

A SURVEY ON THE NEED FOR DEVELOPING AN AYURVEDA BASED PERSONALITY (TRIDOSHAPRAKRTI) INVENTORY

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ABSTRACT:

Prakrti is a Sanskrit word that means “nature” or natural form of constitution of an individual. It is one of the bases of classifying human population in general and in the diagnosis and prognosis of diseases, selection of drugs, dosage fixation and therapeutic management according to Ayurveda. *Prakrti* gets ingrained in an organism at the time of conception and gets modified according to one’s habitat, habit, age, environmental influences, lifestyle and etc. Ayurvedic physicians invariably use *Prakrti* concept to understand specific *Prakrti* of a patient in their practice out of their experience. Till date *Prakrti* assessment has remained subjective. Although there are *Prakrti* assessment tools in the form of Questionnaires, Checklists and Inventories they are either arbitrary or falling short of key standardization parameters. In this study it was planned to establish whether there is a necessity to develop a standardized tool in the evaluation of *Prakrti*. A standardized self-rating questionnaire was developed and administered to 34 qualified Ayurvedic physicians (M: F=12:22) with mean age 30.29 ± 6.15 yrs (mean ± SD) and clinical experience [5.53 ± 4.57 (mean years ±SD)], belonging to different areas of Bangalore to assure proper representation of the cohort. The study revealed that Ayurvedic physicians invariably use *Prakrti* in their clinical practice. They also agreed that their assessment of *Prakrti* differed from another physician and accepted that they were not convinced about the reliability of available tools and unanimously agreed on the need to develop a research based standardized tool for *Prakrti* assessment.

Key Words: *Prakrti*, Ayurveda, Ayurveda Physician, Tridosha.

INTRODUCTION:

Background

With increasing prevalence of life style related diseases/non communicable diseases and failure of the conventional medical system to tackle them holistically, a division of CAM (complementary and alternative medicine) came into existence to carry out research on the potential benefits of many of these traditional systems of medical practice^[1]. Of these, TCM (Traditional Chinese Medicine) and Ayurveda have been classified under whole medical systems^[2]. Ayurveda defined as the science of life^[3], aims at maintaining health of the healthy and cure of the sick through life style management and therapeutic measures with natural resources^[4]. The assessment of personality type (*prakrti*) is one of the basic steps in Ayurvedic diagnosis, prevention and therapeutics.

Personality

Personality (*Prakrti*) is defined as the characteristic behaviour of Physical, Physiological and Psychological features, that emerges out of an intense interaction between the human system and his environment. *Prakrti* is a Sanskrit word meaning “nature” that refers to the natural constitution of an individual. *Prakrti* gets ingrained genetically in an organism at the time of conception based on the predominant dosha/doshas and gets modified by environmental influences. *Prakrti* constitute the basic substratum of a living organism which is used to classify different types of

personalities. The nature of each *doshaparakari* has been well defined among Ayurvedic classics. Predominance of one or two of these *doshas* decides the physical, physiological and psychological features of an individual that is determined at the time of conception itself^[5]. Accordingly, seven types of *Prakrti* are manifested, three formed by the predominance of a single dosha (*Vatala*, *Pittala*, *Kaphala*), three by a combination of two doshas (*VataPittala*, *VataKaphala*, *PittaKaphala*) and one by a balance of all the three doshas (*SamaPrakrti*)^[6]. This classification helps an Ayurveda physician to determine the diagnosis and prognosis of a disease, select suitable therapies, fix appropriate dose of the pharmacological agents and advise right type of lifestyle

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modifications. It is widely used for career counselling, lifestyle counselling, marital counselling and etc. by traditional Ayurvedic community which is being significantly followed by the western Ayurvedic followers too.

Assessment of personlaity

Detailed descriptions of assessment of *prakriti* based on subjective and objective methods of examination are available in all major texts of *Ayurveda*. A major component of the theoretical and practical training of an Ayurveda physician is dedicated to recognize the *prakriti* and its imbalances. With Ayurveda becoming one of the accepted medical educational systems that trains many young practitioners who may not have yet developed the capacity to detect the *prakriti* that comes through long experience, there seems to be an urgent need for an objective and standardized paper pencil Inventory to help them fix the basic personality and then go on to recognize the imbalances.

To date, there are a few such paper pencil audits and software based tools available and none of them have gone through the process of validation using the standard statistical methods. Hence, we plan to develop a validated *prakriti* assessment tool. As a preparatory step, the present study was aimed at eliciting the need among practicing Ayurveda physicians for developing a standardized tool to assess *Prakriti*.

Methodology

Step 1: A focused group discussion (FGD) was carried out to develop a check list to be administered to the physicians. The group consisted of five Ayurveda physicians with postgraduate qualification. Likert scale of check list was developed comprising of 15 questions (table 1) intending to cover the following objectives - Awareness, Utility, Employability, Access, Acceptance and Need for research based standardized tool to assess *Prakriti*.

Table 1 - Check-list of questions to elicit opinions from Ayurvedic physicians on the utility of prakriti assessment tool.

Please answer all questions. Mark your choice in the columns provided.

(MA : Mildly agree; A : Agree; SA : Strongly agree; NS : Not sure; MD : Mildly disagree;

D: Disagree; SD: Strongly disagree)

No.	Questions	MA	A	SA	NS	MD	D	SD
1	Assessment of prakriti is an essential and integral part of diagnosis							
2	Prakriti forms an important basis of my disease management plan							
3	I carry out Prakriti assessment of all my patients							
4	Prakriti assessment helps me to assess severity of the disease, decide the dosage of the medicines, and predict response to treatment and prognosis.							
5	Prakriti evaluation is not a must in my clinical practice							
6	I rarely carry out prakriti assessment of all my patients							
7	I get expected treatment response irrespective of prakriti assessment							
8	Ayurveda approach is incomplete without prakriti assessment							
9	My assessment of prakriti might differ significantly from another Ayurveda physician							
10	I use a standardized tool to assess prakriti of my patients							
11	I disagree with question number 10 because there is no standardized tool available to assess prakriti (if you have any other reason please explain in the space provided for 'other comments')							
12	I would not have reservations to use a standardized tool to							

	assess prakriti of my patients.						
13	A standardized tool to assess prakriti will help Ayurveda practitioners in their practice						
14	Are you aware of paper pencil tools in English language to assess prakriti (mention the reasons)?	Yes	No	Reasons			
15	If your answer to qn. No. 14 is 'yes', do you use them in your clinical practice (mention with reasons)						
	If your answer to qn. no 14 is 'no', mention the reasons						
Comments or suggestions:							
Name:.....age:.....gender: male/ female							
Qualifications:..... Affiliation : self-employed/ employee							
Signature : date:							

Step 2: The researcher approached 125 Ayurveda practitioners who satisfied the selection criteria for the survey. The inclusion criteria were:

- Ayurveda practitioners with > 5 years of practice,
- Both genders,
- Age between 30 to 70 years, and
- Those who are working in Private clinics and Govt hospitals.

A representative sample of 125 that included physicians practicing Ayurveda in the East, West, North, and South parts of Bengaluru who satisfied the selection criteria were approached. After seeking the consent by telephone calls to participate in the survey, the researcher visited the physicians at a mutually convenient time (with prior

appointment) to complete the check list that took about ten minutes of their time.

Statistical Analysis

The answer sheets were collected and data entry was carried out in excel sheets. The data was analysed using multiple responses analysis and Non-parametric Chi-squared test.

RESULT

Table 2 shows the results of the validation scores by the FGD comprising four subject experts and a Statistician. We retained all the questions as all participants of the FGD agreed that the questions were appropriate. We reworded the questions 13 and 14 to make them more explicit as only 20% said 'most appropriate' and 80% said 'appropriate'.

Table 2: Validation of the contents of the questionnaire by the FGD.

Key : 1 = Most appropriate, 2 = Appropriate, 3 = Less appropriate, 4 = Not appropriate							
Question no.	Expert 1	Expert 2	Expert 3	Expert 4	Expert 5	% Agreement	
						Most-Appropriate	Appropriate
1	1	2	1	2	1	60	40
2	2	1	1	2	1	60	40
3	1	2	1	2	1	60	40
4	1	1	1	1	2	80	20
5	2	1	2	2	1	40	60
6	2	1	1	2	2	40	60
7	1	1	2	2	2	40	60
8	2	2	1	1	1	60	40
9	1	1	1	1	1	100	0
11	1	2	1	1	1	80	20

12	1	2	2	2	1	40	60
13	2	1	2	2	2	20	80
14	2	2	2	1	2	20	80
15	1	2	1	1	1	80	20
16	1	1	1	1	2	80	20

Table 3: Showing the details of the participants of the Survey.

Variable		Number
Gender	Males	12
	Females	22
Age	Mean± SD	30.29± 6.15 yrs
Duration of Clinical Experience	Mean± SD	5.53 ± 4.57 yrs
Location in Bengaluru city	North	09
	South	13
	East	07
	West	05
Type of practice	Private clinics	19
	Govt. Hospital faculty	15

Out of 125 physicians approached, 34 participated in the study, 12 male and 22 female doctors. Of these, 14 were in the age range of 30 to 40 years, 11 in 40 to 50 range, 6 in 50 to 60 range and 3 in the range of 60 to 70 years .

Although the answer sheets had 7 options, after going through an initial analysis, the FGD agreed to regroup the answers under four categories to make it a meaningful analysis . Questions 14 and 15 which had binary answers were not included in this table

Table 4 : Analysis of answers by 34 physician participants

Question No.	Total Agreement	Not sure	Total Disagreement	Not Answered	χ ² value	Sig p value
1	33 (97.06%)	1(2.94%)	0	0	30.118	<0.001
2	31 (91.18)	1(2.94%)	1(2.94%)	1(2.94%)	79.412	<0.001
3	30 (88.24)	4 (11.76)	0	0	19.882	<0.001
4	34 (100%)	0	0	0	No comparison	
5	8 (23.53%)	0	24 (70.59%)	2 (5.88%)	22.824	<0.001
6	11 (32.35%)	1(2.94%)	21 (61.76%)	1(2.94%)	32.353	<0.001
7	14 (41.18%)	3 (8.82%)	16 (47.06%)	1(2.94%)	20.353	<0.001
8	31 (91.18)	0	2 (5.88%)	1(2.94%)	51.235	<0.001
9	23 (67.65%)	2 (5.88%)	7 (20.59%)	2 (5.88%)	34.941	<0.001
10	18 (52.94%)	2 (5.88%)	11 (32.35%)	3 (8.82%)	19.882	<0.001
11	7 (20.59%)	0	1(2.94%)	26 (76.47%)	20.059	<0.001
12	12 (35.29%)	2 (5.88%)	8 (23.53%)	12 (35.29%)	0.882	0.049
13	30 (88.24)	3 (8.82%)	1(2.94%)	3 (8.82%)	46.294	<0.001

Q no 1,2,3,4: 33 out of 34Doctors (97%) agreed that Assessment of prakriti is an essential and integral part of diagnosis(Q1) and all of them (100%) agreed that Prakriti assessment helps in assessing the severity of the disease, decide the dosage of the medicines, and predict response to

treatment and prognosis. 33 out of 34Doctors (97%) agreed that it forms an important basis of their disease management plan(Q2) and 30 out of 34Doctors (88%) carry out Prakriti assessment of all their patients(Q3) and 8 out of

34 Doctors (23%) did not agree that Prakriti evaluation is a must in his/ her clinical practice.(Q5).

Q 6,7, 8: 31 Doctors(91%) agreed that Ayurveda approach is incomplete without prakriti assessment (Q 8) , 11 Doctors(32%) rarely carried out prakriti assessment of all their patients (Q 6), and 14 Doctors(41%) expressed that they get expected treatment response irrespective of prakriti assessment.

Q9: 23 Doctors (68%) agreed that their assessment of prakriti might differ significantly from another Ayurveda physician's assessment and 7 Doctors (21%) disagreed which may point to the confidence in these Doctors had about the clarity with which the tradition would have laid down the objective ways of assessing the prakriti.

Q 10,11,14: 18 Doctors (53%) opined that they are actually using one of the available tools (Qn. no.10); 18 Doctors(53%) said that they are aware of existence of a tool (Qn. no. 14) ; of the 11 Doctors(32%) who opined that they are not using any tool , 7 Doctors(32%) said that they are not using because there is no such standardized tool available(Q.11) . It appears that many doctors did not know the difference between a standardized tool from a non-standardized tool.

Q 12, 13: Although 30 Doctors (89%) agreed that a standardized questionnaire would help Ayurveda practitioners in their practice (Q.13). Only 12 Doctors (35%) were willing to use them (Q.12) while 8 Doctors (23%) of them were not willing to use, 2 Doctors (6%) were not sure and 12 Doctors (35%) did not respond.

DISCUSSION:

The study revealed that there is a need for a standardized tool for assessment of Prakriti based on Ayurvedic concepts for clinical usage among the Ayurvedic Doctors. Majority of the Ayurvedic Doctors confirmed that prakriti assessment is a part and parcel of Ayurvedic methods of clinical diagnosis and management

This was a pilot survey on Ayurveda clinicians in different zones of Bengaluru to assess the need for developing a standardized tool. A questionnaire for the survey was developed by the researcher and validated by a focussed group (FGD) of 5 experts. After making minor corrections in the questions for statistical analysis, the survey was carried out amongst 34 physicians who satisfied the selection criteria.

There was complete agreement that assessment of prakriti is an integral part of Ayurveda practice and it helps in diagnosis, prognosis and therapeutic management .Most of them did carry out prakriti assessment. Looking at the questions that asked about the awareness and need for developing a standardized tool, 53% were aware of existence of a tool prepared in English language. It was interesting to note that 53% are already using the existing tools. Although 35 % felt that developing a standardized tool would be useful, 88.24% agreed to use them in their practice and 24 % were silent .

The question no 1 to 4, Assessment of prakriti is an essential and integral part of diagnosis ,Prakriti forms an important basis of my disease management plan ,I carry out Prakriti assessment of all my patients and Prakriti assessment helps

me to predict response to treatment/deciding dosage/ assess severity of the disease/predicting prognosis/have drawn the attention of all the participants(97%,91% ,88% and 100% respectively) of the survey and have affirmed that prakriti analysis is an integral part of Ayurvedic clinical practice.

The question no 5 to 7, Prakriti evaluation is not a must in clinical practice, I rarely carry out prakriti assessment of all my patients and I get expected treatment response irrespective of prakriti have drawn attention of very less participants (23.53%, 41.18% and 32.35%) and indirectly it shows that Ayurvedic clinical Practice is incomplete without prakriti assessment.

The question no 9, My assessment of prakriti might differ significantly from another Ayurvedic physician has drawn the attention of majority of practitioners(67.65%) and have affirmed that in order to attain uniform results with varied investigators ,a standardized tool of prakriti assessment is required.

The question no 10, I use a standardized tool to assess prakriti of my patients has drawn the attention of 52.94% of participants. It affirms that majority of Ayurvedic practitioners want to use a scientifically developed tool.

The question no 12, I would not have reservations to use a standardized tool to assess prakriti of my patients has drawn the attention of 35.29% with total agreement,5.88%not sure ,23.53% not answered and 35.29% dis-agreement. It affirms that if there is a scientific tool majority of the clinicians would prefer to use it in their clinical practice.

The question no 13, A standardized tool to assess prakriti will help Ayurvedic practitioners in their practice has drawn the attention of 88.24% of participants. It further affirms that majority of Ayurvedic practitioners want to use a scientifically developed tool.

The question no 14 and 15, Are you aware of tools to assess prakriti and do you use them in your clinical practice have drawn the attention of 41.18% and 52.94% with total agreement respectively. It affirms that majority of Ayurvedic practitioners prefer to use scientific tool in their clinical practice.

To address the above requirements of the Ayurvedic physicians indeed it is necessary to develop a scientific tool of assessment of prakriti.

In the direction of a survey study in relation to CAM a few studies have been published. Characteristics of yoga users: Results of a National survey by Gurjeet S Birdee, et.al has used the methodology of utilizing cross sectional survey on 31044 samples by using a questionnaire with leading questions. The study concluded that Yoga Users are more likely to be white female, young and college educated. Yoga users report benefit for musculoskeletal conditions and mental health.

Use of complementary and alternative medicine in cancer patients: a European survey by

A. Molassiotis¹, et.al was carried out based on a descriptive survey design spread over 14 countries on 956 samples. The questionnaire used was based on one developed by Swisha, et.al. There were 27 items including demographic

data and questions about CAM. The study concluded that it is imperative that health professionals explore the use of CAM with their Cancer patients.

Use of complementary or alternative medicine in a general population in Great Britain.

Results from the National Omnibus survey by Kate Thomas and Pat Coleman, et. al has followed multipurpose survey methods which included interviews and advance letters methods on 2761 samples with checklist comprising 8 questions module. The study concluded that there was a strong correlation between the uses of CAM and gross socioeconomic indicators.

Utilization of Complementary and Alternative Medicine by United States Adults: Results From the 1999 National Health Interview Survey by Ni, Hanyu, et. al has followed NHIS (National Health Interview Survey) which covers the non-institutionalized civilian of US population on 30801 samples. The survey revealed that the sample size were considerably lower than the reports of previous surveys. Most CAM therapies are based by US adults in conjunction with conventional medical services.

CONCLUSION:

Prakrti assessment being one of the important aspects of Ayurvedic clinical medicine is useful in medical and related activities. It helps to classify human population in general to advocate ideal lifestyle for prevention of diseases and improve quality of life. It also helps in selection of therapeutic measures, assessment of drug response & dosage fixation. Ayurvedic physicians invariably use *Prakrti* in diagnosis and therapeutic management. In order to explicit the need of a scientifically developed & standardised tool for the assessment of *prakrti* a questionnaire based survey was under taken. The survey reveals that a significant percentage of physicians agreed that *Prakrti* forms an important basis of disease management and majority of the physicians agreed employment of *Prakrti* evaluation in their clinical practice. Significant percentage of physicians agreed that their

assessment of *Prakrti* differed from another physician. Many expressed that they were not sure of any such standardized tool by research and shown their interest to use a standardized *prakrti* assessment tool in their clinical practice. This demonstrates the need for a standardized tool for *Prakrti* assessment among Ayurvedic physicians.

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