

RESEARCH ARTICLE

Prediction of Mental Illness Using Indian Astrology: Cross-Sectional Findings from a Prospective Study

RAJESHKRISHNA PANAMBUR BHANDARY

rajesh.kbp@manipal.edu

PODILA SATYA VENKATA NARASIMHA SHARMA

HEMA THAROOR

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Abstract—Studies involving astrology and psychiatry have mostly found conflicting results, with astrology being criticized as unscientific and also lacking an objective assessment method for being scientifically tested. We tested the predictive ability of astrology using the Indian system in identifying mental illness on 150 subjects (75 having mental illness and 75 without). Four astrologers blind to the subjects interpreted the computer-generated birth chart data derived from subject's gender, and date, time, and place of birth. Predictions were matched with the clinical details at first assessment. Kappa coefficients suggested a moderate agreement in the astrological prediction of lifetime mental illness ($k = 0.560, p = .001$) and a substantial agreement in predicting current state of mental illness ($k = 0.626, p = .001$), but with good inter-astrologer agreement only for lifetime mental illness. Viewed as a diagnostic test, astrology showed a good sensitivity and specificity for identifying mental illness of more than 75% for lifetime mental illness and more than 80% for the current mental illness. However, the study showed a poor match in predicting the symptom cluster and time of onset of symptoms. Overall, the evidence seemed to point toward Indian astrology (*Vārāhamihira* system) as practiced in the study modestly predicting the presence of mental illness. Caveats included differences in diagnostic concepts in the allopathic and astrological systems and the lack of a predefined level of astrological analysis which resulted in a poor match for symptom cluster and timing of illness. The findings in this study hence are at best tentative and need more extensive enquiry.

Keywords: Indian astrology—mental illness—prediction

Introduction

Astrology has been considered a science in India since the time of the *Vedas* (ancient Indian texts). For various reasons, astrological sciences have been reduced to mere assumptions and chance predictions in the modern era. The basis for astrological prediction often appears illogical, unscientific, and indemonstrable in today's world. However, astrology still persists because it provides a coherent and comprehensive system of thought and gives an explanation for why each human being is different from all others. And astrology provides an explanatory model for the occurrence of illness (Hare 1977). Astrology forms one of the predominant treatment methods in India during mental illness. A study done in rural India by Kapur (1975) found that 59% of those with mental illness consulted traditional healers and practitioners of indigenous medicines. Out of these, astrology forms a major portion where the chanting of mantras and performing of certain rituals and prayers are a means of therapy. In ancient India, astrology was a good source for health promotion and a guide for preventive, curative, and other aspects of treatment which are mentioned in Ayurvedic (Traditional Indian Medicine system) literature (Sharma, Prasad, & Narayana 2007, Sharma, Subhatka, & Narayana 2007).

Almost all variants of astrology implicate the ill effects of the moon on mental illness. Evidence supports the impact of the lunar cycle on the physiology of animals and humans, in particular fertility, menstruation, and birth rate (Zimecki 2006). Studies involving epilepsy, which is seen as a mental illness in astrology, have found a clustering of seizures during the full moon (Polychronopoulos et al. 2006, Baxendale & Fisher 2008) However, one study by Benbadis et al. (2004) found only pseudoseizures to have such an association. With regard to lunar cycles and violence, Owen et al. (1998) found a positive correlation among inpatients, and another study by Hicks-Caskey and Potter (1991) found more misbehavior in developmentally delayed institutionalized women on days of the full moon. Behavioral changes were greater in those with psychotic illnesses as compared with other mental illness during the full moon (Barr 2000). However, Snelson (2004) criticizes these inferences in a study that found a correlation between higher belief scores and the attribution of behavioral changes in the lunar cycle.

Looking at birth charts using the Western astrology system, the Carlson Experiment did not find a match between people's acknowledgment of personality profile by psychological assessment and astrologers' predictions (Carlson 1985). A more recent study by Wyman & Vyse (2008) with Neo Five versus computer-generated astrological profile (as per Western astrological principles) found more of a chance association. On the other

hand, a study by Abdel-Khalek and Lester (2006) who looked at sun signs (Western astrology) found higher anxiety scores in Scorpio, Aquarius, Gemini, Pisces, and Capricorn, and subjects with lowest scores in Libra, Taurus, Leo, and Cancer signs. Natal chart interpretations (analyzing zodiacal signs, interactions among planetary qualities as per Western astrology, and occurrence of full and new moon dates, on the dates of birth) have also shown some support for key astrological postulates with sun signs with introversion, and that Mars, a symbol of aggression in outgoing signs, is more often found in schizophrenics than normal (Ohaeri 1997). Ertel (2009) in his critical appraisal of Carlson's study had found many drawbacks regarding the methodology as well as analysis, including the tool used (California Personality Inventory), the analysis done on a piecemeal basis, and small effect sizes for the findings. Also, the author noted that the design of the study was unfair as it used a three-choice format over a two-choice format for discrimination.

The continuing problem with astrological predictions is that people may tend to associate themselves with profiles that are better than they are or that make them feel better. Although the practice of astrology is increasingly seen to be absurd, many believe that this is only because most of its practitioners are incompetent or fraudulent. This might still be the truth.

The center of this study has the same catchment area as in the study by Kapur (1975), where health-seeking is through astrologers for mental illness. Hence, it is of the utmost importance to understand this cultural influence while dealing with illness. While studies are restricted to the effect of the moon (lunar cycle) on suicide (Sharma & Thakur 1980) and emergency admissions (Zargar et al. 2004), no studies seem to have been done in India on how astrology as a whole concurs with the manifestation of a psychiatric illness. Hence, it was felt that an investigation into the detection of mental illness and the prediction of outcomes between the allopathic and astrological systems would be beneficial in helping us to understand the two perspectives better. Consequently, the present investigation was planned which also attempts to make the assessment a more objective one, using comprehensive knowledge of astrology and ensuring adequate blinding of subjects from astrologers and vice versa.

Brief Introduction to Indian Astrology

Mythological claims are that Indian (Vedic/Hindu) astrology originated from Brahma (the creator of the world as per Hinduism) and was brought to earth by the sages. 18 such works of the sages were then compiled by Vārāhamihira in the Fifth Century AD to form the *Brihatjataka* (Great

Treatise on Birth History/charts), which forms the major source of reference for interpretation in Indian astrology.

The foundations for predictions about an individual lie in the plotting of the birth chart. The zodiac is an imaginary belt in the sky in which the planets travel. The zodiac is divided into 12 equal parts of 30° each which form the *Rashi* (or the zodiac sign). According to this system, there are 9 planets that have influence on the earth (and are identifiable from the earth). In addition to the 5 planets up to Saturn, the Sun and Moon are also taken as planets. In addition, there are two imaginary nodal points (at 180° from each other) called *Rahu* and *Ketu*, which are referred to as the shadow planets. The Zodiac is also divided into 27 constellations of $13^\circ 20'$ each based on the position of the star, and each constellation is further subdivided into 4 quarters. The planets are plotted in reference to their position in the zodiac with reference to the position of the birth star as viewed from earth (hence this system is called sidereal). The time of birth determines the zodiac sign for the individual which can change within a day based on the position of the Sun. Depending on the need, the birth chart can have accessory charts that plot the planets into smaller divisions within the Zodiac, in order to reach a higher accuracy. Planets are assigned strengths based on the constellation they are in, the relative position from the zodiac sign, as well as based on the position of other planets in the Zodiac. While this forms the static chart at birth, the dynamic component is analyzed by the operational periods of the planets (which varies from 6 years to 20 years) across a timeframe of 120 years. Each operational period can be further divided into smaller sub-operational periods based on the same ratio to reach timeframes of months, weeks, days, hours, minutes, and even seconds as per the level of accuracy required. Alternatively, prediction for the day can be given based on the planetary position for that day compared with the position in the birth chart.

The Indian (Vedic/Hindu) and Western astrologies differ in various aspects of interpretation. Indian astrology uses zodiac signs based on the position of the birth star and the moon's transit, as compared with the sun's transit which is the concept followed in Western astrology. Each house in the birth chart has its role in interpretation, irrespective of whether it houses a planet. Movement of the planets across the Zodiac as well as planetary and sub-planetary periods are used in interpretation rather than just using transit, in Indian astrology. And the interpretation involves a complex interplay between planets within the house, opposite houses, the ruling planet of the house, as well as the birth star, the current position of the planets, their strengths and weaknesses, and some of the supplementary birth charts (which assess the influence of familial factors, effects of residence, education, spirituality, wealth, etc.) are looked into for prediction. Thereby,

this system is comprehensive and sophisticated (Sethi 2007).

There are many other systems of astrology such as Chinese, Mayan, Celtic, Babylonian, etc., which have their own interpretative methods. Debate exists about which of these entities originated first and which later and which was the parent, but one of the critical reviewers of Vedic astrology opines that some elements of Mesopotamian, Greco-Babylonian, and Greco-Egyptian systems were incorporated into the Indian system around the 5th century when Vārāhamihira composed the treatise (Koch 2012/2013). Mayan astrology has a system base of 20, with 20 zodiac signs, one for each day with the cycle repeating every 20 days, 4 determinants based on direction, as well as a second personality zodiac (20 in number) which changes every 13 days in a 260-day calendar. A ruler god / lord of the night for every 9 days and a 52-year cycle indicate a complex method of interpretation, like Vedic astrology (Astrology of the Ancients 2012–2017). The Chinese system on the other hand follows a 60-year cycle with 12 zodiacs represented by animals and 5 elements (air, water, fire, wood, and metal). The day is divided into 12 time periods representing each zodiac animal's prominence. The time and events / omens around the time of birth are used for predictions (Astrosage 2013). Key characteristics of different astrological systems are mentioned in a brief blog article by Segurelha (2008).

Prediction of Mental Illness Using Indian Astrology

Prediction in Indian astrology involves interplay between various components of the birth chart as well as the planetary movements across the Zodiac. To understand the concept in a simplified way, the birth chart indicates some degree of susceptibility for the illness, while the planetary movements and periods indicate the likelihood of its expression during the time period. With regard to prediction of mental illnesses, the positions of moon, Saturn, and the shadow planets *Rahu–Ketu* play a major role. The ruling planets of the houses, the supporting and opposing nature of planets, their original position at birth, all are taken into consideration while making a prediction. The system also involves a minimum knowledge of Ayurveda for use of terminologies in predicting health and illness. A fair outline about principles used in predicting mental illness can be read in the articles by Tantri (2007) and Chauhan (2014).

Variants within Indian Astrology

Astrology is not practiced in the same way by all followers of the Indian system. While basic steps in interpretation remain the same, there are

two other versions of plotting birth charts that are in vogue. The *Lal Kitaab* uses a fixed-house system no matter where the ascendant is. The interpretation guidelines are modified accordingly to suit simpler analysis and to recommend simple remedies for problems. This came from a mixture of the Vedic and Persian elements of astrology in the 19th Century by Shri Giridhari Lal Sharma in Urdu (Shrimali 2013). The other birth chart plotting method is the *Krishnamurthi Paddathi* (KP system) which appeared in the 1950s and was founded by K. S. Krishnamurthi, a master astrologer from southern India. The KP system incorporates finer aspects of Western astrology and astronomical findings. It takes into account the elliptical pathway of the Earth's revolution which places the cusps at slightly different angles, rendering the zodiac sign's extent of variation from 27° to 33°. In certain scenarios, this can lead to two cusps falling in the same house where the planets in such a house fall into two zodiac signs at the same time, explaining the dual and contradictory effects seen in some horoscopes. This has helped to solve some cases where predictions with traditional Vedic astrology were flawed by simplifying the analysis, thus bypassing the complex and often confusing considerations required when using Vedic astrology (Krishnamurthi 1996, AstroSage no date).

In addition to these birth-chart plotting systems, there are also many variants in analyzing and predicting events based on the already indexed transit charts. These are given by various *Rishis* (sages / saints) and are called *Nādi*. Examples include *Brighu Nandi Nādi*, *Kashyap Nādi*, *Hora Nādi*, *Chandrakala Nādi*, etc. (Pandey 2013). To understand the difference, one can compare *Nādi* to different checklists or reference criteria to make a diagnosis, rate the severity, or predict an outcome. In *Nādi*, a collection of reference birth chart or planetary positions with proven predictions is used for interpretation. However, this study did not involve going beyond the basic principles, and the participating astrologers used only the information provided in the birth chart.

Courses in Indian Astrology

While there are innumerable courses available (both professional and correspondence) varying from certificate, diploma, degree, to even doctorate, a reliable level of qualification can be the degree course as it enables one to be a teacher in astrology. The bachelor's degree is known as *Vidwan* in *Jyothish* (Scholar / Expert in astrology) and is a three-year course involving theoretical as well as practical training in astrological methods. In addition to the curriculum, students are expected to be knowledgeable in certain Indian scriptures including the *Nithi Shastras* (law and society matters) and *Ayurveda* (health and treatment of illnesses), and are trained in

spiritual practices / meditation. A degree is awarded once interpretations are consistently accurate, which often involves working as an apprentice under the instructor (personal communication by astrologer Vidwan Shivaprasad Tantri, May 2009).

Objective

The objective of our study was to determine the predictive ability of Indian astrology (also known as Vedic astrology) in identifying the presence of mental illness based on birth chart and planetary position. We hypothesized that Indian astrology will not be able to predict, that is a Null Hypothesis was used. We aimed at making an objective assessment of the prediction and designed questions for astrologers appropriately. The four predictions relevant to this article include: presence or absence of mental illness, currently ill or healthy, month and year of onset of illness (3-month margin), and core symptoms of illness if any (arbitrary 3-symptom match was taken as agreement).

Methodology

Participants

This was a prospective cohort study that followed up subjects for 6 months, and was carried out at one of the medical colleges along the west coast of India, a tertiary referral center in the region, between February 2009 and October 2009. The study was approved by the Institutional Ethics Committee of the author's university. Samples consisted of 75 persons with mental illness and 75 age- and sex-matched normal persons (without mental illness). Written informed consent was obtained from all the study participants. The mental illness group included subjects attending inpatient and outpatient care at the Department of Psychiatry, and the normal subjects included relatives of patients as well as volunteers from the community. The astrologers were blind to the study groupings. The inclusion criteria for the subjects included knowledge of their accurate time, date, and place of birth and willingness for regular followup for the following six months. Those unsure about their birth timing, not willing to be followed up, having an organic mental disorder, mental retardation, or in whom diagnosis was unclear were excluded from the study.

Tools

Socio-demographic and clinical data were collected using a semi-structured pro forma, designed for the study. To make psychiatric diagnoses, the Mini International Neuropsychiatric Interview (MINI) Plus 5.0 was used. The

MINI Plus 5.0 is a relatively brief and widely used structured interview for major Axis I psychiatric disorders according to DSM IV and ICD 10. It has an acceptably high validity and reliability. It has the facility for investigating substance use disorders and for symptoms due to organic causes (Sheehan, Lecrubier, & Sheehan 1998). The author was trained to use this instrument. The Self-Reporting Questionnaire (SRQ)-24 was used for normal subjects to rule out psychiatric conditions. The SRQ is a self-reported questionnaire developed for the World Health Organization (WHO) to screen mental illness in primary caregivers in developing countries and it also screens for psychotic symptoms (Beusenburg & Orley 1994). The scale has a fairly good sensitivity and specificity at a cutoff of <7 for non-psychotic symptoms while the presence of even a single affirmation of psychotic symptoms would mean a need for further evaluation (Chuncholikar 2004). This scale has been validated and is found to be reliable for screening the Indian population (Patel et al. 2008).

Procedure

Socio-demographic and clinical data were obtained from the study subjects using the semi-structured pro forma. All those with mental illness were evaluated on the MINI Plus 5.0, and the normal subjects on the SRQ. After enrollment, the subjects were assigned a unique number from 1 to 150. To maintain homogeneity in birth-chart plotting, computer-generated birth-chart, operational, and inter-operational periods were plotted using Horoscope Explorer Version 4.0 software (Horoscope Explorer 4.0 2007). The birth charts in this study were plotted on the basic *Vārāhamihira* system as this is the most commonly used plotting system. A sample birth chart with planetary periods used in the study is given in Appendix 1. Each person's birth data, identified now by the allotted random number, was the only information given to the astrologers. All 4 astrologers selected for interpretations in the study had a Qualified Bachelor's Degree in Indian Astrology, following the same *Panchaanga* (Indian calendar) for interpretations, with a minimum of 5 years of experience in interpreting birth charts and planetary position effects, and had publications in the form of astrological books, journal articles, or magazine articles. The astrologers in this study used the principles of Vedic astrology as compiled by Vārāhamihira for interpretation, as it is the most sophisticated and widely used compared with other Indian systems.

Distribution of birth charts was done as shown in Table 1. Ten birth charts were given to all astrologers to check for inter-astrologer agreement.

Interpretations of the astrologers were matched with actual clinical findings. The terminologies used to describe symptoms and illnesses by the

TABLE 1
Distribution of Birth Charts to the Astrologers

Astrologer	Distribution of birth charts numbered from 1–100	Distribution of birth charts numbered from 101–150	Total birth charts interpreted
Astrologer A	Numbers ending with 1, 4, or 7	+ Numbers ending with 0	Random 8 numbers 38 + 10 common
Astrologer B	Numbers ending with 2, 5, or 8	+ Numbers ending with 0	Random 7 numbers 37 + 10 common
Astrologer C	Numbers ending with 3, 6, or 9	+ Numbers ending with 0	Random 7 numbers 37 + 10 common
Astrologer D		+ Numbers ending with 0	Remaining 28 numbers 28 + 10 common

astrologers were from Ayurveda (the ancient Indian medical system using plants and naturally available products for treatment) as well as common words to describe the same in Kannada (a language written and spoken in Southern India). Hence a textbook on Ayurveda written in English and authored by Udupa (2004) and a Kannada-to-English dictionary (Bharadvaj 2005) were used, which gave parallel meanings in allopathic medical practice and English for these terminologies.

Statistical Analysis

Data analysis was done using SPSS for Windows Version 13. Statistical testing was done with the hypothesis being taken as an agreement problem, and a Kappa coefficient was used to test significance. Inter-astrologer agreement was tested using weighted Kappa (Viera & Garette 2005). In addition, interpretation was done viewing astrology as a diagnostic test and analyzed in terms of sensitivity and specificity.

Results

272 subjects with mental illness and 120 without mental illness were screened; of them 197 persons with mental illness and 45 normal subjects declined participation, due to lack of interest, fears regarding confidentiality, magico-religious concerns, or because they could not provide reliable details regarding their date, place, and time of birth. A total sample of 150

TABLE 2
Distribution of Socio Demographic and Clinical Variables

Variables	Mental illness group N = 75 (%)	Normal group N = 75 (%)	Statistics
Mean age	32.37 (± 12.9)	32.52 (± 12.6)	$t = .070, df = 148$ $p = .944$
Gender-			
Male	52 (69.3%)	48 (64%)	$\chi^2 = .480, df = 1$ $p = .488$
Female	23 (30.7%)	27 (36%)	
Clinical Diagnosis (MINI Plus)			
Substance use	2 (2.7%)		
Psychosis	15 (20%)	—	
Depression/adjustment	24 (32%)	—	
Mania	17 (22.7%)		
Anxiety disorders	16 (21.3%)		
Others	1 (1.3%)		
Mean GAF score			
At intake	42.88 (± 16.3)	—	
Mean SRQ score			
At intake	—	1.05 (± 1.4)	
Strength of belief in astrology			
0–25%	25 (33.3%)	12 (16%)	$\chi^2 = 10.487, df = 3$ $p = .015^*$
26–50%	13 (17.3%)	14 (18.7%)	
51–75%	9 (12%)	4 (5.3%)	
76–100%	28 (37.3%)	45 (60%)	

* $p < 0.05$

individuals was recruited for the study, with 75 members having some mental illness and 75 with no mental illness.

Table 2 gives the characteristics of the two groups at intake. The groups were comparable with respect to gender and to age (mean age 32.37 (± 12.9) in the mental illness group and 32.52 (± 12.6) in the group without mental illness). Two-thirds of the sample were males; 52 (69.3%) of the 75 in the mental illness group and 48 (64%) in the without mental illness group. Distribution of diagnoses in the mental illness group (N = 75) were as follows: Commonest diagnosis was of depression/adjustment disorder

TABLE 3
Agreement Analysis between Clinical and Astrological Findings Regarding Any Mental Illness and Current Mental Illness (N = 150)

Variable	Astrology yes	Astrology no	Kappa value	Significance
Life time mental illness				
Clinical yes	58	17	0.560	<i>p</i> = 0.001*
Clinical no	16	59		
Current mental illness				
Clinical yes	59	14	0.626	<i>p</i> = 0.001*
Clinical no	14	63		

**p* < 0.05

24 (32%), followed by mania 17 (22.7%), anxiety disorders 16 (21.3%), psychosis 15 (20%), substance use 2 (2.7%), and others 1 (1.3%). Mean SRQ score in the normal subjects group was 1.05 (SD 1.4). A significant difference was observed between the two groups in terms of their belief regarding astrology ($\chi^2 = 10.487, p = 0.015$).

The agreement rates using the Kappa coefficient were calculated for the clinical impression and the astrological prediction about lifetime occurrence of mental illness and present existence of mental illness. A moderate agreement in the prediction of presence of mental illness ($k = 0.560, p = .001$) and a substantial agreement in predicting the current state of illness ($k = 0.626, p = .001$) was found (Table 3).

The inter-astrologer agreement done using 10 birth charts (clinically 4 had mental illness and 6 were normal subjects), found a fair agreement between the astrologers in predicting the presence of mental illness (weighted Kappa 0.2667, significance 0.019*). A non-significant negative agreement (weighted Kappa -0.111, significance 0.805) was found among them for predicting current illness (Table 4).

The comparison of symptom clusters generated in the clinical interview with the ones predicted by the astrologers showed a match of only 26 out of 75 (34.6%) in the mental illness group and 32 out of 75 (42.6%) in the no mental illness group. In the no mental illness group, the symptoms mentioned in the SRQ were matched with ones mentioned by astrologers. The predictions for the time of onset of symptoms (even with a 3-month margin) were also a poor match with 21 out of 75 (28%). Inter-astrologer

TABLE 4
Inter-Astrologer Agreement (N = 10)

Variable	Weighted Kappa value	Significance
Presence of mental illness	0.2667	0.019*
Currently ill	-0.111	0.805

* $p < 0.05$

agreement for onset of illness and symptom cluster could not be measured due to inadequate data.

While viewing astrology as a diagnostic test, it shows a fairly good sensitivity as well as specificity in identifying lifetime mental illness (>75%) as well as presence or absence of mental illness at the current time (>80%). The ability of astrologers to correctly predict that a person is suffering from mental illness (positive predictive value) as well as the ability to predict that a person is not affected with a mental illness (negative predictive value) is also promising in both the contexts (Table 5).

Discussion

The primary findings in the study suggest that astrology as a tool is a fairly good predictor of mental illness. This study found a moderate agreement in the prediction of the presence of mental illness and substantial agreement with regard to prediction of the current state of illness. The fairly high degree of sensitivity as well as specificity when astrology is viewed as a diagnostic test indicates that the birth chart could possibly be looked at for these predictions. The lifetime risk is basically derived by the astrologers based on the planetary positions in the birth chart. The current status of illness is usually interpreted based on the current planetary position and planetary sub-periods (called *dashas* and *antardashas* in Indian astrology) where unfavorable planets would result in symptoms (Tantri 2007, Chauhan 2014). Studies involving the birth chart using Western astrology that looked at personality profiles found no more than chance association in the predictive ability of the astrologers (Carlson 1985, Wyman & Vyse 2008). One study that looked at the association of certain planets and sun signs with schizophrenia gave only partial support to astrological principles (Ohaeri 1997). Among the studies done so far, only Carlson's experiment

TABLE 5
Predictive Validity of Astrology as a Diagnostic Test

Variable	Sensitivity	Specificity	Positive predictive value	Negative predictive value	Area under ROC curve*
Life-time mental illness	77.3%	78.7%	78.4%	77.6%	0.781
Current illness	80.8%	81.8%	80.8%	81.8%	0.813

* Area = 1 would indicate ideal test with 100% sensitivity and 100% specificity.

(1985) had involved astrologers and had found that the astrologer's claim of even 50% accuracy was an exaggeration. The results had actually shown one-third accuracy. A reanalysis of the same data in the appraisal given by Ertel (2009) had actually shown a small significance and opined the study analysis to be biased and inclined toward proving the preset agenda of astrology as bogus. In contrast, the current study has found a moderate agreement which is possibly the best obtained through research so far. This study also addressed Ertel's (2009) criticism of Carlson's unfair study design by having a two-choice discrimination (yes/no) for the questions on lifetime and current mental illness. However, this finding needs to be interpreted with caution because a subsequent analysis showed that inter-astrologer agreement (among the participating astrologers) was not perfect. Hence there is still a possibility of this being a chance association.

On the other hand, astrology clearly failed to meet agreement criteria in the onset of illness and the symptom cluster match. The failure of indicating the correct time of onset, but with matching of the current mental status, raises the doubt that it could be just a chance association. If one could tell the current status based on the planetary periods, then one should ideally be able to correctly predict the onset. However, from the astrologer's viewpoint, the accuracy of a prediction depends on the depth of analysis made. Planetary periods vary from 6 years to 20 years, and the 1st level of planetary subperiods vary from a few months to a few years. Each of these subperiods can be analyzed with further subperiods until it can come down to minutes and seconds. Each subperiod signifies fluctuations within an illness period based on whether the subperiod for that individual is favorable or adverse. Such an extent of analysis would invariably require a lot of

time and is practically not feasible (personal communication Shivaprasad Tantri, 2009; Sethi 2007). This could explain the inter-astrologer difference when two of the astrologers went further in their analysis for predictions, while the other two stuck to the information on the chart provided. The same argument could also explain why the astrologers failed to pinpoint the onset of illness while still being able to predict more accurately whether the individual was currently ill. While this argument may still be valid, with the current data it can only be stated that onset could not be predicted accurately by the system used by the participating astrologers.

The analysis of predictions like the symptom cluster often puts across possibilities of bias due to the conceptual difference in the classification of illness in the two systems. A person with an inclination / belief in astrology is likely to interpret it as an identifying feature, whereas others may disagree. A similar criticism was made by Crowe (1990), who said that people tend to internalize astrological reports when given in vague terms and then accept them as real. The author attempted to minimize that impact by keeping the astrologer and the subjects blind to each other, and also referred to an Ayurveda textbook (as terminologies used in astrology to describe illnesses are the same) that links illnesses with allopathic classifications. However, the open-ended nature of the question, the non-specific nature of some of the psychiatric symptoms, the vagueness with which some of the terminologies are used by the astrologers, and also the arbitrary criteria of the three-symptom match itself, questions the method adopted to test it. Getting an exact fit for diagnostic categories between allopathic classification and astrological classification is a challenge that needs to be dealt with to draw reliable conclusions. Alternatively, a diagnosis made as per Ayurveda might be a better choice to objectively test.

The present study had 4 astrologers with similar theoretical backgrounds predicting, hence it may be expected that their agreement would be good. From the results, the inter-astrologer agreement was not good except for prediction of lifetime occurrence of mental illness. This type of inconsistency brings out the vagueness involved in the interpretation and is highlighted in the Carlson study (1985). However, the sample size used for inter-astrologer agreement was inadequate (10 (7%), $N = 150$). Ideally, to derive a firm conclusion about inter-astrologer agreement, the sample size required would be the same as the study when analyzing it as an agreement problem. This limitation allays the decision to accept or reject the original study hypothesis.

The sample size in our study was comparable with previous studies mentioned in the Introduction. The subjects in the mental illness group were comparable with the subjects in the no mental illness group in terms of age

and gender. The distribution of diagnoses was representative of the usual pattern seen in the hospital where the study was conducted. However, there was a relative paucity of substance-use disorders in the sample. This might not be relevant, as the present study, by design, addressed the larger issue of mental illness versus normalcy more specifically than individual diagnoses. The belief in astrology was higher in the normal group as compared with the mental illness group. This could be because of the hospital catchment area being larger where the belief might not be strong. The higher belief in the local population is reflective of the persisting trend seen from the study by Kapur (1975).

The blinding of astrologers as well as of the subjects makes the study unique. In the previous studies using birth charts (Western astrology), there had always been contact between subjects and astrologers or their interpretations for checking accuracy. Both would be adding to the bias (Carlson 1985, Wyman & Vyse 2008). Furthermore, it needs to be noted that none of the astrologers took any remuneration for their work and being academically oriented believed in scientific testing of their predictions. Their participation was of their own free will and out of curiosity to know the results of this investigation untainted by expectation of pecuniary benefits.

The study finds strength in its adequate sample size, testing using a comprehensive system of astrology rather than just components, blinding of the subjects and astrologers, and designing it to assess objectively at least some of the predictions. Astrological analysis can be conceptualized under prediction of the state / event and the precision of its occurrence. This study objectively tested the former but could not control the latter. We recommend the use of the Indian astrology system based on the principles of Vārāhamihira (as a comprehensive system) for future studies rather than limited and piecemeal interpreting systems. The limitations that need to be worked on include: having a single astrologer or ones with good inter-astrologer agreement, a common disease concept or a study design for objectively assessing symptoms and illness, a defined depth of astrological analysis, and a better tool for capturing lifetime mental illness in the 'normals' group.

Conclusion

A sizable number of people believe in astrology despite controversies regarding its veracity, and these approaches tend to be sought and practiced in *pari passu* with the use of allopathic psychiatric treatments in the community. As a parallel system of thought, it continues to interest researchers applying modern scientific methods to evaluate it. Theoretical differences in conceptualizing mental illness continue to produce difficulties

in scientifically testing all aspects of prediction by astrological means. Overall, on completion of the present exercise, the evidence seems to point toward astrology as practiced in the study modestly predicting the presence of mental illness. Future studies can standardize the analysis to test the precision of occurrences.

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APPENDIX 1

Sample Horoscope Data Provided to the Astrologers

See 7 horoscope charts below.

**Appendix 1**

1

Date of Birth:	12 November 1976 Friday
Time of Birth:	05:43 AM
Place of Birth:	Bangalore (Karnataka), India
Latitude:	13.0N Longitude: 77.35E
Ayanmash:	NC Lahiri 23:32:0
Local Mean Time:	05:23:20
Sidreal Time:	8:48:20
LT Correction:	-19:40
Obliq:	23.4

Avkahada Chakra

Lagna	Libra
Lagna Lord	Venus
Rashi	Gemini
Rashi Lord	Mercury
Nakshatra	Punarvasu
Nakshatra Lord	Jupiter
Charan	1
Tithi	Panchami Krishna
Paya	Silver
S.S. Yoga	Sadhya
Karan	Taitika
Varna	Vaishya
Tatwa	Jala
Vashya	Manav
Yoni	Cat(F)
Gana	Deva
Nadi	Aadi
Nadi Pada	Aadi
Vihaga	Pingala
First Letters	Kay, Ko, Haa, Hee
Sun Sign	Scorpio
Decanate	2

Ghatak(Malefics)

Rashi	Kumbh
Months	Ashad
Tithi	2, 7, 12
Day	Monday
Nakshatra	Swati
Prahar	3
Lagna	Kark
Yoga	Parigha
Karan	Kaulava

Favourable Points

Lucky Numbers	3
Good Numbers	1, 2, 3, 9
Evil Numbers	4, 5, 8
Good Years	12,21,30,39,48
Lucky Days	Sat, Wed, Fri
Good Planets	Sat, Merc, Ven
Evil Planets	Mars, Jupiter
Friendly Signs	Gem Cap Aqua
Good Lagna	Cap, Ari, Gem, Leo
Lucky Metal	Silver
Lucky Stone	Diamond
Lucky Time	Sunrise
Lucky Direction	South-East

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Planetary Positions at Birth Time

Planets	Rashi	Degrees	Nakshatra	Nak Lord	Pad	Dir	Dignity
Ascendant	Libra	17:24:06	Swati	Rahu	4		-
Sun	Libra	26:12:24	Vishakha	Jupiter	2	Direct	-
Mercury	Libra	28:56:15	Vishakha	Jupiter	3	Direct	-
Venus	Sagittarius	03:31:25	Moola	Ketu	2	Direct	-
Mars	Scorpio	00:05:03	Vishakha	Jupiter	4	Direct	Own House
Jupiter	Taurus	03:27:04	Krittika	Sun	3	Retro	-
Saturn	Cancer	23:06:40	Ashlesha	Mercury	2	Direct	-
Moon	Gemini	21:39:00	Punarvasu	Jupiter	1	Direct	-
Rahu	Libra	08:59:56	Swati	Rahu	1	Retro	-
Ketu	Aries	08:59:56	Ashwini	Ketu	3	Retro	-
Uranus	Libra	14:42:35	Swati	Rahu	3	Direct	-
Neptune	Scorpio	19:16:44	Jyestha	Mercury	1	Direct	-
Pluto	Virgo	19:28:52	Hasta	Moon	3	Direct	-

Lagna Kundali

12	1 Ket	2 Jup	3 Moon
11			4 Sat
10			5
9 Ven	8 Mar Nep	7 Asc Sun Mer Rah Ura	6 Plu



Saptamamsha

Children

Navamsha

Spouse

12	1 Sun Mer	2 Mar	3 Sat Ket
11 Asc			4 Plu
10 Ura			5
9 Ven Rah	8 Jup Moon	7	6 Nep

12 Asc	1 Moon	2 Sun Ven	3 Mer Ket Plu
11 Jup Ura			4 Mar
10 Sat			5
9 Rah Nep	8	7	6

Dashamamsha

Profession

Dwadashamamsha

Parents

12 Asc	1	2	3 Sun Ket
11 Jup Ura			4 Mer Mar
10 Ven Moon Nep			5
9 Rah	8 Plu	7 Sat	6

12 Ura	1 Asc Sat Plu	2	3 Jup Nep
11 Moon			4 Ket
10 Ven Rah			5 Sun
9	8 Mar	7	6 Mer



Bhav Table

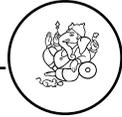
Bhav	Bhav Begins		Mid Bhav	
1	Libra	02:11:10	Libra	17:24:06
2	Scorpio	02:11:10	Scorpio	16:58:15
3	Sagittarius	01:45:19	Sagittarius	16:32:23
4	Capricorn	01:19:27	Capricorn	16:06:31
5	Aquarius	01:19:27	Aquarius	16:32:23
6	Pisces	01:45:19	Pisces	16:58:15
7	Aries	02:11:10	Aries	17:24:06
8	Taurus	02:11:10	Taurus	16:58:15
9	Gemini	01:45:19	Gemini	16:32:23
10	Cancer	01:19:27	Cancer	16:06:31
11	Leo	01:19:27	Leo	16:32:23
12	Virgo	01:45:19	Virgo	16:58:15

Bhav Chalit Chakra

12	1 Ket	2 Jup	3 Moon
11			4 Sat
10			5
9 Ven	8 Nep	7 Asc Sun Mer Mar Rah Ura	6 Plu

Chandra Kundli

12	1 Ket	2 Jup	3 Moon
11			4 Sat
10			5
9 Ven	8 Mar Nep	7 Asc Sun Mer Rah Ura	6 Plu



Sun Based Upagrahas

Upagraha	Lord	Rashi	Degrees	Nakshatra	Charan
Dhuma	Mars	Pisces	09:32:24	U.Bhadra	2
Vyatipata	Rahu	Aries	20:27:36	Bharani	3
Parivesha	Moon	Libra	20:27:36	Vishakha	1
Indrachapa	Venus	Virgo	09:32:24	Uttara	4
Upaketu	Ketu	Virgo	26:12:24	Chitra	1
Bhukampa		Capricorn	16:12:24	Sravana	2
Ulka		Aquarius	26:12:24	P.Bhadra	2
Brahmadanda		Taurus	02:52:24	Krittika	2
Dhwaja		Cancer	22:52:24	Ashlesha	2

Weekday Based Upagrahas (Parashara)

Upagraha	Rashi	Degrees	Lord	Nakshatra	Charan
Kalabela	Sagittarius	01:50:23	Jupiter	Moola	1
Paridhi	Capricorn	15:32:19	Saturn	Sravana	2
Mriyu	Aries	27:16:26	Mars	Krittika	1
Ardhaprahara	Gemini	10:59:22	Mercury	Aridra	2
Yamakantaka	Cancer	22:09:40	Moon	Ashlesha	2
Kodanda	Virgo	06:53:54	Mercury	Uttara	4
Gulika	Libra	20:39:54	Venus	Vishakha	1
Mandi	Scorpio	23:39:26	Mars	Jyestha	3

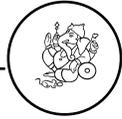
Weekday Based Upagrahas (Kalidasa)

Upagraha	Rashi	Degrees	Lord	Nakshatra	Charan
Kalabela	Capricorn	15:32:19	Saturn	Sravana	2
Paridhi	Aries	27:16:26	Mars	Krittika	1
Mriyu	Gemini	10:59:22	Mercury	Aridra	2
Ardhaprahara	Cancer	22:09:40	Moon	Ashlesha	2
Yamakantaka	Virgo	06:53:54	Mercury	Uttara	4
Kodanda	Libra	20:39:54	Venus	Vishakha	1
Gulika	Sagittarius	01:50:23	Jupiter	Moola	1
Mandi	Scorpio	23:39:26	Mars	Jyestha	3



Vimshottari Dasha (Mahadasha)

Jupiter 16 Years		Saturn 19 Years		Mercury 17 Years	
From	19-11-1974	From	19-11-1990	From	19-11-2009
To	19-11-1990	To	19-11-2009	To	19-11-2026
Jupiter	19-11-1974	Saturn	19-11-1990	Mercury	19-11-2009
Saturn	07-01-1977	Mercury	22-11-1993	Ketu	16-04-2012
Mercury	21-07-1979	Ketu	01-08-1996	Venus	13-04-2013
Ketu	26-10-1981	Venus	09-09-1997	Sun	12-02-2016
Venus	02-10-1982	Sun	09-11-2000	Moon	18-12-2016
Sun	02-06-1985	Moon	22-10-2001	Mars	19-05-2018
Moon	22-03-1986	Mars	23-05-2003	Rahu	17-05-2019
Mars	21-07-1987	Rahu	02-07-2004	Jupiter	04-12-2021
Rahu	26-06-1988	Jupiter	08-05-2007	Saturn	10-03-2024
Ketu 7 Years		Venus 20 Years		Sun 6 Years	
From	19-11-2026	From	19-11-2033	From	19-11-2053
To	19-11-2033	To	19-11-2053	To	19-11-2059
Ketu	19-11-2026	Venus	19-11-2033	Sun	19-11-2053
Venus	17-04-2027	Sun	21-03-2037	Moon	09-03-2054
Sun	17-06-2028	Moon	21-03-2038	Mars	07-09-2054
Moon	23-10-2028	Mars	19-11-2039	Rahu	13-01-2055
Mars	24-05-2029	Rahu	19-01-2041	Jupiter	08-12-2055
Rahu	20-10-2029	Jupiter	19-01-2044	Saturn	25-09-2056
Jupiter	07-11-2030	Saturn	20-09-2046	Mercury	07-09-2057
Saturn	14-10-2031	Mercury	20-11-2049	Ketu	14-07-2058
Mercury	23-11-2032	Ketu	19-09-2052	Venus	19-11-2058
Moon 10 Years		Mars 7 Years		Rahu 18 Years	
From	19-11-2059	From	19-11-2069	From	19-11-2076
To	19-11-2069	To	19-11-2076	To	19-11-2094
Moon	19-11-2059	Mars	19-11-2069	Rahu	19-11-2076
Mars	18-09-2060	Rahu	17-04-2070	Jupiter	02-08-2079
Rahu	19-04-2061	Jupiter	05-05-2071	Saturn	26-12-2081
Jupiter	19-10-2062	Saturn	10-04-2072	Mercury	31-10-2084
Saturn	18-02-2064	Mercury	20-05-2073	Ketu	20-05-2087
Mercury	19-09-2065	Ketu	17-05-2074	Venus	07-06-2088
Ketu	18-02-2067	Venus	13-10-2074	Sun	07-06-2091
Venus	19-09-2067	Sun	13-12-2075	Moon	01-05-2092
Sun	21-05-2069	Moon	19-04-2076	Mars	31-10-2093



Vimshottari-Pratyantar

Saturn		Mercury		Ketu	
From	19-11-1990	From	22-11-1993	From	01-08-1996
To	22-11-1993	To	01-08-1996	To	09-09-1997
Saturn	19-11-1990	Mercury	22-11-1993	Ketu	01-08-1996
Mercury	12-05-1991	Ketu	10-04-1994	Venus	24-08-1996
Ketu	15-10-1991	Venus	07-06-1994	Sun	31-10-1996
Venus	18-12-1991	Sun	18-11-1994	Moon	20-11-1996
Sun	18-06-1992	Moon	06-01-1995	Mars	24-12-1996
Moon	12-08-1992	Mars	29-03-1995	Rahu	16-01-1997
Mars	11-11-1992	Rahu	25-05-1995	Jupiter	18-03-1997
Rahu	15-01-1993	Jupiter	19-10-1995	Saturn	11-05-1997
Jupiter	28-06-1993	Saturn	28-02-1996	Mercury	14-07-1997
Venus		Sun		Moon	
From	09-09-1997	From	09-11-2000	From	22-10-2001
To	09-11-2000	To	22-10-2001	To	23-05-2003
Venus	09-09-1997	Sun	09-11-2000	Moon	22-10-2001
Sun	21-03-1998	Moon	27-11-2000	Mars	09-12-2001
Moon	18-05-1998	Mars	25-12-2000	Rahu	12-01-2002
Mars	22-08-1998	Rahu	15-01-2001	Jupiter	09-04-2002
Rahu	29-10-1998	Jupiter	08-03-2001	Saturn	25-06-2002
Jupiter	20-04-1999	Saturn	23-04-2001	Mercury	25-09-2002
Saturn	21-09-1999	Mercury	17-06-2001	Ketu	15-12-2002
Mercury	23-03-2000	Ketu	05-08-2001	Venus	18-01-2003
Ketu	02-09-2000	Venus	25-08-2001	Sun	25-04-2003
Mars		Rahu		Jupiter	
From	23-05-2003	From	02-07-2004	From	08-05-2007
To	02-07-2004	To	08-05-2007	To	19-11-2009
Mars	23-05-2003	Rahu	02-07-2004	Jupiter	08-05-2007
Rahu	16-06-2003	Jupiter	05-12-2004	Saturn	09-09-2007
Jupiter	16-08-2003	Saturn	23-04-2005	Mercury	02-02-2008
Saturn	09-10-2003	Mercury	05-10-2005	Ketu	12-06-2008
Mercury	12-12-2003	Ketu	01-03-2006	Venus	05-08-2008
Ketu	07-02-2004	Venus	01-05-2006	Sun	06-01-2009
Venus	02-03-2004	Sun	21-10-2006	Moon	22-02-2009
Sun	08-05-2004	Moon	12-12-2006	Mars	10-05-2009
Moon	28-05-2004	Mars	09-03-2007	Rahu	03-07-2009