



Research Article

TRIDOSHA, A PREDICTOR OF QUALITY OF SLEEP - AN OBSERVATIONAL STUDY

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ABSTRACT


Nidra (sleep) is considered as chief nourisher at life's feast. It nourishes body as mother and termed as '*Bhutdhatri*'. It supports and helps to sustain physiological functions and thus, coated as '*Vaishnavi Maya*'. Quality of Sleep is an indicator of good health and is defined as an individual's satisfaction with all aspects of sleep experience. **Objective:** To establish a relation between *Sharirik Prakriti* and Quality of Sleep. **Methods:** An observational study was conducted on 150 healthy volunteers of age between 20-40 years, using CCRAS *Prakriti* Performa and PSQI scale. **Result:** Data was statistically analyzed applying ANOVA and Chi-Square test with $p < 0.05$, establishing their association. **Conclusion:** Through this study it became evident that *Tridosha* profiling can actually prove to be a valuable tool in predicting sleep quality and guiding personalized, *Dosha*-specific interventions for its management in more holistic way.

INTRODUCTION

The basic edifice of Ayurveda, is found on the fundamental theory, termed as '*Tridosha Tatva*'. It explains that basically there are three fundamental forces called *Doshas* viz. *Vata*, *Pitta* and *Kapha* who governs the entire physiology of an individual. *Doshas* provide a unique map of how different systems, organs and emotions are interconnected in both health and disease. Each *Dosha* having its own characteristics and functions where, *Vata* is responsible for movement inside the body, which aids in transmission of nerve impulses to desired organ system, it also adds to waste elimination, generation of thoughts and control the functions of *Pitta* and *Kapha* too. On the other hand, *Pitta* regulates digestion and various metabolic processes within a cell. It is also responsible for energy balance, thermoregulation, vision, pigmentation etc. While *Kapha Dosha* oversees the body's structure and cohesiveness, including storage, stability, development and maintenance [1].

Each individual is born with a unique percentage of *Tridoshas*. These proportions of *Tridoshas* are determined genetically (*Shukra-Shonita*) and are influenced by the environment (maternal diet, lifestyle) during development [2]. At the time of conception pre-dominance of *Doshas* decides the constitution of an individual known as *Prakriti*. *Prakriti* refers to an individual's discreet phenotypes, determined on the basis of physical, psychological, physiological and behavioural traits [3] which runs from birth to death. *Prakriti* in Ayurveda is a part of '*Dashvidha Atura Pariksha*' [4] emphasizing individuality and plays a key role in maintaining health (preventive medicine), understanding disease (diagnosis) and therapeutics (management).

Nidra (sleep), in Ayurveda has been given utmost importance by including it among the three sub pillars of life (*Tryopstambha*). It has been rightly stated by *Acharya Charak* that, happiness-misery, sufficient growth, strength-weakness, potency-sterility, knowledge-ignorance and life-demise are dependent on appropriate and inappropriate sleep [5]. Also, *Acharya Sushruta* while explaining the generation of *Nidra* stated that, when *Tamas Guna*, one of the *Trigunas* that creates ignorance, predominates with *Kapha*, the seat of *Chetana* is covered and sleep occurs. *Nidra* is another form of *Tamas* i.e., mental darkness. When *Tamas* naturally predominates at night and the

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mind and intellect are thoroughly relaxed, sleep occurs^[6].

With the prevalence of stress and other environmental, social factors nowadays, having a good night sleep is of much more significance so that to avoid development of numerous psychosomatic disorders. *Nidra* (sleep) stands out as one of the most prominent factors to be examined in the contemporary era, constituting a vital component of a healthy lifestyle. Out of which, Quality of Sleep is undebatable major issue of current ongoing research worldwide.

Quality of sleep is defined as an individual's satisfaction with all aspects of sleep experience. It means whether your sleep is restorative and you feel refresh upon awakening. It ensures that an individual gets essential physical, mental and emotional benefits needed. The NSF (National Sleep Foundation) includes four main attributes of sleep quality, which are:

- **Sleep Latency**- It is a measure of how long it takes one to fall asleep. It is the time it takes to transit from state of wakefulness to sleep and can vary from person to person. Drifting-off within 30 min. or less after the time one go to bed, suggests that their Quality of Sleep is good, while sleep latency of 60 min. or more indicates poor sleep quality.
- **Sleep disturbances**-This measure how often one wake up during night. Frequent awakening can disrupt the sleep cycle and reduce one's overall sleep quality. Waking up once or not at all suggests that your sleep quality is good. It also encompasses disorders or problems initiating and maintaining sleep. It includes parasomnias such as sleep walking, nightmares and periodic limb movements. External factors may include device overuse, medications and shift work culture.
- **Wake after sleep onset**- It is the amount of time you remain awake after first falling asleep. People with good sleep quality have <20 min. wakefulness.
- **Sleep Efficiency**- It is the ratio of time asleep to time lying in bed. As per National Sleep Foundation it should be more than 85% or more for optimal health^[7].

Together, these four elements can help one assess the quality of their sleep. They contribute to an overall sense one would have of their sleep being 'satisfying and restorative' or not. Good sleep quality in-fact help ensuring that one's sleep cycles won't be interrupted, which in turn help assuring that an individual will wake up feeling energized.

Factors affecting sleep quality could be numerous and can be grouped under following three:

- Physiological- Age, circadian rhythm, BMI (Body Mass Index), obesity etc.

- Psychological- Stress, anxiety, depression
- Environmental- Room temperature, previously disturbed sleep, television/device use, insufficient time to sleep, family/social or work commitments.

Sleep quality is a vital construct to clinicians and researchers due to the high prevalence of disturbed sleep and insomnia. Yet, despite its common usage, 'sleep quality' is a term without a clear definition (Krystal and Edinger, 2008). It is likely to have different meanings from one person to the next. For someone with problems initiating sleep, to someone whose sleep is restless with frequent awakenings, the determinant of sleep quality would be totally different.

Significant changes in sleep culture have been recognized worldwide. The outcome of poor-quality sleep has expensive financial results. Where poor quality sleep is associated with increase in premature mortality as well as with an extensive variety of adverse health outcomes, which turns to be a very heavy load on normal salaried middle-class people.

Nowadays, people are struggling to have a good night sleep because of stressful and mechanically fast way of living, creating a hazardous health problem that is *Nidranasha* (insomnia). The condition of insomnia may not be a life-threatening one but, it has a tendency to damage the person's life including his/her social and occupational life. People in order to overcome this condition tends to get addicted to artificial sleep-inducing drugs instead of managing their lifestyle, resulting in habit formation. According to several studies in India, rise in sleep disorders have been reported of about 33% of adult population.

Although, Ayurveda has postulated the theory of *Nidra* and a lot has been described in *Samhitas* about effect of *Doshas* on *Nidra* (sleep) but less work has been done in recent past to elicit whether the *Doshik* prevalence of body has any effect on Quality of Sleep. Hence, this study is an attempt to establish relation between Quality of Sleep and *Sharirik Prakriti*.

AIM

To find association between quality of sleep and *Tridosha*.

OBJECTIVES

- To elicit how quality of sleep and *Sharirik Prakriti* are related.
- To find association between *Tridosha* and quality of sleep.

MATERIAL AND METHODS

The present study was an observational one carried out on the basis of scientific methodology of research.

Ethical Clearance

The study was started only after getting approved by IEC (Institutional Ethical Committee) PAC/IEC/2023/11/24 which then undergone CTRI registration as well CTRI/2024/11/076551

Selection of subject

Both male and female healthy individuals of age 20- 40 years were selected to be observed for the study residing in or near the periphery of Patanjali Bhartiya Ayurvedic Evam Anusandhan Sansthan, Haridwar Uttarakhand irrespective of religion, caste etc. A detail *Prakriti* Performa prepared by CCRAS Delhi was used to assess the influence of *Tridosha* and standard PSQI (Pittsburgh Sleep Quality Index) was used to evaluate Quality of Sleep using 4-point Likert scale questionnaire, where the higher the score worse is the Quality of Sleep and thus, more prone to Insomnia. The subject fulfilling the inclusion and exclusion criteria were registered for the study after signing the informed consent form.

Inclusion criteria

- i. Males and females of age group of 20 - 40 years.
- ii. Healthy individuals.
- iii. Individuals with sound mental health.

Exclusion criteria

- i. Individuals with metabolic disorder.
- ii. Individuals having any kind of addiction.
- iii. Individuals above 40 years and below 20 years of age.
- iv. Old age individuals.
- v. Individuals having night shift.
- vi. Subjects who have undergone recent surgical treatment.
- vii. Pregnant and lactating females.

Assessment criteria

The assessment was done on the basis of subjective and objective parameters.

Subjective Parameters: In this *Prakriti* of individuals both male and female were evaluated by standardized *Prakriti* Performa (based on CCRAS Delhi).

Objective Parameters: Quality of Sleep was evaluated by using the Standard questionnaire of "PSQI". Subjects were divided into three categories in group of 50 healthy individuals and readings were taken in accordance to inclusion and exclusion criteria.

Sample size- Sample size or number of volunteers enrolled were 150.

Type of study- Observational study.

Level of study- Healthy individuals residing in or near Patanjali Bhartiya Ayurvedic Evam Anusandhan Sansthan, Haridwar India.

Period of study- 18 months.

METHODS:

For this study 150 healthy individuals were screened and enrolled residing in or near the periphery of Patanjali Bhartiya Ayurvedic Evam Anusandhan Sansthan, Haridwar Uttarakhand India. Which were then grouped under three categories i.e., students, home-maker and working, each of 50 individuals. With the help of standardized *Prakriti* Performa prepared by CCRAS, *Prakriti* of volunteers was obtained on filling the form online using the unique ID provided by CCRAS Delhi. At the same time Quality of Sleep was also obtained using PSQI scale.

The required data was collected and a master table was prepared, which was then analysed statistically using ANOVA and Chi-Square test.

RESULT

Demographic data is presented in the form of frequency and percentage along with graphical representation. ANOVA test was carried out for comparison of mean among different *Prakriti*. While Chi-Square test was carried out to test the association. P value <0.05 is considered significant whereas P value >0.05 is considered not significant. Software used for statistical analysis is SPSS 20.0

150 subjects of age between 20-40 years were selected for the study. Out of which 21 subjects were of age between 20-25years; 62 subjects were of age between 26-30 years; 28 subjects were of age between 31-35 years and 39 subjects were of age between 36-40 years.

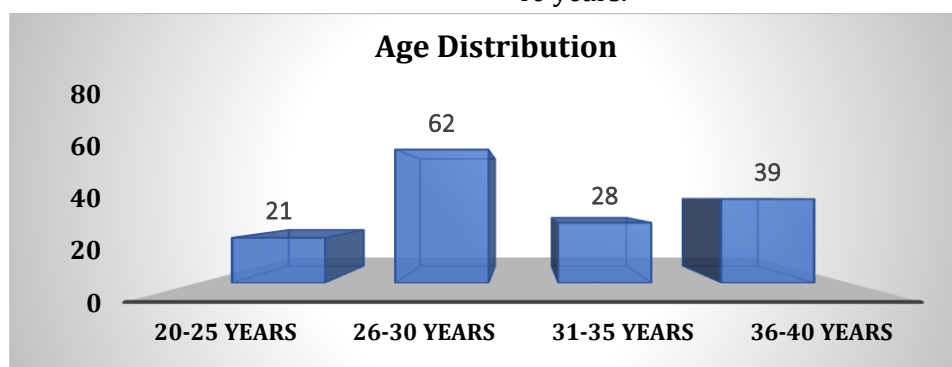


Fig 1: Age wise distribution of enrolled volunteers

Out of 150 volunteers 70 were male and 80 were female.

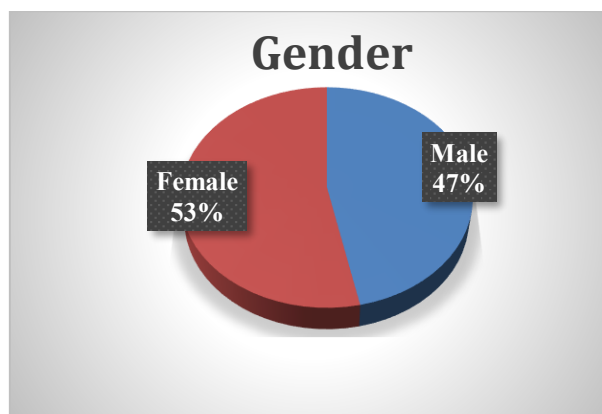


Fig 2: Gender wise distribution of enrolled volunteers

These 150 volunteers were then categorized into three groups each of 50 individuals. Out of which 50 were of student category, 50 were of working category and 50 were of home-maker category.

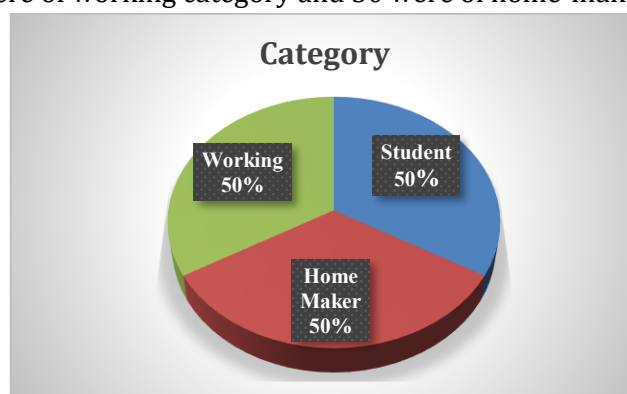


Fig 3: Category wise distribution of enrolled volunteers

Out of 150 volunteers 30 were of *Kapha-Pitta Prakriti*, 25 were of *Vata-Pitta Prakriti*, 19 were of *Pitta-Kapha Prakriti*, 23 were of *Pitta-Vata Prakriti*, 23 were of *Vata-Kapha Prakriti* and 30 were of *Kapha-Vata Prakriti*.

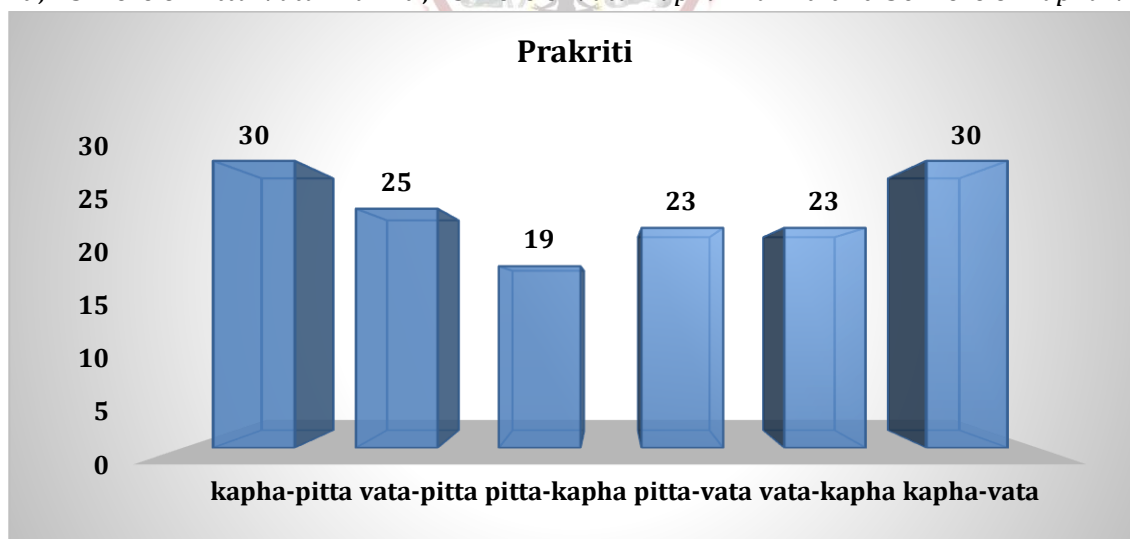


Fig 4: Distribution of enrolled volunteers on the basis of *Sharirik Prakriti*

Out of 150 volunteers it was found that 13 were having excellent sleep quality with PSQI scoring between 0-2; 53 were having good sleep quality with PSQI scoring between 3-5; 44 were having average Quality of Sleep with PSQI scoring between 6-8; 24 were having poor Quality of Sleep with PSQI scoring ranging between 9-11 and 16 were recognised having very poor Quality of Sleep with PSQI scoring >11, could be considered as insomniac having higher PSQI scoring.

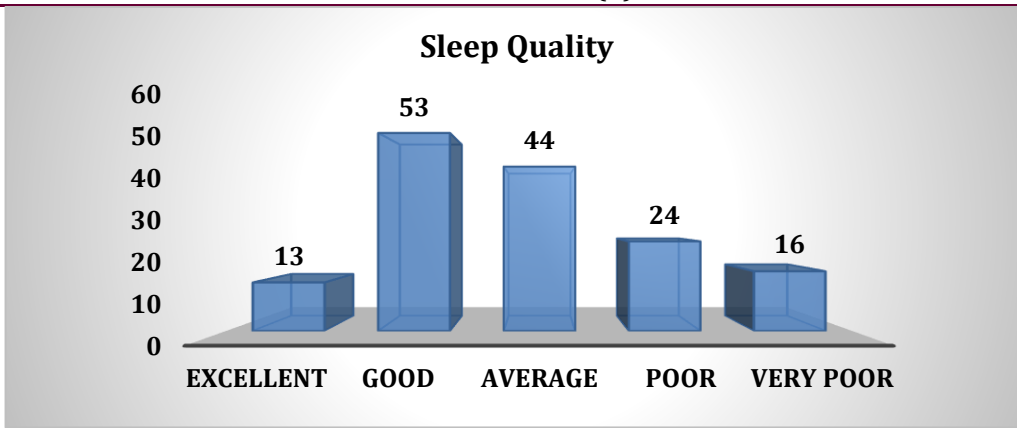


Fig 5: Distribution of Quality of Sleep among enrolled volunteers

ANOVA test was carried out to find comparison of mean between different age group, categories and among different *Prakriti* with PSQI. All having P-value less than, 0.05 showing significant difference in mean of these variables and sleep quality.

Age Group	N	Mean PSQI	SD	SE	F-Value	P-Value	Result
20-25 Year	21	6.00	2.86	0.62	3.571	0.016	Sig
26-30 Years	62	6.11	3.16	0.40			
31-35 Years	28	7.21	4.31	0.82			
36-40 Years	39	7.56	3.99	0.64			

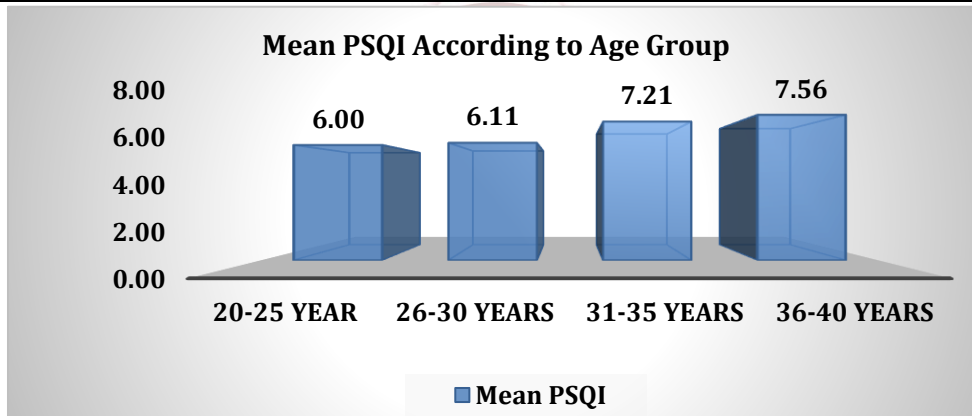


Table 1: and Fig 6. Comparison between Quality of Sleep and age group using ANOVA test

Occupation	N	Mean PSQI	SD	SE	F-Value	P-Value	Result
Student	50	6.02	3.27	0.46	3.666	0.0279	Sig
Working	50	7.10	4.04	0.57			
Home-maker	50	6.92	3.46	0.49			

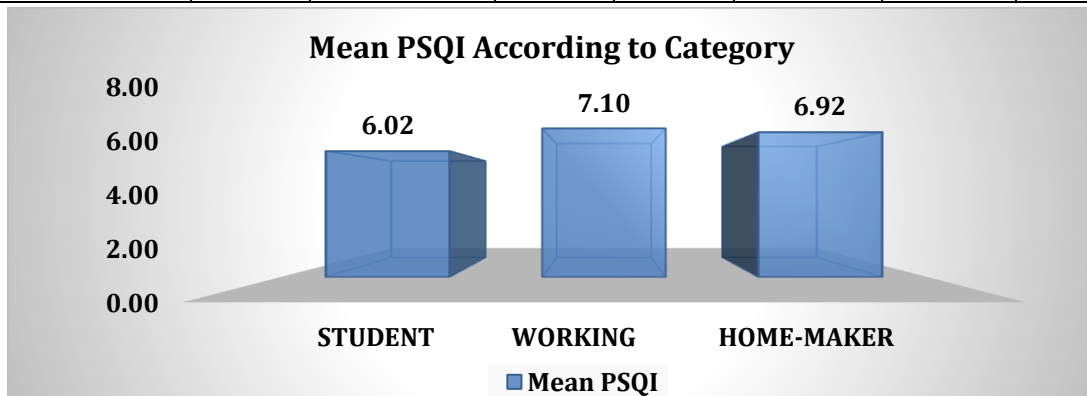


Table 2: and Fig 7. Comparison of Quality of Sleep with category using ANOVA test

<i>Prakriti</i>	N	Mean PSQI	SD	SE	F-Value	P-Value	Result
<i>Kapha-Pitta</i>	30	5.53	3.08	0.56	3.927	0.0196	Sig
<i>Vata- pitta</i>	25	7.84	4.44	0.89			
<i>Pitta-Kapha</i>	19	6.05	2.80	0.64			
<i>Pitta-Vata</i>	23	7.00	3.07	0.64			
<i>Vata-Kapha</i>	23	7.39	3.74	0.78			
<i>Kapha-Vata</i>	30	6.47	3.92	0.72			

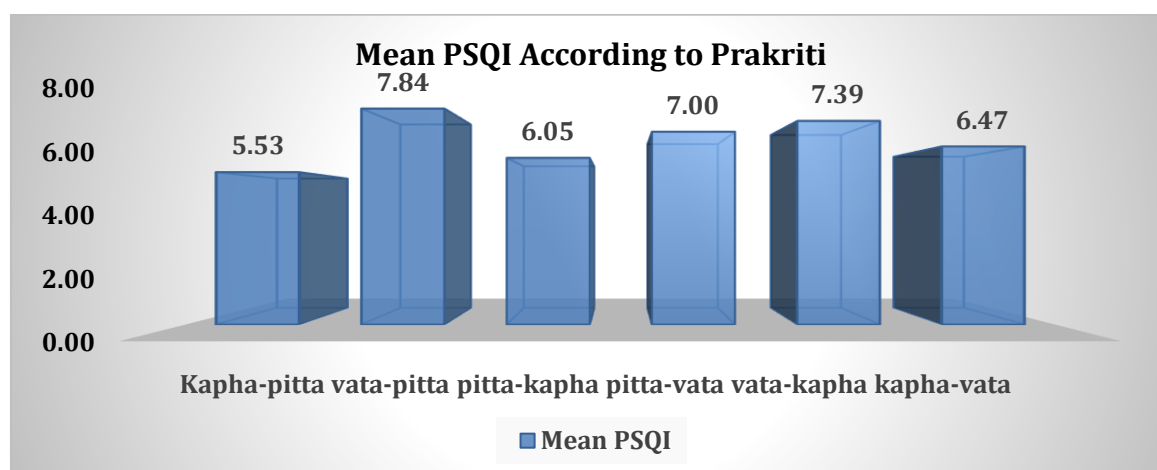


Table 3: and Fig 8. Comparison between Quality of Sleep and *Prakriti* using ANOVA test

Chi-square test was carried out to test association between sleep quality with *Prakriti*, sleep quality with age group and also, sleep quality with different categories as well. All having P-value less than, 0.05, indicating significant association of these variables and sleep quality.

Table 4: Association between Quality of Sleep and age group using Chi-square test

Sleep Quality	Age Group				Total
	20-25 Years	26-30 Years	31-35 Years	36-40 Years	
Excellent	2	8	3	0	13
Good	8	23	7	15	53
Average	6	16	9	13	44
Poor	4	12	4	4	24
Very poor	1	3	5	7	16
Total	21	62	28	39	150

Chi-Square Tests			
	Value	df	P-Value
Pearson Chi-Square	22.593	12	0.031
No. of valid cases	150		

Table 5. Association between Quality of Sleep and categories using Chi-square test

Sleep Quality	Category			Total
	Student	Home Maker	Working	
Excellent	7	3	3	13
Good	19	16	18	53

Average	12	13	19	44
Poor	9	5	10	24
Very Poor	3	6	7	16
TOTAL	50	50	50	150

Chi-Square Tests			
	Value	df	P-Value
Pearson Chi-Square	19.0456	10	0.0397
No. of valid cases	150		

Table 6. Association between Quality of Sleep and *Prakriti* using Chi-square test

Sleep Quality	<i>Prakriti</i>						Total
	<i>Kapha-Pitta</i>	<i>Vata-Pitta</i>	<i>Pitta-Kapha</i>	<i>Pitta-Vata</i>	<i>Vata-Kapha</i>	<i>Kapha-Vata</i>	
Excellent	7	1	2	0	0	3	13
Good	8	9	4	11	9	12	53
Average	8	7	9	5	7	8	44
Poor	6	2	4	4	4	4	24
Very Poor	1	6	0	3	3	3	16
TOTAL	30	25	19	23	23	30	150

Chi-Square Tests			
	Value	df	P-Value
Pearson Chi-Square	38.5235	25	0.0411
No. of valid cases	150		

After evaluating all the observation and statistical data, we can say that there is a significant association between the chosen variables i.e., *Prakriti* as per CCRAS format and Quality of Sleep as per PSQI. Since observations were, quantitative ANOVA test was carried out for the comparison among six *Prakriti* types and Quality of Sleep. Chi-square test was carried out to test the association between variables.

DISCUSSION

For this study 150 healthy individuals were categorized and randomly chosen irrespective of their gender and age. They were categorized into three groups i.e. students, home-maker and working; on the basis of how anxious they might be in their daily life. It is to elucidate that how much difference of Quality of Sleep can be seen in different strata of general population. As stated by *Acharya Charaka*, below the age of 20 years *Dhatu*s are *Aparipakva* [8] i.e. still forming and above 40 years of age they might be affected by hormonal infiltration. So, the age group chosen for this study was in between 20-40 years of age.

- Age group- As evident age plays an important role in regulating sleep quality in both Ayurvedic and contemporary medical science. As per different *Acharyas of Brihat-Trayi* in the beginning of age there is always a pre-dominance of *Kapha Dosha* resulting in providing young age people with a deep and long duration of natural sleep. Same way in old age people because of the dominance of *Vata Dosha*, sleep becomes very light and disturbed gradually developing insomnia. The observation shows exactly how age group of 20-25 were having an excellent sleep quality scoring minimum mean PSQI while age group of 36-40 years of age showing highest mean PSQI scoring.
- Category- *Working category* individuals, having highest mean PSQI scoring of 7.10 indicate their poorest sleep quality and being at higher risk developing Insomnia at the earliest, some even having that complaint already. In Ayurveda, *Pitta Dosha* is known to be *Teja Maha-Bhuta* dominant also having *Tikshna-Ushna Guna* resulting in developing anxiety, restlessness, and difficulty winding down especially in high pressure work

environment. Eventually, hampering their sleep with maximum night-time awakenings associated with racing thoughts and over-thinking. It also shows how crucial is to maintain healthy sleep habits to overcome workplace accidents which are becoming more and more common these days.

Home-maker category individuals, with PSQI mean score of 6.92 was observed indicating that their sleep quality majorly falls under average and poor, making them susceptible towards the development of Insomnia in near future. Home-makers who juggle with multiple responsibilities and often experience emotional and mental strain are more prone to develop *Vata* related sleep issues. *Vata Dosh* is known for its *Chala* and *Ruksha Guna* which when aggravated may cause symptoms like difficulty falling asleep, light and broken sleep. As home-makers, usually have irregular routines and meal timings they generally develop Insomnia in a long run.

Student category individuals, with PSQI mean score of 6.02 fall under average and good quality sleep and proves that predominance of *Kapha Dosh* as stated by *Acharya Charaka* [8] during this age, help them to combat serious aftereffects of any ongoing sleep disturbances in their academic age.

- *Sharirik Prakriti- Kapha-Pitta Prakriti* and *Kapha-Vata Prakriti* individuals showed the lowest mean PSQI score of 5.53 and 6.47 respectively, reflecting their better Quality of Sleep. as *Kapha Dosh* is known to have *Guru*, *Snigdha* and *Sthira Gunas* which eventually promotes restorative and deep sleep with minimum disturbances.

Pitta-Kapha 6.05 and *Pitta-Vata Prakriti* 7.00 having dominance of *Pitta Dosh* results in having mental overactivity, night time awakenings and restlessness because of its *Ushna* and *Tikshna Gunas*.

Vata-Pitta Prakriti 7.84 and *Vata-Kapha* 7.39 *Prakriti* were reportedly having poorer Quality of Sleep. these findings highlight the *Vata* predominance leading to light, disturbed and difficulty in maintaining sleep as having *Ruksha*, *Laghu* and *Chala Gunas*.

All this discussion clearly demarcates the impact of *Doshik* prevalence on every strata of one's life. As we are aware that sleep quality not only affect health but also overall Quality of Life as well, leading to reduced secretions of happy hormones, increasing cortisol level resulting in stressful life and lower life satisfaction. It is rightly said to be cost to society burdening individual with heavy healthcare costs and reduced productivity. In recent years it has emerged as

an epidemic which needs to be addressed very seriously in order to overcome it.

It is not only people but also many clinicians who have not noticed the problems derived from insufficient sleep. Health professionals who regularly encounter patients with sleep problems should routinely inquire about sleep habits and symptoms of sleep and circadian rhythm, sleep-wake disorders during patient encounters, and hospitals and long-term care facilities should optimize sleep conditions. Common complaints by people about daytime weakness, tiredness, concentration problems, lowered energy levels, poor work performance, traffic accidents, injuries at work, and intellectual troubles may often be misunderstood as the consequences of life stresses such as family or social problems rather than of the more basic cause of sleep insufficiency.

CONCLUSION

The scientific evaluation and monitoring of sleep quality is an important prerequisite for safeguarding and promoting the physiological health of the body. Sleep scales are important tools for assessing and understanding sleep quality, disorders and related issues, enabling clinicians to diagnose problems, track progress and personalize treatment plans. While, *Tridosha* profiling through *Prakriti* assessment scale of CCRAS on the other hand provide insights on individuals *Doshik* prevalence, help assessing influence of *Doshas* over sleep quality and guide personalized sleep hygiene or *Ayurvedic* interventions, like- in *Vata* dominant- *Pada-Abhyanga* and taking warm milk at the time of sleep can help improving their Quality of Sleep. While in *Pitta* dominant- Cooling diet, *Sheetli* and *Sheetkari Pranayam*, and avoiding late night work can help improving Quality of Sleep. Likewise, *Kapha* dominant individuals should have- stimulating life style, reduced daytime naps which would ultimately help improving their sleep quality.

Thus, data collected in this study underscore the significant association between Quality of Sleep and *Prakriti* of an individual, ultimately concluding that *Tridoshas* could be a predictor of Quality of Sleep. So, that in near future personalized sleep regime could be utilized for general population in order to have a peaceful and restorative sleep.

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