



Research Article

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ASSOCIATION OF PRAKRITI WITH PERCEIVED STRESS AND SLEEP QUALITY AMONG APPARENTLY HEALTHY UNDERGRADUATE STUDENTS: A CROSS-SECTIONAL PILOT STUDY

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ABSTRACT

Background: Sleep disturbances and elevated stress are common among university students, particularly in early adulthood. Ayurveda emphasises Prakriti (Physical constitution) and Tridoshaj balance as determinants of sleep quality and severity. This study aimed to examine perceived stress, sleep quality, and insomnia severity among apparently healthy undergraduate students to identify early stress-sleep imbalances. Methods: A cross-sectional pilot study was conducted among undergraduate students aged 18–30 years. Participants were categorized into Prakriti types using the CCRAS Prakriti Assessment Scale. Perceived stress, sleep quality, and insomnia severity were evaluated using the PSS-10, ISI, and PSQI, respectively. Results: Vata-Pitta participants exhibited insomnia ranging from subthreshold to severe, elevated stress, and poor sleep quality. Vata-Kapha individuals showed subthreshold insomnia, moderate stress, and poor sleep, while Pitta-Kapha had moderate insomnia, moderate to high stress, and poor sleep. Sama Tridoshaj participants exhibited subthreshold insomnia, low stress, and good sleep quality. No single-dosha Prakriti showed significant insomnia, stress, or sleep impairment. Conclusion: Vata predominance is associated with sleep instability and stress sensitivity, while Pitta and Kapha influence provides relative stability with moderate sleep disruption. Sama Tridoshaj demonstrates minimal insomnia and moderate stress. These findings support the integration of Ayurveda Prakriti assessment with modern psychometric tools for early identification of at-risk students and prakriti-specific preventive strategies to improve sleep and stress management.

Keywords: Nidra, Prakriti, Young adults.

INTRODUCTION

Nidra (sleep) is described in Ayurveda as a natural physiological state in which the mind withdraws from sensory activities, allowing restoration of physical and mental energy. ¹ Early adulthood represents a vulnerable transitional period during which stress-related sleep disturbances may emerge prior to the development of overt disease. ² Sleep disturbances are common among university students, with reported prevalence ranging from 19.2% to 57.5%. ³ Medical students are particularly vulnerable due to poor sleep quality, excessive daytime sleepiness, and sleep deprivation, which may impair cognitive function, academic performance, and increase susceptibility to psychological disorders. ⁴ In Ayurveda, sleep is influenced by multiple factors, including Karya (excessive or improper activity), Kala (temporal factors), Vikara (physical and psychological disorders), Prakriti (physical constitution), and Vayu (predominance of Vata Dosha). Among these, Prakriti plays a key role in determining sleep quality and patterns. ⁵ Prakriti, determined at birth, reflects the dominance of the Tri-Doshas (Vata, Pitta, Kapha) along with the mental Tri-Gunas (Sattva, Rajas, Tamas). Individuals with Kapha dominant Prakriti typically experience deep and prolonged sleep, Pitta dominant individuals exhibit moderate and regulated sleep, whereas Vata dominant individuals often present with interrupted and reduced

sleep. ⁶ The Tridoshas serve as fundamental regulators of physiological equilibrium, Sat. B. 382. Adequate sleep maintains mental clarity, emotional stability, and physical vigour, while disrupted sleep disturbs this balance, leading to tissue vitiation and manifesting as Nidra-nasha (loss of sleep) or Anidra (insomnia). ⁷ Despite the established Ayurveda explanation of sleep regulation through Prakriti and Tridosha, studies integrating Ayurveda constitutional assessment with standardized modern tools in apparently healthy undergraduate populations remain limited. Contemporary tools such as the Central Council for Research in Ayurvedic Sciences Prakriti Assessment Scale (CCRAS-PAS) enable systematic evaluation of Prakriti, while validated psychometric tools including the Perceived Stress Scale-10 (PSS-10), Pittsburgh Sleep Quality Index (PSQI), and Insomnia Severity Index (ISI) allow objective assessment of perceived stress, sleep quality, and insomnia severity. Therefore, an integrative evaluation combining Ayurveda and modern assessments may help identify early stress-sleep imbalances and support preventive, personalized interventions.

Aim: The study aims to determine the correlation between perceived stress, sleep quality, and insomnia severity with Prakriti types, thereby identifying early indicators of stress-sleep imbalance in apparently healthy undergraduate students.

Objectives

1. To assess perceived stress in undergraduate students using the Perceived Stress Scale (PSS-10).
2. To evaluate sleep quality using the Pittsburgh Sleep Quality Index (PSQI).
3. To assess insomnia severity using the Insomnia Severity Index (ISI).
4. To evaluate Prakriti types in undergraduate students using the Central Council for Research in Ayurvedic Sciences-Prakriti Assessment scale (CCRAS-PAS).

MATERIALS AND METHODS

Study Design and Setting

The pilot study was conducted at Shri Dhanwantry Ayurvedic College and Hospital, Chandigarh, India. Data were collected during the mid-semester period to minimize examination related and seasonal stress variations.

Inclusion Criteria

Participants were included aged 18–30 years who were apparently healthy, with no known psychiatric illness, chronic medical condition, or diagnosed sleep disorder. Only those who voluntarily agreed to participate and provided electronic informed consent via Google Form were enrolled.

Exclusion Criteria

Students were excluded if they were currently using sedative or sleep-inducing medications, undergoing psychiatric treatment, diagnosed with any sleep or mental health disorder, or had a history of neurological or major medical illness. Participants with incomplete, inconsistent, or missing questionnaire responses were also excluded from the final analysis.

Ethical Consideration

All participants provided informed consent prior to questionnaire administration and were assured of confidentiality and complete anonymity of their responses.

Variables

The study evaluates Prakriti type (Vata, Pitta, Kapha, Dwandaj, and Sama Tridoshaj Prakriti) as an exposure/independent variable, classified using the standardized Prakriti Assessment Scale. The dependent variables consisted of perceived stress, measured through the PSS-10; sleep quality, assessed using the PSQI; and sleep disturbance severity, evaluated via the ISI. Potential confounders and effect modifiers included demographic characteristics (age, gender, academic year) and lifestyle-related factors such as screen time, caffeine consumption, physical activity, substance use, and medication use. All variables were operationally defined using validated instruments or structured self-report measures, and data were collected at a single time point to ensure methodological uniformity. This structured variable framework enhances the clarity and precision of the study's examination of the interrelationships among Prakriti, perceived stress, and sleep quality indicators (PSS-10, PSQI, and ISI).

Data sources and measurement

A total of 21 participants aged 18–30 years were screened based on their willingness to participate. Prakriti assessment was conducted using the validated CCRAS-PAS in each participant's preferred language, involving visual observation, tactile examination, and a structured interview performed by the investigator following SOPs.⁸ Based on these standardized criteria, participants were classified into their respective Prakriti types. Participants then completed the PSS-10, PSQI, and ISI questionnaires to assess perceived stress, sleep quality, and

insomnia severity administered through a Google Form. These tools were selected for their strong validity, reliability, and relevance in evaluating stress levels, sleep quality, and insomnia severity over the preceding month, and all scales were used in their original English versions.

Perceived stress was measured using the PSS-10, a validated instrument designed to evaluate an individual's appraisal of stress during the past month. The PSS-10 has good psychometric properties among young university students, with Cronbach's alpha 0.71–0.78, a valid factor structure, and no ceiling or floor effects, supporting its reliability and validity for assessing perceived stress.⁹ The scale consists of 10 items scored from 0 to 4, yielding a total score between 0 and 40. Six negatively worded items (1, 2, 3, 6, 9, 10) are scored directly, while four positively worded items (4, 5, 7, 8) are reverse-scored using the conversion 0=4, 1=3, 2=2, 3=1, and 4=0. Total scores are categorized into low (0–13), moderate (14–26), and high (27–40) stress.¹⁰

Sleep quality was assessed using the PSQI, a 19-item validated questionnaire that examines subjective sleep quality and disturbances over the previous month. A study on young adult male students in India showed that the PSQI has good validity, acceptable internal consistency ($\alpha = 0.736$), and strong diagnostic performance with a cut-off >6 (75% sensitivity, 88.9% specificity), supporting its use in this population.¹¹ It generates seven components—sleep duration, sleep disturbances, sleep latency, daytime dysfunction, sleep efficiency, subjective sleep quality, and use of sleep medications—each scored from 0 to 3. The summed global score ranges from 0 to 21 and is interpreted as good sleep quality (0–5), poor sleep quality (6–10), or very poor sleep quality (>10).¹²

Insomnia severity was measured using the ISI, a 7-item self-report scale assessing the nature, severity, and impact of insomnia during the last month. Each item is rated on a 0–4 Likert scale, yielding a total score between 0 and 28. ISI classifications include: no clinically significant insomnia (0–7), subthreshold insomnia (8–14), moderate insomnia (15–21), and severe insomnia (22–28). Insomnia severity was measured using the ISI, a 7-item self-report scale assessing nighttime and daytime symptoms over the past month. The ISI demonstrates excellent internal consistency ($\alpha = 0.90$ – 0.91) and good convergent validity, with a cut-off score of 10 offering strong diagnostic accuracy (86.1% sensitivity, 87.7% specificity).¹³

All assessment tools were administered uniformly to every participant to maintain standardized procedures, ensure comparability across groups, and uphold consistency in measurement throughout the study.

Bias

To enhance the internal validity of the study, the potential sources of bias and mitigation strategies are summarized in [Table 1].

Study Size

A convenience sample of participants from the institute was selected for this pilot study. The sample was chosen for feasibility and to explore preliminarily trends between sleep quality and Prakriti.

Statistical methods

Descriptive statistics were used to summarize the data, and correlation analysis was performed to evaluate the relationship between Prakriti types and sleep parameters.

RESULT

Participants

A total of 21 participants were included in the study. The mean age was 21.5 ± 2.5 years, with 8 males (38%) and 13 females (62%), all belonging to the same academic session. Details of participant recruitment, screening, and selection are presented in [Figure 1].

Descriptive Statistics and Analysis

PSS-10 scores were predominantly in the moderate stress range across Prakriti types. Mean moderate stress scores were 22.14 (n = 7) in the Vata-Kapha group, 21.25 (n = 4) in the Pitta-Kapha group, and 18.85 (n = 7) in the Vata-Pitta group. High perceived stress was observed in one participant each from the Vata-Pitta and Pitta-Kapha groups. No participants demonstrated low perceived stress. These findings are summarized in [Table 2].

PSQI scores indicated both good and poor sleep quality in the Vata-Pitta group, with mean scores of 2.75 (n = 4) and 8.75 (n = 4), respectively. The Vata-Kapha and Pitta-Kapha groups predominantly demonstrated poor sleep quality, with mean scores of 7.00 (n = 6) and 7.75 (n = 4), respectively. The Sama Tridoshaj group showed a good sleep quality mean score of 7.00 (n = 1). No participants demonstrated very poor sleep quality. These findings are summarized in [Table 3].

ISI scores differed across Prakriti types. In the Vata-Pitta group, mean ISI scores were 9.75 (n = 4), 17.00 (n = 3), and 28.00 (n = 1) across subthreshold, moderate, and severe categories, respectively. The Vata-Kapha group showed a subthreshold mean ISI score of 11.57 (n = 7). In the Pitta-Kapha group, the mean ISI score for moderate insomnia was 17.66 (n = 3), with one participant each in the no clinically significant and subthreshold categories. The Sama Tridoshaj group showed a subthreshold mean ISI score of 17.00 (n = 1). These findings are summarized in [Table 4].

Table 1: Bias in the study

Bias Type	Variables	Mitigation
Selection / Sampling Bias	Prakriti, PSS-10, PSQI, ISI	Predefined inclusion/exclusion criteria; small convenience sample for pilot feasibility.
Observer / Interviewer Bias	Prakriti, questionnaires	Standardized SOPs; single trained investigator; structured formats.
Measurement / Response Bias	PSS-10, PSQI, ISI	Validated instruments; private self-administration; Google Form; standardized instructions.
Recall Bias	PSS-10, PSQI, ISI	Short recall period (past month); immediate completion encouraged.
Hawthorne Bias	All variables	Explained as routine evaluation; assessments in preferred language; familiar setting.
Confirmation / Reporting Bias	All variables	Objective scoring; pre-defined analysis plan; all results reported.
Missing Data / Attrition	PSS-10, PSQI, ISI	Excluded incomplete responses; monitored data collection.

Table 2: Perceived Stress levels across Prakriti Types

Prakriti	Severity	N	Mean	SD
Vata. Pitta, Kapha	Low stress	0	-	-
	Moderate stress	0	-	-
	High perceived stress	0	-	-
Vata-pitta	Low stress	0	-	-
	Moderate stress	7	18.8571	3.33809
	High perceived stress	1	27.00	-
Vata-kapha	Low stress	0	-	-
	Moderate stress	7	22.1429	1.34519
	High perceived stress	0	-	-
Pitta - Kapha	Low stress	0	-	-
	Moderate stress	4	21.2500	2.06155
	High perceived stress	1	28.0000	-
Sam Tridoshaj	Low stress	1	18.00	-
	Moderate stress	0	-	-
	High perceived stress	0	-	-

Table 3: Sleep Quality (PSQI) Across Prakriti types

Prakriti	Severity	N	Mean	SD
Vata. Pitta, Kapha	good sleep quality	0	-	-
	poor sleep quality	0	-	-
	very poor sleep quality	0	-	-
Vata- Pitta	good sleep quality	4	2.7500	2.21736
	poor sleep quality	4	8.7500	.95743
	very poor sleep quality	0	-	-
Vata-kapha	good sleep quality	1	3.0000	-
	poor sleep quality	6	7.0000	1.26491
	very poor sleep quality	0	-	-
Pitta - Kapha	good sleep quality	1	3.0000	-
	poor sleep quality	4	7.7500	1.70783
	very poor sleep quality	0	-	-
Sam Tridoshaj	good sleep quality	1	7.0000	-
	poor sleep quality	0	-	-
	very poor sleep quality	0	-	-

Table 4: Insomnia Severity Levels Across Prakriti Types

Prakriti	Insomnia Severity Scale	N	Mean	SD
Vata. Pitta, Kapha	no clinically significant insomnia	0	-	-
	subthreshold insomnia	0	-	-
	moderate insomnia	0	-	-
	severe insomnia	0	-	-
Vata- Pitta	no clinically significant insomnia	0	-	-
	subthreshold insomnia	4	9.7500	1.25831
	moderate insomnia	3	17.0000	3.46410
	severe insomnia	1	28.0000	-
Vata- Kapha	no clinically significant insomnia	0	-	-
	subthreshold insomnia	7	11.5714	2.63674
	moderate insomnia	0	-	-
	severe insomnia	0	-	-
Pitta - Kapha	no clinically significant insomnia	1	7.0000	-
	subthreshold insomnia	1	10.0000	-
	moderate insomnia	3	17.6667	2.51661
	severe insomnia	0	-	-
Sama Tridoshaj	no clinically significant insomnia	0	-	-
	subthreshold insomnia	1	17.0000	-
	moderate insomnia	0	-	-
	severe insomnia	0	-	-

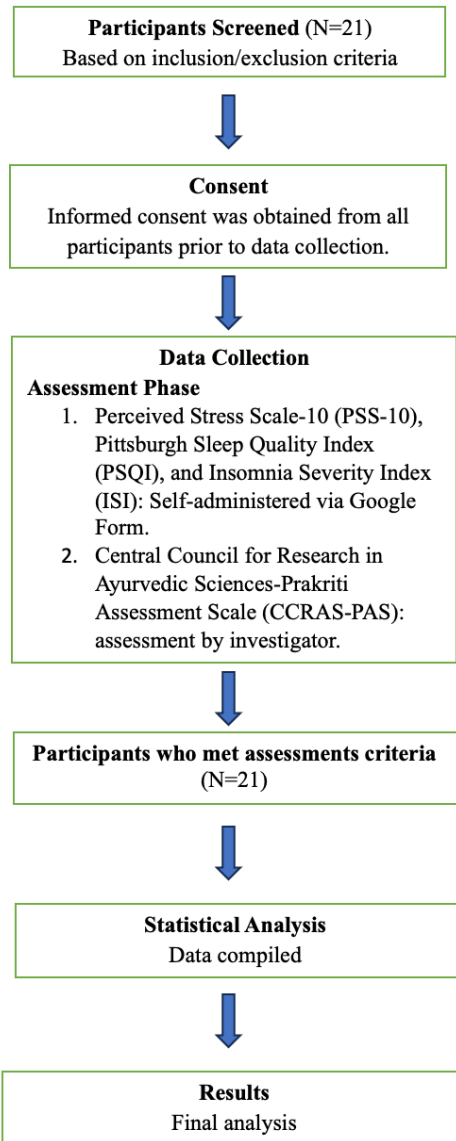


Figure 1: Flow Chart

DISCUSSION

Prakriti (Physical constitution) influences physical and psychological traits, including sleep. Individuals exhibiting two Prakriti lakshanas (signs) are classified as Dwandaj. ¹⁴ Dwandaj Prakriti was predominant in this study, with Vata-Pitta and Vata-Kapha being the most commonly observed types.

Among these, Vata-Pitta Prakriti individuals exhibited reduced and disturbed sleep, higher insomnia severity, and elevated stress sensitivity. Sleep disturbances in Vata-Pitta individuals can be explained by the inherent qualities of both Doshas. Vata, characterized by Ruksha (dryness), Laghu (lightness), and Cala (mobility), promotes restlessness and frequent awakenings. ¹⁵ Vata vriddhi leads to Nidra-nasha (loss of sleep), ED 2.8, Anidra (insomnia), SAT-D 544, ¹⁶ thereby disrupting both sleep and stress regulation. Pitta, possessing Ushna (hotness) and Tikshna (sharpness) gunas, ¹⁷ further reduces sleep and increases alertness. However, the Snigdha (unctuous) quality of Pitta prevents extreme sleep loss. ¹⁸

Kapha influenced Prakriti types (Vata-Kapha and Pitta-Kapha) showed predominantly subthreshold to moderate insomnia, poor sleep quality, and perceived stress was largely in the moderate range. These patterns may be attributed to Kapha qualities such as Snigdha (unctuousness), Guru (heaviness), and Manda (slowness), ¹⁹ which support sleep stability and continuity but may contribute to persistent, non-restorative sleep.

Sama Tridoshaj Prakriti, representing a balanced constitution of Vata, Pitta, and Kapha, is considered the ideal Prakriti in Ayurveda. Individuals with this Prakriti typically exhibit stable sleep, moderate stress levels, and minimal insomnia, reflecting the functional equilibrium of all tri Doshas. Ayurveda describes Dhatusamya as the state of equilibrium of body tissues, indicated by the absence or alleviation of disease, Sat. B. 427. ²⁰ Timely and adequate sleep is regarded as an important indicator of Dhatusamya, contributing to overall health, resilience, and reduced susceptibility to stress and sleep disturbances.

Strengths

The study integrated Ayurveda Prakriti assessment scale with validated psychometric tools (PSS-10, PSQI, ISI), allowing constitution based insights into stress and sleep patterns. Standardized assessment procedures and reliable instruments enhanced methodological consistency. The study highlighted constitution specific trends, particularly among Dwandaj Prakriti, providing preliminary evidence for early identification of stress-sleep imbalances in apparently healthy undergraduate students.

Generalizability

Findings primarily apply to young Indian undergraduate students and may not extend to other age groups, regions, or cultural contexts. Larger, more diverse, and longitudinal studies are needed to validate these observations and support Prakriti based interventions for stress and sleep disturbances.

Implications for Practice or Policy

Polysomnography, the gold standard for sleep assessment, objectively detects disturbances and enables early, tailored interventions for students exhibiting sleep related difficulties.

CONCLUSION

This cross-sectional pilot study suggests a potential association between Prakriti, perceived stress levels, sleep quality, and insomnia severity, with more pronounced patterns observed among individuals with Dwandaj Prakriti. However, the limited

sample size restricts robust statistical inference. Despite this, a substantial proportion of participants demonstrated indicators of disturbed sleep, underscoring the presence of subclinical sleep-related concerns even within an apparently healthy student population. These preliminary observations highlight the importance of integrating stress management and sleep hygiene measures into campus wellness programs, with consideration of Prakriti-specific susceptibilities. Future studies employing larger, stratified cohorts are warranted to confirm these findings and to refine constitution-based preventive and interventional strategies.

Limitations

The study had a small, single-institution sample with underrepresentation of single dosha types and a gender imbalance, limiting statistical power. Its cross-sectional design and short duration prevented longitudinal tracking. Reliance on self-reported measures and uncontrolled external factors such as diet, lifestyle, and transient stressors may have influenced outcomes.

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