

## **Fetus - An Independent Entity/Personality: The Manashakti Research Centre Approach**

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**Abstract:** Dr. Jerome Lejeune, a French pediatrician and geneticist, pointed out that each human being is unique—different from its mother—from the moment of conception. In this paper, we discuss our clinical approach and evidence supporting that concept. We discuss how our findings support the view that mothers and their offspring are separate entities from conception onward.

**Keywords:** garbhanskar (GS), Geeta, correlation coefficient, prayer, chi square test, fetoscope test

Ancient Vedic concepts and teaching of Lord Krishna in *Bhagawad Geeta* (2000 BC) suggest that the soul (energy) is immortal. The soul takes birth by attaching itself to matter and dies by discarding the matter. This cycle of life and death continues until realization occurs. This is written in Sanskrit verse in the holy *Bhagawad Geeta*.

Just as a man casts off worn-out clothes and puts on new ones, so also the embodied self (soul—energy) casts off worn-out bodies and enters others that are new. An interesting point to note is that in the whole process the soul is immortal and the connection of parents with the soul is remote. This indicates separate existence of the fetus from the parents.

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In the 20th century, the French pediatrician Jerome Lejuene (1990), often referred to as the father of modern genetics, concluded that the fetus is an independent entity from the moment of conception.

From biological standpoint, a fetus is an independent entity since it has independent movements, independent neurological activities and independent cardiac activities. From the very start, the embryo is immunologically unique from mother. Two weeks after conception, a multi-celled new being is already formed which is genetically distinct from the mother. At about 8-10 weeks of gestation, the fetus already has external human form and thus continues to mature separately from the mother. At about twelve weeks of gestation, fetus has cardiac activity and an independent ECG. The fact that fetus has perceptible pulse, individual moments and EEG activity separate from the mother makes it separate and unique biological behavior. (Steinberg, 2003, p. 16).

The purpose of this paper is to describe our approach to research on this issue and test its statistical significance based on related clinical data.

### **Approach and Research at the Manashakti Research Centre**

The Manashakti Research Centre was founded in 1970 by Swami Vijnananand (1980). Since its inception, all the activities of Manashakti Research Centre have been based on the rational “New Way Philosophy.” Rational New Way Philosophy combines modern science with ancient wisdom. According to this philosophy, every individual has a wish to live a stress-free life. The stress starts from one’s wish to conceive and the concern for the future of one’s children. Based on this view, research at the Manashakti Research Centre begins from the pre-conception stage. The Manashakti Research Centre also provides remedies at every stage of life in order to create a virtuous generation.

Garbhsanskar (GS) is one of the major activities at Manashakti Research Centre. Garbhsanskar is a Sanskrit word. Garbh = fetus and Sanskar = to impart virtues of life. Hence Garbhsanskar means a process of imparting virtues to the fetus and eliminating vices.

### **The Manashakti Research Centre Approach to Studying and Treating Expectant Parents**

The Manashakti Research Centre recommends that the process of Garbhsanskar, or imparting virtues to the fetus and eliminating vices, should be started immediately after conception. This is recommended by

ancient people as well as by modern science (Restak, 1988). We suggest the following tests and remedies (treatments) for expectant couples.

### **Personality test and treatment for expectant parents.**

This test is designed to identify the temperament of the mother and father and is conducted in the first trimester of pregnancy. Parents' respective temperaments are classified into following broad types: (a) Fear (b) Anger (c) Courage (d) Balance (peace). The suggested remedy for each personality type is to concentrate, or meditate, on a specific color filled in a hollow circle for a minimum of 15 minutes per day. Colors for each personality type are in Table 1 below.

**Table 1: Recommended colors for meditation  
by personality type**

<b>Temperament Type</b>	<b>Color for Meditation</b>
Fear	Red
Anger	Yellow
Courage	Blue
Balance	Black

### **Prayer**

In the words of Dr. Larry Dossey (1989), prayer is a “distant intentionality.” After conception, an expectant couple should recite two prayers. The first is prayer for the fetus. This is a welcome prayer for the baby and a means of communication with the baby. The second is a prayer for self-reflection. This activity is started immediately after conception. The text of each prayer is below.

#### **Prayer for Fetus (to be recited by the expectant couple)**

*We say this prayer in the name of the ultimate truth. We believe that events taking place in someone's life are the consequences of their actions, beliefs, and natural laws, or “karma.” To the extent that the karma of the three of us has come together, to that extent, we pray for the prosperity of the baby. Even though we may not believe that we*

*want to alter the natural path chosen by the baby, we hold the natural wish of well-being for the baby. 'O baby, we welcome you! Come to live a fruitful and meaningful life. If you do not object, we would like you to become a [parent completes] and achieve great progress in [parent completes] for this, we will do our best to make the circumstances conducive for you. Even if that does not happen, may you benefit from the remaining fruits of this prayer. We say this prayer for your, our family's, nation's, world's, and humankind's welfare. We wish to remain pure via this prayer to gain what we desire and deserve. May the auspiciousness in our hearts benefit us all.*

**Prayer for Self-Reflection  
(for self-improvement of parents)**

*I am calling upon my internal energy and resolving to work towards my own welfare. My personality has evolved based on my behavior until today. From today onwards, I resolve to seek only good inspiration. For the bad experiences I have had, instead of blaming others, I will myself reflect upon them. Instead of seeking false satisfaction, I will rely on courage and good wisdom. Because of this, I will gain long lasting peace and success. To the extent that I am achieving this, I am at peace now itself.*

**Stroboscope Test**

This test is conducted on the expectant couple in the beginning of second trimester of pregnancy. The stroboscope is an instrument that emits white flickering light with the same brightness. The flicker/strobe can be varied in its frequency. In the stroboscope test, the expectant couple is asked to concentrate on the flickering white light emitted by the stroboscope. The strobe frequency is set in alpha range of brain waves (8-12 Hertz). The couple is directed to think about their child and their goal while concentrating on the strobe light. The strobe light emits white light but each parent sees a different color according to his/her goal and inner personality. (Individuals who have epilepsy or who suffer from visual problems are not allowed to participate in the test.) The color seen by each parent is used for concentration/meditation as indicated in the personality test above.

## Fetuscope Test

This test is taken in the beginning of third trimester of pregnancy when the development of main organs is near completion and fetal heart rate can be measured easily. The thought impressions of Swami Vijnananand (1980) are directed to the fetus with the main objective of transmitting good values to the fetus. Also, certain questions are asked of the parents regarding their expectations for their unborn child. Fetal heartbeat is a good indicator of fetal personality. By monitoring fetal heartbeat, we can determine how the fetus reacts to the prayer. Variation in the pulse rate of the mother and father and variation in the heartbeats of the fetus are recorded.

Depending on the pulse variation, parents are given color concentration points on which to focus every day. Concentration on the prescribed color is suggested to bring the pulse variation back to normal where normal pulse rate is as indicated in Table 2 below.

In examining our data, we observed that the direction of the fetal heart rate variation was different than that of the maternal pulse variation. For example, the maternal pulse rate may increase whereas the fetal heart rate may decrease at the same time. We consider this observation to be consistent with Dr. Jerome Lejeune's statement that, "each human being is unique—different from mother—from the moment of conception" (Lejeune, 1990).

In light of these patterns of observations, this claim was further tested statistically by analyzing our clinical data. The fetuscope test was introduced in Manashakti Research Centre in 1983. Since then, thousands of couples have undergone this test. This has allowed us to gather a large amount of data on parents' ages, their pulse rate before and after prayer, fetal heartbeats before and after prayer, and the like. Data were organized in tabular and graphical form.

### Overview of Analysis and Results from Our Clinical Data

In regular clinic visits, we collected data on the following variables from mothers and fetuses. Abbreviations are provided as they are discussed later in the manuscript.

1. MPB : Mother's pulse rate Before Prayer
2. MPA : Mother's pulse rate After Prayer
3. FPB : Fetus's pulse rate Before Prayer
4. FPA : Fetus's pulse rate After Prayer
5. bpm : beats per minute

We had concurrent data for mothers/fetal dyads that were collected in three waves over a 32-year period (1983-2015). The waves and number of selected dyads were: a) 1983-1985 (97 dyads); b) 1998-2002 (1850 dyads) (Kelkar, 2002); and c) 2013-2015 (774 dyads) (Kelkar, Darmadhikari, & Darmadhikari, 2012). Therefore, the total number of dyads of whose data was analyzed was 2,721.

We then tabulated data from the samples at each time period (1983-87; 1998-2002; 2013-15) by variable. Overall, our observations of the tabulated data indicated that there was a steady increase in the minimum maternal age at conception, which increased from 17 to 20 years over the 32-year period. Similarly, the maximum maternal age at conception increased from 34 to 43 years. In our culture, pregnancy before marriage is not acceptable. Therefore, the rise in minimum age at pregnancy signifies a rise in age at the time of marriage. The complete data table is available from the authors upon request.

The increase in maximum maternal age at conception (34, 39, and 43 years in each of the three time points) may be associated with greater stress in pregnancy. This was supported by our findings that the values of maternal pulse rate before prayer (MPB) increased over time as well. This could also reflect increased stress due to modern lifestyle.

Another of our observations was that the scatter of values of MPB & FPB as well as MPA and FPA was random. The respective values were not in the same direction, and we further tested this observation with correlational and chi-square analyses.

Using our data from the dyads in each of the three time periods, we calculated Pearson's correlation coefficients (Hogg & McKean, 2009) to assess the relative independence between maternal pulse rate and fetal heart rates, the findings of which we would then apply to indicate the relative independence of maternal and fetal personalities. In the 1983-85 time period (97 cases), correlation between MPB and FPB was  $r = (-) 0.003$ . MPA and FPA correlated at  $r = 0.088$ . The respective p values are 0.98 and 0.315 which support the hypothesis that population correlation coefficient is zero indicating the independence of mother and fetus. In other words, these correlations were low to nearly zero, which supports that maternal pulse and fetal heartbeat behave differently, which provides support for the view that the mother and fetus are separate entities. Correlational analysis conducted at the two subsequent waves (1998-2002, 1850 dyads; 2013-15, 774 dyads) were strikingly similar and thus further supported the relative independence of mother and fetus. Correlation tables are available from the authors upon request.

We subsequently plotted MPB and MPA data points for the 2013-15 data. The plots showed that lower MPB values tended to increase (i.e., going to normal) after prayer whereas higher values of MPB had a tendency to decrease (i.e., going to normal) after prayer. Therefore, we decided to divide MPB into four categories: very low, low, normal, and high. We categorized FPB similarly. Specific values for each of the categories are in Table 2.

**Table 2: Categories for MPB and FPB**

MPB	FPB
Z1: 55-70 bpm (Very Low)	Z1: < 130 bpm (Very Low)
Z2: 71-85 bpm (Low)	Z2: 131-150 bpm (Low)
Z3: 86-105 bpm (Normal)	Z3: 151-160 bpm (Normal)
Z4: >105 bpm (High)	Z4: >160 bpm (High)

To test whether there was significant likelihood of correspondence in the pulse rate *category* between mothers and fetuses, we first categorized the number of individuals (mother and fetus separately) in each category and then conducted a chi-square test (Hogg & McKean, 2009). The test was non-significant,  $X^2(774) = 5.352, p = 0.80$ . This non-significant result gave further statistical support for the lack of association between MPB and FPB.

### Conclusion

It is a common belief that fetus is totally dependent on the mother. The pre-nate/fetus is totally dependent on the mother for anatomical and physiological development of its physical form and its survival prenatally, as well as postnatally. This is the “clothing” in which the soul energy will live and function in this world. This is what the parents create, not the soul entity and personality. Our data and associated analysis indicate that when it comes to expression of thoughts, the reaction of the fetus can be totally different than the mother. Analysis of our clinical data collected over a 32-year period provides support for that view. Based on our

findings, we would say that parents do not “create” the baby; instead, parents help the baby to come into existence.

Our conclusions are further strengthened by the fact that we collected data from separate time periods, yet the results were consistent over time. It is a fact that society changes every day. If there were significant changes in the relationship between MPB and FPB corresponding to social changes, we should have expected to see them over the time span of this study. Yet the pattern of results remained remarkably consistent, which supports the view that in spite of the ever changing society the fetus and mother have independent personalities.

### References

- Bhagavad Geeta* (2000 BC). A Divine Life Society Publication: Web edition.
- Dossey, L. (1989). *Recovering the soul: A scientific and spiritual approach*. New York: Bantam Books.
- Hogg, R.V. & McKean, J. (2009) *Introduction to mathematical statistics*. India: Pearson Education, Inc.
- Kelkar, G.S. (2002). A prenatal project in India. *Journal of Prenatal and Perinatal Psychology and Health*, 16(4), 331-339.
- Kelkar, G.S., Dharmadhikari, Am., & Dharmadhikari, Av. (2012). Effect of (rational) “prayer” on fetus and mother: A quantitative approach. *Journal of Prenatal and Perinatal Psychology and Health*, 27(2), 81-96
- Lejeune, J. (1990). Testimony before the Louisiana Legislature’s House Committee on the Administration of Criminal Justice on June 7, 1990.
- Restak, R. (1988). *The mind*. New York: Bantam Books.
- Steinberg, A. (2003). *Encyclopedia of Jewish medical ethics, Vol. 1*. [Compiled and written by Avraham Steinberg, M. D., translated by Fred Rosner.] Jerusalem, Israel: Feldheim Publishers.
- Vijnananand, S. (1980). *Mind power*. India: New Way Publication.

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