



A PILOT STUDY TO DETERMINE SATTVA PAREEKSHA AMONG PREGNANT WOMEN

Dr Nayana B

Assistant Professor & Phd Scholar, Dept. Of Swasthavritta & Yoga, Shri Babu Singh Jay Singh Ayurveda Medical College

ABSTRACT The present study entitled “A Pilot of a Questionnaire Study Regarding Sattva Pareeksha Among Pregnant Women” is initiative done for the development and validation of a questionnaire regarding Sattva Pareeksha implemented among pregnant women. Sattva sara provides a quantitative measure of functioning of mind, which is important in diagnosis, analysis and treatment of both diseases and physiological conditions. A 19-item tool developed was implemented among 20 pregnant women. The 13 variables under the 3 major domains were individually studied and analysed. The overall assessment of Sattva was, out of 20 subjects, 51% has Pravara Sattva, 21% has Madhyama Sattva and 28% has Avara Sattva.

KEYWORDS : Sattva, Sara, Qualitative study, Tool, Pregnant women**INTRODUCTION**

Ayurveda describes life as an amalgamation of sharira, indriya, sattva and atma. When it comes to Ayurvedic psychology, Ayurveda adapt a comprehensive psychosomatic approach to maintain the health and curing of the diseases. Sattva sara Pareeksha is one among the Dhatu Sara pareeksha. Sattva sara gives a clear idea on the functioning of the mind. The Sattva sara can be mainly classified into 3 types, Pravara sattva, Madhyama sattva and Avara sattva.¹ The Pravara sattva sara individual is not affected by the pragyaparadha as the individual is endowed with memory, devotion, gratefulness, learned, pure, courageous, skillful, resolute, free from anxiety, intellect and engages in virtuous acts.² The Pravara sattva exhibits the highest degree of above-mentioned virtues, Madhyama sattva exhibits mediocre level and Avara sattva exhibits lowest degree of the mentioned virtues. Thus, with an objective to assess the Sattva among pregnant women, this pilot study was carried out.

Aims And Objectives

- To document the process of a pilot for a questionnaire-based study regarding Sattva Pareeksha among pregnant women.
- To develop and validate the questionnaire to assess the Sattva among pregnant women.
- To check the feasibility of the conduction of the main study.

MATERIALS AND METHODS

The proposal of the pilot work along with the main work was presented in the Institutional Review Board. The Scientific Committee approved the work and gave directions to begin the pilot work. The first step was the development of the questionnaire tool. It was a 19-item tool which was executed among 20 subjects who are pregnant between the age group of 18 – 49 years irrespective of religion and socioeconomic status were selected by simple random sampling. A set of predesigned questionnaire were framed incorporating Sattva Pareeksha mentioned in Charaka Samhita, Vimana Sthana, 8th chapter, Rogabhisagitiyam Vimana, were interviewed to assess the Sattva among Garbhini.³

Inclusion Criteria

- Subjects who are pregnant between the age group of 18 – 49 years.⁴
- Subjects who are either primigravida or multigravida with living child.

Exclusion Criteria

- Subjects who are not pregnant.
- Subjects who have systemic disorders like diabetes, hypertension, obesity etc, history of previous pregnancy loss, IVF pregnancy, history of intra uterine growth retardation and major psychiatric illness.⁵
- Subjects who have the habit of smoking and alcohol consumption.⁶

Study Design

A pilot study was conducted during the month of August to September 2024 after selecting the 20 participants randomly as per the inclusion criteria. An interview was conducted by a set of predesigned questionnaires to assess the Sattva among the pregnant women.

Scoring And Interpretation

Maximum possible score allotted will be 345.

- Pravara sattva: Above 258 (75% of total score)
- Madhyama sattva: Between 207 – 258 (60% - 75% of total score)
- Avara sattva: Below 207 (below 60%)

Ethical Clearance

The ethical clearance has been approved with the Reference no. IEC/S.B.S.J.S.A.M.C&H.2024/14 by the Institutional Ethical Committee of Shri Babu Singh Jay Singh Ayurveda Medical College, Farrukhabad, UP.

The informed consent was obtained in written form from all the participants of the study. The demographical data and all the information related to the study will be under the responsibility of principal investigator.

RESULTS

The 19-item including predesigned structured questionnaire has 13 variables which is mainly categorized into major 3 domains.

- Intellectual Domain
- Attitude Domain
- Activity Domain

The Intellectual Domain consists of 4 variables;

1. Smriti
2. Pranja
3. Gambheerabuddhi Cheshta
4. Suvyavasthita Gati

The Attitude Domain consists of 7 variables;

1. Bhakti
2. Krutanja
3. Shuchi
4. Dheera
5. Samara vikranta Yodhina
6. Tyaktavishadha
7. Kalyanabhinivesha

The Activity Domain consists of 2 variables;

1. Daksha
2. Mahotsaha

When we look upon the results in the Intellectual Domain, under the Smriti variable, out of 20 participants 50% had highest level, 40% had high level and 10% had average level of smriti.

Under the Pranja variable, out of 20 subjects 45% had highest level, 30% had high level, 10% had average level, 5% had low level and 10% had lowest level of Pranja. Under the Gambheerabuddhi Cheshta variable, out of 20 participants, 30% had highest levels of Gambheerabuddhi Cheshta, 60% had high levels and 10% had low levels of Gambheerabuddhi Cheshta.

Under the Suvyavasthita Gati variable, out of 20 subjects, 20% had highest levels of Suvyavasthita Gati, 40% had high level, 10% had average level, 20% had low level and 10% had lowest level of Suvyavasthita Gati. The results of variables under the Intellectual Domain is shown in Figure 1 below.

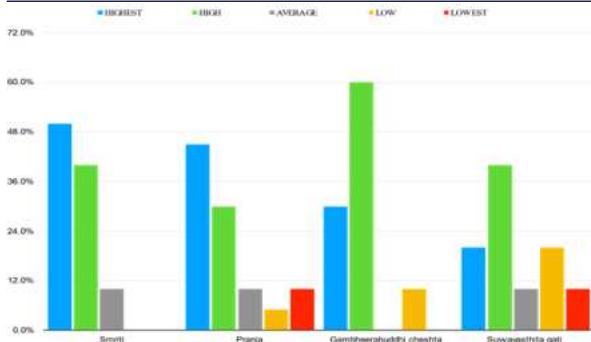


Figure 1

When we observe the results in the Attitude Domain, under the Bhakti variable, out of 20 participants, 50% had highest level of Bhakti, 25% had high level, 5% had average level and 20% had low level of Bhakti. Under the Krutanja variable, out of 20 participants, 30% had highest level of Krutanja, 40% had high level, 20% had average level and 10% had low level of Krutanja. Under the Shuchi variable, out of 20 subjects, 25% had highest level of Shuchi, 50% had high level, 15% had average level and 10% had low level of Shuchi. Under the Dheera variable, out of 20 participants, 20% had highest level of Dheera, 40% had high level, 30% had average level and 10% had low level of Dheera. Under the Samaravikranta Yodhina variable, out of 20 subjects, 40% had highest level of Samaravikranta Yodhina, 30% had high level, 10% had average level and 50% had lowest level of Samaravikranta Yodhina. Under the Tyaktavishadha, out of 20 subjects, 50% had highest level of Tyaktavishadha, 20% had high level, 10% had average level and 20% had low level of Tyaktavishadha. Under the Kalyanabhinivesha variable, 35% had highest level of Kalyanabhinivesha, 40% had high level, 5% had average level and 5% had lowest level of Kalyanabhinivesha. The results of variables belonging to the Attitude Domain is shown in the Figure 2 below.

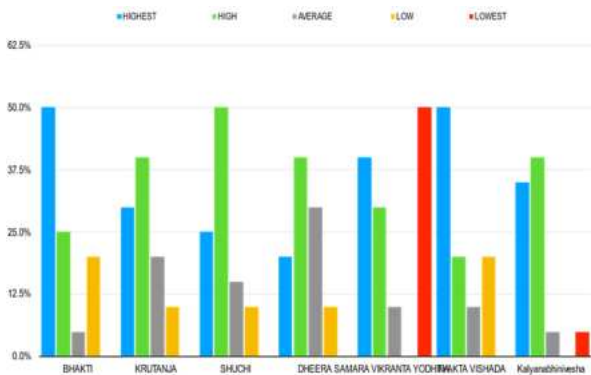


Figure 2

As we observe the results of Activity Domain, under the Mahotasaha variable, out of 20 participants, 60% had highest level of Mahotasaha, 20% had high level, 10% had average level and 10% had low level of Mahotasaha. Under the Daksha variable, out of 20 subjects, 40% had high levels of Daksha, 20% had low level and 40% had lowest level of Daksha. The results of variables belonging to the Activity Domain is shown in the Figure 3 below.

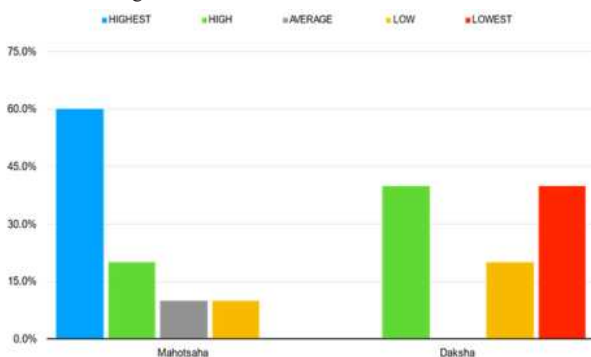
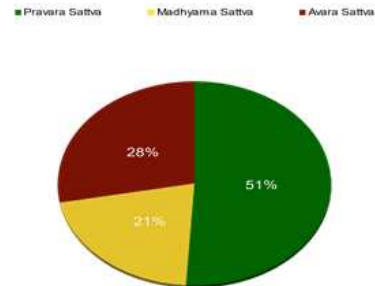


Figure 3

Overall Assessment of Sattva Among Pregnant Women

According to the results mentioned in previous sections, the overall assessment of Sattva among 20 pregnant women are, 51% has Pravara Sattva sara, 21% has Madhyama Sattva sara and 28% has Avara Sattva sara.



DISCUSSION

The relationship between mental well-being and pregnancy is complex and multifaceted. Pregnancy involves significant hormonal changes that can impact mood and emotions. Many pregnant individuals experience anxiety or depression, which can be influenced by hormonal changes, physical discomfort, and life transitions. Pregnancy can bring about major life changes, including shifts in relationships, financial pressures, and career adjustments, all of which can affect mental health. Worries about the health of the baby and potential complications can also lead to increased stress and anxiety.

Poor mental health can affect the mother's overall well-being, potentially leading to complications during pregnancy or childbirth. Research suggests that high levels of maternal stress and depression can impact foetal development and may lead to issues such as low birth weight or premature birth. Mental health issues can continue after childbirth, with postpartum depression affecting many new parents.

CONCLUSION

Maintaining mental well-being during pregnancy is crucial, not just for the individual but also for the baby's health and development. It's important to seek help when needed and to prioritize both emotional and physical health throughout the pregnancy journey. Sattva and Garbhini Paricharya are fundamental concepts in the realm of maternal health and wellness. Sattva, representing purity, clarity, and harmony, emphasizes the importance of a balanced mental and emotional state for pregnant women. Garbhini Paricharya, focusing on the care and nurturing of expectant mothers, highlights the significance of proper diet, lifestyle, and emotional support during pregnancy. Together, these principles advocate for a holistic approach to maternal care, ensuring the well-being of both the mother and the developing child. By embracing these practices, we can promote a healthier, more nurturing environment that supports the physical and psychological needs of mothers, ultimately leading to positive outcomes for families and society.

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