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AN OBSERVATIONAL STUDY TO ASSESS THE MANASIKA BHAVA W.S.R. TO GURUVYADHITA AND LAGHUVYADHITA – A REVIEW ARTICLE

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ABSTRACT

Understanding Mental Health plays a major role in a clinical setup which enables a clinician in arriving at proper diagnosis, planning suitable treatment, assessing the mental status of the patient during the treatment to decide the rate of recovery and analyze the true prognosis of the condition. The capacity to withstand adversity in life is different for each individual based on the kind of *Sattva* developed during pregnancy or nurtured during the lifetime. *Sattva* can be most accurately measured when an individual experiences a threat to life, as based on the *Sattva Bala* the road to recovery or perish gets decided. Therefore, to enhance the overall success rate of any intervention, an initial understanding of these individuals through *Manasika Bhava* assessment is essential. People categorised as *Guruvyadhita* showed more positive *Manasika Bhava* when compared to people categorised as *Laghuvyadhita*. Similarly, people categorised as *Laghuvyadhita* showed more of negative *Manasika Bhava* than the people categorised as *Guruvyadhita*. Better *Sattva Guna* is indicative of exhibiting better coping skills. A vital part of diagnosis, treatment, and understanding the prognosis of the patient is played by *Sattva* assessment and must be carried out as a routine protocol in a clinical set up.

Keywords: *Manasika Bhava, Guruvyadhita, Laghuvyadhita, Arishta Lakshana, Sattva, Sattva Guna, Sattva Pareeksha, Sattva Saara Pareeksha,* Cronbach's Alpha.

INTRODUCTION

Ayurveda elaborates *Ayu* (life) as an intricately woven combination of *Shareera* (body), *Indriya* (sense organs), *Sattva* (construed as mind) and *Atma* (soul). These four elements must collaborate with each other for life to exist [1]. An eye only sees what the mind wants it to see. Without the complete collaboration of the *Manas* with the *Chakshurindriya* (the sense organ for vision), it is impossible for the *Chakshu* (eye) to give the correct *Pratyaksha Jnana*[2]. As long as *Manas* is not in its ideal state of functioning, *Tattva Jnana* will only become a mythological concept for an individual. Also, mental health status defines how healthy a person is in totality[3]. Understanding Mental Health, therefore, plays a major role in a clinical setup which enables a clinician in arriving at proper diagnosis, planning suitable treatment, assessing mental status of the patient during the course of the treatment to decide the rate of recovery and analyze the true prognosis of the condition. Many theories of health and wellness are predicated on the idea that the body has an impact on the mind and mental processes[4]. The concept of *Manas*/*Sattva* ranges from understanding it in its subtlest forms to carefully using that knowledge in understanding an individual at subtler levels. The capacity to withstand adversity in life is different for each individual based on the kind of *Sattva* developed during pregnancy or nurtured during the lifetime[5]. A person with a *Pravara Sattva* may tolerate a severe disease and present it as a minor one. Whereas a person with an *Adhama Sattva* may not tolerate even a minor disease and present it as a severe one. These individuals are called *Guruvyadhita* and *Laghuvyadhita*, respectively. *Sattva* can be most accurately measured when an individual experiences a threat to life, as based on the *Sattva Bala* the road to recovery or perish gets decided[6]. Therefore, to enhance the overall success rate of any intervention, an initial understanding of these individuals through *Manasika Bhava* assessment is essential.

MATERIALS AND METHODS

- **Objectives**

1. To assess *Manasika Bhava* W.S.R. to *Guruvyadhita* and *Laghuvyadhita*.
2. To develop a tool to assess the *Manasika Bhava* in *Guruvyadhita* and *Laghuvyadhita*.
3. To establish the importance of *Sattva* assessment in Diagnosis, Treatment and Prognosis.
4. Assessment of *Manasika Bhava* through *Arishta Lakshana* assessment, if any.

- **Source of data**

Literary information was collected from relevant texts.

A total of 50 subjects fulfilling the inclusion, exclusion and assessment criteria were selected from the OPD and IPD of Shri Dharmasthala Manjunatheshwara Hospital of Ayurveda, Udupi.

- **Design of the Study**

Study Type: Clinical Observational

Total enrolment: 50 Participants

- **Intervention**

Only observational study. No intervention was conducted.

- **Method of Collection of Data**

Method was followed as per the objectives of the study. All literary sources related to the concepts of *Guruvyadhita, Laghuvyadhita, Sattva, Arishta Lakshana*, etc. was collected from *Brihattayi* and other literatures. Later, a questionnaire was developed to assess the same in a clinical set up. The questionnaire was used to highlight the importance of *Manasika Bhava* assessment in clinical diagnosis, treatment and prognosis and also during *Arishta Lakshana* assessment. Method involved assessing *Manasika Bhava* from 1 year before the patient got admitted to the hospital till the day of interview. A questionnaire was prepared using close-ended questions on *Manas, Buddhi, Sanjna Jnana* etc. (8 *bhava*) as per *Charakokta* definition of *Unmada* and other assessment criteria accordingly[7]. The characteristics of *Sattva*

Guna, *Rajo Dosha*, *Tamo Dosha* and *Manasika Prakriti* were compiled from *Charaka Samhita*, *Sushruta Samhita* and *Ashtanga Hridaya* on which questions were prepared. A case sheet was prepared in accordance with the data to be collected. *Manasika Bhava* was picked from the *Charakokta Anumana Gamya Bhava* on which a scale was prepared and assessed on the patient.

The subject was assessed based on the level of consciousness:

1. If the patient was conscious and was able to communicate without any hindrance for a duration of 30-40 minutes, the questionnaire was given to the patient and first-hand information was gathered from the patient for the assessment.
2. If unconscious, the questionnaire was given to the primary caretaker/ information from the caretaker was gathered for the assessment. In case the patient regained consciousness, the observations made by the caretaker were personally confirmed.

In case any *Arishta Lakshana* was identified during the time of first interview, the patient was reviewed again after 3 months to note any changes.

The *Bala* of the patient was assessed with wall half-squat endurance test[8]. The *Shareera Sampat* of the patient was assessed using Body Mass Index[9]. To rule out any brain injury, the Glasgow Coma Scale was used. To assess the severity of diseases, APACHE II Score was calculated[10]. Mini-mental Status Examination was performed to rule out psychiatric conditions[11].

Through the collected data, analysis was made, and a standard tool was prepared for the assessment of *Manasika Bhava* with special emphasis on the type of *Vyadhita.*

The tool thus developed was analyzed by SPSS 16 and checked for reliability using Cronbach's Alpha value.

OBSERVATIONS AND RESULTS

The observations were made on these patients under the following headings –

1. Demographic description
2. Personal history
3. Manasa Prakriti Assessment
4. Manasika *Bhava* Assessment

Various factors like the type of *Manasika Prakriti*, *Dosha Prakriti*, *Rajo* and *Tamo Dosha*, etc. play an important role in determining the type of *Vyadhita*, not just the *Sattva Guna*. All of these parameters were considered to categorise the patients into *Guruvyadhita* and *Laghuvyadhita*. Once categorised, *Manasika Bhava* was assessed in these individuals and their percentage were noted. The average percentage of 50 different categories (from percentage of *Sattva Guna* to percentage of *Swapnadarshanam*) in 29 *Guruvyadhita* and 21 *Laghuvyadhita* separately is given in the table below:

Average percentage of each category of Guna, Dosha, Prakriti and Bhava of Manas in *Guruvyadhita* and *Laghuvyadhita*

Sl. No.	Category	*Guruvyadhita*	*Laghuvyadhita*
1.	*Sattva Guna*	87%	77%
2.	*Rajo Dosha*	40%	42%
3.	*Tamo Dosha*	27%	41%
4.	*Sattva Pareeksha*	81%	63%
5.	*Sattva Saara Pareeksha*	41%	40%
6.	*Brahma Kaya*	90%	75%
7.	*Aarsha Kaya*	60%	63%
8.	*Aindra Kaya*	64%	60%
9.	*Yamya Kaya*	70%	56%
10.	*Varuna Kaya*	81%	67%
11.	*Kaubera Kaya*	64%	66%
12.	*Gandharva Kaya*	57%	57%
13.	*Aasura Kaya*	25%	39%
14.	*Rakshasa Kaya*	21%	34%

15.	*Paishacha Kaya*	21%	30%
16.	*Saarpa Kaya*	20%	39%
17.	*Preta Kaya*	22%	42%
18.	*Shakuna Kaya*	33%	39%
19.	*Pashava Kaya*	8%	21%
20.	*Maatsya Kaya*	14%	33%
21.	*Vaanaspatya Kaya*	22%	25%
22.	*Sattva in Vata Prakriti*	25%	40%
23.	*Sattva in Pitta Prakriti*	55%	54%
24.	*Sattva in Kapha Prakriti*	70%	64%
25.	*Manah*	72%	51%
26.	*Vijnana*	82%	72%
27.	*Harsha*	66%	69%
28.	*Preeti*	81%	72%
29.	*Dhairya*	63%	55%
30.	*Veerya*	68%	57%
31.	*Avasthana*	70%	81%
32.	*Shraddha*	74%	77%
33.	*Medha*	80%	76%
34.	*Sanjna*	71%	22%
35.	*Smriti*	74%	70%
36.	*Sheela*	75%	70%
37.	*Dhriti*	50%	59%
38.	*Vashyata*	65%	61%
39.	*Bhakti*	85%	76%
40.	*Upasthitashreyastvam*	74%	70%
41.	*Amalam Sattvam*	52%	55%
42.	*Rajah*	64%	66%
43.	*Moha*	53%	61%
44.	*Krodha*	32%	49%
45.	*Shoka*	44%	54%
46.	*Bhaya*	63%	63%
47.	*Hriya*	57%	68%
48.	*Upadhi*	29%	70%
49.	*Dvesha*	72%	46%
50.	*Swapnadarshanam*	54%	69%

The details of the reliability for the questionnaire used in the present study is as follows:

Case Processing Summary (for GV & LV)

Cases	Number	%
Valid	50	100.0
Excluded	0	0
Total	50	100.0

The Cronbach's alpha value for the questionnaire to assess the type of *Vyadhita* was in the acceptable range (0.711). Hence the questionnaire used was reliable with good internal consistency which could be further used for validation.

DISCUSSION

The findings from the observations were interpreted as follows:

Age – While there was inclusion of patients as young as 23 years to as old as 83 years in the study, maximum patients categorized as *Guruvyadhita* and *Laghuvyadhita* both belonged to the age group of 26-35 years. This could be due to inclusion of all the

patients attending the OPD/IPD of our hospital irrespective of the diagnosis. The inclination towards *Laghuvyadhita* in this age group could be contributed by career pressure and major responsibilities which would inevitably have an impact on the *Sattva* of the individual. But at the same time, depending on the quality of the *Sattva*, an individual could use the circumstances to their aid and be unaffected by them as would be witnessed in a *Guruvyadhita*. It is also noteworthy that, *Shareerika Prakriti* is determined during the time of conception and cannot be changed. But *Manasa Dosha* and *Bhava* could be changeable throughout the lifetime of an individual. For instance, during infancy it may be difficult to categorise the individual into a *Guruvyadhita* or a *Laghuvyadhita*, based on the reaction of an infant to pain. But as age advances, with *Samskara* and development of *Sattva*, the same individual could either become a *Guruvyadhita* or a *Laghuvyadhita*. This also brings one to an understanding that with proper *Samskara* (training), the categorisation of the *Vyadhita* could also be changed, although it is yet to be researched.

Gender - The number of female patients included in the study were more than the male patients. This number difference has no particular role to play in the present study. However, when compared to women, there were more men under the category of *Guruvyadhita*. This supports the general behaviour seen in the society where men are seen making more silent sacrifices for the family, keeping the need of the family above their own needs, which could be attributed to such men being *Guruvyadhita*. Whereas women are generally thought to be more emotionally attached to their family and belongings which could be attributed to such individuals being *Laghuvyadhita*. Although vice versa is also possible, but such is the inference that could be drawn from the data available.

Religion - A maximum of Hindu patients were the subjects of the study. This is because the area where the hospital is situated has more Hindu population than other religion. This difference does not have any significant role to play in the present study.

Habitat - Urban dwellers were more in the study in comparison to semi-urban and rural habitat. Maximum patients enrolled in the study in urban category fell under *Laghuvyadhita*. As evidenced by the present-day circumstances, fast-moving urban life has a major impact on the *Sattva* of an individual. Coping up with stress continuously and not channelizing the ego-defense mechanisms properly makes one develop a weaker *Sattva*.

Marital Status - Marital status has a contribution to the development of *Sattva* at various levels. This study has involved a majority of unmarried individuals, especially under *Laghuvyadhita*. This could be understood as the contribution of loneliness, societal pressure and the stress factors associated with it which in the long run could weaken the *Sattva*.

Socio-economic status - The social status of the person also influences the development of *Sattva*. A better status gives people a better sense of security and a feeling of being less threatened by the various shortcomings that life may address them with. As seen in this study, among the rich and the poor, the people who were seen from rich households were *Laghuvyadhita* as compared to the ones from poor households. More comfortable lives account for people being less tolerant and living a care-free life. Meanwhile minimum comfort ensures an individual to put their maximum efforts to lead a purposeful and fulfilling life.

Educational Status - Maximum patients seen were graduates under the category of *Laghuvyadhita*. Transition to workforce, financial concerns, job insecurity, work-life pressure, social comparison, personal and professional pressures and mental health pressures are some of the contributors for stress and in turn for lesser *Sattva* which could probably make them fall under the category of *Laghuvyadhita.*

Occupation - High job demands, lack of control over work-concerned decisions, job insecurity, work environment and culture, career advancement pressure, lack of job satisfaction, organizational policies and practices can contribute to stress which when uncontrolled would result in an individual having weaker *Sattva* and thereby become a *Laghuvyadhita*. Mean-

while, if the person loves what they are doing, that will instill a sense of happiness and fulfillment which in turn would help in enhancing the *Sattva* and there by the person would become tolerant to all kinds of circumstances by falling under the category of *Guruvyadhita*.

Diagnosis - The type of *Vyadhita* is not decided based on the diagnosis. If it was based on diagnosis, a separate classification of diseases as '*Guruvyadhi'* and '*Laghuvyadhi'* would have been mentioned in the classics. But such classification is not enlisted. This leads one to an understanding that the type of *Vyadhita* is completely individualistic (of the '*Rogi'* and not the '*Roga'*). Each diagnosis could have a patient of *Guruvyadhita* and *Laghuvyadhita*. The deciding factor here is the constitutional makeup of the *Manas* and the *Shareera* along with the *Bala* of the *Rogi* which would decide what type of *Vyadhita* one is.

Any medical system should strive to improve the *Sattva* of the patient rather than worsen it by instilling dread in the patient about the diagnosis or the investigations, as was mostly seen at the clinical level during the COVID-19 era.

Endurance Test - Endurance test was considered to assess the *Bala* of the patient. Wall half-squat test was the easiest to perform across all age groups and so was adopted in this study. Maximum patients included in the study had an average endurance. Better endurance was seen in the average endurance group among *Guruvyadhita* and below average endurance group among *Laghuvyadhita*. Despite having a strong *Sattva*, heavy body weight and being a *Guruvyadhita*, age with underlying health issues could contribute to persons developing low endurance level. Overall better endurance (especially in average endurance group) was seen among women as compared to men.

Body Mass Index - BMI was considered to assess *Shareera Sampat*. In spite of having a huge built, some people could be *Guruvyadhita* as a result of having weaker *Sattva*. Just as a book should not be judged by its cover, in the same way a patient should not be judged by their BMI to understand the categorisation of the *Vyadhita*. The present study observed more *Guruvyadhita* patients with obesity than the *Laghuvyadhita* patients.

***Sattva Guna* -** A good number of people had *Sattva Guna* ranging from 81-100%. The percentage of *Sattva Guna* was one of the determining factors of the type of *Vyadhita*. As a substantiation to the phrase in the literature, "*Sattvavaan sahate sarvam*", to say a person is *Guruvyadhita*, the percentage of *Sattva Guna* should be on the higher side, and likewise was observed in the study. Similarly, a person categorised as *Laghuvyadhita* was observed to possess a lesser percentage of *Sattva Guna* through the present study.

***Rajo Dosha* -** As the *Rajo Dosha* increases, the quality of *Sattva Guna* decreases. This could further be understood to have an impact on deciding the type of *Vyadhita*. A predominance of *Rajo Dosha* and a decrease in *Sattva Guna* would make one *Laghuvyadhita*, while vice versa would make one *Guruvyadhita*.

***Tamo Dosha* -** Just as *Rajo Dosha*, increase in *Tamo Dosha* would also contribute to reduction in the quality of *Sattva Guna*. As a result of which, it could be understood that individuals with predominant *Tamo Dosha* and lesser *Sattva Guna* would likely fall under the category of *Laghuvyadhita*, while vice versa would be true for *Guruvyadhita*.

***Sattva Saara* -** While deciding the type of *Sattva* (*Pravara*, *Madhya* or *Avara*), it is imperative to check the predominance of *Sattva Saara* as this is one of the major criteria to assess the type of *Sattva* of an individual and this was used in the present study accordingly to categorise the patients. Better *Sattva Saarata* is seen to have contribution to better tolerance in patients. Lesser *Sattva Saarata* is seen to have lesser tolerance in patients.

Type of *Sattva* - This is one of the major criteria to decide the type of *Vyadhita*. A *Pravara Sattva* individual with good *Sattva Guna* and *Shareera – Bala Sampat* was considered as *Guruvyadhita*. While an *Avara Sattva* individual with insufficient *Sattva Guna* and *Shareera-Bala Sampat* was considered as *Laghuvyadhita*. In patients with *Madhyama Sattva*, the predominance of *Sattva Guna* and *Sattva Saara Pareeksha* along with endurance test and BMI was

considered to group them into *Guruvyadhita* and *Laghuvyadhita* accordingly.

***Manasa Prakriti* –**

Sattvika Prakriti (*Brahma, Aarsha, Aindra, Yamya, Varuna, Kaubera* and *Gandharva Kaya*) – as observed in the study, in comparison to *Laghuvyadhita*, more of *Guruvyadhita* showed the predominance of *Sattvika Prakriti*.

Rajasika Prakriti (*Aasura, Rakshasa, Paishacha, Saarpa, Preta* and *Shakuna Kaya*) – as observed in the study, fewer individuals among *Guruvyadhita* had predominance of this *Prakriti* than among the individuals of *Laghuvyadhita*. The few *Guruvyadhita* who had this *Prakriti* were seen to be on the lower end of *Pravara Sattva Saarata.*

Tamasika Prakriti (*Pashava*, *Maatsya* and *Vaanaspatya Kaya*) – as observed in the study, in comparison to *Guruvyadhita*, more *Laghuvyadhita* individuals showed predominance of *Tamasika Prakriti.*

***Sattva Varnana* in *Shareerika Prakriti* –**

Vataja Prakriti – as observed in the study, in comparison to *Guruvyadhita*, more of *Laghuvyadhita* had predominance of *Vataja Prakriti* as per their *Sattva*.

Pittaja Prakriti – as observed in the study, predominance of *Pittaja Prakriti* was seen in both the categories of the individuals almost equally.

Kaphaja Prakriti – as observed in the study, in comparison to *Laghuvyadhita*, more of *Guruvyadhita* had predominance of *Kaphaja Prakriti*. The same comparison could be studied on a larger sample to determinatively comment on the effect of *Doshaja Prakriti* on the type of *Vyadhita.*

***Manasika Bhava* -** In the present study, an effort was made to study the *Manasika Bhava*, as mentioned under the *Anumanagamya Bhava* of *Charaka Samhita*, in terms of positive and negative *Bhava*. Among the 26 *Manasika Bhava* chosen, 17 were considered under positive and 9 were considered under negative *Bhava*. The positive *Bhava* (like *Manah, Vijnana, Preeti, Dhairya, Medha, Sanjna, Smriti, Sheela, Vashyata, Bhakti, Upasthitashreyastvam*, and *Amalam Sattva*) were seen to be on a higher side in *Guruvyadhita* whereas the negative *Bhava* (like *Rajah, Moha, Krodha, Shoka, Bhaya, Hriya, Upadhi* and *Swapnadarshanam*) were seen to be on a higher side in case of *Laghuvyadhita.* Notable exception was observed in *Harsha, Avasthana, Shraddha* and *Dhriti Bhava* – although these four *Bhava* were understood as positive, the average percentage of these *Bhava* showed more in *Laghuvyadhita* than in *Guruvyadhita*, unlike the usual trend observed. Likewise, negative *Bhava* like *Dvesha* was observed more in *Guruvyadhita* than in *Laghuvyadhita.* Furthermore, a stable and stronger positive *Manasa Bhava* showed good prognosis as repetitive suffering from the same conditions were seen to be prevented by a strong *Sattva,* but this does not direct to the point that being a *Guruvyadhita* is better than being a *Laghuvyadhita*. If the *Manobhava* (both positive and negative) are not channelised appropriately, it can turn to *Vikara* at any moment, irrespective of the *Vyadhita* categorisation. The reason why *Guruvyadhita* showed more positive *Bhava* when compared to *Laghuvyadhita*, could be due to higher quality of the *Sattva Guna* and *Sattva Saarata*. But a higher *Sattva Guna* does not mean an individual possessing it should mask the feelings. Rather, the individual expresses feelings just as they are and seeks help whenever necessary. A *Guruvyadhita* lacks this quality. Thus, despite possessing excellent *Sattva Guna*, they are unable to judge appropriately and seek assistance in time.

During the study period, one patient was seen with *Arishta Lakshana* in whom certain *Manasika Arishta* like impatience of the mind, changes in behaviour, fear, powerless state of the consciousness and worsening of the disease were seen. This patient was grouped under *Guruvyadhita,* and the patient expired 46 days after Arishta *Lakshana* were first noted.

Importance of *Sattva* assessment –

In diagnosis – majorly pain related and hysteric conditions resembling TIA, asthma, paralysis, etc. needs the categorisation of patients into *Guruvyadhita* and *Laghuvyadhita*. In the era of clinical diagnosis, a physician should not only know the proper diagnosis but should also be in a place to assess the severity of the disease in order to provide treatment without causing any harm to the patient. For this, to see whether the symptoms exist or not, a thorough as-

sessment of *Sattva* is of prime importance. Hence *Sattva* plays a critical role in the diagnosis.

In treatment – as per the literature, if the patients are not categorised as per *Vyadhita* and given treatment, then it could result in ineffective treatment. In the present study, due to time-bound post-graduate tenure and lesser subjects, the effectiveness of the prescribed treatment after the categorisation could not be assessed objectively. Subjectively, both categories of individuals showed good response to the treatment administered. Only subjective relief of symptoms cannot not be taken as a standardised measure to comment on the relation between the type of the *Vyadhita* and their response to different types of treatment modalities. At this stage, a separate tool could be developed for the assessment of these parameters.

Patients consulting multiple doctors for a single illness episode or to illicitly procure prescription medications, identified as 'doctor-shopping', also makes it difficult for a clinician to diagnose the condition. But with thorough understanding of the concepts of *Sattva* and of the *Vyadhita*, it would make it easier for the clinician to decide how much of their indulgence in treating the patient would be necessary. With this understanding, a clinician could either choose or refuse to treat the individual as much as is required for the condition, appropriately.

In prognosis – as per literature, a stronger *Sattva* is indicative of better tolerance. In turn, there will be better prognosis as the chances of recurrence also is minimised. This was also seen in the present study. People who possessed stronger *Sattva* healed sooner and better than the people who had weaker *Sattva*.

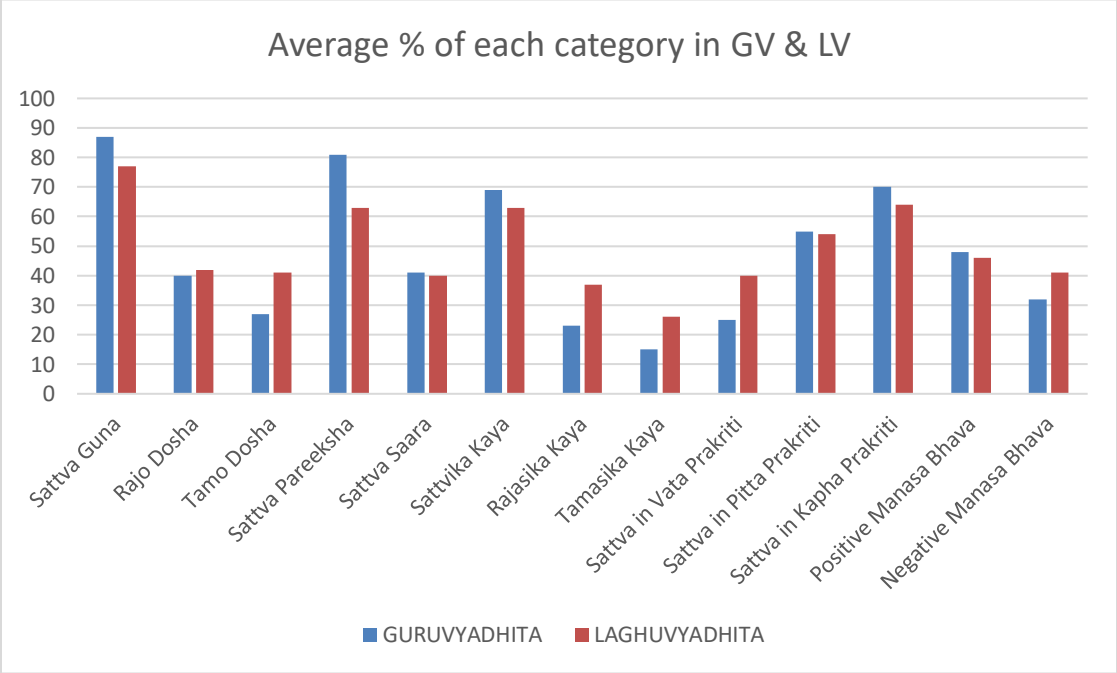
CONCLUSION

A total of 50 patients fulfilling the inclusion criteria irrespective of caste and gender were taken for the study from the OPD/IPD of Shri Dharmasthala Manjunatheshwara College of Ayurveda, Udupi. After completion of the study, the following conclusions were drawn:

1. For a holistic approach, identification of the type of *Vyadhita* is the first step before taking any firm decision on the diagnosis and the course of treatment while understanding the genuine intensity of the condition. Correct understanding of the psychological factors is just as important as understanding the physical parameters for restoring the overall health of an individual.
2. Components like *Sattva Guna*, *Sattva Pareeksha* and *Sattva Saara Pareeksha* help in deciding the type of *Vyadhita*.
3. People categorised as *Guruvyadhita* portrayed more positive *Manasika Bhava* than the people categorised as *Laghuvyadhita*.
4. People categorised as *Laghuvyadhita* portrayed more negative *Manasika Bhava* than the positive *Bhava* as compared to the people categorised as *Guruvyadhita*.
5. Individuals with higher *Sattva Guna* and better qualities of *Sattva/ Manas* (like *Mano Guna*, *Artha*, *Karma*, etc.) showed better coping up skills and more tolerance to the type and duration of treatment. This emphasises the importance of *Sattva* assessment during *Rogi Pareeksha* (just as *Shareera* assessment), in any general practice as well.
6. The entire gamut of psychiatric disorders could be understood in terms of *Ashta Vibhrama*. Hence, *Ashta Vibhrama* assessment is important to rule out involvement of any *Manasika Vyadhi*/ psychiatric disorders. But the assessment of *Vibhrama* can also be affected by the type of *Sattva* one possesses.
7. Individuals categorised as *Guruvyadhita* were seen to have *Sattva* ranging between *Pravara* and *Madhyama*. Individuals categorised as *Laghuvyadhita* were seen to have *Sattva* ranging between *Avara* and *Madhyama* during *Sattva Pareeksha*.
8. *Sattvika Manasika Prakriti* were seen to be enhanced in *Guruvyadhita* than in *Laghuvyadhita*, *Rajasika* and *Tamasika Manasika Prakriti* were seen to be more enhanced in *Laghuvyadhita* than in *Guruvyadhita*.
9. Building rapport with the patient is of utmost importance as otherwise, there will be chances of

biased responses from the patients due to fear of being judged or not maintaining confidentiality, especially while revealing personal feelings in psychological assessment.

10. Even after the onset of *Arishta Lakshana*, a *Guruvyadhita* seems to be a fighter for sustenance. Not much could be commented on this area as not many observations were made due to the time constraint of the postgraduate curriculum.
11. *Sattva* has a very crucial role to play in diagnosis, treatment and prognosis. Especially as a part of treatment, *Sattvavajaya Chikitsa* could have a role to play in rectifying the *Vyadhita*. Through this, *Sattva* could be appropriately levelled up in such a way that the individual knows what is good or bad for them and seeks accordingly.
12. The questionnaire created and used had a Cronbach's Alpha value in the acceptable range (0.71). This suggests that the questionnaire has a good internal consistency and is appropriate to the study.



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