International Journal of Nursing and Health Sciences

ISSN Print: 2664-9187
ISSN Online: 2664-9195
Impact Factor: RJIF 5.42
IJNHS 2023; 5(1): 15-23
www.nursingjournals.net
Received: 20-11-2022
Accepted: 29-12-2022

Itishree Jena
SUM Nursing College, Siksha 'O' Anusandhan Deemed to be University Kalinganagar, Bhubaneswar, Odisha, India

Corresponding Author:
Itishree Jena
SUM Nursing College, Siksha 'O' Anusandhan Deemed to be University Kalinganagar, Bhubaneswar, Odisha, India

Effect of psychic sleep on controlling withdrawal symptoms, balance and gait among alcohol dependent patients of selected hospital of Bhubaneswar and Cuttack

Itishree Jena

DOI: https://doi.org/10.33545/26649187.2023.v5.i1a.40

Abstract
Background: In worldwide alcoholism is the major issues for affecting individual's life and for socioeconomic development. Various treatment modalities have been developed for alcoholism, yoga nidra is one of them. yoga Nidra is an easy tool and very cost effective to practice for manage these symptoms. A wide range of gastrointestinal, cardiovascular, autonomic, neurological and psychological symptoms are all a part of the acute alcohol withdrawal syndrome.
Objectives
1. To assess the level of alcohol dependents with demographic variables.
2. To assess the effect of psychic sleep on controlling withdrawal symptoms, balance and gait among alcohol dependent patients.
3. To find out the association between withdrawal symptoms, balance and gait among alcohol dependent patients with selected sociodemographic variables.

Methods: A Quasi-Experimental research approach with purposive sampling technique was used at IMS & SUM Hospital, Bhubaneswar and SCB, Cuttack among 72 alcohol dependent patients. Psychic sleep module of 10 sessions were given to the experimental group for 10 days following the pretest. Posttest were conducted after 10 days of psychic sleep practice.
Results: The results showed a substantial difference between the levels of the pretest and posttest withdrawal symptoms, balance and gait after giving psychic sleep as evidenced by Mann- Whitney U value at p= 0.000 which is extremely significant. There was a strong significant association between intensity of withdrawal symptoms and educational status and type of family and in level of balance and gait with duration of consumption of alcohol (by using SPSS Version20 software). The psychic sleep was an effective to reducing withdrawal symptoms, balance and gait.
What is already Known
- The severity of the alcohol dependence syndrome was observed in psychiatric co-morbidities as mood disorders which is the most common diagnosis.
- In general alcohol usage is more common among college students.
- The research shows that yoga nidra was effective among college students in reducing anxiety and depression.

What this paper adds
- The findings of the psychic sleep study show that Yoga nidra intervention was successful in lowering withdrawal symptoms in patients who were alcohol dependent.
- Those patients who are consuming alcohol and are admitted to a DE addiction center can retain balance and gait with the help of psychic sleep.
- Further study can be conducted with other substance abuse cases and with larger sample.

Keywords: Psychic sleep, controlling withdrawal symptoms, alcohol dependent patients

Introduction
Alcohol withdrawal occurs when drinking alcohol is discontinued or reduced after a prolonged period of consumption. From a few hours to four or five days later, it can happen. Sweating, an accelerated heartbeat, hand tremors, insomnia issues, nausea, hallucinations, restlessness and agitation, anxiety, and occasionally seizures are among the signs and symptoms. The severity of the symptoms might lead to gait instability and negatively impact occupational health.

In chronic alcoholism case disturbance in balance and gait is the commonest problem among alcohol dependent persons. However, most of the dependents doesn't sought treatment, and in investigation the result is showing ataxia among these individuals.in addition, few studies suggested that association of codependence on other substances with alcoholic gait disturbance [8]. The numbers of exposure to Yoga Nidra improves well-being of the participants, which effects positively on life satisfaction and quality of life of the patients directly.

Jaison J, Abin V *et al*. (2022) [3] conducted a meta- analysis study by employing the Alcohol Use Disorder Identification Test in India to determine the frequency of alcohol use disorders. 21 studies conducted in different states in India. A total of 73997 subjects were included in this study, which estimated prevalence of alcohol use disorder as 12.5%. prevalence based on AUDIT was 12.4% in which magnitude of risky or dangerous alcohol consumption was 12.8% was significantly higher than dependence alcohol uses to 4.8%. 14.2% of respondents were in the Non-AUDIT tool. Further research found hat around 1 in 12 Indians suffered from alcohol consumption disorder.

Ovine L *et al*. (2021), the use of Yoga Nidra was successful and significantly reduced overall stress as well as vital stressors like stress related to home, academic progress, teacher interactions, uncertainty about the future, and conflict between school and leisure time. At the study's conclusion, low and moderate levels of stress were seen in the control group in 58.06% and 41.93%, where as in the yoga nidra group, they were 96.15% and 3.85%.

According to M Lejoyeux *et al*. (2020) [7], pathological gamblers 14 to 45% of their income compared to social gamblers who spend 5%. pathological gambling is 2%more common than 'problem gambling' at 4%. In patients who are alcohol addicted, the prevalence of pathological gambling is eight to ten times higher than in the general population.

Justin P, Shanuga J *et al*. (2020) [8] conducted cross-sectional survey on Child behavioural issues are affected by the intensity of parental alcohol misuse as well as child maltreatment and neglect in Kerala. Total 4133 of subjects randomly selected and the child age between 6-16 years. The result shown that use of hazardous and harmful alcohol widely causes children's internalizing disorders were frequently exacerbated by child emotional, physical and psychological neglect (R^2=.219) and living standards inversely affected (R^2=.173). Parents risky or harmful alcohol consumption had a considerable impact on how behaved their kids (R^2=.251).

Methods

- The approach for conducting this study was quantitative research approach.
- Research design for this study was Quasi Experimental research design. Where pretest was done for both experimental and control group then intervention was given only to experimental group and finally posttest done for both experimental and control group.
- The population of the study is alcoholic dependent patients meeting inclusion and exclusion criteria.
- In this study target population is all the alcoholic dependent patient, residing in psychiatric Ward of IMS & SUM Hospital, Bhubaneswar and SCB, MCH, Cuttack.

Setting of the study

The environment in which research is conducted can be physical, social or experimental.

The present study was conducted in Bhubaneswar and Cuttack.

The selection of the setting is done for the present study basis of:

- Feasibility
- Accessibility
- Geographical proximity
- Economic in terms of time
- Co-operation and availability of sample
- Transfer facilities

Sample: In the present study samples are the who are alcoholic dependent patient (18->51 yrs.) residing in IMS & SUM Hospital and SCB, MCH, Cuttack.

Sample size: sample size of 60.15 by using Slovin's formula. But here added 20% more sample to account for potential dropout occurrences. So 72 sample was the final sample size.

Sampling technique: Non-probability sampling technique was used for this study.

Ethical consideration

For the present study, the investigator took the following ethical consideration.

Approval of the research problem & objectives was taken from institutional research committee & ethical committee of SOA University. Ethical permission was taken from the ethical committee of SOA University. Written permission was taken from Dean of SUM Nursing college. Participants confidentiality and identities were maintained. Administrative permission will be taken from the concerned authority. Freedom was given to leave the research at any time. The participants had the right to ask any questions regarding any kind of doubt or information.

Data collection procedure

Data collection was done from 2nd May 2022 to 7th May 2022 formal written consent was acquired from Medical superintendent of IMS & SUM Hospital and Director cum medical superintendent Centre of Excellence in Mental Health SCB, Cuttack.

Pre-intervention

The researcher first introduces herself to the patients (alcohol dependence patient) and explained the purpose of the study. They were assured that their responses would keep confidential and used only in research purpose. Informed consent was taken from participants. Standardized and self- structured questionnaire were used to take data from the participants by the help of interview and observation method during data collection. Samples were chosen using purposive sampling to select samples[n=40] (alcohol dependent patient). Samples were split into two groups control and experimental doing by those patients were admitted during my data collection period are experimental group and those were newly admitted they were control group. Socio- demographic data, screening for alcohol dependence, balance and gait assessment and clinical withdrawal assessment done at Day-1. First pre-test

was done by researcher for 35minutes experimental group and control group.

Intervention

The intervention was given to experimental group from 6th June to 4th July 2022. The control group received their ROM Exercise and extra leaflets by researcher containing to maintain balance and gait and to control withdrawal symptoms. In the first session introduction and rapport building and explaining about alcohol related diseases and assessed the level of alcohol dependence, balance and gait disturbance and withdrawal symptoms. Session 2 just reviewing the 1st session and started the second session like about alcohol dependence syndrome, its sign and symptoms and related disorders.in 3rd session Introduction to Yoga nidra. in 4th session demonstrated the yoga nidra steps, in 5th session review of 4th session with shown yoga nidra posture and given psychoeducation. Different types of AVaids were utilized for the various Yoga nidra sessions like ppt., flash cards and posters. In 6th, 7th, 8th, 9th session continuation of yoga nidra posture with review of assignment given in each session (yoga nidra practice at any time in the absence of researcher).

After 10 days follow up was done along with that posttest was done.

Plan for data analysis

Organizing the data in a master sheet. In order to examine demographic data, descriptive statistics, such as frequency and percentage will be used. Incidence rate of alcohol dependence would be analyzed by using frequency and percentage. Item wise analysis. The effect of psychic sleep on balance & gait and withdrawal symptoms by using Wilcoxon signed rank test. Chi square test to examine the relationship between balance, gait and withdrawal symptoms among patients with alcohol dependence and specific socio-demographic factors. As per objective the data was analyzed by following sections:

Section I

Frequency and percentage distribution of subjects according socio-demographic variables of alcohol dependent patient.

Section II

Frequency and percentage distribution to assess the level of withdrawal symptoms among alcohol dependent patient.

Section III

Frequency and percentage distribution to assess the level of balance and gait disturbance among alcohol dependent patient.

Section IV

The effect of psychic sleep on withdrawal symptoms, balance and gait was measured by using inferential statistical method like Wilcoxon Signed Rank 'z' test and Mann-Whitney 'U 'test.

Section VII

Association between withdrawal symptoms, balance and gait with their selected sociodemographic variable by chi-square (χ^2) analysis.

Section I Findings related to sociodemographic characteristics

Table 1: Frequency (f) and percentage (%) distribution of participants according to age, educational status, occupational status, marital status, annual income, type of family, family size, family history of alcohol consumption, amount of alcohol consumption, duration of consumption of alcohol, previous exposure to any alternative therapy, type of alcohol and other type of substance abuse.

Sl. No	Variables	Experimental group		Control group	
		f	%	F	%
1.	**Age in years**				
	18-34	26	65%	22	68.8%
	35-51	9	22.5%	9	28.1%
	>51	51	2.5%	1	3.1%
2.	**Educational status**				
	Primary	2	5%	1	3.1%
	High school	10	25%	13	46.6%
	Graduation & above	28	70%	18	56.3%
3.	**Occupational status**				
	Employed	22	55%	20	62.5%
	Unemployed	13	32.5%	10	31.3%
	Retired	5	12.5%	2	6.3%
4.	**Marital status**				
	Married	15	37.5%	16	50%
	Unmarried	22	55%	16	50%
	Widow	2	5%	-	-
	Separated	1	2.5%	-	-
5.	**Annual income**				
	20,000-30,000	2	9.1%	-	-
	30,001-40,000	8	36.4%	7	21.9%
	40,001-50,000	12	27.3%	11	34.4%
	>50,001	18	27.3%	14	43.8%
6.	**Type of family**				
	Joint	12	30%	8	25%
	Nuclear	24	60%	22	68.8%
	Broken	2	5%	1	3.1%
	Extended	2	5%	1	3.1%

7.	**Family size**				
	<5	10	25%	12	37.5%
	≥5	30	75%	20	62.5%
8.	**Living area**				
	Urban	11	27.5%	11	34.4%
	Rural	29	72.5%	21	65.6%
9.	**Family history of alcohol consumption**				
	Yes	13	32.5%	19	59.4%
	No	27	67.5%	23	40.6%
10.	**Amount of alcohol consumption**				
	150ml	15	20.40		
	>150ml	25	20.56	1	0.002
11.	**Duration of consumption of alcohol**				
	<2	6	15%	6	18.8%
	2-5	11	27.5%	11	34.4%
	6-10	14	35%	13	40.6%
	>10years	9	22.5%	2	6.3%
12.	**Previous exposure to any alternative therapy**				
	Yes	15	37.5%	16	50%
	No	25	62.5%	16	50%
13.	**Type of alcohol**				
	Country made	11	27.5%	7	21.9%
	Foreign made	29	72.5%	25	78.1%
14.	**Other type of substance abuse**				
	Yes	29	72.5%	20	62.5%
	No	11	27.5%	12	

Outcome

Table 1: depicts that in experimental group most of the participants (65%) were 18-34 age group whereas (22.5%) of participants were 35-51-year age group and (12.5%) were of above 51year age group. In control group most of the participants (68.8%) were 18-34-year age group whereas (28.1%) of participants were 35-51year age group and (3.1%) were of above 51-year age group. it could also be observed that in experimental group majority of participants (60%) were having educational status graduation and above whereas (37.5%) and (2.5%) of participants were having education up to high school and primary respectively. In control group majority of the participants (56.3%) were having education graduation and above. In experimental group it was also found that majority of the participants (55%) were employed whereas (32.5%) and (12.5%) were unemployed and retired. In control group majority of the participants (62.5%) were employed. In experimental group it could also be observed that majority of participants (55%) were unmarried whereas (37.5%) of participants were married and (5%) and (2.5%) of participants were widow and separated. In control group majority of the participants (50%) were both married and unmarried. In experimental group it could also be seen that most of participants (27%) were having yearly income between 40,001- 50,000 and above 50,001 rupees. In control group many of the participants were having annual income above 50,001 rupees. in experimental group it was also seen that majority of participants (60%) were belongs to nuclear family whereas (30%) of participants were belongs to joint family and (5%) were belongs to both broken and extended family. In control group majority of participants (68.8%) were belongs to nuclear family. In experimental group it could also be observed that majority of participants (75%) were having family members more than 5 whereas (25%) of participants were having family member less than 5.in control group majority of the participants (62.5%) were having family member more than 5. In experimental group it was seen that majority of participants (72.5%) were belongs to rural area where as (27.5%) were belongs to urban area. In control group majority of participants (65.6%) were belongs to rural area. In experimental group it was seen that majority participants (67.5%) were not having any family history of alcohol consumption where as in control group (59.4%) were having family history of alcohol consumption. Majority of the participants (62.5%) were consuming alcohol >150 ml in experimental group where as in control group (71.9%) were consuming alcohol >150 ml. in experimental group it could be observed that majority of participants (35%) were consuming alcohol since 6-10 years whereas (27.5%) were consuming alcohol since 2-5 years and (22.5%) and (15%) of participants were consuming alcohol since >10 years and <2 years. In control group majority of participants (40.6%) were consuming alcohol since 6-10 years. In experimental group it was found that majority of participants (62.5%) were not having previous history of any alternative therapy whereas (37.5%) of participants were having history of previous alternative therapy.in control group both (50%) and (50%) of participants having and not having any history of previous alternative therapy. In experimental group majority of participants (72.5%) were consuming foreign made alcohol whereas (27.5%) of participants were consuming country made alcohol. In control group majority of participants (78.1%) were consuming foreign made alcohol. In experimental group majority of participants (72.5%) were taking other substances whereas (27.5%) were not taking any other substances. In control group (62.5%) of participants were taking other substances.

Section II

Descriptive statistics by frequency and percentage distribution to assess the withdrawal symptoms, balance and gait among experimental and control group.

Table 2: Frequency and percentage distribution of level of withdrawal symptoms of pretest score in both experimental and control group. $N=n_1(40)+n_2(32)=72$

Characteristics	Experimental group		Control group	
	F	%	F	%
0-9(Very mild)	8	20%	2	6%
10-15(Mild withdrawal symptoms)	6	15%	11	35%
16-20(Moderate)	6	15%	1	3%
21-67(Severe)	20	50%	18	56%

Table-2: shows that in experimental pre-test group 20% of participants had very mild withdrawal symptoms, 15% had both mild and moderate withdrawal symptoms and 50% had severe withdrawal symptoms where as in control group 6% of participants had very mild withdrawal symptoms, 35% had mild withdrawal symptoms and 3% and 56% had moderate and severe withdrawal symptoms respectively.

Table 3: Frequency and percentage distribution of level of withdrawal symptoms of posttest score in both experimental and control group. $N=n_1(40)+n_2(32)=72$

Characteristics	Experimental group		Control group	
	F	%	F	%
0-9(Very mild)	17	42.5%	2	6.25%
10-15(Mild withdrawal symptoms)	9	22.5%	10	31.25%
16-20(Moderate)	6	15%	2	6.25%
21-67(Severe)	8	20%	18	56.25%

Table-3: depicts that in experimental posttest group 42.5% of participants had very mild withdrawal symptoms, 22.5% had mild withdrawal symptoms,155 had moderate withdrawal symptoms and 20% had severe withdrawal symptoms whereas in control group 6.25% of participants had very mild withdrawal symptoms, 31.25% had mild withdrawal symptoms, 6.25% had moderate withdrawal symptoms and 56.25% had severe withdrawal symptoms.

Table 4: Frequency and percentage distribution of level of balance and gait of pretest score in both experimental and control group. $N=n_1(40)+n_2(32)=72$

Characteristics	Experimental group		Control group	
	F	%	F	%
≤18(High risk of fall)	27	67.5%	18	56.25%
19-23(Moderate risk of fall)	10	25%	11	34.38%
≥24(Low risk of fall)	3	7.5%	3	9.37%

Table-4: participants in experimental pre-test group had a 67.5% high risk of fall, a 25% moderate risk of fall and 7.5% low risk of fall while in the control group 56.25% of participants had a high fall risk, 34.38% had moderate fall risk and 9.37% had low fall risk.

Table 5: Frequency and percentage distribution of level of balance and gait of posttest score in both experimental and control group. $N=n_1(40)+n_2(32)=72$

Characteristics	Experimental group		Control group	
	F	%	F	%
≤18(High risk of fall)	18	45%	22	69%
19-23(Moderate risk of fall)	13	32.5%	8	25%
≥24(Low risk of fall)	9	22.5%	2	6%

According to Table-5, 69% of participants in the control group had high fall risk, 25% had moderate fall risk and 6% had low fall risk compared to 45% of participants in the experimental posttest group who had high risk of falling, 32.5% who had moderate risk of falling and 22.5% who had low fall risk.

Section III

This section describes the inferential statistics to find out the effect of psychic sleep on controlling withdrawal symptoms, balance and gait among alcoholic dependent patient by using Wilcoxon signed rank (z) test.

a) "z" value of pretest and posttest levels of withdrawal symptoms among alcoholic dependent patients in experimental and control group.

H_1: At the 0.05 level of significance, there is a statistically significant difference between the experimental and control group in the degree of withdrawal symptoms when comparing the post test scores from the pre test scores.

H_{01}: There is no discernible difference in terms of the severity of withdrawal symptoms were during the posttest compared to pre test period among experimental and control groups at 0.05 level of significance.

Table 6: Mean, standard deviation and p value of Wilcoxon Signed rank test(z) compare the pretest and posttest score of level of withdrawal symptoms among experimental and control group. $N=n_1 (40) +n_2(32) = 72$

Criteria	Mean±SD Pre test	Posttest	Median Pretest	Posttest	Mean rank positive	Negative	Z-value	p-value
Level of Withdrawal symptoms								
Experimental group	21.97±11.81	13.80±8.38	20.50	12.00	19.36	9.00	-5.51	0.00*
Control group	23.78±11.50	24.50±11.50	23.00	24.00	12.19	10.00	-3.85	0.00*

$p \leq 0.05$*(statistically significant)

In table-6: shows that mean score of posttest (13.80±8.38) was less than mean score of pretest (21.97±11.81) of level of withdrawal symptoms with the 'z' value was -5.51 with before intervention mean rank was 20.50 and after intervention mean score was 0.00 and p value was 0.000, inference shows that the level of withdrawal symptoms was decreased in posttest of experimental group that means the Psychic sleep in experimental group was effective and the research hypothesis was accepted while the null hypothesis was rejected.

The mean score of posttest (24.50.00±11.50) was less than median score of pretest (23.78±11.50) of level of withdrawal symptoms with the 'z' value was -3.85 with before intervention mean rank was 10.00 and after posttest it was increased to 12.19 and p value was 0.00, inference shows that the level of withdrawal symptoms was increased in posttest of control group that means the absence of intervention in control group which leads to no variation in withdrawal symptoms. So that null hypothesis was rejected and research hypothesis was accepted.

b) 'z' value of pretest and posttest levels of balance and gait among alcoholic dependent patients in experimental and control group.

H_2: There is significant change between the experimental and control group posttest scores from their pretest scores in terms of balance and gait with a significance threshold of 0.05.

H_{02}: There is no noticeable difference between the experimental and control group balance and gait scores from their pretest values at 0.05 level of significance.

Table 7: Median, standard deviation and p value of z test compare the pretest and posttest score of level of balance and gait among experimental and control group. $N=n_1 (40) +n_2(32) = 72$

Criteria	Mean±SD Pre test	posttest	Median Pretest	Posttest	Mean rank positive	negative	Z-value	p-value
Level of Balance & gait								
Experimental group	15.87±5.00	18.82±4.79	16.00	19.00	19.36	9.00	-4.82	0.00*
Control group	17.22±4.49	16.44±4.16	18.00	17.00	12.00	10.89	-3.29	0.00*

$p \leq 0.05$*(statistically significant)

The findings of the table-7: shows that mean score of posttest (18.82±4.79) was more than mean score of pretest (15.87±5.00) of level of Balance and gait with the 'z' value was -4.82 with before intervention mean rank was 9.00 and after intervention mean score was 19.36 and p value was 0.000, inference shown that the level of balance and gait increased after intervention in experimental group that means it is extremely statistically significant. So here the null hypothesis was rejected and the research hypothesis was accepted.

The mean score of posttest (17.22±4.49) was less than the mean score of pretest (16.44±4.16) of level of balance and gait with 'z' value was -3.29 and p value 0.00 with before intervention mean rank was 12.00 and it was decreased in posttest with mean rank was 10.89, inference shown that it was statistically significant that means in control group posttest of balance and gait decreased exponentially, so we rejected null hypothesis and the research hypothesis was accepted.

c) The effect of psychic sleep on withdrawal symptoms, balance and gait was measured by using inferential statistical method like paired and Mann-Whitney U-test.

Table 8: Mann-Whitney U test value and p-value of pre test scores in level of withdrawal symptoms of control and experimental group. $N=n_1 (40) +n_2(32) = 72$

Criteria	Median ± SD Experimental group	Control group	Mann-Whitney U-value	p-value
Level of Withdrawal symptoms				
Pretest	21.00± 11.62	23.00±11.51	565.50	0.40
Posttest	12.00±8.38	22.00±11.35	288.00	0.00*

$p \leq 0.05$ (statistically significant)

Table-8: data representations demonstrate that the median pretest score of both experimental and control group 21.00±11.628, 23.00±11.51 was statistically not significant from the 'U' value 565.500 with p value 0.40 which was a true different consequently, the null hypothesis was accepted and the research findings were falsified, showing that the experimental and control group level of withdrawal symptoms were higher.

The median post test score of both experimental and control group 12.00±8.38, 22.00±11.35 was statistically significant as evident from the 'U' value 288.00 with p value 0.00. which was a true different, leading to the acceptance of the research hypothesis and rejection of the null hypothesis and the inferences demonstrate that the experimental group posttest result showed a reduction in the severity of withdrawal symptoms.

d) "U" value of pretest and posttest levels of balance and gait among alcoholic dependent patients in experimental and control group

Table 9: Mann-Whitney U test value and p-value of pre test scores in level of balance and gait of control and experimental group. N=n_1 (40) +n_2(32) = 72

	Median ± SD Experimental group	Control group	Mann-Whitney U-value	p-value
Level of Balance and gait				
Pretest	16.00± 5.00	17.50±4.784	549.50	0.30
Posttest	19.00±4.79	17.00±4.431	446.00	0.02*

$p \leq 0.05$ (statistically significant)

Data represents in table-9: shows that the median pretest score of both experimental and control group 16.00±6.00, 17.50.00±4.78 was statistically not significant from the 'U' value 549.50 with p value 0.30 which was a true different so the research hypothesis was rejected and null hypothesis was accepted and the inferences shows that the level of balance and gait was decreased in pretest of experimental and control group.

The median post test score of both experimental and control group 19.00±4.79, 17.00±4.43was statistically significant as evident from the 'U' value 446.00 with p value 0.02. which was a true different so the research hypothesis was accepted and the null hypothesis was rejected and the inferences shows that after intervention the level of balance and gait was increased in posttest of experimental group.

Section IV

This section describes the findings related to association between the posttest level of balance and gait, withdrawal symptoms with selected sociodemographic variable.

H_4: There is significant association between level of withdrawal symptoms, balance and gait with selected sociodemographic variables when significance is set at 0.05.

H_{04}: There is no significant association between intensity of withdrawal symptoms, balance and gait with selected demographic variables at a significance level of 0.05.

The link between the cause and the signs of withdrawal symptoms. There were not significantly associated with age ($\chi2$=4.608, p=0.595), Occupational status (($\chi2$=5.19, p=0.51), Marital status ($\chi2$=8.42, p=0.49) and Annual income ($\chi2$=9.31, p=0.40), Family size ($\chi2$= 1.32, p=0.72), Living area ($\chi2$=5.13, p=0.16), Family history of alcohol consumption ($\chi2$=3.71, p=0.29), Amount of alcohol consumption ($\chi2$=1.09, p=0.77), Duration of consumption of alcohol ($\chi2$=11.40, p=0.24), Previous history of alcohol consumption ($\chi2$=1.57, p=0.66),previous exposure to any alternative therapy($\chi2$=1.57, p=0.66) Type of alcohol ($\chi2$=1.02, p=0.79) and other substance abuse ($\chi2$=2.97, p=0.39) which was more than tabulated value of $\chi2$ which is imply there was no association between the posttest score of withdrawal symptoms with age group. As a result, the null hypothesis was accepted and research hypothesis was rejected. Thus it was determined that age, educational status, occupational status, annual income, family size etc. Were not the factors in psychic sleep.

There was significant association found in withdrawal symptoms with educational status ($\chi2$=12.70, p=0.04) and type of family ($\chi2$=18.15, p=0.03) Hence it can be interpreted that the level of withdrawal symptoms of alcohol dependent patients is influenced by educational status and type of family. As a result, research hypothesis was accepted and null hypothesis was rejected. There is significant association between level of withdrawal symptoms and educational status at the significance level of 0.05.

Chi square analysis to find out the association between the posttest level of Balance and gait with selected sociodemographic variables.

the association between contributing factor and balance and gait. There was no significant level of balance and gait age ($\chi2$=1.16, p=0.88), educational status ($\chi2$=3.85, p=0.42) and Occupational status (($\chi2$=6.55, p=0.16), Marital status ($\chi2$=6.06, p=0.41), Annual income ($\chi2$=3.68, p=0.71), Type of family ($\chi2$=4.58, p=0.59), Family size ($\chi2$=1.04, p=0.59), Living area ($\chi2$=1.67, p=0.43), Family history of alcohol consumption ($\chi2$=0.02, p=0.98), amount of alcohol consumption per day ($\chi2$=0.08, p=0.95), Previous history of alcohol consumption ($\chi2$=0.08, p=0.95), Type of alcohol ($\chi2$=1.16, p=0.56) and other substance abuse ($\chi2$=1.99, p=0.36) which was more than tabulated value of $\chi2$ which is entail there was no association between the posttest score of balance and gait of alcohol dependent patients is not influenced by age, educational and occupational status. Hence null hypothesis was accepted and research hypothesis was rejected.

Association found with level of balance and gait and duration of alcohol consumption ($\chi2$=20.16, p=0.00). Hence it can be interpreted that the level of balance and gait of alcohol dependent patients is influenced by contributing factor duration of consumption of alcohol and at the 0.05 level of significance, there is a significant association between the level of balance and gait and the duration of alcohol consumption. As a result, the null hypothesis was accepted and the research hypothesis was disproved.

Discussion

Major findings of the study

Findings related to socio-demographic data

In both the experimental and control group, the majority (65%, 68.8%) were in the 18-34 age range.

Maximum 62.5% of patients in the experimental group were having education above graduation where as in control group 50% of participant's education was having above graduation.

In experimental group, the majority of participants 55% were employed, whereas the control group an average of 62.5% were employed.

Majority 55% of participants were married in experimental group in control group 50%, 50% of participants were both married and unmarried.

Maximum 36.3% of participants were having annual income 30,001-40,000 where as in control group 43.7% of participants were having annual income 40,001-50,000.

In experimental group, the majority of participants 60% and in control group 68.8% of participants were belonging to nuclear family.
Maximum 75% of participants in experimental group and in control group 62.5% were having family member more than 5.
In experimental group, the majority of participants 72.5% and in control group 65.6% were living in rural area.
In experimental group, Majority of participants 67.5% were having family history of alcohol consumption where as in control group 59.4% were not having any family history of alcohol consumption.
In experimental group, maximum 62.5% and in control group 71.9% of participants were consuming alcohol more than 150ml.
Maximum 35% of participants in experimental group and in control group 40.6% were consuming alcohol more than 6-10 years.
In experimental group majority of participants 62.5% were having history of alternative therapy where as in control group 50%, 50% were having and not having any history of previous exposure to any alternative therapy.
In experimental group, the maximum 72.5% of participants and in control group 78.1% were consuming foreign made alcohol.
Majority of participants 72.5% in experimental group and in control group 62.5% were having history of other substance abuse.

Findings related to withdrawal symptoms, balance and gait

Prior to the intervention, 67.5% of the experimental group and 56% of the control group had a high risk of falling, however following intervention, 50% of the experimental group and 56% of the control group who has severe withdrawal symptoms.
After psychic sleep intervention a majority of participants in experimental group 42.5%were having very mild withdrawal symptoms and in control group 56.25% had severe withdrawal symptoms where as in experimental group of balance and gait criteria 45% of participants and in control group 69% had high risk of fall.

Findings related to effect of psychic sleep on controlling withdrawal symptoms, balance and gait

There is significant between experimental and control group on withdrawal symptoms after intervention among alcohol dependent patients as evidenced by mean posttest score (18.56±11.181) with Mann- Whitney U-value 288.00 & p value 0.00 which is extremely significant.
There is significant between experimental and control group on balance and gait after intervention among alcohol dependent patients as evidenced by mean posttest score (17.76±4.65) with Mann- Whitney U-value 446.00 & p value 0.02 which is statistically significant.

Findings related to the association between withdrawal symptoms, balance and gait and selected demographic variables

There was a significant association of posttest score of withdrawal symptoms with educational status and type of family with Chi-square ($\chi 2$) value are 12.70 and 18.15 whereas p value (0.04 and 0.03) which was less than tabulated value of $\chi 2$at 0.05 level of significant, this suggests that there is association between posttest level of withdrawal symptoms with educational status and type of family. The study hypothesis was therefore accepted, while the null hypothesis was rejected.
There was a significant association with post test score of balance and gait in duration of consumption of alcohol with Chi-square ($\chi 2$) value is 20.16 and p value 0.00 which was less than tabulated value of $\chi 2$at 0.05 level of significant, which implies there is association between posttest level of balance and gait with duration of consumption of alcohol. The null hypothesis was therefore accepted and the research hypothesis was disproved.

Implications of the study findings

The study result have an implication for nursing profession. The implication has been listed under the following headings i.e. nursing practice, education and administration.

Nursing practice

The finest people to offer Yoga nidra to alcoholics are nursing professionals. Nurses should receive training in yoga poses to frequently perform on patients who are alcohol dependent. As a change agent, nurses can help patients by introducing the Psychic sleep in reducing withdrawal symptoms and maintaining balance and gait among alcohol dependent patients.
As the evidence suggested that withdrawal symptoms had a strong association with educational status and family structure. In order to practice Psychic sleep with patients who are alcohol dependent, nurses can demonstrate in addiction treatment facilities.

Nursing Education

Implications of the study on teaching relaxation therapy ideas to nursing students in order to lessen withdrawal symptoms and maintaining balance and gait. The students can acquire the skill on commentary and alternative medicines. The students can utilize this Yoga for the Purpose of health education in hospitals and communities.
In today's society, nurses are the most qualified professionals to educate patients on the job. Patients who are alcohol dependent consume alcohol for extended periods of time, which results in withdrawal symptoms as well as changes in balance and gait.

Nursing administration

The in-service education programme about psychic sleep for the medical staff in hospitals and the community might be organized by the nurse administrator. Since the majority of alcoholics are found in adolescent groups, nurse administrators might organize health awareness programmes on yoga activities in hospitals and community.

Nursing Research

The study findings can serve as a starting point for additional research aimed at expanding the body of nursing knowledge. More research study need to be conducted with large sample size in different settings like community area, rural area. Emphasis is given for the utilization of research findings. Dissemination of study findings through conference, professional journals will be the application of research findings effective.
The nurses can participate in nursing research on patients with alcohol dependence who are experiencing withdrawal

symptoms, balance issues and gait impairment. Due to current investigation, it was shown that there is a significant difference in the duration of consumption of alcohol within marital status.

Conclusion

The findings of the present study suggest that 10 sessions of psychic sleep practice has a good effect in reducing withdrawal symptoms and increase the maintenance of balance and gait among alcohol dependent patients. There was a significant association between educational status and type of family with posttest level of withdrawal symptoms and there was no significant link between level of balance and gait with chosen demographic characteristics at 0.05 level of significant. Thus, it was determined that psychic sleep works well for erasing withdrawal symptoms.

References

1. Alcohol use disorder.
2. Prasad D. Impact of Yognidra on well-being of spouses of alcoholics. 2018;6(41948):41948.
3. Joseph J, Varghese A, Vijay VR, Grover S, Sharma S, Dhandapani M, *et al*. The prevalence of alcohol use disorders using alcohol use disorders identification test (AUDIT) in the Indian setting: A systematic review and meta-analysis. J Ethn Subst Abuse; c2022. p. 1-19.
4. D'souza OL, Jose AE, Suresh S, Baliga MS. Effectiveness of Yoga Nidra in reducing stress in school going adolescents: An experimental study. Complement Ther Clin Pract. 2021 Nov;45:101462.
5. Anger and Aggression in Gambling Disorder. Int J Addict Res Ther. 2020, 21.
6. Jose JP, Cherayi SJ. Effect of parental alcohol abuse severity and child abuse and neglect on child behavioural disorders in Kerala. Child Abuse Negl. 2020;107:104608.
7. Geoffroy PA, Le Goanvic V, Sabbagh O, Richoux C, Weinstein A, Lejoyeux M, *et al*. Psychological support system for hospital workers during the Covid-19 outbreak: rapid design and implementation of the Covid-Psy hotline. Frontiers in psychiatry. 2020 May 28;11:511.
8. Jose JP, Cherayi SJ. Effect of parental alcohol abuse severity and child abuse and neglect on child behavioural disorders in Kerala. Child Abuse & Neglect. 2020 Sep 1;107:104608.