



A Randomized Study to Assess Effect of 'Pranic' Healing in Chronic Musculoskeletal Pain

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ABSTRACT: The present study was conducted to compare the immediate effect of pranic healing, a non-touch non pharmacological method of treatment, in chronic musculoskeletal pain with a placebo session of random hand movements. Fifty patients with chronic non-malignant continuous musculoskeletal pain of more than 6 months duration were selected. Pranic healing of 25 minutes compared to placebo session of 25 minutes carried out on 2 consecutive days. Patients were blind folded with an eye band on both days of the healing and placebo session. Highly significant reduction in pain and sympathetic activity in pranic healing group (student's t-test $p < 0.001$) and non-significant change in placebo group. Multivariate discriminate analysis followed by Wilks 'Lambda criteria for significance showed Pranic healing is the best in both groups a and B.

INTRODUCTION

Pranic healing when performed in the standardized method by a trained healer is effective in reducing continuous chronic pain of musculoskeletal origin, within 25 minutes as compared to placebo random hand movements which appears similar to the standard method of Pranic healing. The aim of therapy is to restore the uniform balanced flow of 'chi' in all the channels (Alexander J R MacDonald, 1989). Similarly the Indian system of yoga deals with this imbalance of energy, called 'prana', through breathing practices and meditation (Monro *et al*, 1990). While the system of spiritual healing and Therapeutic Touch is said to correct these imbalances through touch and prayer, the School of Pranic Healing in India claims to correct these imbalances in the energy body by a non-touch method. Investigations are underway to detect the presence of this energy which is different from all known physical electromagnetic energy fields. Bio-electrography is an attempt to get photographs of this energy field. Chouhan and Raja ram in 1986 (Chouhan *et al*, 1986, 1987) standardized and measured the corona images of fingers obtained on a background of high frequency high voltage electrical fields. They analyzed the bio-electrography pictures of 246 subjects with cancer of the cervix uterus and defined a malignancy specific pattern for early detection of cancer. Richard Pavak (Pavak, 1988) presented the beneficial effect of 'shen' - a specific form of qigong therapy in the chronic pain of dysmenorrheal, migraine and chronic low back pain syndrome. Jia Zin and Jia

Jinding (Jia & Jia, 1988) demonstrated the amount and density of callus formation to be significantly higher in emitted 'qi' group compared to control group in experimentally induced fractures in rabbits. Lol L 1984 found the benefits of acupuncture comparable to medical treatment in migraine and tension headache.

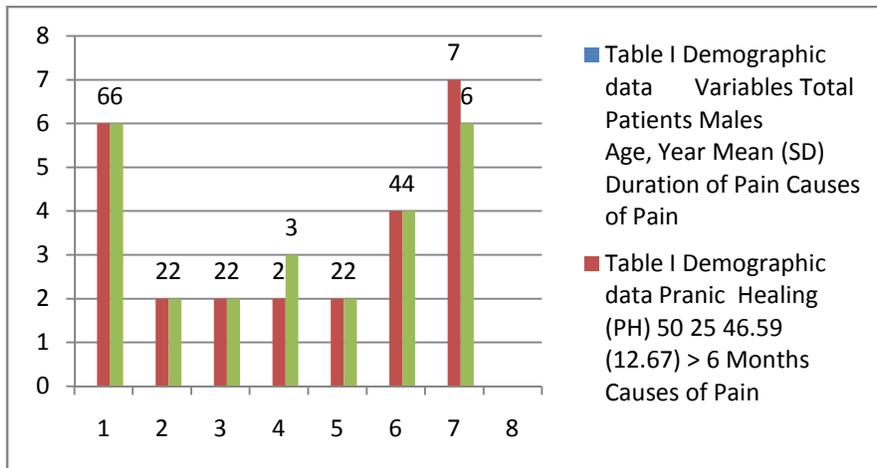
Pranic healing (PH), standardized and taught by Master Chao Kok Sui (Chao, 1993) from the Philippines is a procedure of manipulating this pranic energy body which is felt and or seen as an aura or energy field around the physical body. Present study has been designed to validate the immediate effect of a Pranic healing session in chronic pain through a self-controlled design.

MATERIALS AND METHODS

Fifty subjects with chronic pain who had volunteered to undergo a non-pharmacological yoga therapy in patient program were taken up for the study on first two days of their stay before they started practicing yoga. Patients with chronic continuous pain of non-malignant cause who satisfied the criteria for chronic pain (Melzack) of more than six months duration were included in the study. All 50 patients had pain of musculoskeletal origin. The causes of pain were, pain at rest due to chronic tension headache, low back pain, knee pain (osteoarthritis), frozen shoulder, cervical spondylitis, Arthralgia in multiple joints and generalized muscular pain (Table 1). Patients who were getting intermittent episodic pain or pain only during activity were not included in the study.

Table 1: Demographic data.

Variables	Pranic Healing (PH)	Placebo(P)
Total Patients	50	50
Males	25	25
Age, Year Mean (SD)	46.59 (12.67)	45.71 (10.99)
Duration of Pain	> 6 Months	>6 Months
Causes of Pain		
Low back Pain	6	6
Cervical Spondylosis	2	2
Arthralgia in multiple Joints Knee Pain (Osteoarthritis) Frozen Shoulder	2	2
Generalized Muscular Pain Tension	2	3
Headache	4	2
	7	4
		6



After explaining the nature of the therapy, written consent was obtained for 30-minute Pranic healing session on two consecutive days. Subjects were requested to wear thin cotton casual dress for the healing session. After initial assessments in the laboratory, subjects were seated on a comfortable stable stool in the annexure room of the laboratory which is quiet, safe and open. Subjects were blind-folded and checked for comfort and accuracy. The healer began her therapy with an initial prayer, energizing the palm of her hand (two min.), and moving her hand over the surface of the body (about five centimeters away) in a systematic manner from head to toe. The healing procedure involves working with the prana (subtle

energy) body which is supposed to be felt and or seen by the trained healer as an aura around the physical body. The healing involves three steps:

Step one: Scanning for abnormalities in the energy field (aura) and energy pools (charkas)

Step two: The healer 'cleanses' the abnormalities.

Step three: Energizing' with suitable quality and quantity of energy to the required part. All these actions are done by hand movement of the healer all around the body by the non-touch method. The session ends by 'de-linking' the healer and the healed through hand movement and a closing mental prayer. The whole procedure lasts 25 minutes.

The same healer carried out the placebo session (P) on the next day keeping all other conditions constant. This time the healer moved her hands at the same distance from the body for the same duration (25 minutes) but in a random way, without going through the standard organized three step healing procedure. For an untrained person these movements appear similar to the healing session. Patients were told that both days were

healing sessions and were again blindfolded. All other conditions were kept constant to make it a single blind study. Some 25 subjects (group A) had the control session on the first day and PH sessions on the second day were reversed with PH session on first day and control session on second day in 25 subjects (group B). Assessments were done immediately before and after the session on the both days, using the following tests.

Table 2				
Whole group n= 50				
Pranic healing	before	after		
Parameter	Mean± S.D.	Mean± S.D.	't' value	Sig
HR	89.61+12.73	86.12+11.36	-5.72	**
GSC	3.80+3.07	2.53.35	-5.82	**
SYS	125.80+15.33	116.80+14.03	-8.28	**
DIA	84.64+10.45	78.05+10.54	-7.10-	**
PAS	61.14 +31.21	29.08+25.98	-2.54	**
RR	18.34+3.76	17.59+3.59	-2.54	*
PHT	1.92+0.97	1.58+1.00	-3.32	*
Whole group n=50				
Pranic healing	before	after		
Parameter	Mean± S.D.	Mean± S.D.	't'Value	Sig
HR	89.13+11.44	86.72+11.90	-1.69	**
GSC	4.62+5.05	4.81+5.03	1.56	**
SYS	119.64+15.60	118.34+5.56	-2.09	*
DIA	79.02+9.56	237.80+1131.73	-0.99	NS
PAS	47.82+36.99	47.68+36.64	-0.22	NS
RR	18.27+4.65	18.16+4.48	-0.47	NS
PHT	1.94+1.04	1.92+0.89	-0.27	NS

Legend for Table 2: HR - Heart Rate GSC –Galvanic Skin Conductance SYS – Systolic blood pressure DIA –Diastolic blood pressure PAS -Pain analogue scale RR –Respiratory Rate FBA – Finger blood flow amplitude on Plethysmography, *P < 0.01 ** < 0.005.

Pain analogue scale: This is considered to be a simple and reliable measure of pain consisting of a 10 centimeters horizontal line marked in the center of a clean white sheet with 'nil pain' and 'worst possible pain' written in words at the two extremes and used to

assess the severity of pain. The subject indicates his degree of pain by marking a dot on this line. Different sheets were used before and after the session, coded and kept away for measurements by a non-healer.

Physiological measures: Autonomic nervous functions - namely, heart rate, respiratory rate, galvanic skin conductance and finger plethysmography were recorded before and after each session on a model 10 polygraph (Recorded and Medicare, Chandigarh, India).

Blood Pressure: This was recorded by using a mercury sphygmomanometer (Diamond Company).

RESULTS

Table 1 show the demographic data of patients in two groups. Students two-tailed 't' test performed on the values obtained immediately before and after the PH and P sessions (Table 2), shows that in the PH group.

Table 3								
Group A (n = 25)								
Day First = Control					Day Second = Pranic healing			
Parameter	Mean ± S.D	Mean ± S.D.	't, Value	P	Mean ± S.D.	Mean ± S.D.	't' Value	Sig
HR	88.06+10.51	85.37+11.06	-3.20	<0.01	88.71+11.52	85.33+10.78	-4.57	<.001
GSC	2.36+1.41	2.52+1.72	1.12	NS	5.12+3.76	3.27+2.97	-5.16	<.001
BP SYS	121.20+19.87	120.08+18.6	-1.26	NS	125.0+19.57	115.84+16.09	-5.59	<.001
DIA	78.84+12.98	78.12+11.73	-0.96	NS	83.28+13.42	77.48+0.74	-2.20	NS
PAS	66.52+36.78	67.80+34.49	1.35	NS	64.12+32.93	64.12+32.93	-7.47	<.001
RR	8.15+3.69	18.54+3.30	1.35	NS	18.40+3.83	18.29+2.87	-0.29	NS
PLETHYS	1.78+0.89	1.79+0.86	0.04	NS	1.90=0.87	1.60+0.92	-2.04	NS
Group B (n = 25)								
Day First = Control					Day Second = Pranic healing			
Parameter	mean ± S.D.	Mean± S.D.	't' Value	P	Mean ± S.D.	Mean ± S.D.	't' Value	Sig
HR	90.51+14.02	86.90+12.07	-3.65	<0.01	90.24+12.42	86.06+12.75	-3.60	<.001
GSC	2.47+1.21	1.90+1.19	-4.74	<0.01	2.36+1.4	12.52+1.70	1.12	NS
BP SYS	126.60+9.74*	117.76+11.88	-6.05	<0.01	118.08+9.81*	116.60+11.79	-1.66	NS
DIAST	88.00+6.25*	79.76+7.24	-2.20	NS	79.20+4.25*	77.48+0.74	-2.20	NS
PAS	58.16+29.76*	33.96+26.94	-7.74	<0.01	29.12+76.71	27.56+26.61	-2.03	NS
RR	12.28+3.76	16.89+4.29	-3.29	<0.01	18.39+5.38	17.77+4.94	-1.72	NS
PLETHYS	1.93+1.07	1.58+1.08	-2.61	<0.02	2.10=1.17	2.04+0.92	-0.32	NS

Pain Analogue Scale, heart rate, galvanic skin conductance and blood pressure have changed to a highly significant degree ($p < 0.001$) with a lesser degree of significance in respiratory rate ($p = 0.002$) and amplitude of pulse wave in finger plethysmography ($p = 0.01$).

In P group all the major parameters are non-significant except heart rate ($p < 0.001$) and blood pressure (0.05). Similar changes are seen in the sub groups A and B who had reserved the days of healing and placebo sessions (Table 3). Another interesting point that may be noted from this table is that the initial mean values (for PAS, systolic and diastolic BP) in group B (PH on the first day) are significantly low ($p < 0.001$) as compared to group A (P session first day) where the differences for the initial values are non-significant for these three parameters. Could this difference be due to the lasting effect of PH the previous day or other factors such as, leisure or strangeness of being away from home, change of diet, familiarity of the healer and the healing session, and so on, factors which were constant for both groups? Table 4 shows the transformation matrix obtained after Multivariate discriminant analysis with Wilk's Lambda test for significance¹¹. This also shows that the PH group had the best results in both group. A (88 per cent) and group B (92 per cent).

DISCUSSION

In April 1998, Dr Linda Rosa and colleagues¹² published their studies on the ability of 21 senior Therapeutic Touch practitioners to 'perceive' the energy field, in a blinded condition. The therapists were asked to state whether the investigator's unseen hand hovered above their right or left hand. They gave the correct answer only in 123 out of 280 trials, a success rate of 44 per cent which could have occurred purely by random chance. As a result the researchers concluded that the claims of Therapeutic Touch have no scientific basis. Our present single blind self-control study, comparing the standard technique of pranic healing with a placebo session of random hand movements, has clearly shown immediate reduction in pain (PAS) in patients with chronic pain of more than six months duration. The highly significant reduction in sympathetic activity (HR, RR, GSC amplitude of pulse

wave on finger plethysmography and BP) seen in the PH group is further objective evidence for the physiologically relaxing effect of PH. Considering the negative result of Dr.L.Rosa et al, we may wonder how PH could work if the healer does not sense the energy fields and recognize the abnormalities. The ability of the healers of the PH group to perceive Pranic energy field may be different from that of Therapeutic Touch practitioners. We need to design a study to check this ability in our healers.

Assuming that our healers also may not have perceived the prana field during the first step (scanning) of PH, could it be that steps two and three - that is, the general cleansing and energizing of the prana body with a divine prayer - is responsible for the therapeutic effect observed in this study?

The first step of scanning (to perceive and or see the prana) may not be demonstrable in less experienced healers and if the healer perfects this step it may be that the therapeutic procedure would become even more effective for deeper and longer corrections. More work needs to be done to answer such questions. The next question that would arise in this study is about the mechanism of pain relief and reduction in sympathetic tone. The explanation offered by the healers is that, during chronic pain the subtle energy fields are disturbed and it shows up in the physical body as pain. The imbalance could be induced by various factors at the physical level (trauma, aging) or at mental level (depression, anxiety, stress). The healer sets right the abnormal in the Pranic body through transferring the divine energy that is gathered from the cosmic energy fields and thus balances the energy flows. This is experienced by the patients as relief from pain and deep rest. Reduction in sympathetic activity seen immediately after the session can be due to reduction in pain. At this stage of understanding of science it is not possible to explain the exact mechanism of Pranic healing until we are able to get more objective evidences and measures of the energy fields described by these healers. The conclusion of this single blind control study is that PH reduces the pain and sympathetic activity and that this reduction is not placebo hand movement session which may appear similar to PH Session in all its external appearances.

TABLE 4						
Predicted Group Membership						
	N	Group A		N	Group B	
		1	2		1	2
Group C	25	21 84%	04 16%	25	20 80%	5 20%
Group PH	25	3 12%	22** 88%	25	2 8%	23** 92%
% of Grouped Cases correctly Classified	25	88%		25	88%	

Legends for Table 4: Multivariate discriminate analysis with Wilks Lambda criteria for significance, Group A - Control on first day, Pranic healing on second day. Group B - Pranic healing on first day. Control on second day. **Best Result of PH Group in both Groups A (88%) and Group B (92%)

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