

Part I: Concept of Svapna (Dream Sleep) and Sushupti (Deep Sleep) according to Principal Upanishands

Part II: Effect of Integrated Approach of Yoga Therapy on Quality of Sleep in patients admitted to a Yoga Therapy Health Home – A Control Study

By

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ABSTRACT

Part I: Concept of Svapna (Dream Sleep) and Sushupti (Deep Sleep) according to Principal Upanishands

In the scientific methodology reasoning which we are apt to pursue in philosophy, unearthing the fundamentals of life must necessarily constitute a priority comprehending life as a whole. Life is one continuous string of experience of wakeful state; dream state and deep sleep state. Life in its totality must include the experiences of the wakefulness (awareness), of the dream and of the deep sleep. Vedānta is perhaps the only philosophical treatise through which one can contemplate wherein they take a deep and consistent scientific approach in observing, analyzing, and codifying these experiences into postulations or theories to understand the core of existentialism, which should eventually be truth behind the individual and the cosmos.

Though the objective and approach of each and every Upaniñad is different, the central idea of Upaniñads remains the same. All Upaniñads speaking in unison when they proclaim that the suñupti avasthä is nothing but the (temporary) attainment of state of bliss and pure consciousness. It is attained by the involution of human consciousness within the supreme consciousness, whereas the dream state is a mental projection of previous experiences and internal desires.

Uniqueness of Praçnopaniñad is in the proclamation of awakening of präëa even in deep sleep. It is evidenced through the präëic activities like breathing and blood circulation that are normally working in the body even in deep

sleep. Uniqueness of Mäëòükya Upaniñad relates 3 states i.e, jägâta, *svapna*, *suñupti* to Omkâra and knowing the fruits of 3 states. Chändogya Upaniñad presented in a poetic way of 3 states which induces beautiful simile and metaphor. Uniqueness of Pataijali yoga sùträs is to consider deep sleep as a cognitive modification. According to modern science, sleep is slowing down of electrical activity of brain divided into REM and NREM sleep . Physiologically sleep is meant to rejuvenate and relieve the physical and mental stress. Äyurveda describes indication and contra indications of sleep (when ,who, how much to sleep) and also describes remedies for sleep disturbances.

This paper is an attempt to review the concepts of *svapna* and *Suñupti* according to ancient texts.

SUMMARY AND CONCLUSION

The vedântic insight in to sleep,dreem and wking states can therefore be summerised as follows.The objective world is a dream but this does not mean that is a non-entity, an expanse of nothing, a void. The world, even if it is a dream, is there to the wise as well as to the ignorant, but the wise knows it's illusory nature and perceives its true nature (Brahman). The world is real from our empirical standpoint. From the Absolute stand point it is a dream. What is real to the ignorant is unreal to the wise. To the dreamer the dream world is real, but to the waker, it is unreal. Similarly to the empirical self (viçva) the phenomenal world is real, but to the Ätman, the witness of the three states, it is unreal.

Dreamless sleep is characterized by the suspension of the awareness that we think persists right throughout the wakeful state. It seems in the stage of deep sleep there is a break in an individual's awareness. It is very clear when an individual is not aware of something, he expresses, 'I don't know, I was sleeping'. However, 'dreamless sleep' should also be an experience that is experienced by the individual, otherwise the person in his post-sleep condition would not utter sincerely, and 'I was asleep'. Though there is undeniable difference between deep sleep and waking, there is some thing common which connects these two, the awareness of waking and sleep. In both, the subject who possesses the knowledge is same. Therefore, 'the experience of sleep seems to be lacking in *this*self-awareness'. For instance, in my waking

experience 'I' am the subject who is aware of different experiences. Even in my dream 'I' am the one who experiences the objects of the dream. But that particular experience of 'sleep' is not mine in my sleep, only after I am awake I understand this truth.

The Advaita explanation is that the 'undifferentiated, distinctionless nature of sleep experience demonstrates the true non-dual nature of the consciousness that persists throughout, and remains unaffected by, all three phenomenal states' of waking, dreaming and deep sleep. The experience of the continuity of the individuality from waking, dreaming, deep sleep and back to the waking is because of the active mind that recalls memory of the individual. Çàikaracãrya declares that the experience of the state of deep-sleep is a glimpse of the self's real nature, where there exists no 'I', the subject of experience . Owing to subjective nature of sleep, vedãntic approaches to sleep tend to meet only at infinity. Only further exploration and newer insights will help us to discover a closer relationship between these two approaches.

Part II: Effect of Integrated Approach of Yoga Therapy on Quality of Sleep in patients admitted to a Yoga Therapy Health Home – A Control Study

Background & objectives: The increasing burden of sleep problems are leading to several psychosomatic and chronic diseases. Sleep disturbances are commonly encountered in sick people. Poor recognition and assessment of sleep disorders can have serious implications in terms of dysfunction and disability, and occupational and socio-economic losses. Pharmacological treatment of Insomnia causes drug dependency and side effects. Non pharmacological, stress relieving yogic techniques are found to be helpful in improving the helps in quality of sleep. Hence the present study was designed to compare the effect of yoga and physical exercise on the self rated sleep in the sick people.

Methods: 60 patients admitted for a 2 weeks residential yoga therapy programme were stratified in to seven ailment groups and then randomly allocated to 2 groups. i.e, Integrated Approach of Yoga Therapy (IAYT) group and physical activity (PA) group.. They were in the age group 20 to 50 years. The ailments were asthma (n=8), arthritis (n=4), back pain (n=20), diabetes mellitus (n=1), G.I.D. (n=5), hypertention (n=19), obesity (3). The IAYT included yoga postures, relaxation techniques, voluntary regulated breathing

(pranayama), cleaning techniques (kriyas), counseling and lectures on yoga philosophy. The physical activity (PA) group included physical exercises, supine rest, breathing exercises, lectures on life style and diet). Both groups were crossed over in the second week. The groups were evaluated by i) sleep rating check list (SRC) in first and fourth week and ii) Pittsburgh insomnia rating scale (PIRS) for self assessment of sleep on 1st, 7th, and 28th day.

Result: The scores of SRC taken on day 1 and day 28 (2 weeks after they returned home) showed significantly greater reduction in the time taken to fall asleep in IAYT group (67 min to 45 min = 46%) than PA group (64 min to 51 min =26%).The number of hours slept increased in both IAYT (294 min to 348min =6%), PA (290 to 301=4%) groups,The number of times woke up during nights decline in IAYT (1.4 to 0.2= 706%), in PA (1.1 to 0.4=206%) groups, Feeling of rested in the morning increased in IAYT (1.7 to 0.2= 329%) groups,in PA (0.5 to 0.4= 23%) groups, No. of times slept in the afternoon decline in IAYT (0.4 to 0.9= -60%), in PA (0.6 to 0.7 = - 10%) groups.

Interpretation & conclusion: Yoga practice improved different aspects of sleep in a sick people.

Key words: yoga, physical exercises, self rated sleep, sick people

SUMMARY AND CONCLUSION

1. There are several studies on the quality of sleep in yoga among normal healthy volunteers; but there are no studies on the effect of IAYT (integrated approach of yoga therapy) on the therapy participants who have disturbed sleep.
- 2.The aim of this study was to assess the efficacy of intensive IAYT (integrated approach of yoga therapy on the therapy) as compared to control sessions of physical practices on the quality of sleep.
3. In this crossed over random control study, 60 yoga therapy participants (age range 20-50) were randomly assigned to two groups namely yoga and control physical. Their baseline sleep pattern was compared with 103 normal adults and 69 senior citizens.
4. The two groups had interventions of IAYT and physical practices to enhance the quality of sleep. The number of subjects in each group was 30
5. The self rated sleep assessment on SRC was taken daily from on the 1st to 7th,of intervention and 22nd to 28 th day one week after returning home.
6. Assessment on PIRS was taken on day 1,7 and 28.

7. The analysis of data was done as follows.

a) The normality test showed that the SRC and PIRC data were of not normally distribution and PIRS were normally distributed.

b) Independent T test showed that the groups were homogeneous.

C) The paired test indicated both yoga and physical groups showed improvement.

d) Multiple comparison between the groups done by repeated measures of ANOVA showed no significant change on SRC and PIRS.

E) Wilcoxon test done to compare the 7th, 22nd and 28th day with the base line within the groups in SRC.

In conclusion, the emerging result of present study suggest that yoga practice which includes yogic postures, relaxation with awareness, and inputs about philosophical and emotional stability 30, improved the sleep and increased the feeling of being refreshed on awakening in institutionalized Therapy participants

In order to objectively understand the changes in sleep architecture underlying, polysomno graphic recordings would be desirable.

Keywords: Svapna,Sushupti,Upanishands, Quality of Sleep.