected individuals. Quality of life (QoL) is evaluated from the perspective of the patient's whole experience after MI, considering their physical, psychological, social, and emotional well-being. Studies show that lifestyle changes and rehabilitation programs have a major positive impact on physical well-being, improving general health, and lowering the likelihood of recurrent incidents.

Keywords: Acute Myocardial Infarction, Coronary Artery Diseases, Cardiac Rehabilitation.

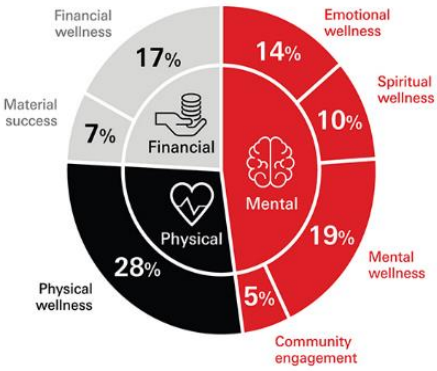
INTRODUCTION

Myocardial infarction (MI), also known as “Heart Attack,” is caused by decreased or complete cessation of blood flow to a portion of the myocardium. A myocardial infarction can be "silent" and go quietly, or it can be a catastrophic event that results in hemodynamic decline and unexpected death. Coronary artery disease is the primary cause of most myocardial infarctions. The myocardium lacks oxygen when there is coronary artery occlusion. Myocardial cell death and necrosis can result from a protracted lack of oxygen supply to the heart. It has become the problems for medical staff to be solved, that is how to improve the patients’ ability of living independence and quality of life.[1]



QUALITY OF LIFE (QOL)

The perceived quality of a person's everyday life, or their evaluation of their level of well-being, is known as their quality of life (QoL or QOL). This covers every aspect of the person's life, including social, emotional, and physical ones. A disease, disability, or disorder's potential long-term effects on a person's well-being is evaluated using a measure known as health-related quality of life, or HRQOL.[3]



A person's overall wellbeing is gauged by a multifaceted concept called quality of life (QOL). In the past few decades, as healthcare has evolved from a disease-focused biomedical model to a more holistic, well-being-focused biopsychosocial model, there has been a greater conversation about and application of QOL as a measurable outcome in health. Better medical care and disease management have extended life expectancy for all people, but especially for those with chronic illnesses, which has increased the significance of quality of life.[4]

COMMON HEART DISEASES

1. **Coronary artery diseases (CAD):** Coronary artery diseases is an obstructed blood flow through the coronary arteries to the heart muscles. The primary cause of CAD is atherosclerosis.

   About 200 million people worldwide are thought to have coronary heart disease. Approximately 80 million women and 110 million men worldwide suffer from coronary heart disease.
2. **Myocardial Infarction (MI):** A MI, commonly known as a heart attack, result in the death of heart muscle. The affected myocardial cells in the heart permanently destroyed. An MI occurs from a partial or complete blockage of coronary artery, which decreases the blood supply to the cell of the heart supplied by the blocked coronary artery.

   The ability of the heart to contract, relax, and propel blood throughout the body requires

healthy cardiac muscle.

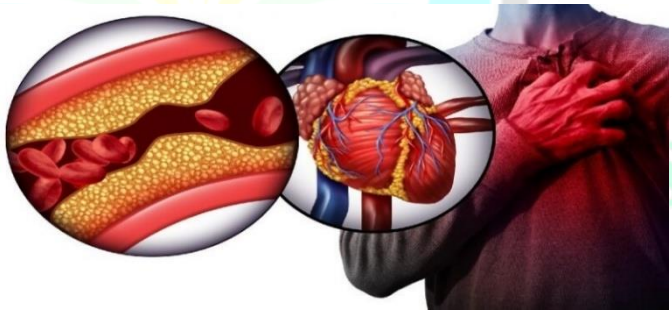
In the developed world, one of the main causes of death is acute myocardial infarction (AMI). More than one million people die from the disease each year in the United States, where its prevalence is close to three million people worldwide. By 2020, there will likely be 4.77 million CVD deaths in India annually, up from 2.26 million in 1990. Between 1.6% and 7.4% of Indians live in rural areas and between 1% and 13.2% live in urban areas, according to estimates over the past few decades.[7]

3. **Angina Pectoris:** Angina Pectoris is a clinical syndrome usually characteristics by episode or paroxysms of a pain or pressure in the anterior chest. The cause is usually insufficient coronary blood flow.
4. **Hypertension:** Hypertension is defined as the systolic blood pressure ≥140 mmHg, diastolic blood pressure ≥90 mmHg.

   An estimated 1.3 billion people are impacted globally, and 10 million people die from it annually.
5. **Heart failure:** Heart failure develops when the heart, via an abnormality of cardiac function (detectable or not), fails to pump blood at a rate commensurate with the requirements of the metabolizing tissues or is able to do so only with an elevated diastolic filling pressure.

   Heart failure, which affects at least 64 million people worldwide, has been called a pandemic.
6. **Heart block:** Heart block is a condition where the heart beats more slowly or with an abnormal rhythm. It is caused by a problem with the electrical pulses that control how your heart beats.[5]

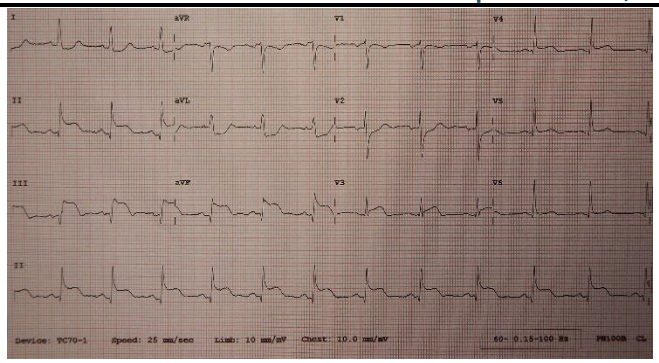
   0.02% of people have third-degree atrioventricular (AV) block, or total heart block. The incidence of third-degree AV block is 0.04% worldwide.



2

MYOCARDIAL INFARCTION (MI)

A myocardial infarction (MI), also referred to as a heart attack, is a condition in which the heart muscle experiences infarction (tissue death) due to a decrease in or cessation of blood flow in one of the coronary arteries. The most typical symptom is pain or discomfort in the chest, which can radiate to the jaw, shoulder, arm, back, or neck. Such pain usually lasts for several minutes and is felt in the left or center region of the chest. In addition to the history and physical exam, myocardial ischemia may be associated with ECG changes and elevated biochemical markers such as cardiac troponins.[6]



A 12-lead ECG showing an inferior STEMI due to reduced perfusion through the right coronary artery. Elevation of the ST segment can be seen in leads II, III and aVF.[6]

SYSTEMIC EFFECT OF MYOCARDIAL INFARCTION ON INDIVIDUALS

- **Pulmonary function:** Acute myocardial infarction AMI causes modifications to ventilation, perfusion distribution, and pulmonary gas exchange. One common outcome is hypoxemia, which is typically matched in severity to left ventricular failure. In patients with AMI, there is an inverse relationship between arterial oxygen tension and pulmonary artery diastolic pressure.
- **Increase in interstitial water:** Research has indicated a positive relationship between the clinical indicators and symptoms of left ventricular failure, left ventricular filling pressure, and the amount of extravascular (interstitial) water in the lung. One possible explanation for the changes in pulmonary mechanics seen in AMI patients is the elevation of pulmonary extravascular water.
- **Renal function:** The substantial decrease in cardiac output that takes place in cardiogenic shock can be made more difficult by prerenal azotemia and acute renal failure. However, following an AMI, there is a rise in the amount of atrial natriuretic peptide in the blood, and this rise relates to how severe the left ventricular failure is. When right ventricular infarction occurs alongside inferior wall infarction, there is also a rise in atrial natriuretic peptide, indicating that this hormone may be involved in the hemodynamic abnormalities that accompany right ventricular infarction.
- **Hematological function:** Large coronary and systemic atherosclerotic plaques are typically present when acute myocardial infarction (AMI) occurs. These plaques may act as a site for platelet aggregate formation, which has been proposed as the first stage of coronary thrombosis, coronary occlusion, and subsequent MI.
- **Reduction of affinity of hemoglobin for oxygen:** In MI patients, hemoglobin's affinity for oxygen is decreased, especially when the condition is aggravated by LV failure or cardiogenic shock.[8]

LIFESTYLE CHANGES AFTER MYOCARDIAL INFARCTION

1. Quit smoking, vaping, or using any tobacco products
2. Limit alcohol
3. Follow an eating plan that lowers your cholesterol levels
4. Keep a weight that is healthy for you.
5. Build exercise into your daily routine.
6. Manage diabetes.

7. Manage high blood pressure.
8. Try to relax more often. [9]

CARDIAC REHABILITATION

- **Exercises:** Aerobic exercises are physical activities that increase the heart rate and breathing rate, which help to improve cardiovascular fitness.
- To assess their general health and find any underlying medical conditions that might limit their capacity to exercise, all patients should have a physical examination.
- **Dietary assessment:** This part entails assessing the patient's present diet to pinpoint any dietary excesses or deficiencies that might be having an impact on their cardiovascular health.
- **Nutrition education:** A vital part of cardiac rehabilitation programs that emphasize teaching patients the value of a healthy diet for cardiovascular health is nutrition education.
- The purpose of nutrition education is to inform patients about the functions of macronutrients (proteins, fats, and carbohydrates) and micronutrients (vitamins and minerals) in the body and how these may affect cardiovascular health.
- **Providing support and encouragement:** To assist the patient in reaching their weight loss objectives, the medical team may offer continuing support and encouragement.
- **Stress management techniques:** The goal of cardiac rehabilitation programs is to lower the risk of cardiovascular disease and enhance general well-being. One key component of these programs is the use of stress management techniques.
- **Blood pressure management:** Patients may get information and guidance on modifying their lifestyles to lower blood pressure, such as eating less salt, exercising more, and keeping a healthy weight.[10]

SPECIAL NEEDS OF CARDIAC PATIENTS

Orem self-care theory, acute myocardial infarction. Orem self-care theory was applied in the treatment of acute myocardial infarction (AMI) patients, the patients take active part in treatment and nursing instead of passive treatment, the patients' own value can be reflected fully, and better results were also achieved.[11]

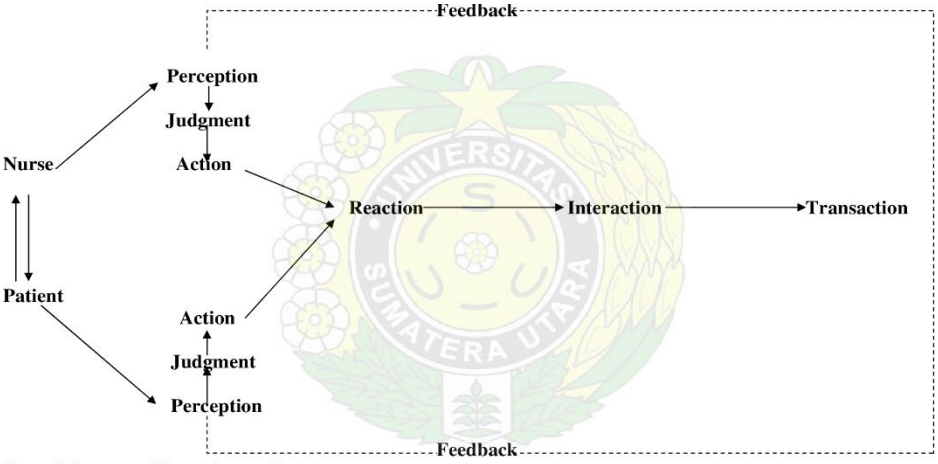


Figure 2 A process of human interaction.

A study to assess the health-related Quality of Life Increases After First-time Acute Myocardial Infarction. The aim was assessed which clinical variables affect HRQOL after AMI and evaluated HRQOL in patients treated in a reference cardiology center in Poland following their first AMI. The method was conducted measured HRQOL prospectively in 60 patients who were hospitalized consecutively following their initial AMI during the index stay and again six months later. The concluded was After the first AMI, HRQOL improved after six months, particularly in terms of social interactions and emotional functioning. It was likely that patients with LVEF<50% had better HRQOL.[12]

A study to assess the Quality of Life of Patients After Acute Myocardial Infarction. Acute myocardial infarction-related sudden deaths have been an increasing trend in Indonesian health care issues. The patient's quality of life might have been impacted by this condition. Finding variables that impacted a patient's quality of life following an acute myocardial infarction event was the goal of this review of the literature. Scoping reviews are how this review was conducted. We searched the literature using Pubmed and Google Scholar. There were 18,035 papers retreived, only 19 papers met the inclusion criteria. Data were analyzed using content analyses. The findings of this study indicate that the quality of life of patients has decreased after experiencing acute myocardial infarction.[13]

COUNCLUSION:

Acute Myocardial Infraction (AMI) is a serious cardiac characterized by the sudden death of heart muscle tissue due to the obstruction of blood flow to the heart. Most myocardial infraction are due to underlying coronary artery disease, the leading cause of death in the United States. With coronary artery occlusion, the myocardium is deprived of oxygen. Prolonged deprivation of oxygen supply to the myocardium can lead to myocardial cell death and necrosis.

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DAILY LIFE WITH HYPERTENSION - "MEASURE YOUR BLOOD PRESSURE, CONTROL IT, LIVE LONGER"

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ABSTRACT:

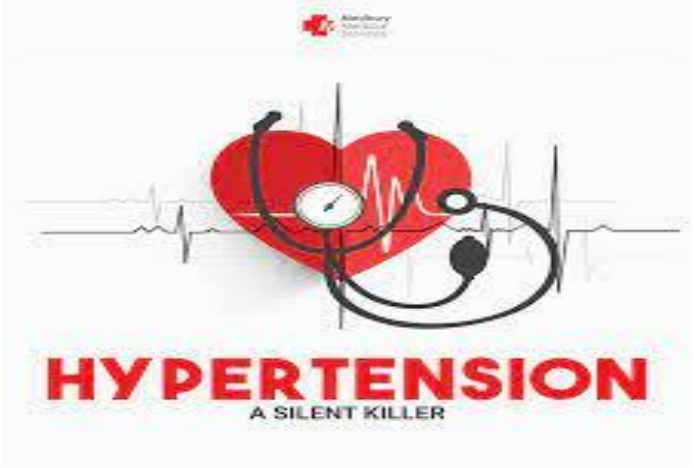
High blood pressure (BP) is an important risk factor for cardiovascular disease. Experts in hypertension continue to disagree on what constitutes abnormal blood pressure. The currently accepted dividing line is systolic BP > or = 140 mm Hg and/or diastolic BP > or = 90 mm Hg based on epidemiological and intervention studies. Preventing and managing hypertension can be achieved by consuming more grains, fruits, vegetables, milk and walk while consuming less sodium, fat, and alcohol.

Keywords: Blood Pressure, Heart diseases, Renal diseases, Rehabilitation

INTRODUCTION

Hypertension (high blood pressure) also called silent killer. Hypertension is a serious medical condition and can increase the risk of heart, brain, kidney, and other diseases. The biggest contributor to the burden of disease and mortality worldwide is hypertension, which is one of the health-related risk factors.

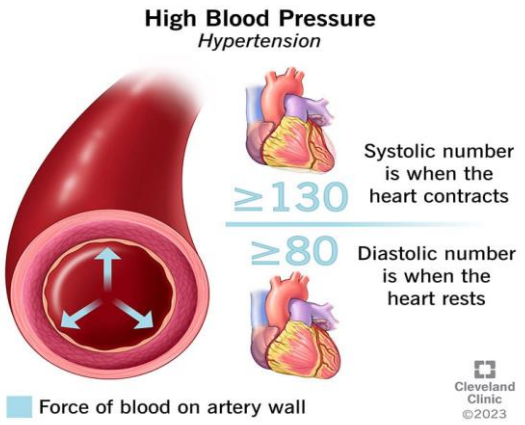
The blood pressure is represented by two digits. The first (systolic) number represents the pressure in blood vessels when the heart contracts or beats. The second (diastolic) number represents the pressure in the vessels when the heart rests between beats.[1]



DEFINITION

Hypertension is defined as the systolic blood pressure ≥140 mmHg, diastolic blood pressure ≥90 mmHg.

Hypertension (High blood pressure) is generally defined as a persistent elevation of systolic blood pressure above 140 mm of Hg diastolic pressure above 90 mm Hg.[2]



	SYSTOLIC	DIASTOLIC
NORMAL	90-129	60-79
STAGE 1	130-139	80-89
STAGE 2	140-179	90-109
CRITICAL	OVER 180	OVER 110

INCIDENCE AND PREVALANCE

An estimated 1.28 billion adults globally between the ages of 30 and 79 suffer from hypertension, with the majority (two thirds) residing in low- and middle-income nations. It is estimated that 46% of adult patients with hypertension are not aware they have the illness. Adults with hypertension are diagnosed and treated for less than half of them (42%) cases. Of the adult population with hypertension, about one in five (21%) have it under control. The national prevalence of hypertension was a greater percentage of men (50%) have high blood pressure than women (44%). In India the year of 2019–2020 National Family Health Survey (NFHS-5) reported a hypertension prevalence of 24% in men and 21% among women.[3]

CAUSES

1. **Primary hypertension, also called essential hypertension**

   A large percentage of adults have high blood pressure for unknown reasons. Primary or essential hypertension are the terms used to describe a form of elevated blood pressure. It usually takes many years to develop gradually. Atherosclerosis, or the buildup of plaque in the arteries, raises the risk of hypertension.

2. **Secondary hypertension**

A medical condition is the cause of this form of high blood pressure. Compared to primary hypertension, it typically manifests rapidly and raises blood pressure. Drugs and illnesses that can cause secondary hypertension.

- Adrenal gland tumors.
- Blood vessel problems present at birth, also called congenital heart defects.
- Cough and cold medicines, some pain relievers, birth control pills, and other prescription drugs.
- Illegal drugs, such as cocaine and amphetamines.
- Kidney disease.
- Obstructive sleep apnea.
- Thyroid problems[4].

LIFE STYLE MODIFICATION

1. **Quitting Smoking:** Smoking is a strong independent risk factor for cardiovascular disease. After one cigarette, smoking increases blood pressure and heart rate immediately, and these effects last for more than fifteen minutes.
2. **Alcohol:** The blood vessel muscles may be impacted by excessive alcohol consumption. They may get narrower.
3. **Nutrition:** Advise patients to limit salt intake to 4 g/day (65 mmol/day sodium) or less by choosing foods normally processed without salt, foods labelled 'no added salt' or 'low salt' (or 'reduced salt' products when other options are unavailable).
4. **Healthy Diet:** A Healthy diet based on the Dietary Approach to Stop Hypertension (DASH) diet combined with less salt consumption can lower blood pressure in both hypertensive and non-hypertensive individuals. The DASH diet is low in dietary sodium, cholesterol, and saturated fat and high in fruits, vegetables, whole grains, low-fat dairy products, and dietary fiber.
5. **Exercise:** It is obvious that exercise reduces ambulatory blood pressure both during the day and at rest. Regular aerobic exercise lowered blood pressure in hypertensive patients' clinical trials by an average of 6.9 mmHg in the systolic and 4.9 mmHg in the diastolic areas.
6. **Weight Loss And Blood Pressure:** Obesity and being overweight raise your risk of cardiovascular disease, diabetes, and high blood pressure. The body mass index calculation serves as the basis for the classification of overweight and obese individuals (BMI).
7. **Avoid Taking Medications And Supplements That Increase Blood Pressure:** "NSAIDs" (nonsteroidal anti-inflammatory drugs) like naproxen and ibuprofen can raise blood pressure in people who are susceptible. In certain individuals, oral contraceptive (birth control) pills may elevate blood pressure.[5]

PREVENTION

- Maintain Normal Body Weight for Adults (eg. Body Mass Index 20–25 Kg/m2)
- Reduce Dietary Sodium Intake To <100 mmol/ Day (<6 g Of Sodium Chloride Or <2.4 g Of Sodium Per Day)
- Engage In Regular Aerobic Physical Activity Such as Brisk Walking (≥30 Min Per Day, Most Days of The Week)
- Limit Alcohol Consumption to No More Than 3 Units/Day in Men and No More Than 2 Units/Day in Women
- Consume A Diet Rich in Fruit and Vegetables (eg. At Least Five Portions Per Day);
- Stress Reduction[6]

COMPLICATION

- **Heart disease:** coronary artery disease, coronary heart disease, angina, arrhythmia (irregular heartbeat)
- **Stroke:** A person's risk of having a stroke is greatly increased by hypertension. This is due to the possibility of hypertension rupturing or obstructing the arteries supplying blood to the brain.
- **Aneurysm:** An aneurysm develops when weak spots in the arteries caused by hypertension fill with blood and protrude out of the artery wall. These regions have the potential to rupture, resulting in fatalities or severe bleeding.
- **Renal Diseases:** High blood pressure is the second most common cause of kidney failure after diabetes.
- **Impaired vision:** High blood pressure can harm blood vessels in the eyes as well as other parts of the body. This lowers blood flow to the eyes and can occasionally cause ruptures.
- **Peripheral Arterial Disease:** Hypertension-related atherosclerosis can narrow or clog arteries, reducing blood flow to various parts of the body.
- **Metabolic syndrome:** One of the factors that can result in a metabolic syndrome diagnosis is high blood pressure. This occurs when an individual possesses a particular set of risk factors for diseases like diabetes and heart disease.[7]

CARDIAC REHABILITATION FOR HYPERTENSION

1. Lifestyle Modifications:

- **Healthy Diet:** Adopting a heart-healthy diet, such as the DASH (Dietary Approaches to Stop Hypertension) diet, which emphasizes fruits, vegetables, whole grains, and lean proteins while reducing sodium intake.
- **Regular Exercise:** Engaging in regular physical activity, such as brisk walking, jogging, swimming, or cycling. Aim for at least 150 minutes of moderate-intensity exercise per week.

- **Weight Management:** Achieving and maintaining a healthy weight through a combination of diet and exercise can help lower blood pressure.
- **Limiting Alcohol Intake:** Moderating alcohol consumption, as excessive drinking can contribute to hypertension.
- **Smoking Cessation:** Quitting smoking, as tobacco smoke can raise blood pressure and damage blood vessels.

2. **Medication Management:**

Depending on the severity of hypertension, medication may be prescribed by a healthcare professional. Common classes of antihypertensive medications include diuretics, beta-blockers, ACE inhibitors, angiotensin II receptor blockers (ARBs), and calcium channel blockers.

3. **Stress Management:**

Adopting stress-reducing techniques, such as meditation, deep breathing exercises, yoga, or progressive muscle relaxation, can help manage stress levels, which may contribute to hypertension.

4. **Regular Monitoring and Follow-up:**

Regular check-ups with healthcare professionals to monitor blood pressure levels, assess the effectiveness of the treatment plan, and make necessary adjustments.

5. **Home Blood Pressure Monitoring:**

Monitoring blood pressure at home can provide valuable information and help individuals and healthcare professionals track changes and adjust treatment plans accordingly.[8]

SPECIAL NEEDS FOR HYPERTENSION PATIENTS

Orem's theory of the self-care deficit, which is used to diagnose hypertensive patients' self-care deficits and associated factors, as well as to boost patients' self-efficacy and enhance their quality of life; Sister Callista Roy's theory of adaptation, which is used to help patients and their families adjust to the process of self-care and managing their hypertension.

Orem's Self-Care Theory is used with hypertensive patients, it is possible to direct care toward self-care and to plan and implement the nursing process in multiple stages, including Interview, Physical examination, Nursing diagnosis and Evaluation.[9]

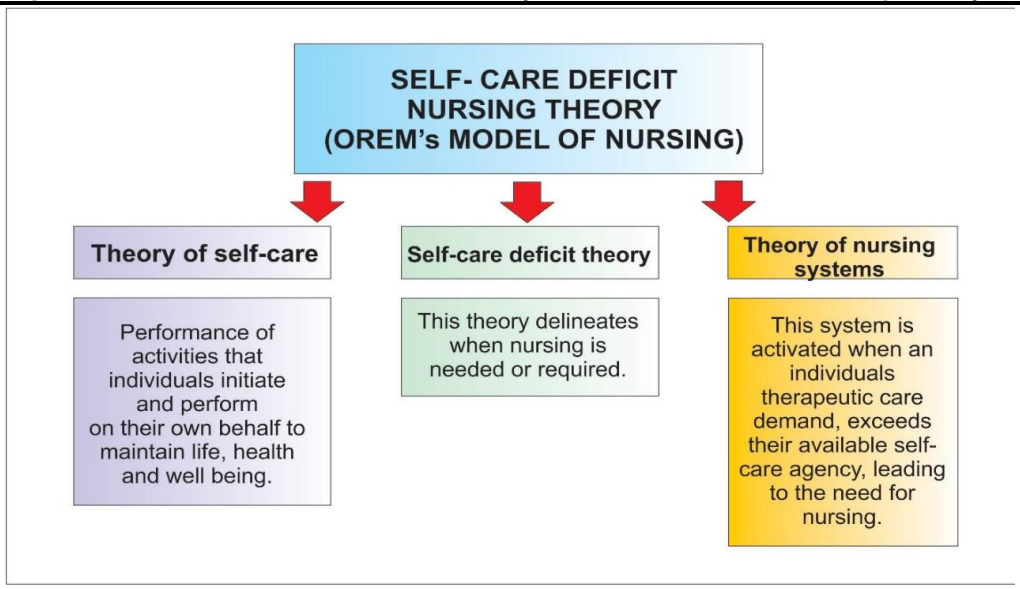


Figure 2-1: Presentation of Orem's grand theory of self-care: deficit nursing theory

A study to assess Effects of Lifestyle Modification on Patients with Resistant Hypertension. The method was conducted 140 resistant hypertensive patients (mean age, 63 years; 48% female; 59% Black; 31% diabetes; 21% chronic kidney disease) were randomized to participate in a 4-month lifestyle modification program (C-LIFE [Center-Based Lifestyle Intervention]). The result was the reduction in clinic systolic blood pressure was higher in C-LIFE (–12.5 [95% CI, –14.9 to –10.2] mmHg), according to between-group comparisons.[10]

CONCLUSION:

Hypertension is a serious condition that is linked to an increased risk of cardiovascular morbidity and death. Lowering blood pressure levels also lowers the risk of cardiac death and the aftereffects on the neurological, metabolic, and musculoskeletal systems in older adults.

Hypertension can also result in renal damage, which can lead to kidney failure, and strokes by rupturing or obstructing the arteries that carry blood and oxygen to the brain. By hardening arteries and reducing the amount of blood and oxygen reaching the heart, high blood pressure damages the heart.

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POLYCYSTIC KIDNEY DISEASE INSIGHT AND COGNIZANCE

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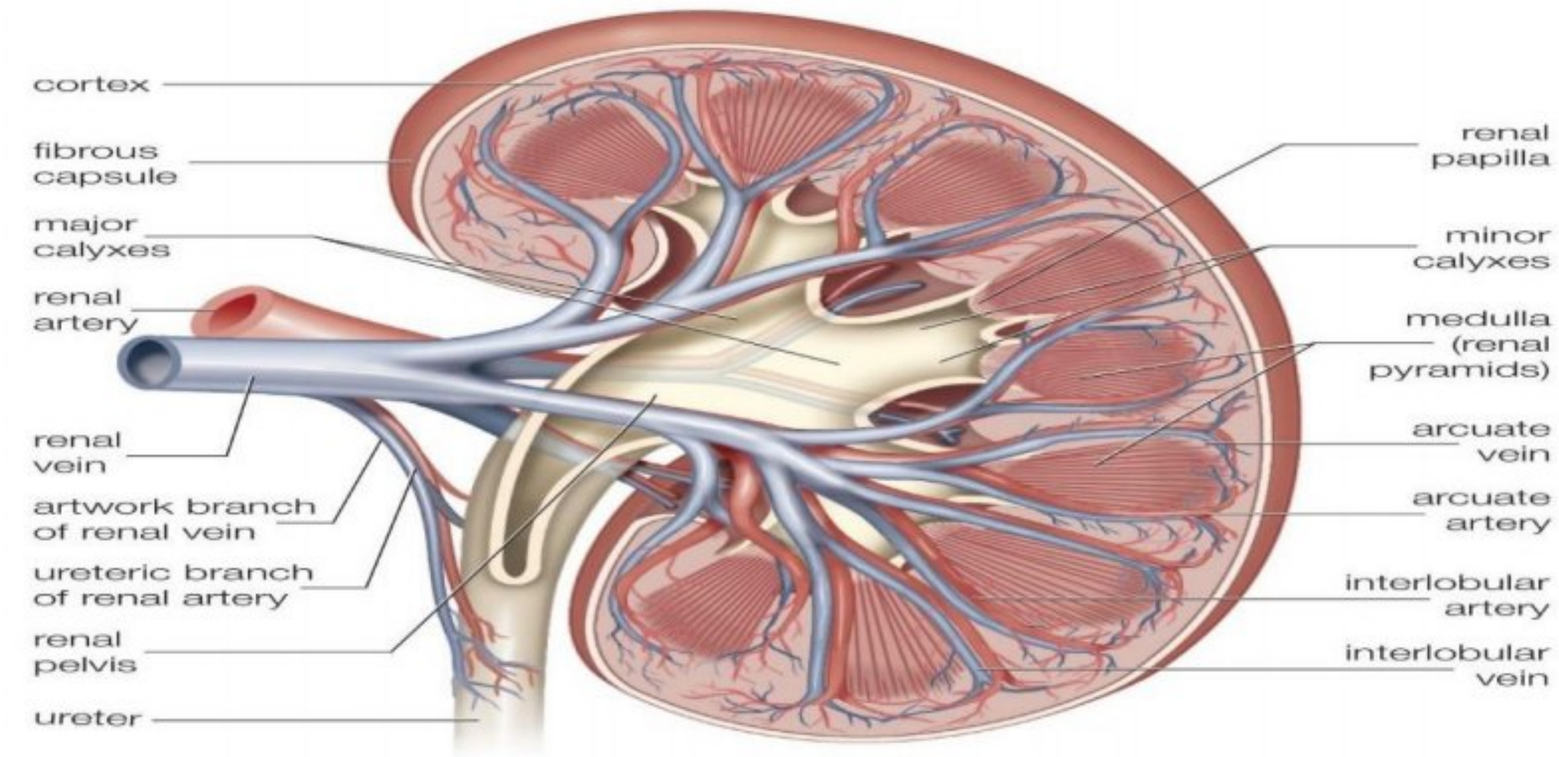
ABSTRACT :

The genetic disease known as polycystic kidney disease (PKD) is defined by the growth of multiple kidney cysts, which often result in end-stage renal failure. To clarify the clinical signs and course of autosomal dominant polycystic kidney disease (ADPKD), a clinical case study was conducted. Apart from dialysis and kidney transplantation for those with renal failure, there are currently no therapies or treatments for PKD. Research on the roles of PKD1 and PKD2 in cystogenesis has led to the development of prospective treatment options for ADPKD, such as the use of mTOR (mammalian target of rapamycin) inhibitors to stop the formation of cysts and maintain renal function.

Keywords: Lumen diameter control, ADPKD, CDCA, cilia, cation channel, and polycystic

INTRODUCTION

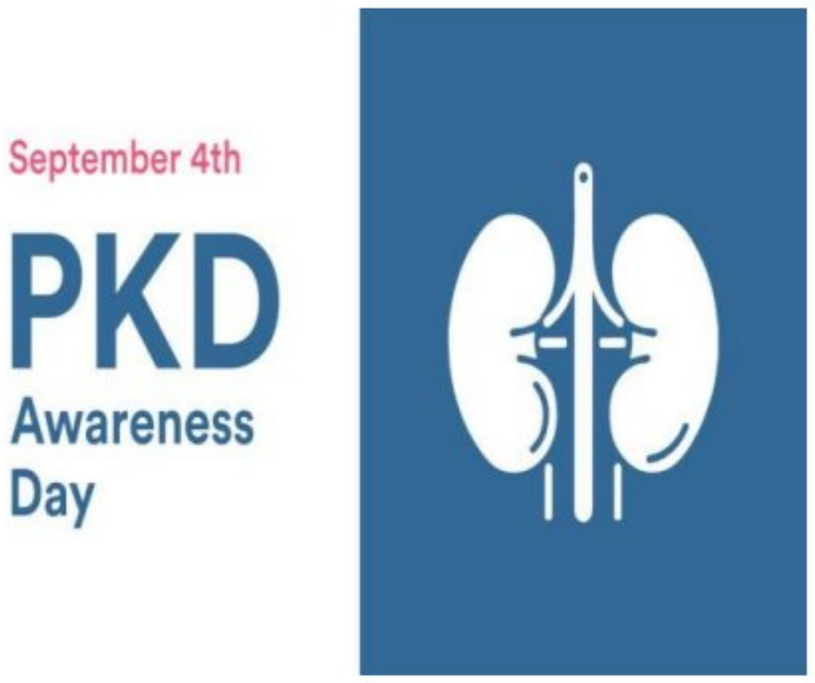
The kidneys are two organs of the excretory system in vertebrates. It filters blood, eliminates waste products from metabolism, and in many cases, also produces hormones (especially renin) and regulates blood pressure. It also keeps the body's water and electrolyte balance (osmoregulation).[1]



PKD Awareness Day is September 4, and it's a day to raise awareness and encourage action. May wear teal, advocate, contribute, volunteer, and share the word as a few ways to show your support.

A genetic condition known as polycystic kidney disease (PKD) leads to the growth of many fluid-filled kidney cysts. The disease is multisystemic, progressive, and causes kidney enlargement and cyst formation in addition to affecting other organs (liver, pancreas, spleen, etc.). PKD cysts can cause the kidneys to alter shape, including becoming significantly larger, in contrast to the generally benign simple kidney cysts that might develop in the kidneys later in life.[2]

Autosomal dominant and autosomal recessive populations of Parkinson's disease exist. The most prevalent kind, known as ADPKD, impacts 12.4 million individuals globally and over 600,000 Americans. Renal failure in adults is most commonly caused by genetics (see Chronic Kidney Disease). Although cysts can be found in children or during pregnancy, clinical signs usually show up in the third or fourth decade of life.[3]

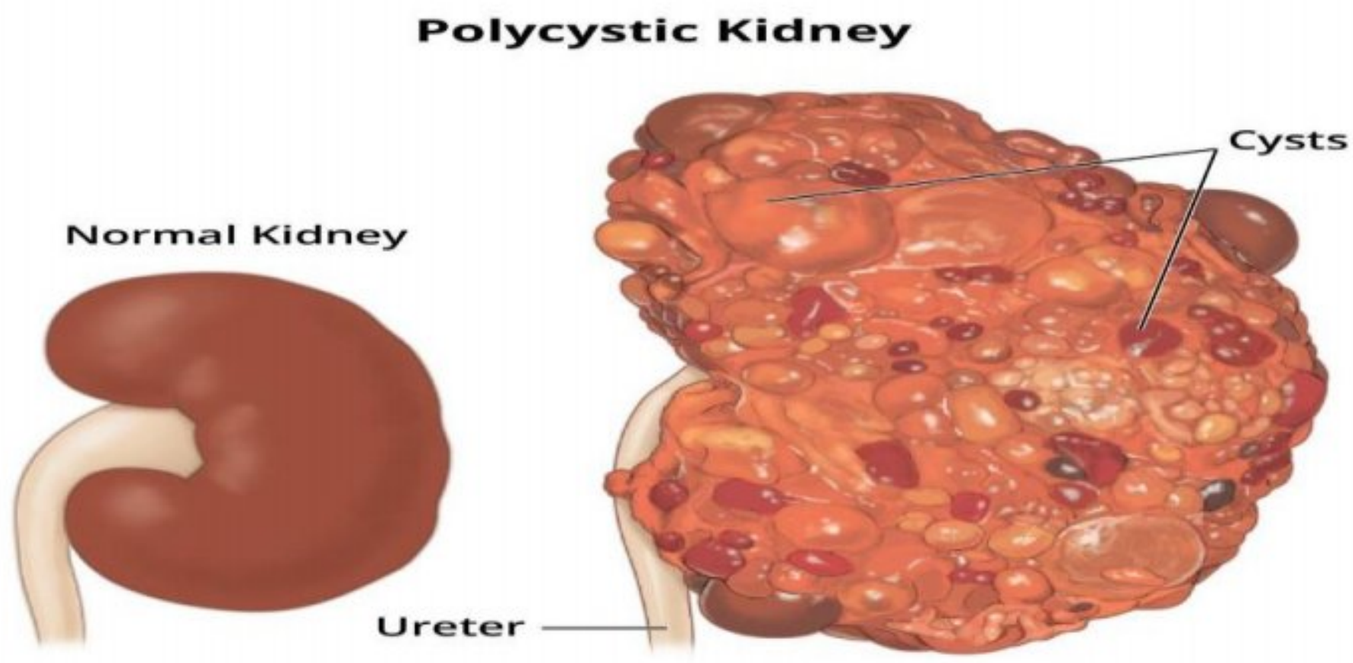


ENLIGHTEN THE AWARENESS

The greater the number of people who are aware of PKD, the more funds we can set aside to search for cures and treatments. We can increase our efforts and use PKD Awareness as a form to share experiences, enlighten the awareness, and inspire people to learn more. Let's join on PKD Awareness to enlighten the awareness of this illness to a level never seen before.[2]

DEFINITION

Polycystic kidney disease (PKD), an inherited condition, kidneys are the primary site of cyst development, leading to progressive kidney enlargement and loss of function. Cysts are circular sacs filled with fluid that are not malignant. The cysts come in different sizes and have the potential to enlarge greatly.[4]

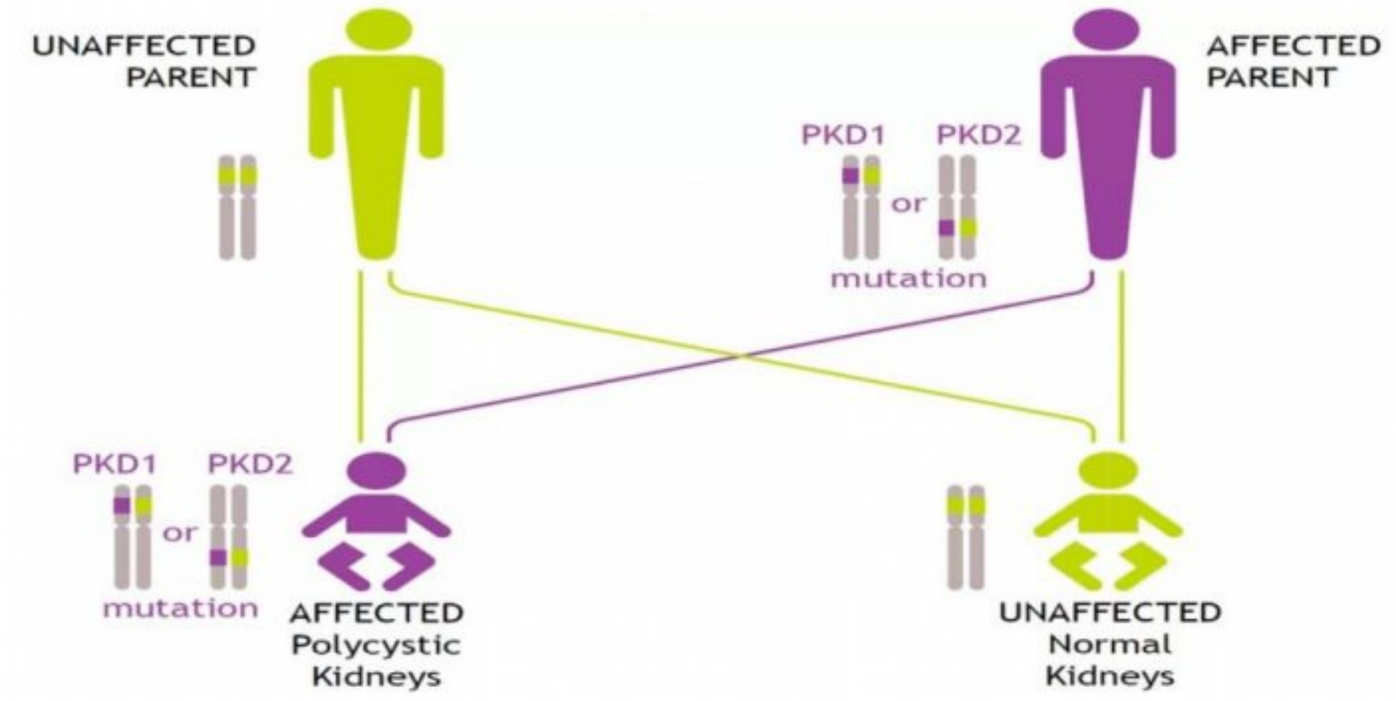


TWO TYPES

- **Autosomal dominant polycystic kidney disease (ADPKD).**

The ages of 30 and 40 are frequently when ADPKD signs and symptoms first appear. Although it can affect youngsters, this kind was formerly known as adult polycystic kidney disease.

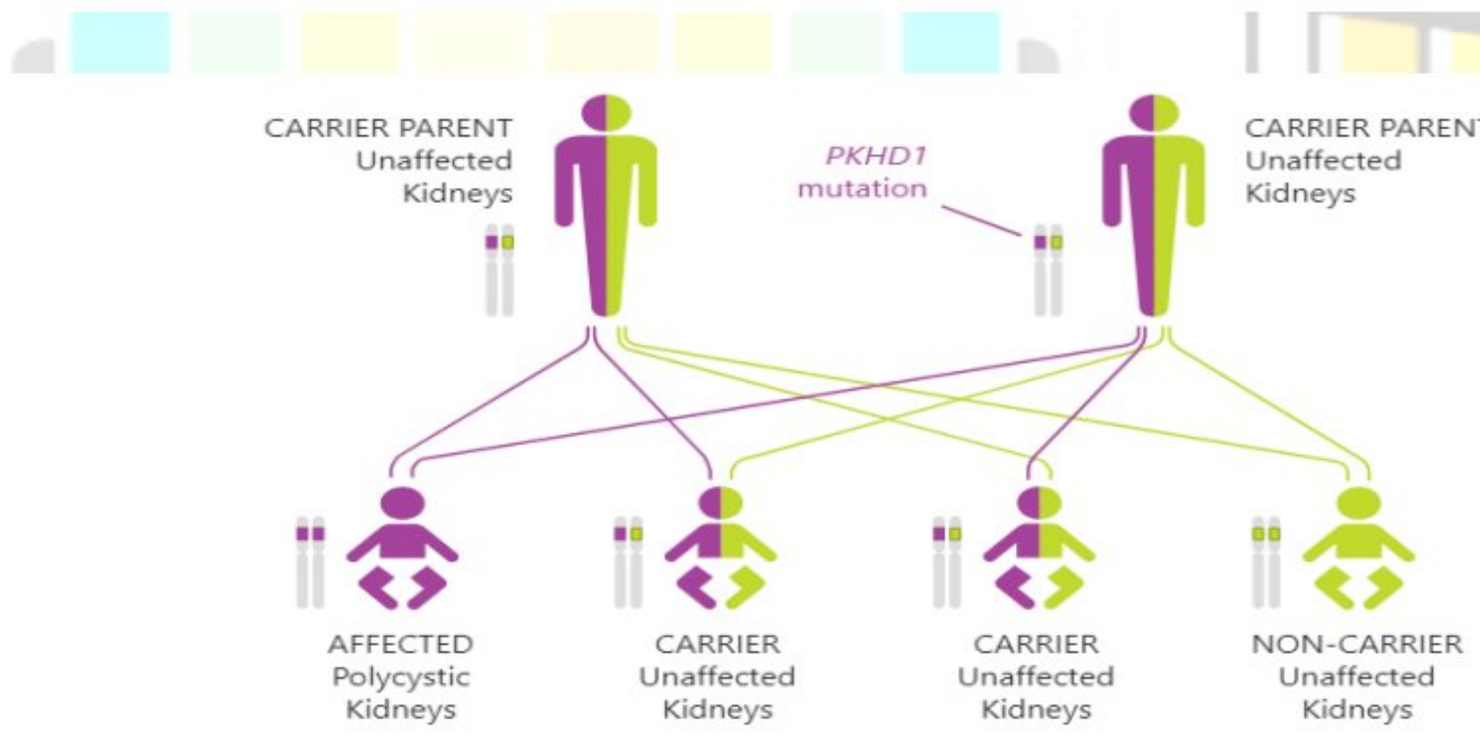
The sickness can infect children with just one parent's illness. Every child is 50% more likely to have ADPKD if one parent has the condition. Most instances of polycystic kidney disease are caused by this type.



- **Autosomal recessive polycystic kidney disease (ARPKD).**

In comparison to ADPKD, this kind is far less prevalent. Frequently, the symptoms and indicators start to show up soon after birth. Sometimes symptoms don't show up until later in childhood or adolescence.

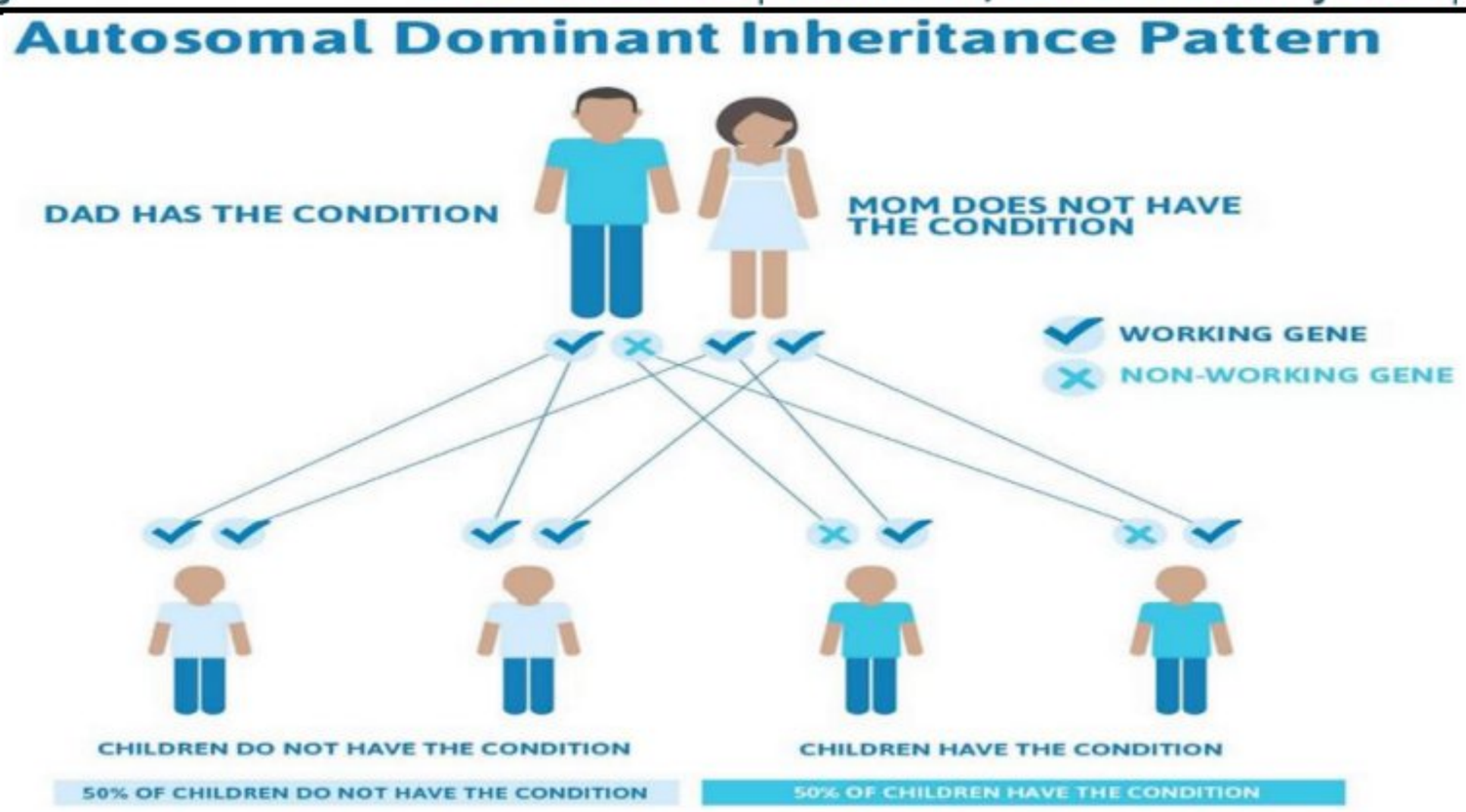
For this type of the disease to be passed on, both parents must have faulty genes. Each child has a 25% chance of developing this ailment if both parents have the gene for it.[5]



CAUSES

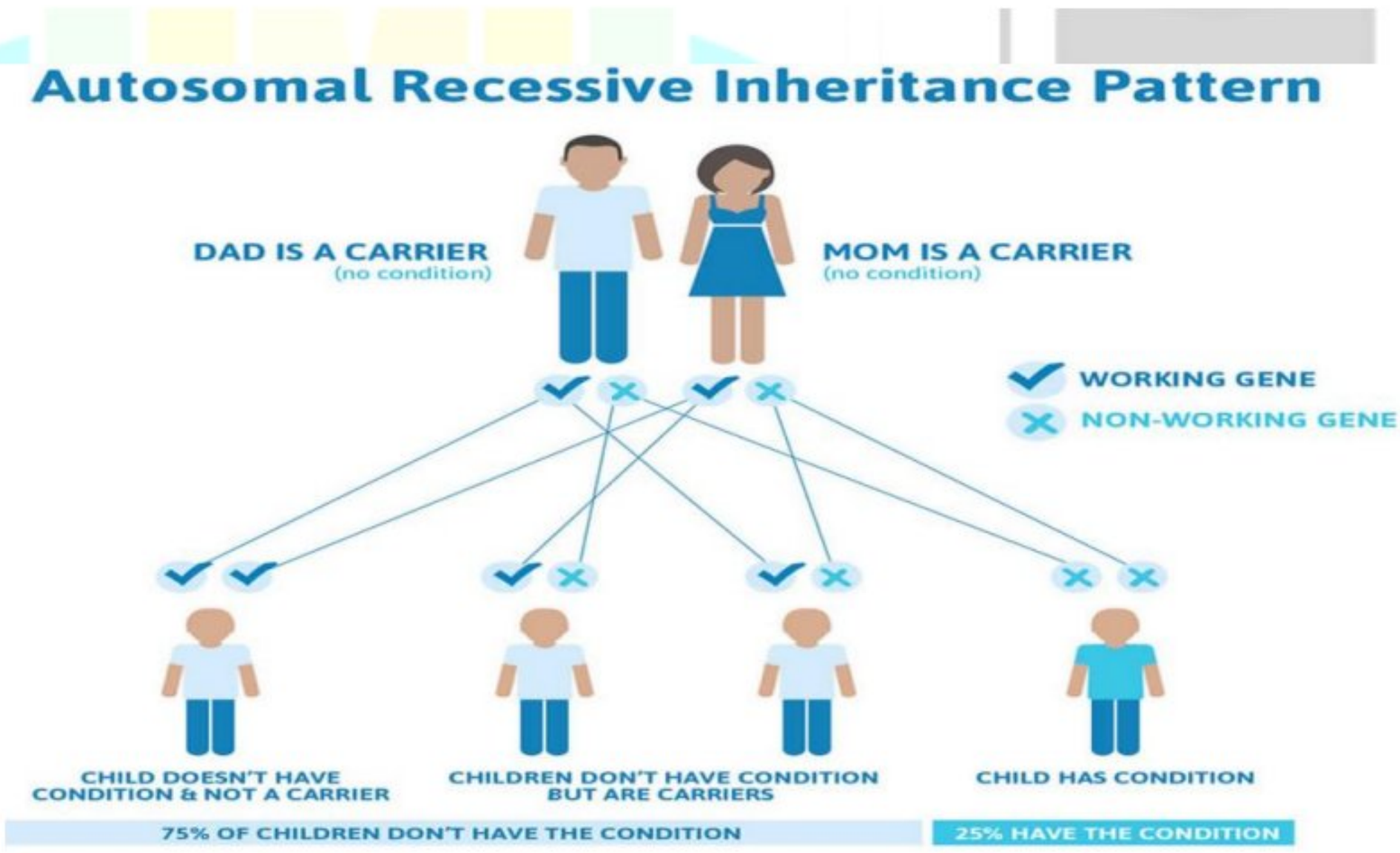
- **Autosomal dominant inheritance pattern**

These genetic abnormalities have an inheritance pattern known as autosomal dominant. "Autosomal" refers to a gene that is found on one of the numbered, or non-sex, chromosomes. A single mutant copy of the gene (from one parent) is sufficient to induce the condition in question, which is referred to be "dominant."



➢ Autosomal recessive inheritance pattern

Polycystic kidney disease is caused by abnormal genes, meaning that it typically runs in families. Sometimes a genetic mutation develops spontaneously, meaning that neither parent has a copy of the altered gene.[6]



COMPLICATIONS

Complications associated with polycystic kidney disease include:

- **High blood pressure :** Complications from polycystic kidney disease can include elevated blood pressure. In addition to raising your risk of heart disease and strokes, untreated high blood pressure can worsen kidney damage.

- **Loss of kidney function :** A major consequence of polycystic kidney disease is progressive decrease of kidney function. By the age of 60, renal failure affects about half of people who have the condition.

- The condition can cause uremia, a disorder where wastes accumulate to hazardous levels and the kidneys are unable to filter them out. End-stage kidney (renal) illness may develop as the condition progresses, requiring continuous dialysis or kidney transplantation to extend life.

- **Chronic pain:** People who have polycystic kidney disease frequently experience pain. Back or side are where it usually happens. Urinary tract infections, kidney stones, and cancers might potentially be linked to the pain.

- **Growth of cysts in the liver :** If a person has polycystic kidney disease, their age raises the risk of liver cyst development. Women are more likely than males to acquire larger cysts, although both sexes can get them. Liver cyst growth may be influenced by female hormones and many pregnancies.

- **Development of an aneurysm in the brain :** If a brain aneurysm a balloon-like bulge in a blood vessel ruptures, it can result in bleeding (hemorrhage). Individuals with polycystic

- kidney disease are more susceptible to aneurysms. Those who have a family history of aneurysms appear to be most vulnerable. Consult the physician if screening is necessary . Doctor may advise retaking the screening exam in a few years or as a follow-up if it turns out that don't have an aneurysm. Risk will determine when a repeat screening is necessary.

- **Pregnancy complications :** For most women with polycystic kidney disease, pregnancy is successful. But occasionally, women can get preeclampsia, a potentially fatal condition. The most vulnerable have elevated blood pressure or declining renal function before to conception.

- **Heart valve abnormalities :** Prolapse of the mitral valve occurs in up to 1 in 4 adult patients with polycystic kidney disease. Blood can leak backward as a result of the heart valve's inability to shut correctly.

- **Colon problems :** Polycystic kidney disease patients may develop weak points and pouches or sacs in the colon wall (diverticulosis).[7]

DIAGNOSIS

Most testing for polycystic kidney disease can determine the quantity of healthy kidney tissue present as well as the size and number of kidney cysts you have. These tests include:

✓ **Ultrasound :** A transducer, which resembles a wand, is applied to the body during an ultrasound. It produces sound waves similar to sonar, which are reflected back to the transducer. The reflected sound waves are converted by a computer into pictures of kidneys.

✓ **CT scan :** Participants lie on a moving table and are led into a large, doughnut-shaped machine that uses narrow X-ray beams to scan body. kidneys' cross-sections are visible to physician.

✓ **MRI scan :** Radio waves and magnetic fields create cross-sectional images of kidneys as lie within a large cylinder.[8]

TREATMENT

Dialysis

Since there is no known treatment for Polycystic kidney disease (PKD), symptom management is the recommended approach. The suggested strategy is management.

Even within families, there are differences in the severity of polycystic kidney disease. People with PKD typically develop end-stage kidney disease between the ages of 55 and 65. However, some PKD patients may have minor symptoms and may never develop end-stage kidney disease.

Early treatment of polycystic kidney disease include managing the following indications, symptoms, and complications:

- Among the most crucial aspects of managing PKD is blood pressure control. Although the optimal blood pressure medicine for patients with Polycystic kidney disease (PKD) is unknown, many nephrologists concur that ACE inhibitors or ARBs (angiotensin receptor blockers) are appropriate places to start.
- Those with PKD frequently have urinary tract infections. In addition to drinking enough of fluids to dilute blood in the urine, patients with Parkinson's disease (PKD) should take prompt antibiotics for the treatment of kidney, bladder, or urinary tract infections.
- PKD patients should refrain from using any NSAIDs (non-steroidal anti-inflammatory drugs) since they have a harmful impact on the kidneys. For their flank and back discomfort, patients with PKD may use acetaminophen (Tylenol).
- **Dialysis -** Dialysis treatments and, eventually, a kidney transplant are required for PKD patients who achieve end-stage renal failure. The best chance of stopping the course of polycystic kidney disease is to start therapy early. [9]

PHYSICAL THERAPY MANAGEMENT

Strength training

Exercise can help manage or lessen the symptoms of persons with chronic kidney disease, even though there is no known treatment for polycystic kidney disease (PKD).

Physiotherapy Management

An effective, all-encompassing workout program is what the physiotherapist contributes to the RR. They last for six to twelve weeks, with lessons lasting one to two hours. In exchange, participants must agree to working out at least two additional days a week at home.

The aims are to:

- Boost muscles' power, flexibility, and fitness
- Enhance living quality
- Decrease blood pressure , Enhance blood sugar control
- promote the heart and lung function
- Develop self-esteem and control weight
- combat or reverse the negative effects of steroidal therapy, including weight gain following a transplant, weakening of the bones, and muscular atrophy.

A warm-up and cool-down, a strengthening portion, a cardiovascular section, and a flexibility section should all be included in the program. Along with keeping an eye on clients' development, the therapist must also monitor their own.[10]

DIETARY MANAGEMENT

- Limiting food is one strategy to slow down the PKD's development. Consuming a low-sodium, low-protein diet and staying hydrated is how many individuals manage the illness.
- Testing may be necessary in the case of chronic renal illness to identify which nutrients are adequately and improperly digested. After receiving this information, the individual may decide to speak with a renal dietitian about a personalized diet.
- Consider a nephrologist about fluid intake as it plays a significant role in managing PKD. The early stages of PKD cause a person's ability to absorb water to be impaired.
- Consequently, with intense exertion or intense heat, a person with PKD may rapidly get dehydrated. Requirements for fluid intake vary depending on the kind of dialysis and the volume of urine generated by the patient receiving it. Fluid consumption should be restricted to one liter per day if the patient isn't peeing anymore.
- Nutraceuticals may be used to treat autosomal dominant polycystic kidney disease. It has been demonstrated that a number of natural substances, including triptolide, curcumin, ginkgolide B, and steviol (stevia extract), can impede the growth of cysts in ADPKD.[11]

PREVENTION

A genetic counselor can assist you in determining the likelihood of passing on polycystic kidney disease to your offspring if have the condition and are thinking about becoming parents.

Maintaining the best possible health for your kidneys may help avoid some of the consequences associated with this illness. Controlling the blood pressure is one of the most crucial things can do to save the kidneys.[12]

The following advice can help maintain appropriate blood pressure:

• Follow to doctor's instructions on the use of blood pressure drugs.

• Consume a diet high in fruits, vegetables, whole grains, and low in sodium.

•Sustain a healthy weight.

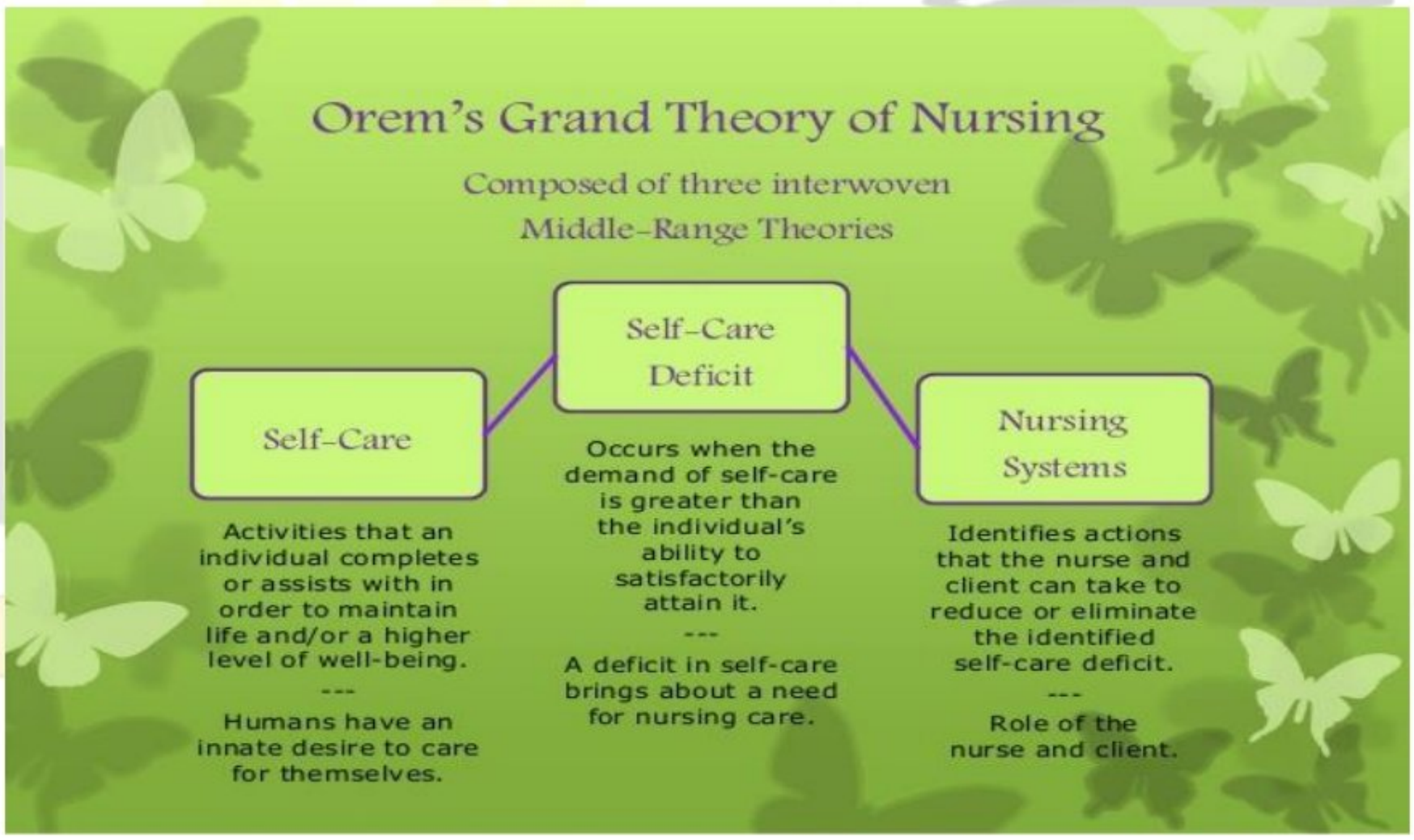
• Give up smoking.

• Work out frequently. On most days of the week, try to engage in moderate physical exercise for at least 30 minutes.

• Don't drink alcohol too much.[13]

SPECIAL NEEDS OF KIDNEY PATIENTS

Orem's theory of the self-care deficit, which is used to diagnose Polycystic Kidney Disease patients' self-care deficits and associated factors, as well as to boost patients' self-efficacy and enhance their quality of life; Sister Callista Roy's theory of adaptation, which is used to help patients and their families adjust to the process of self-care and managing their PCKD.



A study to assess the effects of Insight and Cognizance on patients with Resistant Polycystic Kidney Disease. The method was conducted 120 resistant PCKD patients (mean age, 68 years; 44% Female; 61% Black; 29% diabetes; 25% chronic kidney disease) were randomized to participate in a 3-month PCKD Awareness programme. The result was the age of > 60 years had an OR of 0.33 (95% CI, 0.140.83) for minimal or ideal knowledge about PCKD compared with the age group between 18 and 39 years.[14]

CONCLUSION

Polycystic kidney disease is a genetic condition that is common in the human population. Kidney cysts develop and inevitably become larger over this period, eventually leading to end-stage renal disease (ESRD). Today's treatment strategies concentrate on managing symptoms and complications in addition to delaying the course of the illness.

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CAPTURE ATTACKS – MANAGEMENT OF PATIENTS WITH SEIZURES

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ABSTRACT

The management of patients with seizures necessitates a comprehensive and individualized approach that integrates pharmacological and non-pharmacological interventions, addresses comorbidities, and prioritizes patient well-being. Ongoing research and technological innovations continue to refine our understanding and management of seizures, with the ultimate goal of optimizing outcomes and improving the lives of individuals living with epilepsy.

KEYWORDS

Multiple Subpial Transection (MST), Antiepileptic Drugs (AEDs), Vagus Nerve Stimulation (VNS)

SIEZURES

INTRODUCTION

There are many types of seizures, and they have a range of symptoms and severity. Seizure types vary by where they begin in the brain and how far they spread. Most seizures last from 30 seconds to two minutes. A seizure that lasts longer than five minutes is a medical emergency.

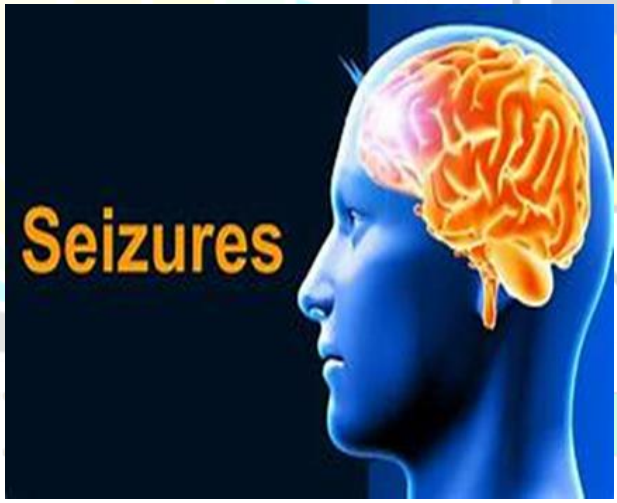
Seizures can happen after a stroke or a head injury. They also may be caused by an infection such as meningitis or another illness. Many times, though, the cause is unknown. Most seizures can be controlled with medicine. However, managing seizures can affect your daily life. You can work with your health care professional to balance seizure control and medicine side effects.

DEFINITION

A seizure is a sudden, uncontrolled burst of electrical activity in the brain. It can cause changes in behaviour, movements, feelings and levels of consciousness. Having two or more seizures at least 24 hours apart that don't have a known cause is considered to be epilepsy.

Focal seizures

"Focal seizures result from electrical activity in one area of the brain. This type of seizure can occur with or without loss of consciousness"



- **Focal seizures with impaired awareness.** These seizures involve a change or loss of consciousness or awareness that feels like being in a dream. People having these types of seizures may seem awake but they stare into space and don't respond to their environment. They may perform repetitive movements such as hand rubbing, mouth movements, repeating certain words or walking in circles. They may not remember the seizure or even know that it occurred.
- **Focal seizures without impaired awareness.** These seizures may alter emotions. They also may change the way things look, smell, feel, taste or sound. But the seizures don't cause a loss of consciousness.

During these types of seizures, people may suddenly feel angry, joyful or sad. Some people have nausea or unusual feelings that are hard to describe. These seizures may result in trouble speaking and involuntary jerking of a body part such as an arm or a leg. They also may cause sudden sensory symptoms such as tingling, dizziness and seeing flashing lights.

CAUSES

- A high fever. When this happens, the seizure is known as a febrile seizure.
- An infection of the brain. This may include meningitis or encephalitis.
- Severe general illness, including a severe infection of COVID-19.
- Lack of sleep.
- Low blood sodium. This can happen with medicine that makes you urinate.
- Certain medicines that treat pain, depression or help people stop smoking. They can make it easier for seizures to happen.
- A new, active brain injury, such as head trauma. It can cause bleeding in an area of the brain or a new stroke.
- The use of legal or illegal drugs that may be sold on the streets, such as amphetamines or cocaine.
- Alcohol misuse, including during times of withdrawal or extreme intoxication.

SYMPTOMS

- Temporary confusion.
- A staring spells.
- Jerking movements of the arms and legs that can't be controlled.
- Loss of consciousness or awareness.
- Cognitive or emotional changes. They may include fear, anxiety or a feeling that you've already lived this moment, known as deja vu.

DIAGNOSTIC STUDIES

- A neurological exam
- Blood tests
- Lumbar puncture,
- SPECT
- EEG,
- CT, MRI,
- PET

TYPES OF SIEZURES

1. Partial seizures

    1.1. Simple partial seizures

    1.2. Complex partial seizures

2.Generalized seizures

    2.1. Absence seizures

    2.2. Tonic-clonic seizures

    2.3. Myoclonic seizures

    2.4. Atonic seizures

NEEDS OF PATIENTS IN SEIZURES

Seizures are a medical phenomenon related to abnormal electrical activity in the brain, often associated with epilepsy. The management of seizures falls within the domain of neurology and healthcare providers who specialize in epilepsy care. Nurses may play a crucial role in supporting individuals with seizures by providing care, educating patients and families, and facilitating communication with the broader healthcare team.

MANAGEMENT

MEDICAL MANAGEMENT

1. Antiepileptic Drugs (AEDs)
2. Medication Monitoring
3. Lifestyle Modifications
4. Dietary Therapy
5. Vagus Nerve Stimulation (VNS)
6. Responsive Neurostimulation (RNS)

SURGICAL MANAGEMENT

1. Resective Surgery
2. Lesionectomy
3. Multiple Subpial Transection (MST)
4. Corpus Callosotomy
5. Hemispherectomy or Hemispherotomy
6. Responsive Neurostimulation (RNS)
7. Laser Interstitial Thermal Therapy (LITT)
8. Deep Brain Stimulation (DBS)

NURSES ROLE

1. Assessment
2. Patient Education
3. Medication Administration and Monitoring
4. Seizure Precautions
5. Support and Communication
6. Documentation
7. Lifestyle Counseling
8. Monitoring and Observation
9. Advocacy

NEURO REHABILITATION

Rehabilitation for individuals with seizures focuses on improving their overall quality of life, minimizing the impact of seizures, and promoting independence. The specific rehabilitation plan will vary depending on the individual's needs, the type of seizures they experience, and any associated challenges. key components are Comprehensive Assessment, Physical Therapy, Occupational Therapy, Cognitive Rehabilitation, Speech and Language Therapy, Education and Seizure Management, Psychosocial Support.

HOME MANAGEMENT

Managing seizures at home involves creating a safe and supportive environment to minimize the risk of injury during seizures and promote overall well-being home management strategies are Medication Adherence, Create a Safe Environment, Kitchen Safety, Bathing Safety, Seizure Action Plan, Wearable Devices, Regular Sleep Patterns, Stay Hydrated and Maintain a Healthy Diet, Exercise and Physical Activity, Emergency Preparedness, Regular Medical Follow-Up and Social Support.

CONCLUSION

In conclusion, the identification and management of focal seizures require a comprehensive and individualized approach. By combining medical interventions, lifestyle modifications, and supportive care, healthcare professionals can empower patients to achieve optimal seizure control and enhance their overall quality of life. Regular monitoring and adjustments to the treatment plan contribute to ongoing success in managing seizures and promoting the well-being of affected individuals

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A STUDY TO ASSESS THE EFFECTIVENESS OF MENTAL HEALTH TRAINING PROGRAMME REGARDING PREMENSTRUAL SYNDROME FOR THE PROMOTION OF HEALTH AMONG TEENAGE GIRLS IN SELECTED SCHOOLS OF B G NAGARA

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ABSTRACT
Mental health is one of the most important issues in psychology and psychiatry and mental illness is rising dangerously. Worldwide research indicates that the prevalence of mental and emotional disorder and behaviour in adolescents, especially girls, has been increased significantly in recent years. While emotional disorders have been more in girls than boys, which may be due to the high record of limitations emerge from gender stereotypes. **Objectives:** To assess the pre-test knowledge level of teenage girls regarding premenstrual syndrome. To assess the post-test knowledge. To find the effectiveness of mental health training programme by comparing pre-test & post-test knowledge score. To find the association between pre-test knowledge scores with selected socio demographic variables. **Methods:** A Pre experimental one group pertest - post-test deign was used to assess the effectiveness of mental health training programme regarding premenstrual syndrome. Non-probability convenient sampling technique used to select 50 teenage girls age between 13 – 16 years by using the tool structured knowledge questionnaire. **Results:** The result showed that there was a significant difference between the mean post-test knowledge score (18.32) & mean pre-test knowledge score (8.12). The computed 't' value 87.12 showed a significant difference between the mean post-test knowledge score & pre-test knowledge score at 5 % level of significance ($t_{(49)}$=1.676), hence H_1 was accepted, there was significant association between gain in knowledge score with the demographic variables like stay in hostel, religion, education, residing area & occupation of mother at 5% level of significance, hence H_2 was accepted. **Conclusion:** The study's findings concluded that the mental health training programme regarding premenstrual syndrome was effective in increasing the knowledge of teenage girls.

KEYWORDS: Mental health training programme, Premenstrual syndrome, Teenage girls.

INTRODUCTION
Premenstrual syndrome is a day-to-day disorder among girls and young women occurred repeatedly during the luteal phase of menstrual cycle linked with disorders of mood, such as anger, anxiety, and irritability leading to interference in social and family activities.[1]

The reported prevalence estimates of Premenstrual syndrome in India have ranged from 14.3% to 74.4%. Similarly, the reported prevalence of PMDD in India has varied widely between 3.7% to 65.7%.[2] Premenstrual syndrome is the most common cause for mental disturbance among adolescent and young adult females. In some area or in some geographical area teenage girls are not much knowledge regarding premenstrual syndrome and its management and also, they are unable to solve their psychological discomforts during premenstrual syndrome.[3]

Statement of the problem
A Study to assess the effectiveness of mental health training programme regarding premenstrual syndrome for the promotion of health among teenage girls in selected school of B G Nagara.

OBJECTIVES
To assess the pre-test knowledge level of teenage girls regarding premenstrual syndrome. To assess the post-test knowledge level of teenage girls regarding premenstrual syndrome after administration of mental health training programme. To find out the effectiveness of mental health training programme by comparing pretest and post-test knowledge score regarding premenstrual syndrome. To find the association between pretest knowledge scores and selected demographic variables.

METHODS AND MATERIALS

Hypothesis

There will be a significant difference between pre-test and post-test knowledge scores regarding premenstrual syndrome among teenage girls those who are in between the age 13 – 16 years. There will be significant association between the pre-test knowledge scores with their selected socio demographic variables.

Research approach: An evaluative approach was used to achieve the objectives of the study.

Research design: - Pre experimental one group pertest - post-test only deign

Population: - In this study population consist all teenage girls.

Sample: - Sample selected for this study are 50 teenage girls.

Sample size: - A total of 50 teenage girls

Sampling technique: - In this study non-probability convenient sampling technique was used.

Independent variables: - Mental health training programme

Dependent variables: - Knowledge on premenstrual syndrome.

METHOD OF DATA COLLECTION

The data collection was scheduled from 21st august to 28th September prior permission was obtained from concerned authority. The investigator established good rapport with samples. Oral consent from each participant was obtained after collecting background data and pre-test was conducted on knowledge on minor discomforts of puerperium and relief measures. After the pre-test, mental health training programme was conducted for the teenage girls with the help of flash card, pamphlet and chart. With an interval of one week post test was conducted using the same tool to determine the effectiveness of mental-health training program.

Tool used for the study: - The investigation developed the tool as follows

Part 1- consists of socio demographic profile of the subject.

Part 2- multiple choice questions regarding menstruation and premenstrual syndrome.

Plan for data analysis

Demographic proforma was analysed in terms of frequency and percentage. The knowledge score was analysed by using frequency, percentage, mean, mean percentage and standard deviation. Effectiveness of mental health training programme was analysed by using paired 't'test. Association between gain in knowledge scores with selected demographic variables was calculated by using chi- square test.

RESULTS

Analysis of the study finding are categorized and presented under the following headings

Section I: Description of the demographic variables of teenage girls under study (Table 1).

Section II: Distribution of samples according to their level of knowledge scores of the higher primary school children. (Table 2)

Section I11: Data on effectiveness of mental health training programme (Table 3)

Section 1V: Association between pretest knowledge score with selected demographic variables. (Table 4)

Table 2: Distribution of the subjects according to socio-demographic variables.

Demographic variables	Category	Number of teenage girls	Percentage
Age	a. 13 b. b.14 c. 15 d. d.16	4 30 14 2	8% 60% 28% 4%
Do you stay in hostel?	a. Yes b. No	0 50	0% 100%
Religion	a. Hindu b. Muslim c. Christian	47 3	94% 6%
Residing area	a. Urban b. Rural	15 35	30% 70%
Type of the family	a. Nuclear family b. Joint family	35 15	70% 30%
Education of the Father	a. Illiterate b. S.S.L.C c. Higher secondary d. Degree	4 27 11 8	8% 54% 22% 16%
Occupation of the father	a. Unemployed b. Self-employee c. Daily wages d. Private e. government	7 19 13 3 8	14% 38% 26% 6% 16%

Education of the mother	a. Illiterate b. S.S.L.C c. Higher secondary d. Degree	7 35 5 3	14% 70% 10% 6%
Occupation of the Mother	a. Home maker b. Self-employee c. Daily wages d. Private e. Government	43 1 4 2 0	86% 4% 8% 2% 0%
Family monthly income	a. Below 5000 b. 5001- 10000 c. 10001 – 20000 d. d. Above 20000	14 25 4 7	28% 50% 8% 14%
Source of previous knowledge about premenstrual syndrome?	a. Family members b. Friends c. Mass media d. School couching	27 4 5 14	54% 8% 10% 28%

Table 2: Frequency and Percentage distribution of pre-test and post-test level of knowledge of teenage girls N=50.

Level of Knowledge	Pre-test level of knowledge		Post-test level of knowledge	
	Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
Inadequate	44	88.0	0	0.0
Moderately adequate	06	12.0	27	54.0
Adequate	0	0.0	23	46.0

Table 3: Overall mean, standard deviation (SD), mean percentage, paired t value between pre-test and post-test N=50.

Aspects	Teenage Girls			Significant difference in level of knowledge	Student's paired t-test
	Mean	SD	Mean (%)		
Pretest	8.12	2.82	32.48	40.8%	t=87.12
Posttest	18.32	2.68	73.28		

$t_{(49)}$ =1.676 significant at 0.05 level of significance

Table 4: Association between pertest level of knowledge of teenage girls regarding premenstrual Syndrome and Demographic variables.

Sl. No.	Chi Square analysis						
	Observed frequency(O)	Expected frequency(E)	O-E	$(O-E)^2$	$(O-E)^2/E$	Cal value	Tab value
1	Age in years						
	20	20.24	0.24	0.05	0.002	X^2=0.037	
	3	2.76	0.24	0.05	0.018		
	24	23.76	0.24	0.05	0.002		
	3	3.24	0.24	0.05	0.015	d.f=1	3.84
				∑	0.037	N.S	
2	Do you stay in hostel						
	2	3.36	1.52	2.31	0.68		
	2	0.48	1.52	2.31	4.81	X^2 =5.95	
	42	40.48	1.52	2.31	0.05		
	4	5.52	1.52	2.31	0.41	d.f=1	3.84
				∑	5.95	S	
3	Religion of teenage girls						
	20	21.12	-1.12	1.25	0.05		
	4	2.88	1.12	1.25	0.43	X^2=0.93	

	24	22.88	1.12	1.25	0.05		
	2	3.12	-1.12	1.25	0.40	d.f=1	3.84
				∑	0.93	N.S	
4	Residing area						
	11	13.2	2.2	4.84	0.36		
	4	1.8	2.2	4.84	2.68	X^2=4.34	
	33	30.8	2.2	4.84	0.15		
	2	4.2	2.2	4.84	1.15	d.f=1	3.84
				∑	4.34	S	
5	Type of family						
	30	30.8	0.8	0.64	0.02		
	5	4.2	0.8	0.64	0.15	$X^{2=}$=0.56	
	14	13.2	0.8	0.64	0.04		
	1	1.8	0.8	0.64	0.35	d.f=1	3.84
				∑	0.56	N.S	
6	Education of father						
	3	3.52	0.52	0.27	0.07		
	1	0.48	0.52	0.27	0.56		
	25	23.76	1.24	1.53	0.06		
	2	3.24	1.24	1.53	0.47		
	10	9.68	0.32	0.10	0.01		
	1	1.32	0.32	0.10	0.07	X^2=2.51	
	6	7.64	-1.04	1.08	0.15		
	2	0.96	1.04	1.08	1.12	d.f=3	7.81
				∑	2.51	N.S	
7	Occupation of father						
	7	6.16	0.84	0.70	0.11		
	0	0.84	-0.84	0.70	0.83		
	17	16.72	0.28	0.07	0.00		
	2	2.28	-0.28	0.07	0.00	X^2=8.6	
	12	11.44	0.56	0.31	0.02		
	1	1.56	-0.56	0.31	0.19		
	1	2.64	-1.64	2.68	1.01		
	2	0.36	1.64	2.68	7.44		
	7	7.04	0.04	0.00	00		
	1	0.96	0.04	0.00	00	d.f=4	9.488
				∑	8.6	N.S	
8	Education of mother						
	5	6.16	1.16	1.34	0.21		
	2	0.84	1.16	1.34	1.59		
	33	30.8	2.2	4.84	0.15		
	2	4.2	2.2	4.84	1.15	X^2=7.17	
	3	4.4	1.4	1.96	0.44		
	2	0.6	1.4	1.96	3.26		
	3	2.64	0.36	0.12	0.04		
	0	0.36	-0.36	0.12	0.33	d.f=3	7.81
				∑	7.17	N.S	
9	Occupation of mother						
	40	37.84	2.16	4.66	0.12		
	3	5.16	2.16	4.66	0.90		
	1	1.76	0.76	0.57	0.32		
	1	0.24	0.76	0.57	2.37		
	2	3.52	-1.52	2.31	0.65		

	2	0.48	1.52	2.31	4.81	X^2=9.26	
	1	0.88	0.12	0.01	0.01		
	0	0.12	0.12	0.01	0.08	d.f=3	7.81
				∑	9.26	S	
10	Family monthly income						
	13	12.32	0.68	0.46	0.03		
	1	1.68	0.68	0.46	0.27		
	22	22	0	00	0		
	3	3	0	00	0		
	3	3.52	0.52	0.27	0.07		
	1	0.48	0.52	0.27	0.56	X^2=0.95	
	6	6.16	0.16	0.02	0.00		
	1	0.84	0.16	0.02	0.02	d.f=3	7.81
				∑	0.95	N.S	
11	Source of health information						
	25	23.76	1.24	1.53	0.06		
	2	3.24	1.24	1.53	0.47		
	3	3.52	-0.52	0.27	0.07		
	1	0.48	0.52	0.27	0.56		
	4	4.4	-0.4	0.16	0.03		
	1	0.6	0.4	0.16	0.26	X^2=1.5	
	12	12.32	-0.32	0.10	0.00		
	2	1.68	0.32	0.10	0.05	d.f=3	7.81
				∑	1.5	N.S	

DISCUSSION

The findings of the study has lead the conclusion that that mental health training programme was effective in increasing the knowledge of teenage girls regarding premenstrual syndrome.

ACKNOWLEDGEMENT

This research was self-funded, and I am grateful for the financial support that made this work possible.

I extend my thanks to Adichunchanagiri college of nursing for providing the necessary resources and facilities to carry out this study. I am grateful to the participants of this study for their time, cooperation, and willingness to contribute to this research.

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"A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAME ON KNOWLEDGE REGARDING ASSERTIVE COMMUNICATION AND ITS BENEFIT IN NURSE PATIENT RELATIONSHIP AMONG 1ST YEAR B.SC. NURSING STUDENTS AT ADICHUNCHANAGIRI COLLEGE OF NURSING, B.G. NAGAR."

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ABSTRACT

Assertive communication plays a crucial role in promoting optimal patient care, collaboration among healthcare teams, and professional growth. This paper explores the importance of assertive communication for nursing students and proposes a comprehensive approach to develop and enhance assertive communication skills in various aspects. It highlights the significance of assertiveness in nursing practice, emphasizing its positive impact on patient outcomes, teamwork, and personal well-being. Assertive communication helps nursing students to develop social skills and enhanced patient-centred care. Additionally, the paper explores the long-term impact on nursing students' professional development and their ability to navigate complex healthcare environments. In conclusion, this paper advocates for a proactive approach by acknowledging the challenges unique to the healthcare setting and providing targeted education and training, nursing programs can empower students to become effective communicators, fostering a positive and collaborative culture within the profession.

Keywords: *Assertive Communication, Communication Skills, Social Skills, Nursing Care*

INTRODUCTION

A crucial ability for our day-to-day existence is assertiveness. We can get things done if we are assertive. Of course, we must ensure that we are not aggressive. Any necessary information must be expressed in a straightforward, non-abusive manner. Andrew Salter, the hypnotherapist and early behaviour therapist at London is credited with introducing the term assertiveness, in 1949, to mean an inner resource to deal peacefully with confrontations. The term was reintroduced by Arnold Lazarus, Professor of Psychology who defined it as "expressing personal rights and feelings. "Since its introduction it has become the major focus in changing the stress related behaviours.[1] Assertiveness is... expressing our thoughts, feelings, and beliefs in a in an appropriate, straightforward, and honest manner. It means that we have respect both for ourselves and for others. Being assertive is not about being pushy or superior. It's about communicating what you want in a clear, level-headed manner.[2] An assertive person successfully persuades, listens, and bargains to get others to participate voluntarily.

Assertiveness is the ability to clearly, honestly, and freely express one's needs, thoughts, and ideas without infringing on the privacy of others. It has been proposed that the growth of assertiveness may also help the profession's confidence as it advances, as it is essential for good nurse-patient communication. It is considered as one of the essential life skills that has to be developed by everyone.[3]

MATERIALS AND METHODS

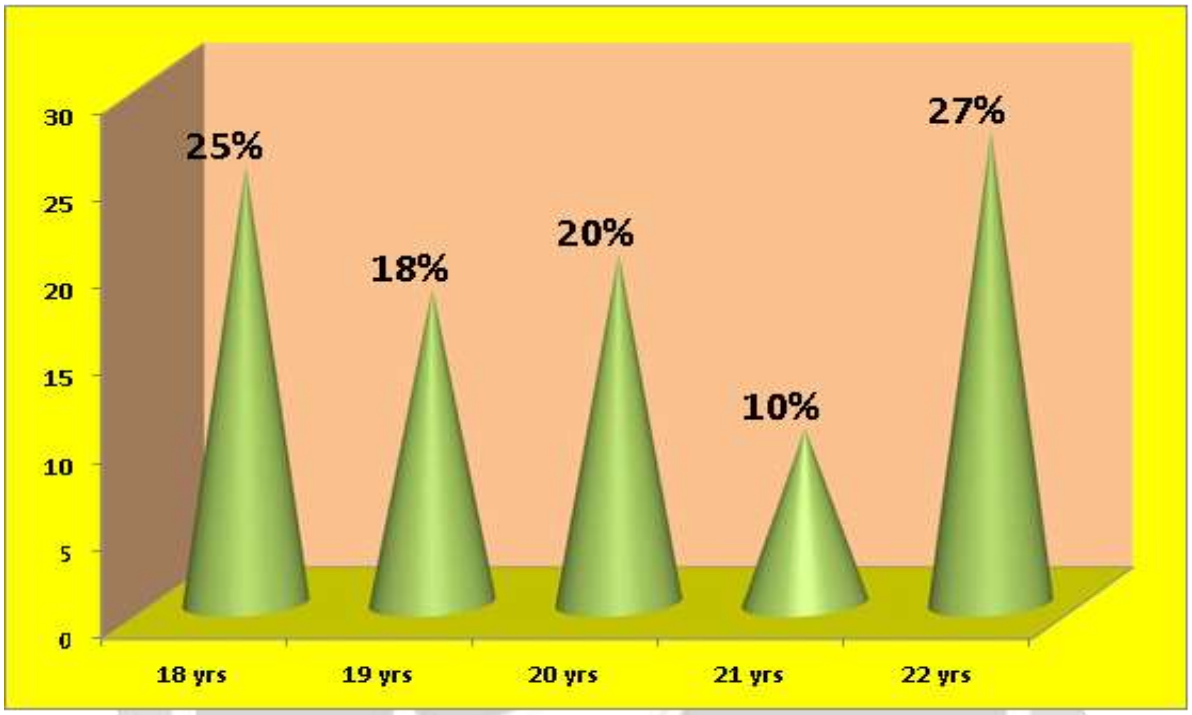
Evaluative research approach was found to be suitable to assess the effectiveness of structured teaching programe on knowledge regarding assertive communication and its benefit in nurse patient relationship among 1st year B.Sc. nursing students at Adichunchanagiri College of Nursing, B.G. Nagar. In this study, Quasi experimental research design was used. Random sampling technique was adopted. The data were analysed using the Computation of mean and standard deviation and inferential statistics. chi-square test used for analysis. The data represented by using various graphical devices, the bar diagram, pie diagram, etc.

RESULT

DATA SHOWS THE ASSOCIATION BETWEEN PRE-TEST KNOWLEDGE SCORES ON ASSERTIVE COMMUNICATION AND ITS BENEFITS IN NURSE PATIENT RELATIONSHIP AND SELECTED SOCIO-DEMOGRAPHIC VARIABLES.

Sl. No	Socio-demographic Variable	Categorization	Frequency (f)	Percentage (%)
1	Age	18 Years	15	25.0
		19 Years	11	18.0
		20 Years	12	20.0
		21 Years	6	10.0
		22 Years	16	27.0
2	Gender	Male	20	33.0
		Female	40	67.0
3	Religion	Hindu	20	33.0
		Muslim	12	20.0
		Christian	28	47.0
		Others	-	-
4	Type of Family	Nuclear Family	12	48.0
		Joint Family	48	80.0
5	Education of father	No formal education	1	2.0
		Primary school	2	4.0
		High school	5	8.0
		PUC	15	25.0
		Graduate	32	53.0
		Post graduate	5	8.0
6	Education of mother	No formal education	2	4.0
		High school	2	4.0
		PUC	12	20.0
		Graduate	34	56.0
		Post graduate	8	12.0
7	Previous knowledge about assertive communication	Yes	8	13.0
		No	52	87.0

8	Sources of information	Teachers	26	43.0
		Friends	18	30.0
		Relatives	4	7.0
		Mass media	12	20.0



SECTION B (TABLE 2): DATA SHOWS THE ASSOCIATION BETWEEN PRE-TEST KNOWLEDGE SCORES ON ASSERTIVE COMMUNICATION AND ITS BENEFITS IN NURSE PATIENT RELATIONSHIP AND SELECTED SOCIO-DEMOGRAPHIC VARIABLES.

Sl. No	Variable	Category	Knowledge scores					χ^2 value
			Inadequate		Moderate		Total	
			f	%	f	%		
1	Age	18 Years	15	29.0	-	-	15	23.8*
		19 Years	11	21.0	-	-	11	
		20 Years	10	19.0	2	25.0	12	
		21 Years	4	8.0	2	25.0	6	
		22 years	12	23.0	4	50.0	16	
2	Gender	Male	18	35.0	2	25.0	20	41.32*
		Female	34	65.0	6	75.0	40	
		Hindu	18	35.0	2	25.0	20	

3	**Religion**	Muslim	10	19.0	2	25.0	12	42.4*
		Christian	24	46.0	4	50.0	28	
		others	-	-	-	-	-	
4	**Type of family**	nuclear	42	81.0	6	75.0	48	66.8*
		joint	10	19.0	2	25.0	12	
5	**Education of father**	No formal education	1	1.0	-	-	1	57.00*
		Primary school	2	4.0	-	-	2	
		High school	5	10.0	-	-	5	
		PUC	14	27.0	1	13.0	15	
		Graduate	27	52.0	5	62.0	32	
		Post graduate	3	6.0	2	25.0	5	
6.	**Education of mother**	No formal education	2	4.0	-	-	2	44.0*
		Primary school	2	4.0	-	-	2	
		High school	2	4.0	-	-	2	
		PUC	12	22.0	-	-	12	
		Graduate	28	54.0	6	75.0	34	
		Post graduate	6	12.0	2	25.0	8	
7	Previous knowledge about assertive communication	yes	1	2.0	7	88.0	8	32.26*
		no	51	98.0	1	12.0	52	
8	Source of in formation	Teachers	21	40.0	5	63.0	26	17.16*
		Friends	18	35.0	-	-	18	

		Relatives	4	8.0	-	-	4	
		Mass media	9	17.0	3	37.0	12	

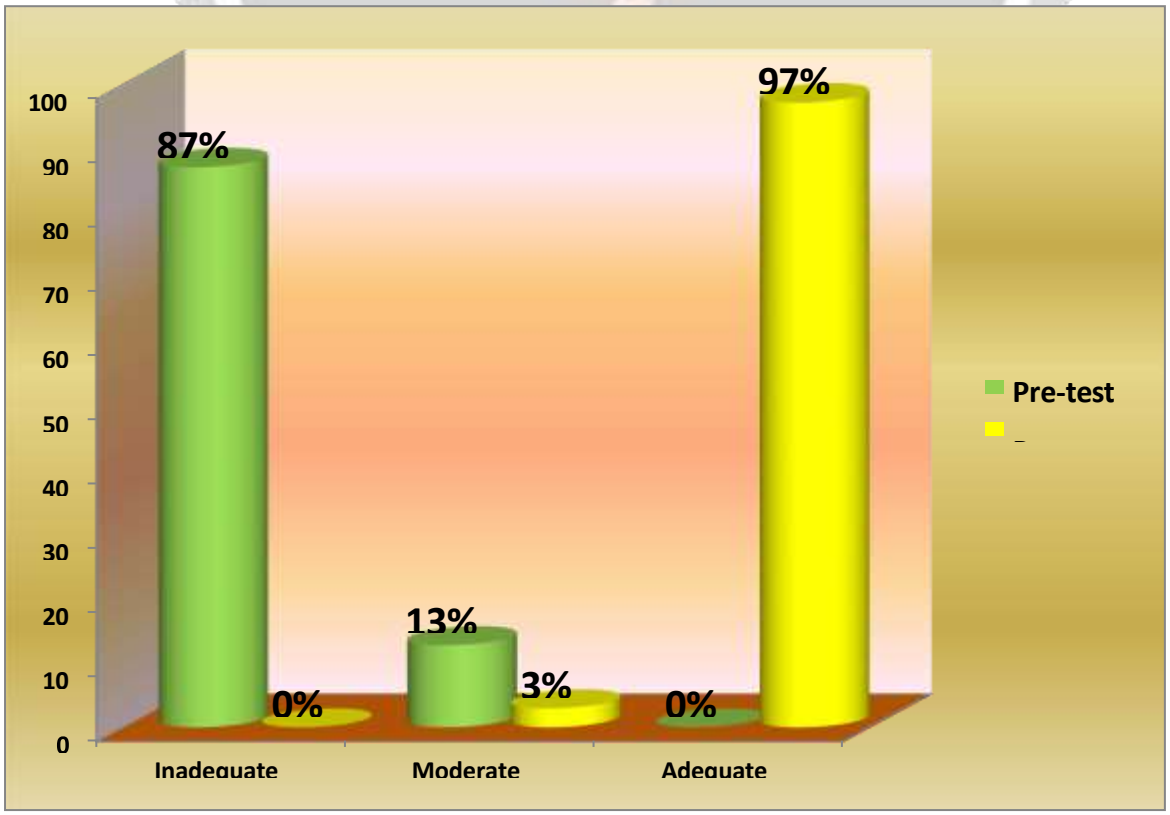
SECTION C: DISTRIBUTION OF OVERALL RESPONDENT KNOWLEDGE LEVEL REGARDING ASSERTIVE COMMUNICATION AND ITS BENEFITS IN NURSE PATIENT RELATIONSHIP IN PRE-TEST.

N=60

Inadequate knowledge (0 – 13)		**Moderate knowledge (14 – 26)**		**Adequate Knowledge (27 – 40)**	
N	%	N	%	N	%
52	87.0	8	13.0	-	-

From the above table shows that 87% of respondents have inadequate knowledge level; 13% of the respondents have moderate knowledge level and finally none of the respondents have adequate knowledge on Assertive Communication and Its Benefits in Nurse Patient Relationship before structured teaching program.

It was inferred that majority of B.Sc. Nursing Students studied in Adichunchanagiri College of Nursing, B.G. Nagar need structured teaching program to enhance knowledge level on Assertive Communication and its Benefits in Nurse Patient Relationship.



SCTION D: Mean and Standard deviation of different sections of knowledge regarding Assertive Communication and Its Benefits in Nurse Patient Relationship among B.Sc. Nursing Students in Pre-test and Post-test.

Sl. No	Different sections of knowledge	Pre-test		Post-test		t "value"	P value
		Mean	SD	Mean	SD		
1	Knowledge assessment regarding Information on general communication	0.91	0.64	3.58	0.75	14.92	0.01*
2	Knowledge assessment regarding assertive communication	5.33	0.85	19.41	1.38	49.05	0.01*
3	Knowledge assessment regarding benefits of assertive communication in nurse patient relationship	1.58	0.75	7.25	1.08	23.92	0.01*
4	Over all	7.82	2.24	30.24	3.21	31.80	0.01*

DISCUSSION

The results shows that there is a significant association between the knowledge level towards prevention of lifestyle diseases and selected socio demographic factors such as Age $\chi 2 = 23.8$(s); Gender $\chi 2 = 41.32$(s); Religion $\chi 2 =$

42.4(s); Types of family $\chi 2$=66.8(s); Education of father $\chi 2$ = 57.00(s); Education of mother $\chi 2$ = 44.00(s); Previous knowledge about assertive communication $\chi 2$ = 32.26(s); and finally, Sources of information $\chi 2$ = 17.16(s); among B.Sc. nursing students

Therefore, it was inferred that the socio-demographic factors such as age, gender, religion, types of family, education of father & education of mother, previous knowledge about assertive communication and finally sources of information of the respondents shows there is a significant association between the Pre-test knowledge level and socio-demographic variables (P > 0.05).

CONCLUSION

The study finding reveals that there was highly significant enhancement in knowledge level on assertive communication and its benefits in nurse patient relationship after conducting structured teaching program among B.Sc. nursing students at Adichunchanagiri College of Nursing, B.G. Nagar.

ACKNOWLEDGEMENT

This research was self-funded, and I am grateful for the financial support that made this work possible.

I extend my thanks to Adichunchanagiri Institution for providing the necessary resources and facilities to carry out this study. I am grateful to the participants of this study for their time, cooperation, and willingness to contribute to this research.

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CHIA SEEDS; A KEY INGREDIENT FOR HEALTH BENEFITS AND NUTRITIONAL SECURITY

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ABSTRACT:

Agricultural foods are becoming more functional components, which are growing in popularity since they protect the body from many chronic illnesses. Chia seeds are small, black and white seeds that are essentially members of the mint family. They are frequently referred to as a "superfood." Because chia seeds, also called Salvia Hispanica, contain vital minerals and nutrients, they are well known to offer a number of health advantages. Various functional components like as fibre, polyphenols, antioxidants, omega-3 fatty acids, vitamins, minerals, and peptides are present in these seeds. In addition, these seeds provide a considerable amount of ash, unsaturated fat, carbs, and vegetable protein. Components of chia seeds can prevent cardiovascular disease (CVD) by lowering oxidation, blood pressure, platelet aggregation, and cholesterol. Chia fibre lowers blood glucose levels and gives stool bulk in GI-tract-related illnesses like diabetes and constipation. Antioxidants and polyphenols, on the other hand, shield the pancreatic beta cells from inflammation. These elements are shielded from the harm that various bodily parts can do to cells, which can aid in the treatment of cancers such as breast, colorectal, liver, and pancreatic cancers. In conclusion, some earlier research confirmed that components of chia seeds had a significant impact in chronic illnesses.

Keywords: cardiovascular disease, health, chia seeds, salvia hispanica, fatty acid.

INTRODUCTION:

Chia seeds have gained popularity in India in recent years due to their numerous health benefits and versatility in cooking. In India, chia seeds are commonly known as "sabja seeds". They have been traditionally used in Ayurveda and Indian folk medicine for their medicinal properties.

In India, chia seeds are now easily accessible through health food stores, supermarkets, and internet retailers. They are frequently used in a wide range of culinary preparations, such as salads, yogurt, puddings, smoothies, and desserts. Chia seeds are prized for their high content of omega-3 fatty acids, fibre, protein, and antioxidants, making them a valuable addition to a healthy diet.

In addition to their nutritional benefits, chia seeds are also gaining attention for their potential role in managing weight, improving digestion, and promoting heart health. As more people in India become health-conscious and seek out nutritious foods, chia seeds have emerged as a popular superfood choice.

Farmers in some parts of India are also exploring chia cultivation due to its adaptability to diverse climatic conditions and low water requirements. This could potentially lead to increased domestic production of chia seeds in the future, further enhancing accessibility and affordability for consumers across the country.[1]

Overall, as a wholesome and adaptable product, chia seeds have carved out a place for themselves in the Indian market, helping to fuel the nation's growing trend of health and wellness consciousness.

What Is Chia?

Chia seeds were valuable sources of energy and medicine in the Mayan period. Popularly cultivated in Central and South America then Southeast Asia and Australia.

The term “chia” literally means strong. They’re available in black, spotted black, white and gravy and one to two millimetres in size.

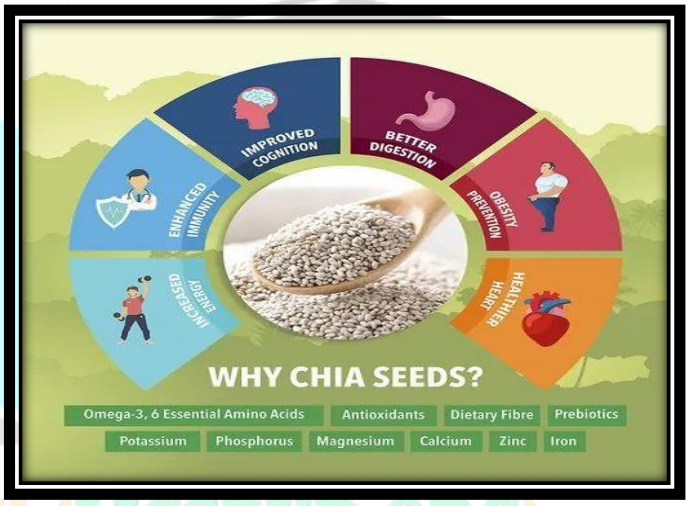
How much chia is recommended daily?

Chia seeds absorb a lot of water and expand quickly; therefore you shouldn't consume more than two teaspoons (28 grams) every day. Additionally, it's crucial to stay hydrated when consuming chia seeds.

How long will chia last?

Chia seeds can be kept for several years if kept in sealed containers and kept in a cool place, dark environment.[2]

The Health Advantages of Chia Seeds



1. **Chia Seeds Help with Losing Weight**
   Eating a diet high in fibre and protein will help you lose weight. Because the fibre in chia seeds grows after absorbing a lot of water from your body, it helps you feel full. They have a 12-fold capacity to absorb water. These seeds also include a lot of protein, which is another food that suppresses hunger. In addition to including chia seeds in your diet, remember that leading a healthy lifestyle also helps you lose weight.[3]

2. **Chia Seeds Promote Healthy Digestive System**
   You may obtain roughly 11 grams of fibre for every 28 grams of chia seeds, which means you can get the recommended daily intake of this vitamin from only one meal. These seeds include dietary fibre, which improves your stool's appearance and facilitates better bowel movements. It's noteworthy to notice that after eating, chia seeds produce a gel-like substance. Because of the soluble fibre, they generate this material. By promoting the growth of prebiotics in your gut, it enhances the health of your digestive system.

3. **Chia Seeds Packed with Antioxidants**
   Antioxidants prevent your body from producing free radicals, according to studies. Free radicals can harm your cells, which makes them dangerous. Because of this, in later life, they may cause illnesses such as cancer. They are also to blame for cognitive decline and aging. Chia seeds' high antioxidant content can shield your cells from these threats. Remember that it's preferable to get antioxidants from natural sources rather than supplements.[4]

4. **Chia Seeds Great Source of Omega-3 Fatty Acids**
   Omega-3 fatty acids are similarly abundant in chia seeds. As a result, they lower blood pressure to control and prevent cardiac problems. Additionally, it inhibits premature skin aging, lowers liver fat, enhances bone and joint health, and improves sleep quality. Your body may obtain the necessary levels of Alpha Linolenic Acid (ALA) by eating chia seeds. Along with them, eat fish oil, DHA supplements, or fatty fish to help your body convert ALA into DHA and EPA, two of its most beneficial and active forms.

5. **Chia Seeds: Rich in Nutrients**
   Chia seeds are becoming more and more well-liked worldwide, largely due to their high nutritious richness. Two tablespoons of chia seeds provide you with protein, calcium, phosphorus, magnesium, manganese, fat, fibre, and vitamin A. Additionally; it offers trace levels of zinc, potassium, and copper. [5]

6. **Chia Seeds Enhance Dental Well-being**
   Zinc, phosphorus, calcium, and vitamin A are among the nutrients that are excellent for your teeth. Chia seeds are excellent for your dental health because they contain calcium, which strengthens teeth. [6]

7. **Chia Seeds Help to Maintain Bone Health**
   You can get almost 18% of your daily calcium needs from a single serving of chia seeds. Because it keeps bones strong and massive, this mineral is essential to bone health. Additionally, they contain boron, which strengthens your bones even more. It facilitates the healthy growth of your bones by metabolizing calcium, magnesium, phosphorus, and manganese.[7]

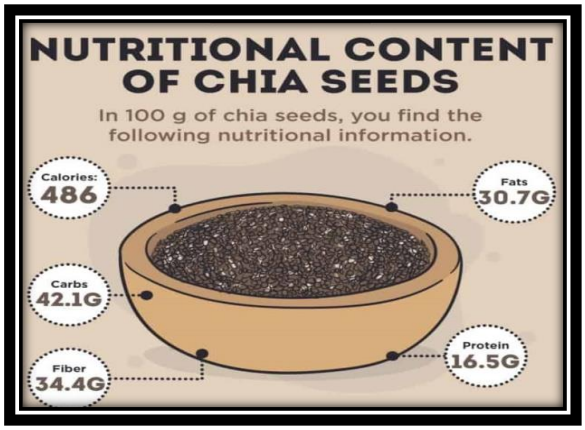
8. **Chia Seeds Enhance Heart Health**
   
   Certain recent studies suggest that dietary fibre may have an immune-system-regulating and inflammation-regulating role. Consequently, increasing your chia seed intake may reduce your chance of developing inflammation-related disorders like diabetes, obesity, heart disease, and cancer. Increased fibre consumption has been linked to lowered cholesterol and blood pressure. A little daily increase of 10 grams in fibre consumption was found to lower levels of LDL, or "bad cholesterol," and total cholesterol in the body, according to a study of 67 different controlled trials. Consequently, eating chia seeds can aid in lowering cholesterol.[8, 9]

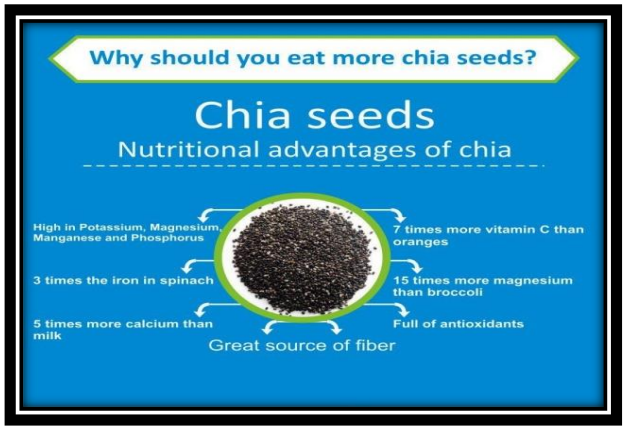
9. **Chia Seeds Avoid Blood Sugar Spikes**
   Because they are high in fibre, chia seeds don't require your body to raise blood sugar levels in order to digest them. Consequently, this means that your pancreas does not need to produce more insulin.[9] Consuming high-fibre foods will help to stabilize your blood sugar levels.[10]

How Are Chia Seeds Eaten?

These nutritious seeds can be eaten in a variety of ways. Before eating, you should soak or ground them to make sure your body can absorb all the nutrients. Add one and a half tablespoons of chia seeds to a cup of water if you intend to soak them. This process prevents the mixture from becoming too thin. Before eating, let the seeds sit in the water for at least half an hour. In case you decide to ground the seeds, keep them refrigerated in a tight container.

Nutritional composition of chia seeds.[11, 12]





How to add chia seeds to daily meals

"Chia seeds can be eaten as whole or in milled form. Whole chia seeds can be blended in smoothies, juices or soups. Some people prefer the powder-like texture as it mixes well in whole wheat flour. No matter what form you eat them in, chia seeds do not lose their nutritional qualities." It is suggested to eat 1-2 teaspoons (whole or milled) of chia seeds on a daily basis to derive its healthy benefits. Milled chia seeds can be mixed with flours like whole wheat flour or besan for making chilla and chapattis. You can soak whole chia seeds and then add them to your yogurt, smoothies and cold soups.[2]

Side effects of chia seeds

Although too much fibre is bad for you, it can also make you feel bloated, constipated, and have stomach pains. Inappropriate consumption of chia seeds might result in digestive issues when ingested in excess. To mitigate or control these adverse effects, one can gradually increase their fibre consumption and drink enough of water to facilitate the body's absorption of the fibre.

- There is a chance of choking when consuming chia seeds, even if they seem safe for the majority of people. Always take these seeds with caution, particularly if you have trouble swallowing. The reason for this risk is that when chia seeds come into contact with water, they expand and have the ability to absorb 10–12 times their own weight.

- It is well known that chia seeds are a good source of Alpha Linolenic Acid (ALA). According to certain research, consuming too much ALA may raise your chance of developing prostate cancer.
- Although rare, chia seed allergies have been reported in humans. An allergy may cause symptoms such as diarrhoea, vomiting, and tongue and lip itching.[3]

Conclusion

It is concluded that chia seeds are significant for treatment. Chia seeds are composed of multiple useful components. These constituents possess the potential to mitigate the incidence of persistent ailments, such as gastrointestinal-tract-associated disorders, cardiovascular disease, and diverse forms of cancer. Through their ability to regulate bad cholesterol, hypertension, and platelet aggregation, fibre, omega-3 fatty acids, protein, polyphenols, phytosterols, vitamins, and minerals can prevent heart disease. Chia seed components lower the blood glucose level and enhance beta-cell function in the GI tract, hence lowering type 2 diabetes. Furthermore, chia seeds can help avoid constipation because of their high fibre content, which gives stool volume. Nonetheless, these seeds' phenolic content and antioxidants enhance oxidation and help lower the incidence of some cancers.

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Effectiveness of Structured Teaching Program on Knowledge regarding Progressive Muscle Relaxation Techniques among Staff Nurses in Selected Hospital, Bengaluru

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Abstract: ***A descriptive study to assess the effectiveness of a structured teaching program on knowledge regarding pmrt among staff nurses in selected hospital, Bengaluru Objectives: To assess the existing knowledge regarding pmrt among staff nurses in selected hospital, Bengaluru. To evaluate the effectiveness of structured teaching program regarding pmrt among staff nurses in selected hospital, Bengaluru. To find out an association between pre test knowledge scores and selected demographic variables among staff nurses regarding pmrt. Methodology: In this study descriptive approach was used. puposive sampling technique is used to select 35 based on sample selected by purposive sampling techniques type of non – probability sampling criteria. Data from the samples were collected through structured teaching program. Data was analysed using spss = 16 version. Both descriptive and inferential statistics were used. Result: the study findings reveal that in the pre – test, the majority of participants, 35 members (100%), had inadequate knowledge, none of them had moderately adequate knowledge, and none of them had adequate knowledge. Where as post - test knowledge score was found that 40% respondants had moderately adequate knowledge and 60% had adequate knowledge regarding pmrt. Pre test knowledge of the staff nurses was 12.91% and mean post test knowledge was 22.94% and calculated 't' value (15.647) was greater than the table at 0.05 level of significance. Conclusion: The findings reveal that a structured teaching program was an effective method for pmrt among staff nurse.***

Keywords: PMRT, staff nurses, muscles, stress

1. Introduction

Muscle tissue is composed of cells that are specialized to shorten in length by contraction. this contraction results in movements of muscles. muscle tissue is made up of cells called myocytes or muscle fibres, there are 3 types of muscles; skeletal muscles, cardiac muscle, smooth muscle · skeletal muscle is present in the limbs and body wall. because of its close relationship to the bony skeleton, this variety is called skeletal muscle, they form about 40% of the total body weight, cardiac muscle it is present exclusively in the heart and in the beginning of large vessels arising from it. it is involuntary, striated. smooth muscle is present in relation to the walls of hallow viscera like stomach, intestine etc and in the walls of blood vessels [1]Muscle stress is the emotional and physical strain caused as a result of our response to what happens around us.

Stress is a multi dimensional phenomenon which is focused on dynamic relationship between the individual and the environment. it is also defined as a stressor, individuals response to the stimuli and interaction between the individuals and the environment. it should be noted that some degree of stress can be effective on increasing and improving individual performance. evidences indicate that most of the human successes are created in stress full conditions; but high rate of stress would followed by numerous consequences, including mental and physical illnesses, sleep disorders, restlessness, irritability, forget fullness, abnormal fatigue, reduced individuals resistance and recurrent infections, headaches, poor concentration, memory impairment and reduce in problem solving ability [2]

Studies indicated that medical professionals such as medical students, nurses and nursing students experience many stressor agents [3] nurses and nursing students are influenced by the various stressor agents in addition to the stress caused by theoretical training environment. Hospitals are considered as one of the most stressful work environment because there, it is the matter of humans' death and life and the stress which is resulted from environment can affect the way their personality develops and also cause the incidence of many undesirable behaviours in individuals [4]

2. Need for the study

The investigator has come across the work load of staffs, job stress, there are many team work so she have to fallow and insufficiency of staffing during clinical posting, relaxation techniques may enhance the knowledge and it gives the relaxation among staff nurses with the help of structured teaching program, and also the researcher felt the need to study regarding progressive muscle relaxation technique and update the knowledge regarding progressive muscle relaxation techniques among staff nurses that would help them to face future challenges and that could improve the quality of nurse's performance

Statement of the problem

"Effectiveness of structured teaching programme on knowledge regarding progressive muscle relaxation

techniques among staff nurses in selected hospital, Bengaluru."

Objectives

1) To assess the existing knowledge regarding progressive muscle relaxation techniques among staff nurses in selected Hospitals, Bengaluru.
2) To evaluate the effectiveness of structured teaching program regarding progressive muscle relaxation techniques among staff nurses in selected Hospitals, Bengaluru.
3) To find out an association between pre- test knowledge scores and selected demographic variables among staff nurses regarding progressive muscle relaxation techniques.

3. Methods and Materials

Hypothesis

H_1: There will be significantly higher than their pre- test knowledge scores among staff nurses regarding progressive muscle relaxation techniques in selected hospital, Bengaluru.

- Research approach: A descriptive approach was adopted by the investigator for the present study.
- Research design: - The research design selected for the study was a pre - experimental one group pre–test post–test design.
- Research setting: The present study was conducted among staff nurses working in Victoria hospital fort, Bengaluru.
- Population: - The accessible population of the present study consists of staff nurses
- Sample and Sample Size: - The sample for the present study is 35 staff nurses.
- Sampling technique: - The present study samples were selected by purposive sampling technique which is type of non - probability approach, adopted for the study.

Sampling criteria:

Inclusion criteria:

- Male and female staff nurses who are registered, and licensed nurses.
- Staff nurses who are willing to participate in the study.
- Staff nurses working in different areas of Victoria Hospital

Exclusion criteria:

- Staff nurses who are not available during data collection
- Staff nurses who are sick
- Staff nurses who are on leave

Data collection techniques and instruments:

The tool was developed through the following steps:

- Review of literature to provide adequate content area and information.
- Consultation and discussion with experts from MSN, yoga master, and psychiatrist.
- Reviewing of textbooks
- Discussion and consultation with the statistician.
- The final tool was prepared with guidance and suggestions from the guide.

Description of the tool:

Part 1: consists of demographic characteristics of participants seeking information such as age, gender, marital status, religion, educational qualification, monthly salary, area of working, hours of working per day, habits, distance of working place, are you doing any exercise if so what is the duration.

Part 2: consists of 30 items pertaining to knowledge regarding progressive muscle relaxation technique.
It has 2 sub sections as mentioned below.

- **Section A:** Questions related to the anatomy and physiology of musculoskeletal system.
- **Section B:** Questions related to management of progressive muscle relaxation technique.

To find out the association with the selected demographic variables and knowledge scores, respondents are categorized into three groups.

- Adequate knowledge score: 23 & above (75 - 100%)
- Moderate knowledge score: 16 - 22 (50 - 74%)
- Inadequate knowledge score: <15 (below)

Content validity:

The tool was given to 10 experts in nursing field, 1 statistician and 1 yoga asana master to establish content validity. there was 100% agreement by all experts. However, there were few suggestions to modify some questions and they were incorporated in the final draft.

Reliability:

The reliability was established through the split half method by administering it to 35 staff nurses Co efficient co - relation was 0.70. hence the tool was found to be reliable.

Procedure for the data collection:

Permission for conducting the study was obtained from consent authority. To obtain the free and true response, the subjects were explained about the purpose and usefulness of the study and assurance about the confidentiality of the responses was also provided. an informed consent was obtained from each subject to indicate their willingness to participate in the study.

4. Results

Section 1: Association between socio demographic variables and pre test knowledge level of participants on knowledge regarding progressive muscle relaxation technique.

Characteristics	Group	Median and Less	More Than Median	Chi Square Value	P
Age	20 TO 30 years	4	4	1.108	0.775 NS Df=3
	31 TO 40 years	3	2		
	41 TO 50 years	7	3		
	51 TO 60 years	6	6		
Gender	Male	11	8	0.010	0.922 NS DF=1
	Female	9	7		
Religion	Hindu	9	2	5.270	0.153 NS Df=3
	Muslim	8	10		
	Christian	3	2		
	Others	0	1		
Educational Qualification	GNM	5	4	0551	0.908 NS DF=3
	BSC	2	2		
	PB BSC	9	5		
	MSC	4	4		
Marital Status	Single	5	3	0.122	0.727 NS Df=1
	Married	15	12		
Income	25000 to 34000	3	4	1.867	0.601 NS Df=3
	35000 to 44000	3	2		
	45000 to 54000	12	6		
	55000 to 64000	2	3		
Area of Working	ICU	4	5	1.718	0.633 NS Df=3
	ward	5	2		
	OT	6	3		
	Post Op	5	5		
Working Hours	6 to 8 hours	19	13	0.760	0.383 NS DF=1
	9 to 11 hours	1	2		
Habits	walking	1	2	2.167	0.538 NS Df=3
	meditation	11	5		
	yoga	4	3		
	others	4	5		
Distance of Working Place	10 to 19 km	4	3	0.001	0.999 Df=3
	20 to 29 km	4	3		
	30 to 39 km	8	6		
	40 to 49 km	4	3		
Exercise Duration	20 to 29 min	6	7	1.077	0.584 NS DF=2
	30 to 39 min	8	5		
	40 to 49 min	6	3		

Section 2: Classification of participants on pre test and post test knowledge scores regarding progressive muscle relaxation technique

Knowledge Level	Category	PRE TEST		POST TEST	
		Number	Percentage	Number	Percentage
Inadequate	<50% Score	35	100.0	00	0.0
Moderately Adequate	50 - 75% Score	0	0.0	14	40.0
Adequate	>75% Score	0	0.0	21	60.0
Total		35	100.0	35	100.0

Section 3: Overall pre test and post test mean knowledge on progressive muscle relaxation technique

Knowledge	Mean	Sd	Paired 'T'
Pre	12.91	2.17	15.647
Post	22.94	2.70	
Enhancement	10.029	3.321 (0.56)	

*Significant At 0.05 Level, T (0.05, 34df) =

5. Nursing Implication

Nursing Practice

The nurses must have adequate knowledge regarding progressive muscle rerelaxation technique. In order to achieve this, it is very essential for the staff nurses to acquire. Staff nurses have to be provided information so as to render better care to the staff nurses themselves.

Nursing Education

1) There should be some specialized training or course to improve the knowledge of staff nurses to managing with busy schedule
2) The study can be extended for educating the staff nurses.
3) This study stresses the need for education for the nursing personnel in order to provide effective relaxation technique during initial distress of staff nurses

Nursing Administration

1) The Nursing administrator take part in developing protocols, standing order in teaching measures in educating progressive muscle relaxation technique.
2) The Nursing administrator can plan for division of work force in wards to reducing the stress
3) The nurse administrator can plan and organize training programme, to keep pace with the latest trends in progressive muscle relaxation technique.

Nursing Research

1) The study will motivate the beginning researchers to conduct same study with different variables on a larger scale.
2) The findings will help the nurses to plan teaching programmes on different hospitals and health care setting to provide in formation regarding progressive muscle relaxation technique.

6. Limitations of the study

1) The study is limited to the staff nurses working in Victoria hospital, Bengaluru
2) The study did not include any control group.
3) 3The sample for the study was limited to 35 staff nurses
4) The small number of the samples and purposive sampling technique limits the generalization of the study
5) The study is limited to those who are willing to participate.

7. Conclusion

It was concluded that staff nurses were having moderate knowledge regarding pmrt. The study finding also emphasizes that there is no significant association between the level of knowledge with their personnel demographic variables.

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SAFE FOOD, HEALTHY KIDS: MOTHERS AND FOOD HYGIENE FOR UNDER FIVE CHILDREN

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ABSTRACT

As a mother, ensuring the health and well-being of child is a top priority. By following food hygiene practices, mothers can greatly reduce this risk. Proper handling, storage, and preparation of food are crucial steps in preventing contamination. Proper food hygiene practices not only prevent illness but also contribute to the healthy growth and development of children under five. By providing clean and safe food, mothers can ensure that their child receives the necessary nutrients without the risk of harmful bacteria or toxins. Moreover, practicing good hygiene habits, such as washing fruits and vegetables before consumption, helps remove potential contaminants and pesticides, further safeguarding their child's health. By prioritizing food hygiene, mothers create a foundation for their child's overall well-being. Mothers play a crucial role in shaping their child's behaviour and habits. By practicing good food hygiene themselves, they set a positive example for their children to follow. When children observe their mothers washing hands before meals, storing food properly, and maintaining a clean cooking environment, they are more likely to adopt these practices themselves. By instilling these habits from an early age, mothers empower their children to prioritize food hygiene throughout their lives, ensuring their long-term health and well-being. Food hygiene practices are of utmost importance for mothers of children under five. By preventing foodborne illnesses, promoting healthy growth and development, and setting positive examples, mothers can protect their child's health and create a foundation for a lifetime of good habits. By prioritizing food hygiene, mothers ensure that their little ones thrive.

Key Words: *Mothers hygiene, food hygiene, safe food, healthy meal.*

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INTRODUCTION:

Being a mother is a joyous and challenging journey, especially when it comes to ensuring the health and well-being of our little ones. One important aspect of their well-being is food safety and hygiene. In this article, we will explore the importance of food hygiene practices among mothers of children under five and provide practical tips to keep our little champions safe from foodborne diseases. One essential aspect of their health is food hygiene. By practicing proper food hygiene, mother can protect child from foodborne illnesses and promote their overall well-being. Foodborne illnesses pose a significant risk to young children, whose immune systems are still developing. By following food hygiene practices, mothers can greatly reduce this risk. Proper handling, storage, and preparation of food are important steps in preventing contamination. Washing hands thoroughly before handling food, using separate cutting boards for raw and cooked foods, and cooking food to the correct temperature are all essential practices. By implementing these measures, mothers can ensure that the food they serve is safe for their little ones.

UNDERSTANDING FOODBORNE DISEASES

Overview of some common foodborne illnesses that can affect children:

1. Salmonella: This bacteria can be found in raw or undercooked eggs, poultry, and other contaminated foods. It can cause diarrhoea, fever, and stomach cramps.
2. E. coli: This bacteria can be found in undercooked ground beef, unpasteurized milk, and contaminated fruits and vegetables. It can cause severe diarrhoea, abdominal pain, and sometimes kidney damage.
3. Norovirus: This highly contagious virus can be found in contaminated food and water. It can cause vomiting, diarrhoea, stomach cramps, and nausea.
4. Campylobacter: This bacteria can be found in raw or undercooked poultry, unpasteurized milk, and contaminated water. It can cause diarrhea, fever, and abdominal pain.
5. Listeria: This bacteria can be found in deli meats, soft cheeses, and unpasteurized dairy products. It can cause flu-like symptoms, and in severe cases, it can lead to meningitis or blood infection.- Symptoms, risks, and complications associated with foodborne diseases

SYMPTOMS, RISKS, AND COMPLICATIONS ASSOCIATED WITH FOODBORNE DISEASES:

1. Symptoms: Foodborne illnesses can cause a range of symptoms, including diarrhea, vomiting, nausea, stomach cramps, fever, and fatigue. The severity and duration of symptoms can vary depending on the specific illness.

2. Risks: Children are particularly vulnerable to foodborne illnesses due to their developing immune systems and smaller bodies. They can become infected more easily and may experience more severe symptoms compared to adults.

3. Complications: Foodborne diseases can lead to various complications, especially in young children. These can include dehydration, electrolyte imbalances, malnutrition, and in rare cases, organ damage or failure. Certain infections, like E. coli, can also lead to a serious condition called hemolytic uremic syndrome (HUS), which can cause kidney damage.

THE ROLE OF MOTHERS IN FOOD SAFETY

Mothers play a crucial role in preventing foodborne illnesses in their children. By having knowledge about safe food handling practices and implementing them, mother can greatly reduce the risk of their little ones getting sick. This includes things like washing hands before and after handling food, properly storing and refrigerating perishable items, cooking food to the right temperature, and avoiding cross-contamination. Mother can also teach their children about good hygiene habits, like washing hands before meals. By being informed and practicing good food safety, mother can keep their kids healthy and happy!

Proper food hygiene has a significant impact on children's health and development. When mother practice good food safety measures, they can help prevent foodborne illnesses that can cause discomfort and disrupt their child's well-being. By keeping children healthy, they can ensure they have the energy and focus needed for optimal growth and development. Additionally, when children see their mother practicing good hygiene habits, they learn valuable lessons about cleanliness and responsibility.

PRACTICAL TIPS FOR FOOD HYGIENE

Safe food handling and storage practices, cleaning and sanitizing kitchen utensils and surfaces, and the importance of handwashing and personal hygiene:

1. Safe food handling and storage practices: It's crucial to handle and store food properly to prevent contamination and the growth of harmful bacteria. Here are some key practices:

- Wash hands: Always wash your hands with soap and warm water for at least 20 seconds before and after handling food. This helps remove germs that can cause foodborne illnesses.
- Separate raw and cooked foods: Keep raw meats, poultry, seafood, and eggs separate from ready-to-eat foods to avoid cross-contamination. Use different cutting boards and utensils for raw and cooked foods.

- Cook to the right temperature: Make sure to cook foods, especially meat, poultry, and seafood, to the appropriate internal temperature to kill any harmful bacteria. Use a food thermometer to ensure proper cooking.
- Store food properly: Refrigerate or freeze perishable foods promptly to prevent bacterial growth. Keep raw meats separate from other foods in the refrigerator to avoid cross-contamination. Follow storage guidelines for specific foods.

2. Cleaning and sanitizing kitchen utensils and surfaces: Keeping the kitchen clean and sanitized is essential to prevent the spread of bacteria. Here's what mother can do:

- Wash utensils and dishes: Wash cutting boards, knives, utensils, and dishes with hot, soapy water after each use. This helps remove any leftover food particles and bacteria.
- Sanitize surfaces: Regularly sanitize kitchen surfaces, such as countertops, using a solution of one tablespoon of bleach mixed with one gallon of water. This helps kill any lingering bacteria.
- Change dishcloths and sponges: Replace dishcloths and sponges frequently, as they can harbor bacteria. Wash dishcloths in hot water and dry them thoroughly.

3. Importance of handwashing and personal hygiene: Handwashing is a simple yet powerful way to prevent the spread of germs. Here's why it's important:

- Removes germs: Proper handwashing with soap and water removes germs from your hands, reducing the risk of transferring them to food or surfaces.
- Prevents illnesses: Handwashing is one of the most effective ways to prevent the spread of foodborne illnesses and other infections.
- Personal hygiene: Teaching children the importance of handwashing and personal hygiene sets them up with healthy habits that can last a lifetime.

By following these practices, mother can create a safe and clean environment in the kitchen, reducing the risk of foodborne illnesses and promoting the overall health and well-being of their children.

Promoting a Healthy Eating Environment

Selecting and preparing nutritious meals for children, avoiding cross-contamination and allergen exposure, and encouraging a positive mealtime atmosphere:

1. Selecting and preparing nutritious meals for children: It's important to provide children with balanced and nutritious meals to support their growth and development. Here are some tips:

- Include a variety of food groups: Offer a mix of fruits, vegetables, whole grains, lean proteins, and dairy products to ensure a well-rounded diet.
- Limit processed foods: Try to minimize the consumption of processed foods that are high in added sugars, unhealthy fats, and sodium. Opt for fresh, whole foods as much as possible.
- Get creative with presentation: Make meals visually appealing by incorporating colorful fruits and vegetables. You can also involve children in meal preparation to get them excited about healthy eating.
- Offer appropriate portion sizes: Serve child-sized portions to prevent overeating. Pay attention to your child's hunger and fullness cues.

2. Avoiding cross-contamination and allergen exposure: Cross-contamination can occur when allergens or harmful bacteria from one food item come into contact with another. Here's how to prevent it:

- Separate allergens: If your child has food allergies, keep allergenic foods separate from other ingredients. Use separate cutting boards, utensils, and storage containers to avoid cross-contact.
- Clean thoroughly: Wash utensils, cutting boards, and surfaces with hot, soapy water after each use to remove any potential allergens or bacteria.
- Read labels: Always read food labels carefully to check for potential allergens or cross-contamination warnings.

3. Encouraging a positive mealtime atmosphere: Creating a positive and enjoyable mealtime environment can foster healthy eating habits and family bonding. Here are some ideas:

- Eat together as a family: Try to have regular family meals where everyone sits down together. This promotes social interaction and allows parents to role model healthy eating habits.
- Make it fun: Engage children in mealtime by involving them in meal planning, preparation, or even setting the table. Use colorful plates and utensils to make meals visually appealing.
- Avoid distractions: Minimize distractions like TV or electronic devices during mealtime. Encourage conversation and focus on enjoying the food and each other's company.

CONCLUSION:

By prioritizing food safety and hygiene practices, mothers play a vital role in safeguarding their children's health. With the tips and knowledge shared in this article, we hope to empower mothers to create a safe and healthy eating environment for their little ones.

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A Succint Review Article on Nosophobia: The Fear of Contracting an Illness

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Abstract: ***The excessive or unreasonable dread of being sick is known as nosophobia. Sometimes people only refer to this particular fear as "disease phobia. " Because it might lead students to feel they have a sickness after studying it, nosophobia is frequently referred to as the "disease of medical students. " Pathophobia, sickness phobia, and hypochondria are other words for nosophobia. Cyberchondria is another term that has been used to describe nosophobia in recent years. This is due to the fact that "cyberspace" on the Internet contains a large portion of the material that is the source of the anxiety.1 Understanding nosophobia requires a holistic approach that addresses both the cognitive and emotional components of fear. Cognitive - behavioral therapy (CBT) emerges as a promising intervention, helping individuals challenge distorted beliefs, develop coping mechanisms, and gradually confront their fears in a controlled environment. Moreover, fostering a supportive and empathetic environment is crucial in mitigating the stigma surrounding nosophobia and promoting effective treatment - seeking behaviors. Healthcare providers play a pivotal role in providing education, reassurance, and personalized care to individuals struggling with nosophobia, thereby empowering them to regain a sense of control over their health.***

Keywords: Disease, Nosophobia, Cognitive - behavioral therapy, Anxiety

1. Introduction

It makes sense that anxieties about illness and disease are common in a society where health issues are the focus of news headlines and everyday conversation. Nosophobia, a disorder that is frequently misdiagnosed and undervalued, is the intense dread of getting a certain illness. People's actions and decisions, as well as their mental and emotional well - being, could be severely impacted by this fear. This article will explore the complex nature of Nosophobia, encompassing its aetiology, manifestations, and potential interventions.2

Definition

The term nosophobia, which comes from the Greek words "nosos" (sickness) and "phobos" (fear), refers to an excessive and illogical dread of getting a certain condition. While being worried about one's health is normal, Nosophobia drives this fear insane, making sufferers continuously worry that they may get sick. This anxiety frequently goes beyond simple worry and has a big influence on day - to - day activities, interpersonal connections, and general well - being.3

Risk Elements

Numerous risk factors have been linked to the development of nosophobia:

- Prolonged exposure to extensive media coverage regarding illnesses and the dangers of being sick
- Having had traumatic health issues in the past
- Frequently interacting with those who are seriously ill.[5]

Reasons for Nosophobia

Although no specific reason has been identified, there are certain things that may increase your risk of developing nosophobia. A few common causes of nosophobia are as follows:

- **Personal or Family History:** Individuals with a history of severe illness or medication - related trauma may be at a higher risk of developing nosophobia. If someone has experienced a terrible health event or has witnessed a loved one struggle with a specific condition, fears and concerns about illness and mortality may grow deeply.
- **Anxiety Disorders:** There is a strong correlation between nosophobia and anxiety disorders such as generalised anxiety disorder (GAD), panic disorder, and hypochondria (health anxiety). People who are anxious may be more likely to worry excessively about their health and the possibility of falling ill.
- **Media and Information Exposure:** News articles, films, and online content that sensationalises or exaggerates the symptoms of illnesses might make people more phobic. An ongoing assault of horrifying health statistics, graphic images, and terrifying narratives can feed feelings of vulnerability and dread.
- **People who are prone to catastrophic thinking** - Imagining the worst - case scenario and being fixated on the potential consequences of getting sick—are often the root cause of nosophobia. This cognitive distortion weakens people's ability to rationalise their fears and

inflates perceived dangers, which exacerbates anxiety and suffering.

- **Hereditary Predisposition:** Some research suggests that inherited characteristics may play a role in nosophobia and other anxiety disorders. Certain genetic variations or predispositions may have an impact on an individual's susceptibility to anxiety and phobic responses.
- **Traumatic Experiences:** Adverse medical situations, such as too severe childhood illnesses, witnessing people suffer, or undergoing invasive medical procedures, can aggravate nosophobia symptoms and create long - term psychological harm. These interactions might trigger feelings of helplessness, vulnerability, and anxiety about losing control over one's health.
- **Personality traits:** A higher risk of acquiring anxiety disorders, including nosophobia, is linked to certain personality qualities, such as neuroticism and perfectionism. People who worry a lot, are very sensitive to stress, and have perfectionistic tendencies when it comes to their health - related habits may be more prone to acquiring inflated worries of sickness.
- **Social and Cultural Influences:** Social norms pertaining to hygiene and health, cultural beliefs, and societal attitudes towards illness can all have an impact on people's views of illness and the rise of nosophobia. People's fears can become more intense and treatment may be discouraged when health - related issues or specific illnesses are stigmatised in their culture.6

Confirmation of Nosophobia

- Clinical interview and assessment by a mental health professional.
- Evaluation of symptoms, medical history, and family history.
- Rule out any underlying medical conditions causing the health - related fears.
- Assessing the impact of Nosophobia on daily functioning and relationships.
- Consideration of duration and intensity of symptoms.
- Collaboration with the individual to develop an accurate diagnosis.

The criteria for diagnosing illness anxiety disorder are:

- Excessive fear about having or developing a life - threatening illness or condition
- No somatic symptoms are present
- Much concern and anxiety about health - related issues
- Repetitive and persistent checking of your body for signs of disease
- The symptoms have been present for at least 6 months
- There are no other more serious mental illnesses present.7

Manifestations of Nosophobia

- Overwhelming thoughts about having or getting a serious disease or health problem
- Worrying about minor symptoms or feelings in your body
- Extreme anxiety about your health.
- Obsessing over normal body functions, such as heart rate, or worrying that something like a cough is a sign of lung cancer.
- Oversharing your symptoms and health status with others.
- Repeatedly checking for signs of illness, such as taking your blood pressure or temperature.
- Difficulty functioning due to worry about an illness or condition
- Frequent doctor’s visits or appointments for reassurance
- Fear or avoidance of medical care and serious diagnosis
- Avoiding things for fear of contracting an illness
- Constantly thinking about and talking about your health and potential problems
- Frequent internet searches for causes of symptoms or possible illnesses

Impact of Nosophobia on Daily Life

Because nosophobia is so common, it may have a big influence on people's everyday lives and make it difficult for them to work, socialize, and enjoy their free time. An ongoing worry of being sick can cause weariness, sleeplessness, and concentration problems, which lower productivity and cognitive performance. Family and interpersonal relationships may be strained when people retreat from social contact or grow focused on their health issues.

Nosophobia can also have a financial cost since sufferers may shell out astronomical sums of money for expensive diagnostic procedures, medical consultations, and alternative therapies to allay their worries. Nosophobia has a financial cost that goes beyond that of individual families; through higher healthcare consumption and related expenses, it affects healthcare systems and society at large.8

Hurdles of Nosophobia

Nosophobia complications can involve the development of other phobias and anxiety disorders, leading to a significant impact on daily life and well - being.

- **Anxiety disorders** (70%): Anxiety disorders such as panic disorder, generalised anxiety disorder, or phobias associated with certain diseases might arise as a result of nosophobia.
- **Panic attacks** (65%): Fear of getting sick can cause individuals with nosophobia to go through abrupt and severe panic attacks, which include sweating, shortness of breath, racing heart, and a sensation or impression that something tragic is about to occur.
- **Social isolation** (60%): Nosophobic people may avoid social situations and interactions out of a fear of getting sick, which can result in feelings of loneliness and isolation.
- **Depression** (50%): The constant worry and fear associated with nosophobia can contribute to the

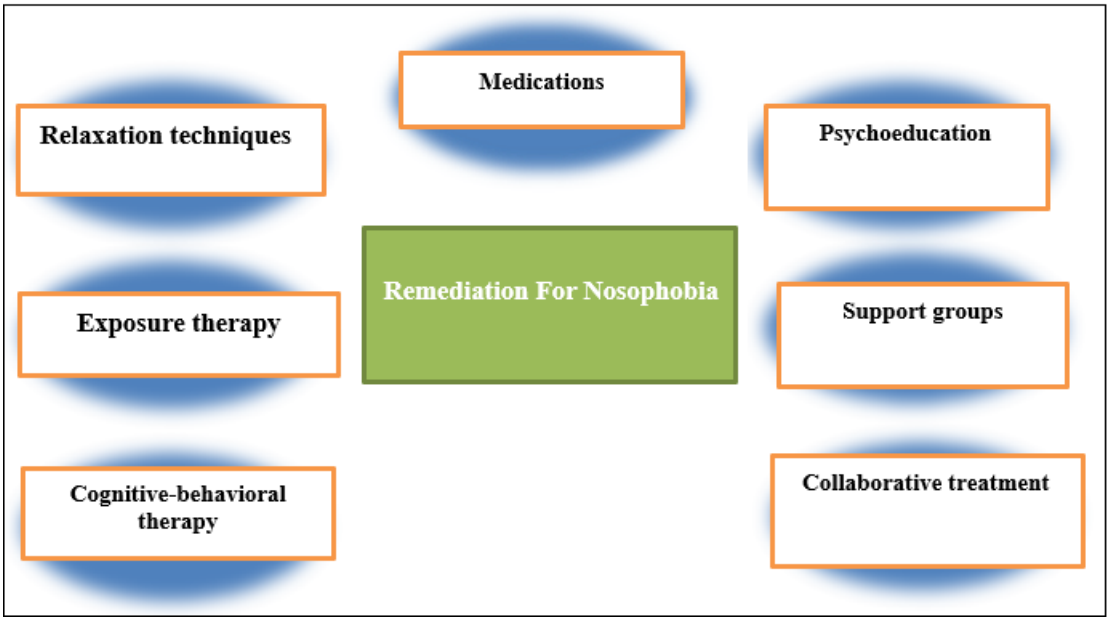
development of depression, characterized by persistent sadness, loss of interest, and changes in appetite and sleep patterns.

- **Hypochondriasis** (45%): Hypochondriasis, or illness anxiety disorder, is a common co - occurring condition with nosophobia in which people persistently interpret normal body sensations as indicators of a dangerous illness, even after receiving assurances from medical specialists.
- **Avoidance of healthcare** (40%): Even when there are valid health problems, people who suffer from nosophobia may choose not to seek medical attention out of a fear of contracting infections from any medical visits.

Remediation for Nosophobia

The goal of treating nosophobia is to lessen the dread of illness through a variety of therapeutic techniques. Some of the therapies are listed here.

- **Cognitive - behavioral therapy (CBT)** is often used, which helps individuals challenge and modify their irrational thoughts and beliefs about illness.
- **Exposure therapy** is another effective technique, where individuals gradually confront their feared situations or objects related to illness in a controlled and supportive environment
- **Relaxation techniques and stress management strategies** can also be beneficial in reducing anxiety and promoting overall well - being.
- **Medications** - In some cases, medication such as anti - anxiety or antidepressant medications may be prescribed to alleviate symptoms.
- **Psychoeducation** to provide information about the nature of nosophobia and reduce misconceptions.
- **Support groups** or peer support to share experiences and coping strategies.
- **Collaborative treatment** planning with a mental health professional.9



Life Style Modification

Modifying one's way of living can assist manage nosophobia and enable sufferers to more effectively manage their fear.

- Educate oneself about the specific illness or diseases causing fear.
- Practice self - care and stress management techniques.
- Engage in regular physical exercise to promote overall well - being.
- Maintain a balanced and nutritious diet to support physical and mental health.
- Limit exposure to negative or triggering health - related information.
- Establish a regular sleep routine for better sleep quality.
- Seek social support from friends, family, or support groups.
- Engage in relaxation activities such as deep breathing, meditation, or yoga.9

Common Myths vs Facts About Nosophobia[10]

Understanding the facts about nosophobia can help reduce stigma and promote empathy towards those dealing with this anxiety disorder. If you or someone you know experiences nosophobia, seeking professional help is essential for effective management and improved well - being.

Myth	Fact
Nosophobia is a rare condition.	Nosophobia affects many people.
Nosophobia is just excessive worrying.	Nosophobia is a genuine phobia.
Nosophobia is a common fear shared by everyone.	Nosophobia is not a universal fear. It specifically affects individuals who experience intense anxiety, worry, and avoidance behaviors related to their health concerns.
Nosophobia is easily overcome on its own.	Professional help may be needed.
Nosophobia is not a serious mental health issue.	Nosophobia can significantly impact daily life

Nosophobia is the same as hypochondria.	While nosophobia and hypochondria share similarities, they are distinct. Nosophobia involves the fear of developing a specific disease, whereas hypochondria (now known as illness anxiety disorder) involves more general worries about illness
Nosophobia only affects older adults	Nosophobia can impact people of all ages, including children and adolescents. It's not limited to any specific age group
Nosophobia is purely psychological and has no physical symptoms	Individuals with nosophobia may experience both physical and psychological symptoms. These can include increased heart rate, rapid breathing, sweating, anxiety, panic attacks, muscle tension, gastrointestinal distress, and sleep disturbances
Seeking reassurance from healthcare professionals is helpful for managing nosophobia.	While seeking reassurance is common among individuals with nosophobia, it may not always alleviate their fears. Treatment often involves therapy, cognitive - behavioral techniques, and, if necessary, medication

2. Conclusion

A person's physical, mental, and emotional well - being are all negatively impacted by the complex and debilitating illness known as nosophobia. Understanding the underlying causes and symptoms of nosophobia is essential to properly diagnosing and treating it. If underlying fears are addressed and evidence - based treatments are implemented, people can learn to manage their anxiety and regain control over their life. When given the correct support and guidance, people with phobias can embark on a journey of recovery and rehabilitation and look forward to a future free from fear and uncertainty.

Conflict of Interest:
The authors declare no conflict of interest.

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