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The Effect of Gayatri Mantra Meditation on Blood Pressure Reduction in Elderly Individuals with Hypertension in Pemecutan Kelod Village, Denpasar, Indonesia

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ABSTRACT

Background: Hypertension is one of the most common cardiovascular diseases experienced by many elderly people. This study intends to assess the impact of Gayatri Mantra meditation on lowering blood pressure in elderly hypertension in Banjar Abiantimbul, Pemecutan Kelod Village, Denpasar, Indonesia. **Methods:** This study used a pretest and posttest research design. The samples consisted of 20 participants in the intervention group and 20 in the control group. The meditation intervention was carried out for 3 weeks, with a frequency of two sessions a week, each lasting 15 minutes. **Results:** Before the intervention, 55% of participants in the intervention group had Stage 2 hypertension, while 60% in the control group had Stage 1 hypertension. After the intervention, 70% of the intervention group experienced a reduction in blood pressure to Stage 1, whereas the control group exhibited no significant change. A paired sample t test showed a p-value of 0.000 (<0.05), indicating a statistically significant effect. **Conclusions:** The study concludes that Gayatri Mantra meditation significantly reduces blood pressure in elderly individuals with hypertension in Banjar Abiantimbul, Pemecutan Kelod Village, Denpasar, Indonesia. These results suggest that meditation-based interventions could be integrated into hypertension management programs for elderly populations.

Keywords: Cardiovascular disease; meditation; hypertension; aged; blood pressure; Gayatri Mantra

1. INTRODUCTION

Hypertension is a vascular condition characterized by a systolic blood pressure (SBP) values of 140 millimeters of mercury (mmHg) or more and a diastolic blood pressure (DBP) of 90 mmHg or more.[1] The World Health Organization (WHO) reports that the number of persons worldwide who suffer from hypertension has risen from 594 million in 1975 to 1.13 billion in 2015. Africa has the highest incidence of hypertension at 27%, while the Americas have the lowest prevalence at 18%.[1]

In Indonesia, hypertension is the third leading cause of death after stroke and tuberculosis accounting for 6.7% of deaths across all age groups.[2] Data from 2018 Basic Health Research Survey (Riskesdas) reported a hypertension

prevalence of 34.1%, an increase from the 2013 Riskesdas data, which recorded a prevalence of 25.8%. South Kalimantan Province had the highest prevalence at 44.1%, while Papua Province had the lowest at 22.2%. Bali Province ranked 15th out of 35 provinces in Indonesia.[2] In 2020, the number of people with hypertension cases in Bali was recorded at 738,213 but decreased to 555,184 in 2021 and further declined to 315,465 in 2022.[3,4] The highest number of hypertension cases in Bali was recorded in Tabanan Regency (131,099 cases), followed by Gianyar Regency (103,337 cases) and Denpasar City (100,569 cases).[5]

Hypertension management is categorized into two main groups, namely pharmacological therapy and non-pharmacological therapy. Pharmacological therapy involves the use of antihypertensive drugs prescribed by a doctor, while non-pharmacological therapy focuses on lifestyle modifications without relying on medication. Meditation is a form of non-pharmacological therapy that may benefit individuals with hypertension.[6]

Based on research conducted by Schneider et al. titled "Randomized controlled trial of stress reduction with meditation and health education in black men and women with high normal and normal blood pressure" found that meditation led to a reduction in SBP among individuals with hypertension.[7] A similar study by Dikson et al., titled "Effect of Praying Meditation: 'God in a breath' on Reducing Blood Pressure in Hypertension Patients", reported a significant difference in blood pressure between the intervention and control groups, with a p-value of 0.000 (<0.05), indicating that prayer meditation significantly lowered blood pressure.[8] The results of these studies are also align with research conducted by Purnika et al. on the effect of dhikr meditation on blood pressure changes in hypertensive patients.[9] Among 15 respondents, the results obtained a p value of 0, 001 ($p < 0.05$), confirming that dhikr meditation had a significant effect on lowering blood pressure.

Regular meditation helps relieve muscle tension by reducing stress responses, while deep breathing improves brain oxygenation, relaxes muscles, and regulates blood pressure.[10] The Gayatri mantra has various benefits beyond mental clarity, including promoting overall health and alleviating mental and physical illnesses, such as heart disease, asthma, and blood pressure disorders. The mantra includes the chant "Om" five times, a version believed to aid in healing various ailments.[11]

The main objective of this study is to examine the impact of Gayatri Mantra meditation on lowering blood pressure among elderly individuals with hypertension in Banjar Abiantimudul, Pemecutan Kelod Village, Denpasar, Indonesia. This research is expected to the development of science and technology in community nursing, particularly in hypertension management and patient care strategies.

2. METHODS

2.1 Study Design

This study used a quasi-experimental research design with a pre-test and post-test approach and a control group. This research involved two groups, namely an intervention group receiving treatment and a control group. The instruments used for data collection were the Standard Operating Procedures (SOP) for Gayatri Mantra meditation, blood pressure measuring devices (digital sphygmomanometer) and blood pressure documentation sheets. The data collected in this study included both primary data and secondary data. Primary data were obtained or collected directly by the researchers through blood pressure measurements taken before and after the Gayatri Mantra meditation therapy. Secondary data were obtained from journals, institutions, reports, government offices, and other sources. In this study, researchers used secondary data which collected from data on elderly hypertension patient visit at Health Center II West Denpasar.

2.2 Population

The population in this study consisted of 45 elderly individuals with hypertension in Banjar Abiantimbul, Pemecutan Kelod Village, Denpasar City. The sample of this study was taken from this population, selecting individuals who met the criteria. The inclusion criteria for this study were hypertensive patients aged 60 years or older in Banjar Abiantimbul, elderly individuals with hypertension who were willing to participate as respondents, and those without complications or comorbidities. The exclusion criteria for this study included elderly individuals with hypertension who have hearing impairments that hinder communication, those with psychological disorders, and those who initially agreed to participate but, for any reason, were unable to attend and withdrew during the Gayatri Mantra meditation procedure. Additionally, elderly

individuals experiencing health emergencies were excluded from the study.

2.3 Data Collection

Slovin's Formula was used to determine the study's sample, which included 40 participants (20 in the intervention group and 20 in the control group). Participants in this study were chosen using a non-probability purposive sampling technique.

2.4 Data Analysis

Data analysis included both univariate and bivariate data analysis to describe and assess the research variable. Univariate analysis examined the characteristics of the participants, including gender, age, education level, occupation, and blood pressure measurements before and after Gayatri Mantra meditation. Bivariate analysis in this study was conducted to assess differences in blood pressure before and after the meditation. Prior to selecting the appropriate statistical test, a normality test was performed using the Shapiro-Wilk test to determine whether the data followed a normal distribution. If the data were normally distributed, a paired t-test (parametric test) was conducted. If the data were not normally distributed, the Wilcoxon test (non-parametric test) was used. A p-value < 0.05 was considered statistically significant. If $p < 0.05$, the null hypothesis (Ho) was rejected, and the alternative hypothesis (Ha) was accepted, indicating that Gayatri Mantra meditation had a significant effect on lowering blood pressure in elderly individuals with hypertension.

2.5 Ethical Approval

This study followed the ethical guidelines which was approved from the Denpasar Polytechnic Health Research Ethics Commission with reference number DP.04.02/F.XXXII.25/0418/2024.

3. RESULTS

The data in Table 1 show that most of the study participants were in the age range of 60-64 years with 50% in the intervention group and 40% in the control group. The proportion of female respondents was higher than male respondents in both groups, accounting for 75% in the intervention and control groups. In terms of education level, the majority of respondents had completed elementary school, with 50% in both the intervention and control groups. Regarding employment status, most respondents were housewives, representing 45% of both the intervention and control groups.

Table 1. Distribution of respondents based on characteristics in the intervention group (n=20) and control group (n=20)

Respondent characteristics	Intervention		Control	
	F	%	F	%
Age				
60-64 years old	10	50.0	9	45.0
65-69 years old	7	35.0	7	35.0
70-74 years old	3	15.0	4	20.0
Gender				
Male	5	25.0	5	25.0
Female	15	75.0	15	75.0
Education				
Not school	0	0	1	5.0
Elementary school	10	50.0	10	50.0
Junior high school	2	10.0	2	10.0
Senior high school	4	20.0	5	25.0
College	4	20.0	2	10.0
Jobs				
Retired	4	20.0	1	5.0
Private employee	4	20.0	5	25.0
Entrepreneurship	3	15.0	5	25.0
Housewife	9	45.0	9	45.0

Table 2 shows changes in blood pressure levels among respondents. In the intervention group, the majority of respondents initially had Grade 2 hypertension before the intervention. However, after undergoing Gayatri Mantra meditation, the majority of respondents experienced a reduction to Grade 1 hypertension. In contrast, the control group showed no significant change in blood pressure levels. Before the intervention, the majority of respondents in the control group had Grade 1 hypertension, and after the end of intervention, the majority of participants remained within the same grade.

Table 3 presents the mean, maximum, and minimum SBP and DBP values before and after the intervention. In the intervention group, before Gayatri Mantra meditation, the average systolic blood pressure was 162.25 mmHg, with a maximum of 192.00 mmHg and a minimum of 145.00 mmHg. The average DBP was 101.05 mmHg, with a maximum of 110.00 mmHg and a minimum of 95.00 mmHg. After practicing Gayatri Mantra meditation, the average SBP decreased to 151.75 mmHg, with a maximum of 175.00 mmHg and a

Table 2. Comparison of blood pressure levels before and after the intervention in the intervention and control groups

Meditation	Intervention		Control	
	F	%	F	%
Pre intervention				
Normal	-	-	-	-
Pre hypertension	-	-	-	-
Grade 1 hypertension	7	35.0	12	60.0
Grade 2 hypertension	11	55.0	6	30.0
Grade 3 hypertension	2	10.0	2	10.0
Grade 4 hypertension	-	-	-	-
Post intervention				
Normal	-	-	-	-
Pre hypertension	2	10.0	-	-
Grade 1 hypertension	14	70.0	13	65.0
Grade 2 hypertension	4	20.0	7	35.0
Grade 3 hypertension	-	-	-	-
Grade 4 hypertension	-	-	-	-

Table 3. Impact of Gayatri Mantra meditation on blood pressure in elderly hypertension

	Intervention group			Control group		
	Mean	Maximum	Minimum	Mean	Maximum	Minimum
Pre systole	162.25	192.00	145.00	158.45	180.00	142.00
Post systole	151.75	175.00	135.00	157.50	177.00	142.00
Pre diastole	101.05	110.00	95.00	97.65	110.0	90.00
Post diastole	92.30	97.00	90.00	97.70	110.0	89.00
Sig. (2-tailed) pre post systole	0.000			0.481		
Sig. (2-tailed) pre post diastole	0.000			0.979		

minimum of 135.00 mmHg. The diastolic blood pressure also decreased, with an average of 92.30 mmHg, a maximum of 97.00 mmHg, and a minimum of 90.00 mmHg.

The paired sample t-test for systolic blood pressure showed a significant value of 0.000 ($p < 0.05$), while the Wilcoxon test for diastolic blood pressure also yielded a significant value of 0.000 ($p < 0.05$). These findings support the alternative hypothesis, Ha, since they show a statistically significant decrease in the intervention group's systolic and diastolic blood pressure. With a high of 180.00 mmHg and a minimum of 142.00 mmHg, the control group's pre-intervention average systolic blood pressure was 158.45 mmHg. The diastolic blood pressure averaged 97.65 mmHg, with a maximum of 110.00 mmHg and a minimum of 90.00 mmHg. After the intervention, the post-intervention SBP was 157.50 mmHg, with a maximum of 177.00 mmHg and a minimum of 142.00 mmHg. The diastolic blood pressure averaged 97.70 mmHg, with a maximum of 110.00 mmHg and a minimum of 89.00 mmHg.

The Wilcoxon test for diastolic blood pressure produced a p-value of 0.979 ($p > 0.05$), whereas the paired sample t-test for systolic blood pressure in the control group produced a p-value of 0.481 ($p > 0.05$). Ha is rejected because these values are not statistically significant, indicating that the control group's systolic and diastolic blood pressure did not significantly drop.

4. DISCUSSION

Advances in technology have led to changes in lifestyles and socioeconomic conditions in many areas including developed and developing countries. This shift has also contributed to an epidemiological transition, where infectious and parasitic diseases, once the primary causes of morbidity and mortality, have been largely replaced by chronic and non-communicable diseases (NCDs). NCDS are responsible for 41 million fatalities per year, acounting for approximately 74% of all global deaths. Among these,

cardiovascular disease, particularly hypertension, are the leading causes of mortality worldwide. Hypertension is a vascular condition characterized by a systolic blood pressure of 140 mmHg or higher and a diastolic blood pressure of 90 mmHg or higher.[1]

Reported data from the WHO showed that, the incidence rate of hypertension among adults and elderly rose from 594 million in 1975 to 1.13 billion in 2015. The highest incidence of hypertension is found in Africa (27%), while the Americas report the lowest prevalence (18%). Hypertension is predominantly concentrated in low- and middle-income countries, where an increase in risk factors has contributed to its growing prevalence.[1]

With 6.7% of all deaths across all age groups, hypertension is the third most common cause of death in Indonesia, behind TB and stroke. According to the 2018 Basic Health Research (Riskesdas), 34.1% of Indonesians have hypertension, which is a considerable rise from 25.8% in 2013. However, only about one-third of hypertension cases in Indonesia are diagnosed, with the remainder undetected. The prevalence of hypertension diagnosed by a doctor among individuals aged 18 years and above was recorded as follows: 13.2% (18–24 years), 20.1% (25–34 years), 31.6% (35–44 years), 45.3% (45–54 years), 55.2% (55–64 years), 63.2% (65–74 years), and 69.5% (75 years and above). Women had a higher prevalence of hypertension (36.9%) than men (31.3%). The highest prevalence was reported in South Kalimantan (44.1%), while the lowest was in Papua (22.2%). Bali ranked 15th among 35 provinces in Indonesia.[2]

Data from the Central Bureau of Statistics (2018) showed that the incidence of hypertension in Bali Province was 30.0% in the year of 2018, an increase from 19.9% in 2013. According to the Bali Provincial Health Profile compiled by the Bali Provincial Health Office, the number of hypertension cases slightly declined from 2020 to 2022. However, hypertension remains the second most prevalent disease in all healthcare centers in Bali. In 2020, there were 738,213 recorded hypertension cases, which decreased to 555,184 in 2021 and further declined to 315,465 in 2022. The most cases of hypertension incidence in Bali were recorded in Tabanan Regency (131,099 cases), followed by Gianyar Regency (103,337 cases) and Denpasar City (100,569 cases).[3-5]

There are two types of risk factors for hypertension: modifiable and non-modifiable. Unhealthy eating habits, sedentary lifestyles, elevated stress levels, alcohol and cigarette use, and being overweight or obese are all modifiable risk factors. A family history of hypertension, being older than 65, and having concomitant diseases like diabetes or kidney illness are examples of risk factors that cannot be changed.[1] If left untreated in the elderly, hypertension can lead to complications such as stroke, cardiovascular disease, and kidney failure. Hypertension management is generally classified into pharmacological and non-pharmacological approaches. Pharmacological management involves the use of antihypertensive medications prescribed by healthcare professionals. In contrast, non-pharmacological therapies, such as meditation, offer alternative strategies for hypertension management.[6]

A study by Schneider et al. titled “Randomized Controlled Trial of Stress Reduction with Meditation and Health Education in Black Men and Women with High Normal and Normal Blood Pressure” found that meditation significantly reduced SBP among individuals with high blood pressure.[7] The effectiveness of prayer meditation in lowering blood pressure was also demonstrated by a study by Dikson et al. titled "Effect of Praying Meditation: 'God in a Breath' on Reducing Blood Pressure in Hypertension Patients," which showed a significant drop in blood pressure among the intervention group when compared to the control group (p-value = 0.000, <0.05).[8] This study's results are consistent with a study by Making et al. on how meditation affects hypertension patients' blood pressure fluctuations. In a study involving 20 respondents selected through purposive sampling, statistical analysis showed a significant decrease in systolic blood pressure ($p = 0.004$, $p > 0.05$) with a Z-value of -2.945, confirming the positive impact of meditation therapy on blood pressure reduction.[12]

Additionally, a study by Asmarani (2020) on the effects of meditation therapy on hypertension in elderly individuals at BPSTW Yogyakarta Province Budi Luhur Unit found that the mean systolic pressure decreased from 140.20 mmHg before therapy to 130.39 mmHg after intervention. Similarly, diastolic blood pressure decreased from 81.89 mmHg to 77.86 mmHg. The differences in systolic and diastolic blood pressure were statistically significant ($\alpha = 0.000$ and $\alpha = 0.028$, respectively), suggesting that meditation therapy effectively reduces blood pressure in elderly individuals.[13,14]

Furthermore, a study by Purnika et al. on the effects of dzikir meditation on blood pressure changes in individuals with hypertension (n = 15) found a substantial reduction in blood pressure (p-value = 0.001, $p < \alpha$ (0.05)).[9] Meditation stimulates the adrenal medulla, regulating the secretion of adrenaline and norepinephrine. This hormonal regulation inhibits angiotensin production, leading to a reduced heart rate, vasodilation, decreased vascular resistance, and ultimately, lower blood pressure. Meditation is a mental exercise that promotes concentration, focus, and relaxation. It has numerous health benefits, particularly for cardiovascular health. Regular meditation is associated with a slower, more regulated breathing pattern, which contributes to lower blood pressure. It also alleviates muscle tension, reduces stress-related responses, and enhances brain oxygenation, ultimately leading to improved blood pressure regulation.[16]

The Gayatri Mantra is a universal prayer enshrined in the Vedas, the oldest scriptures of Hinduism. (Sathya Sai Speaks, X:109). It is a universally applicable chant that can be recited by individuals of all genders and ethnicities. The repetition of this mantra fosters knowledge and spiritual growth, incorporating three essential components of worship: veneration, meditation, and prayer.[17] Beyond its spiritual significance, the Gayatri Mantra is also believed to promote physical well-being, alleviating mental and chronic physical ailments, including cardiovascular conditions. The mantra, which includes five repetitions of the syllable "Om," is thought to be beneficial for mental health, heart disease, asthma, and blood pressure regulation.[18] Gayatri Mantra meditation stimulates the parasympathetic nervous system, which is responsible for relaxation and the reduction of physiological tension. When individuals focus on the mantra, their breathing becomes deeper and more regular, activating the body's relaxation response and lowering heart rate and blood pressure.[19] Furthermore, meditation on the Gayatri Mantra helps mitigate chronic stress—a significant contributor to hypertension. By repeatedly chanting the mantra with high concentration, individuals can shift their focus away from stress and anxiety. This process reduces the secretion of cortisol, a stress hormone linked to elevated blood pressure, thereby contributing to overall cardiovascular health.[18,20]

5. CONCLUSION

The hypothesis in this study posited that Gayatri Mantra meditation has an effect on blood pressure reduction among elderly individuals with hypertension. According to study findings, it can be concluded that after practicing Gayatri Mantra meditation, there was a notable decrease in blood pressure among elderly participants with hypertension in Banjar Abiantimbul, Pemecutan Village, Kelod, Denpasar City in 2024.

One limitation of this study is that the quality of meditation is highly influenced by the respondents' level of concentration, as meditation is a personal experience dependent on factors such as mental readiness and meditation skills. Additionally, the success of meditation can be affected by external factors, including diet, sleep habits, physical activity, and psychological well-being, all of which can have impact in blood pressure regulation and overall health.

Ethical Approval

This study followed the ethical guidelines which was approved from the Denpasar Polytechnic Health Research Ethics Commission with reference number DP.04.02/F.XXXII.25/0418/2024.

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Competing Interests

All the authors declare that there are no conflicts of interest.

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Underlying Data

Derived data supporting the findings of this study are available from the corresponding author on request.

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