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# The Science of Sleep: Exploring Sleep Technologies and Therapies

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## ABSTRACT

Sleep is a foundational pillar of human health, yet modern life has contributed to rising levels of sleep disturbances and disorders. This paper examines the growing body of scientific knowledge around sleep and investigates contemporary technologies and therapies designed to monitor, support, and improve sleep quality. From wearable and nearable sleep monitors to cognitive-behavioral therapy, smart home interventions, and alternative approaches, the study highlights the interdisciplinary innovation at the intersection of neuroscience, engineering, psychology, and consumer health. The paper also considers biological factors such as circadian rhythms, sleep stages, and sleep hygiene, alongside lifestyle variables including diet and exercise. It underscores the importance of customized, evidence-based solutions and the need for regulatory oversight as sleep technology becomes increasingly embedded in everyday life. Ultimately, improving sleep through targeted interventions may not only prevent chronic disease but also enhance overall quality of life.

**Keywords:** Sleep science, sleep technologies, sleep therapies, sleep monitoring, insomnia, circadian rhythms, cognitive behavioral therapy for insomnia (CBT-I).

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## INTRODUCTION

Scientific interest in sleep has a long tradition, with significant studies emerging since the mid-20th century. Recently, sleep has gained public attention due to increasing sleep disturbances. Addressing these issues requires innovative science and technology. This article discusses home- and lab-based sleep technologies, therapies, and tests, focusing on their applications and effects on sleep health. The article first reviews sleeper-based technologies and therapies designed to monitor, enhance, and restore natural sleep processes. It then examines collaborative technologies involving scientists, engineers, and psychologists, which promise custom-made solutions that improve effectiveness. Such interface technologies present exciting opportunities for research, diagnostics, and treatment, with the potential for clinical and commercial success. Additionally, it reviews quasi-sleep-related technologies targeting sleep states and processes to enhance evening vigilance or post-sleep cognitive performance. To provide consumers with well-priced sleep technologies and therapies, interdisciplinary knowledge and market awareness are essential. Recognizing the influence of sleep processes such as prediction, regulation, maintenance, termination, recovery, quality, and cognitive performance is crucial for effective solutions. Although these processes have been studied since the 1930s, little is known about their precise temporal development and how this information can inform home-based solutions. The 1960s showed how alarm clocks could be designed to offer sleep flexibility, addressing the impact of misaligned social and environmental times on sleep health. Sleep mismatching is a significant issue that contributes to sleep problems today. Addressing this through reverse engineering might provide valuable insights for future research, improving the chances of developing effective technologies and therapies that can benefit sleep quality in the 21st century [1, 2].

### The Importance of Sleep

Essential to human functioning, health, and quality of life, sleep is universally recognized across cultures as an important aspect of life. While widespread acknowledgment exists of the importance of obtaining adequate sleep, a significant portion of the population does not meet recommended guidelines. Lack of sleep, or poor sleep quality, is associated with a range of conditions, both mental, including depression and anxiety, and physical, including obesity, diabetes, cardiovascular disease, and premature death. In addition to mental and physical health, lack of sleep is also

associated with increased risk-taking behaviors and poorer academic performance. This has led to increasing awareness campaigns recognizing sleep as a health behavior, as efforts are made to increase attention devoted to sleep. Such efforts are growing in importance for both scientific research and public health advocacy. Sleep is defined as a reversible state of hyperpolarization of the brain, with characteristic features, including reduced responsiveness to external stimuli, the absence of voluntary movement, and the ability to be easily reversed. It is suggested to be of the brain, by the brain, and for the brain. As a body state, sleep can be defined according to physiological characteristics, such as EEG waveforms, muscle tone, and eye movements. Sleep has been long considered a unitary state. Recently, a model of sleep comprising two opposing processes: the homeostatic process such as slow-wave sleep and the circadian process such as rapid eye movement sleep has been considered. This duality theory of sleep is currently the leading model of sleep regulation. To appreciate the significance of the duality theory, it is necessary to know that the discovery of such a bi-polar function of sleep arose from the finding of REM sleep and the progressive unraveling of its mechanisms more recently [3, 4].

### **Sleep Disorders**

The medical profession has been slow to prioritize sleep medicine and research, particularly regarding the profound effects of sleep disorders on conditions like anxiety, neurodegenerative diseases, and obesity. Despite 7% of patients reporting sleep issues, only a third discuss them with their doctors. There is strong evidence linking inadequate sleep to various serious health problems, but this is often overlooked by the medical community. Both REM sleep and theta rhythm are adversely affected during cholinergic decline across age groups. EEG and pharmacological studies show theta oscillations relate to depression and cholinergic influence. Lucid dreaming and altered REM behavior may have significant implications in conditions like Alzheimer's disease. Sleep loss in both animals and humans leads to major changes in physiological and behavioral functions, challenging traditional views of sleep as mere quiescence. Increasing recognition identifies sleep as a dynamic state essential for health, and the past two decades have underscored the clinical relevance of sleep disorders, emphasizing the need for practitioners to understand these issues for better patient care [5, 6].

### **Sleep Stages and Cycles**

The sequences of sleep stages that it goes through inspired the name sleep cycle. There exists a period of 90- to 120-min when the cycles recur in succession. Most nights you go through 4-5 cycles and still feel refreshed when you wake up. In normal sleep, these stages occur in fairly predictable patterns with a large frictional loss of the relatively deep periods of interval I. The only minus occurs when the first stages are missed. Sleep onset is by easy fade into a luminal frank awareness daydream. Afterwards, dreams are fragmented scenes in constant turnover and loss of the previous scenes, with a dissipation in clarity. Each sleep cycle composed of phases I-IV and the rapid eye movement phase attains a higher average level about one half hour later in the second night. Most people would report satisfaction even if the compensatory recovery sleep was only a percentage of the missed period. Until recently, it was only people on day work who experienced a natural phase shift. With more nocturnal working schedules, as is common today, a shift in phase has been increasingly suggested as a remedy by some writers. Indeed, what these do would always lead to a perfect adjustment to the schedule with a seeming absence of any needless sleep. A gradual shift of the main sleep episode to a later time is labelled a phase delay in the sleep-wake schedule. The time-related sleep changes produced by a brightness stimulus were earlier arranged to fit those of the natural phase shift. The purpose was not only to examine sleep patterns but also to determine some of the mechanisms controlling sleep. A newborn temporarily produces the full number of stages but the absence of pons activity results in the infant only demonstrating basic phasic patterns or slow oscillatory activity [7, 8].

### **Circadian Rhythms**

Circadian rhythms regulate daily behavioral and physiological changes in all life forms, governed by a molecular clock consisting of transcriptional-translational feedback loops. Initially identified in *Drosophila*, mutations in clock genes are linked to various circadian rhythm disorders in humans, including familial advanced and delayed sleep phase disorders, causing individuals to be extreme larks or night owls. The SCN (suprachiasmatic nucleus) responds to several cues for clock gene and protein expression, with light being the primary zeitgeber detected by photosensitive retinal ganglion cells at dawn and dusk. Non-photoc cues like feeding and exercise are also significant. Light reaches the SCN through different pathways, primarily using rod and cone photoreceptors and the interneuron AII-AC, which translates light signals into a neuropeptide activating AVP receptor expression, creating a self-sustaining circadian gene expression pattern. AVP oscillation in the SCN correlates with its rhythmic release into the bloodstream. Circadian gene expression in the SCN starts about 3-4 hours post-eye-opening, peaking at dawn (ZT4-ZT8). While feeding strongly promotes hippocampal growth and neuron incorporation, light's influence is more fundamental. Research indicates that the SCN secretes gastrin-releasing peptide at night to inhibit CREB phosphorylation in downstream oscillators, thus maintaining a non-firing state to allow for rhythmic brain activity imaging [9, 10].

### **Sleep Hygiene Practices**

Sleep hygiene encompasses various practices necessary for quality nighttime sleep, which is vital for health and well-being. Sleep deprivation negatively impacts individuals, particularly in hospitals where stress and illness often hinder quality rest. Common disturbances include noise from alarms and medical equipment, contributing significantly to sleep complaints. Pain medications, including opioids and benzodiazepines, can reduce REM sleep further exacerbating sleep deprivation, which also affects therapy performance. Adequate sleep is crucial for cognitive functions such as memory and organization. Assessing sleep hygiene in hospitalized patients can identify deficits and guide interventions aimed at promoting sleep. These strategies focus on minimizing disruptions and supporting the sleep-wake cycle. Patients should create a quiet, dark sleep environment and address noise issues with staff. Activities known to stimulate should be avoided within two hours before bedtime, including excessive caffeine, nicotine, and heavy exercise. Likewise, heavy eating and drinking should be minimized before sleep. Instead, patients are encouraged to engage in calming activities as part of their bedtime routine. Adopting these practices can enhance sleep quality for hospital patients [11, 12].

### **Technologies for Sleep Monitoring**

Sleep monitoring (SM) quantifies sleep through physiological signals into parameters like total sleep length (S), sleep stages (N1-N3 and REM), and wakefulness (W). Devices are categorized by detection methods, with instrumental devices directly recording physiological signals. Polysomnography (PSG) is the traditional method, utilizing EEG, EOG, ECG, and EMG to monitor sleep bioelectrically. Advancements in MEMS sensors have led to single-channel EEG and other bio-sensors (actigraphy, ECG) for sleep estimation. Studies indicate frontal channel signals enhance classification, with random forest algorithms outperforming SVM. While long-term monitoring is possible, cumbersomeness from wired devices causes compliance issues, leading to missed sleep stages like reduced N2. Recent advancements focus on head-worn sensors for improved monitoring, integrating bio-physiological measures. Devices like Somfit assess EEG, EOG/EMG, oxygen saturation, and heart rate, while the Dreem headband uses multiple EEG electrodes and accelerometers for motion and breathing analysis. Potential exists for field-based sleep assessment as PSG alternatives, although accuracy for S staging needs validation. Nearables (e.g., Sense, RestOn) monitor sleep from positions under mattresses or bedside stands, employing ballistocardiography, light, sound, humidity, temperature, and motion detection [13, 14].

### **Therapeutic Approaches to Sleep Disorders**

Over recent decades, advances in scientific, psychological, and technological methods have led to potential therapeutic technologies for sleep. Research has focused on psychological and behavioral approaches, with technology facilitating sleep monitoring and smart appliances. Wearable devices track health and sleep, while wireless earbuds analyze sleep patterns and emit sounds that enhance sleep quality. Robotic pets can also aid sleep through sound and temperature regulation, alongside smart home applications that adjust environments using various stimuli. Emerging technologies include interactive pillows and smart eyeglasses. Sleep-promoting gels can be applied to bedding to minimize movement during sleep. Therapeutic technologies can be combined; for instance, administering a sleep medication alongside sound-activated earbuds. Insomnia can be treated through cognitive behavioral therapy for insomnia (CBT-I), which incorporates various strategies such as outdoor light exposure, massage, breath control, relaxation techniques, and dietary management. A sleep medicine protocol may involve monitoring sleep patterns, compiling medical histories, and suggesting a sleep diary, drug types, and usage of background noise to minimize distractions. Ongoing research is being conducted on algorithms for sleep agents and alternative solutions like sleep-promoting beds that support optimal posture or robotic pets for immersive experiences. There's a keen interest in the implications and future potential of these innovative approaches to enhancing sleep [15, 16].

### **Alternative Therapies**

People have engaged in sleep practices long before modern technology attempted to guide them toward rest. Several of these have entered everyday routines, while others have taken on more of a cult status. The following practices are noteworthy for their appealing claims and the continued effort to find and disseminate evidence of their effectiveness. However, the reader is cautioned that much of the evidence concerning these practices comes from alternative health practitioners trying to displace the allopathic approach to treatment regarding therapeutic efficacy. Efforts to displace the allopathic approach to treatment in the context of an education-based framework are also likely to produce bias. Nevertheless, some of the practices mentioned below may be worth investigating from a scientific point of view. Quick energy boosts include sleeping well before a workout, splashing one's face with cold water, and exposing oneself to bright lights. Chronic shifts in habits include jet lag, shift work, and changes in bedtimes. Sleep-related practices include bed nutrition and the need for adequate light and air. Products weighing in on this mix include melatonin, sleeping masks, nasal strips, and air filters. Meanwhile, bedtime practices include drinking herbal teas, certain scents, removing technology from the room, playing soothing sounds, and setting the mood with better bedding. It is also noted that there is enormous interest in substitutive sleep, and all methods of

compressing sleep remain hopeful trends. Another trend is effortful sleep, or games aimed at improving sleep quality through incentives for rest [17, 18].

### **The Role of Diet and Exercise**

Recent technological advances seek to improve sleep through enhanced hygiene, technologies, and therapies. Research includes the effects of light and exercise on sleep and circadian rhythms, real-time pulse monitoring, a mobile app for self-managing sleep quality, and diabetes-related sleep patterns. Evidence is growing on how visual and sound stimuli can enhance sleep quality, particularly in older adults. Studies are also examining dietary influences on sleep, digestion, and gut health, alongside safe, non-addictive sleep technologies for effective management of sleep issues. The widespread prevalence of sleep problems has led to significant research interest in enhancement technologies and therapies. A comprehensive overview of sleep science has been provided to evaluate various technologies and therapies, noting that poor sleep hygiene or ineffective therapies can worsen existing issues. Caution and health provider guidance are crucial when using these interventions. Regulatory oversight is necessary for sleep-related products, ensuring ease of use and compliance, while biases in testing literature warrant further examination. The discussion also highlights priority areas for innovation to tackle rising insomnia rates globally [19, 20].

### **Impact of Technology on Sleep**

The rise of sleep technology aids in achieving quality sleep through various tools that track sleep patterns and offer improvement advice. Sleep trackers monitor duration, patterns, and resting heart rate, helping users understand their sleep activity. Many incorporate a smart alarm to wake them at optimal times, enhancing alertness. These trackers utilize audio, visual devices, or embedded sensors in beds, making them convenient for smart homes. Recent wearables allow self-assessment of sleep behavior and physiological factors, evaluating sleep quality through a straightforward criteria-based system. Consumer sleep technologies fall into two categories: monitoring and therapeutic interventions. Monitoring devices track behavioral biomarkers of sleep state, including wrist-worn trackers that assess wrist movement and heart rate. Sleep biomechanical trackers within mattresses capture the body's biometric signature concerning motion during sleep, measuring heart and breathing rates as well. Sound-based trackers use microphones to analyze movements and sounds for biometric data, while video trackers employ cameras to detect motion through image processing. These devices provide insights into sleep states and trends via applications that include statistics on sleeping environments, such as noise, temperature, and light. Additionally, some wearable trackers promote sleep hygiene through bio-feedback mechanisms [21, 22].

### **Future Directions in Sleep Research**

Research into the neurobiology of sleep and the impact of its disruption on health, mood, and performance is being addressed by diverse academic streams and industries. The issue remains inadequately defined for neuroscientists to understand how the neuron's firing patterns, neuromodulatory influences, and cellular remodeling drive cognitive and physiological performance deficits as wake and sleep accumulate. There is an urgent need for less intrusive sleep tracking technology that can be easily adopted and used in a home-based setting. Research has primarily focused on providing future solutions that fit between these two paradigms, from less intrusive ways to assess and measure sleep disruption in the home context to better define the neurobiology of sleep and wake under dysfunctional conditions in laboratory settings. To bridge the gap between demanding experimental settings and intrusive devices and their implementation in the home context, recent emerging technologies have provided promising performances. Technologies to track sleep in the home setting include bedside Doppler and instrumented mattresses, which assess heart rate, respiratory rate, and body movements. Smart watches, smart rings, EEG headbands, and actigraphy devices have been developed as wearable devices with commercial relevance and have provided promising performances in sleep/wake assessment. Infrared video has also been successfully used; naturalistic observations to classify body motion have been used to score sleep and wake states and to monitor respiration. Together, these methods and devices can now sufficiently support the clinical diagnosis and management of sleep disorders. Such progress is particularly important given the remarkable variability in sleep disorder pathophysiology and its association with various health effects that are not typically represented in either exclusion criteria or patient recruitment [23, 24].

### **Case Studies**

SWS is marked by high amplitude, low frequency brain activity linked to decreased autonomic and motor activity. Recent studies show that electrical brain stimulation enhances SWS by promoting sleep waves (SWs), vital for stabilizing sleep and aiding memory consolidation. Additionally, electrical microcurrent stimulation on the forehead increases cortical excitability and blood circulation, improving sleep quality and reducing autonomic arousals in healthy individuals. To explore the simultaneous effects of microcurrent and SWS, a user-friendly multi-sensor platform has been developed for home use. It features an embedded CPU board for comfortable wear during SWS, continuously monitoring sleep status with wearable sensors, while also analyzing responses related to multi-target stimulation. The study presents this device's state, aiming to classify sleep stages and enhance stimulation through



a combination of thermal infrared and skin conductance devices. By integrating with existing electrocutaneous stimulators, this platform shows promise for consumer-friendly sleep research and therapies. Attention Deficit Hyperactivity Disorder (ADHD) affects 3%–7% of children, characterized by inattention, hyperactivity, and impulsivity. Reports link sleep disturbances to ADHD symptoms, with increased aggression and hyperactivity associated with sleep restrictions. Investigating sleep issues' impact reveals that early-day dysfunctions correlate with inattentiveness, while night-time difficulties relate more to hyperactive symptoms [25, 26].

### **Sleep and Mental Health**

Sleep has become a luxury rather than a necessity, as many prioritize television, games, and work over rest. This modern crisis has led to unstructured and disorganized sleep patterns. While one would expect media to promote the importance of sleep and stress relief, people seem more drawn to entertainment. Alarmingly, 51% of adults worldwide report dissatisfaction with their sleep. Research indicates that sleep disorders correlate with urbanization and lifestyle changes. Sleep is critical for both physical and mental health, with sleep disturbances linked to chronic psychiatric conditions like anxiety and depression. Shortened sleep is also tied to decreased motivation, poor social skills, and cognitive impairments in children. Sleep medication is increasingly common among children with autism, and adults with psychiatric disorders often experience sleep issues. Children facing anxiety or mood disorders have a significantly higher likelihood of excessive daytime sleepiness. Chronic insomnia can exacerbate depression. Athletes face mental health challenges at rates between 20% and 35%, leading to poor sleep quality and efficiency, which in turn affects performance, recovery, and increases injury risk. While advancements in wearable technology have enhanced sleep research in sports, the connection between mental health and sleep patterns remains underexplored [27, 28].

### **Cultural Perspectives on Sleep**

Sleep, studied biologically and behaviorally, is a physiological state characterized by neurophysiological and behavioral patterns generated by the brain. It is seen as universal (homologous sleep) yet varies across cultures, individuals, ages, and genders (facultative sleep). Recent studies explore sleep's behavioral aspects, such as sleep-wake transitions, microarousals, and sleep maintenance, complementing traditional neurophysiological views. In Qur'anic literature, sleep is frequently discussed regarding creation, divine signs, and the human condition, viewed as a mercy from God and a psychological or physiological disorder. Practices, attitudes, and beliefs surrounding sleep are mentioned, contrasting supernatural beliefs with interactive sleep (abnormal actigraphic patterns), which perceives sleep as a divine tool affecting human conditions. An implicit hypothesis suggests that sleep mediates the relationship between physical and psychological faith attributes. The Qur'an associates sound sleep with meditative, positive emotions, thus hypothesizing that adherence to these teachings regulates sleep, influencing various physical and psychosocial aspects of faith. In pre-industrial societies, the environment, particularly physical factors, shapes sleep-wake behavior, influenced by individual disposition and cultural practices. Activities and locations affect average sleep duration. Sleep behavior is socially structured; day length significantly impacts average sleep amounts. Sleep is bioculturally plastic, with shorter durations noted in foraging and pastoral societies, while longer durations appear in post-industrial ones. Global averages show temporal variations in sleep, with shorter, more variable sleep during work periods. This plasticity is explained by cultural environmental differences affecting social and temporal activity patterns. Autography quantifies sleep quantity, quality, and organization. Defining sleep is challenging due to its behavioral dimensions, including learning during unconscious phases. A lower-bound definition considers sleep a continuous span of unresponsive states, while linked measures present attitudes. Activity-based definitions require a sleep/wake inference algorithm detecting bouts based on activity counts or general movement [29, 30].

### **CONCLUSION**

As our understanding of sleep evolves, so does the capacity to develop and apply innovative technologies and therapies to improve sleep quality and address disorders. While traditional methods such as sleep hygiene and behavioral therapies remain essential, advances in wearable sensors, smart environments, and algorithm-driven sleep aids offer promising new avenues for personalized care. Interdisciplinary collaboration across scientific, clinical, and technological fields is crucial to address the complex nature of sleep health. Moreover, public education and medical engagement must be strengthened to destigmatize sleep disorders and encourage early intervention. As sleep becomes increasingly recognized as a critical health behavior, efforts must be made to ensure equitable access to validated, safe, and effective solutions that can support restorative sleep and, by extension, overall well-being.

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