

Effectiveness of Pranic Healing on enhancing the Quality of Sleep among female adult population

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ABSTRACT:

Background: Declining sleep quality among young-adult population is becoming a problem of concern in the current scenario. This may be due to various factors like social and academic demands, which lead to an irregular sleeping pattern. Moreover, sleep inadequacy leads to daily dysfunction of the individual and creates both physical and psychological impairment of the latter. Due to such health habits, it has been estimated that two-thirds of the world's population seek health care from sources other than conventional bio-medicine. Apart from some very-well known treatments, people don't seek out other potentially benefiting treatment methods. One such unfamiliar therapy is 'Pranic Healing'.

Aim: To empirically prove the competence of 'Pranic Healing' in treating minor ailments like sleep and associated disturbance like sleep latency, habitual sleep efficiency etc.

Method: The target population for this study are only female adults, aged between 19-22 years, with inadequate quality of sleep. The research design implemented here is "Pre-test/Post-test Randomized Experimental-Control design", with purposive sampling technique. From a total of 73 individuals, 32 participants were identified of suffering from inadequate and moderately poor quality of sleep. The sleep variable was assessed using Pittsburgh Sleep Quality Index (1988). The selected sample were divided into experimental and control groups with 16 in each, and individually they were subjected to 4 sessions of pranic healing.

Results: Findings show a notable difference in the mean values of experimental group i.e. 14.31 in pre-test and 3.87 in post-test. Existence of such high mean difference implies the effectiveness of the intervention on the experimental group in the post-test. Whereas in control group, mean values of pre-test and post-test i.e. 12.68 and 11.00, suggest that there is no significant difference found between them, in turn inferring the same level of symptoms among the participants.

Conclusion: Based on this study, in future, various minor ailments can be treated and cured without modern medicines and its side-effects. Also, pranic healing enhances the overall body endurance and resistance against diseases in the near future. This no-touch is also cost effective and healthier than most of the treatment procedures.

KEYWORDS: Pranic healing, Quality of sleep, Twin hearts meditation, Energy healing.

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I. INTRODUCTION

Sleep is a ubiquitous mammalian phenomenon which is associated with diminished responsiveness to external stimuli and a familiar and delightful sense of restoration under the circumstances of a normal night of sleep (Orr, 2001). Sleep greatly soothes and restores the body after a long day of work and play and is largely driven by the body's internal clock that takes cues from the external environment such as temperature, sunlight etc. Sleep has two primary components, i.e. sleep quantity and sleep quality. Although these components of sleep overlap to some extent, there is a qualitative difference between them. Sleep quantity refers to the hours of sleep that a person acquires every day. Whereas sleep quality implies the subjective element of sleep, which includes components like number of awakenings at night, sleep latency, and sleep duration, sleep quality, includes largely subjective indices of sleep, such as depth of sleep, how well rested one feels upon awakening, and general satisfaction with sleep (Frankel, B. L., Coursey, R. D., Buchbinder, R., & Snyder, F. 1976).

Thus, both the quality and quantity of sleep influence and coexist with each other, sometimes creating an impact on other variables. One such attribution is that the components of sleep has a long standing relationship with health and well-being. Apart from that, they also contribute to wide range of positive outcomes such as better health, less daytime sleepiness, greater well-being and better psychological functioning (Hyypä, M. T., & Kronholm, E. 1989). Studies have found that sleep quality decreased with increasing age, especially in women (Zeitlhofer, J., Schmeiser-Rieder, A., Tribl, G., Rosenberger, A., Bolitschek, J., Kapfhammer, G., ...& Kunze, M. 2000). Similarly, other sleep studies imply that a significant relationship exist between

individuals' quality of sleep and their ability to share the emotions experienced by others (Guadagni, V., Burles, F., Valera, S., Hardwicke-Brown, E., Ferrara, M., Campbell, T., & Iaria, G. 2016). Studies concentrating on sleep quantity report that 7-8 hours of sleep at night is positively associated with self-report health status and longevity (Belloc, N. B., & Breslow, L. 1972 and Frederick, T., Frerichs, R. R., & Clark, V. A. 1988). Studies examining sleep quality have found a positive relationship between good sleep quality and self-report health (Lugaresi, E. 1983 and Hyyppä, M. T., Kronholm, E., & Mattlar, C. E. 1991). Both of these components have great impact on the healthy functioning of a person, and sleep needs to be satiated in both aspects.

Pranic Healing (PH) is a synthesis of ancient, esoteric healing methods that have been rediscovered, researched and tested over decades with proven success by the founder of Modern Pranic Healing, Grand Master ChoaKok Sui. This practice has been described as a simple, but yet very powerful technology that can be employed with immediate benefits to the patient. Founding belief in pranic healing is that it is a practice of manipulating a person's energy field, treating the energy body that affects the physical body. In pranic healing, diseases and ailments appear in the energy body, or bioplasmic body, before being made manifest in the physical. Oftentimes, a person's lifestyle directly impacts the energy bodies, with stress and anxiety overtaxing the nervous systems and damaging lifestyle habits creating toxicity in the body and mind. The bio-plasmic body collects energy and distributes it to the physical body. If there is congestion or stress in the energy body, the delivery process is hindered and ailments occur. The energy body doesn't just affect physical bodies, but impacts the psychological and emotional states, too. So, engaging in pranic healing can help cleanse oneself, body, mind and spirit.

Intervention studies using pranic healing to treat chronic musculoskeletal pain suggest a highly significant reduction in pain and sympathetic activity in pranic healing group, hinting the successive effect of pranic healing on the patients (Jain, R., Nagarathna, R., Nagendra, H. R., & Telles, S. 1999). Another research findings suggest that PH facilitate a painless, less-complicated delivery process and healthy birth of the foetus (Tarabek, A., Sorden, J., & Healer). One such pilot study results reveal that breast cancer survivors presented significant benefits related to their mental health and quality of life scores after a short period of practice of pranic meditation (Castellar, J. I., Fernandes, C. A., & Tosta, C. E. 2014). Besides treating individuals with physical complaints, evidences suggest that PH can aid as an adjuvant therapy for depressed people (Rajagopal, R., Jois, S. N., MallikarjunaMajgi, S., Anil Kumar, M. N., & Shashidhar, H. B. 2018). Thus, all these findings substantiate the efficacy of pranic healing as a complementary therapy. Apart from them, multiple studies also provide suggestions for the effectiveness of pranic healing as a treatment option for non-life threatening conditions like insomnia. (Aithal, R., Jois, S. N., & Mahadevaiah, P. P. 2018).

II. METHODOLOGY

The aim of the present study is to empirically prove the competence of 'Pranic Healing' in treating minor ailments like sleep & associated disturbance and to examine the quality of sleep among female adults, before and after pranic healing sessions and twin hearts meditation. To fulfil this objective, three hypotheses were framed i.e., (1) A substantial variance will exist in quality of sleep of the experimental and control group i.e. subjects with-and-without pranic healing sessions and twin hearts meditation; (2) Female adults with moderately poor quality of sleep-when treated with pranic healing, might show a marked difference in Pittsburgh Sleep Quality Index (PSQI) during the post-test; (3) To bring about a change in all aspects of sleep, like sleep latency, habitual sleep efficiency etc., using pranic healing and twin hearts meditation.

The research design implemented for this purpose is "Pre-test/Post-test Randomized Experimental-Control design" and the sampling technique used is purposive sampling. For the appropriate samples, a total of 32 participants were identified of suffering from inadequate and moderately poor quality of sleep, among the tested 73 individuals. These 32 participants were randomly assigned equally into groups i.e. 16 participants in experimental group and another 16 participants in control group. In this study, extraneous variables like age, family structure and birth order were not controlled in either of the group. The inclusion criteria is that, participants must be English speaking female adults aged between 19 to 22 years, with moderately poor quality of sleep in the PSQI and no prior knowledge about pranic healing. Thus the exclusion criteria includes all non-English speaking males with normal sleep quality and prior knowledge regarding pranic healing.

The independent variable uptaken for this study is 'Pranic Healing' and its associated practice like Twin hearts meditation. Whereas, the dependent variable selected is the 'Quality of Sleep', which is measured using Pittsburgh Sleep Quality Index (PSQI). As for ethical consideration, respect for confidentiality and anonymity of the participants were maintained throughout the research. Tools used are 'Personal data sheet' and 'Pittsburgh Sleep Quality Index (PSQI)', developed by the University of Pittsburgh in 1988. The PSQI is a 19-item, self-rated questionnaire designed to measure sleep quality and disturbance over the past month in clinical populations. The 19 items are grouped into 7 components, including sleep duration, sleep disturbance, sleep latency (time taken to fall asleep after lying in bed), daytime dysfunction due to sleepiness, habitual sleep efficiency (the percentage of time in bed that one is asleep), overall sleep quality and sleep medication

users respectively. Each of the sleep components yields a score ranging from 0 to 3, with 3 indicating the greatest dysfunction. The sleep component scores are summed to yield a total score ranging from 0 to 21 with the higher total score (referred to as global score) indicating worse sleep quality. In distinguishing good and poor sleepers, low scores indicate good and high scores indicate moderately to severely poor sleepers. Initially, all the subjects were asked to sign an informed consent form and complete the questionnaire “Pittsburgh Sleep Quality Index (1988)”. For the experimental group, the intervention treatment i.e. Pranic healing and Twin hearts meditation were performed for 4 sessions. After each session, the participants were asked to give a feedback of how they felt during the treatment process. Their experiences in the subsequent days were also recorded. After intervention, post-test was conducted using “Pittsburgh Sleep Quality Index (1988)” questionnaire for both the groups.

III. FINDINGS

Based on the elaborative intervention given to experimental group, and the pre-test & post-test administered to both experimental and control groups, analysis were conducted in par with the pre-framed research hypotheses.

Table 1 shows the difference observed in Quality of Sleep among the Experimental and Control groups in the post-test: N = 32

QUALITY OF SLEEP	MEAN	SD	MEAN DIFFERENCE	“t” VALUE	SIG. (2-TAILED)
EXPERIMENTAL GROUP	3.87	1.25	-7.12	-17.96	.000*
CONTROL GROUP	11.00	0.96			

*p < 0.05 level of significance

To statistically prove hypothesis (1), independent sample t-test was performed between the experimental and control groups. Table 1 shows the obtained outcome, which suggest a mean difference of -7.12 i.e. prevalence of a highly significant difference between the mentioned two groups, thus implying the success rate of the intervention on the experimental group, and its absence on the control group.

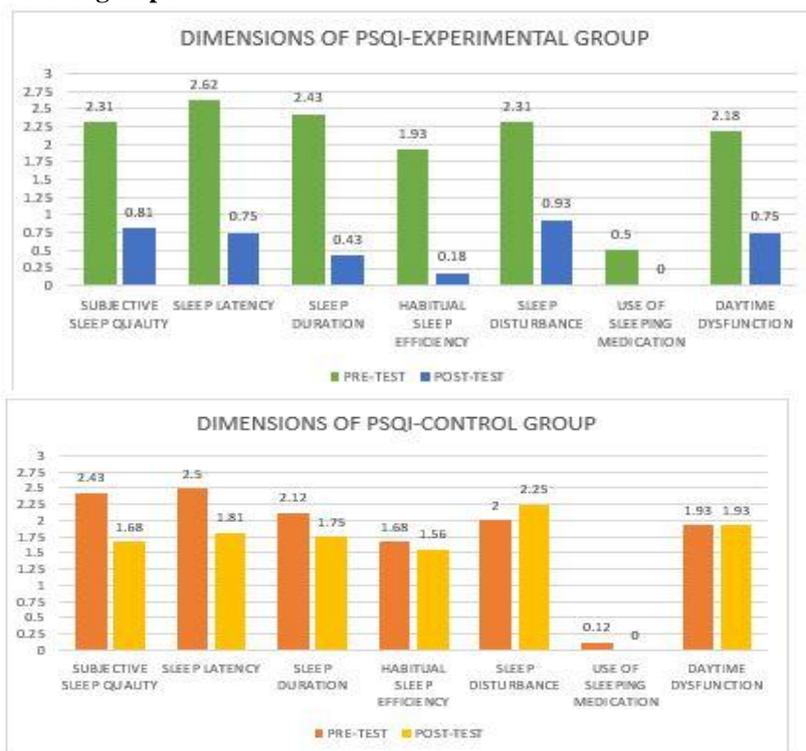
Table 2 shows the difference observed in Quality of Sleep in the pre-test and post-test: N = 32

GROUP	QUALITY OF SLEEP	MEAN	SD	MEAN DIFFERENCE	“t” VALUE	SIG. (2-TAILED)
EXPERIMENTAL GROUP	PRE-TEST	14.31	1.85	10.44	22.01	.000*
	POST-TEST	3.87	1.25			
CONTROL GROUP	PRE-TEST	12.68	1.01	1.68	4.52	.000*
	POST-TEST	11.00	0.96			

*p < 0.05 level of significance

To test hypothesis (2), paired sample t-test was carried out between pre-test and post-test of both experimental and control group. By observing table 2, it could be detected that a notable difference exist in the mean values of experimental group i.e. 14.31 in pre-test and 3.87 in post-test, thus suggesting that there exists a highly significant difference between both the two tests. Existence of such high mean difference implies the effectiveness of the intervention on the experimental group in the post-test. Whereas in control group, mean values of pre-test and post-test i.e. 12.68 and 11.00, suggest that there is no significant difference found between them, in turn inferring the same level of symptoms among the participants.

Graph 1 shows the difference observed among the dimensions of PSQI in pre-test and post-test of the Experimental and Control group: N = 32



Graph 1 aid in the comparison of the efficiency of ‘Pranic Healing as an intervention’ in an effective manner. The drastic rise and fall of post-test results in the experimental and control groups imply the same. Thus, all dimensions of PSQI is proved to have a significant change in the pre-test and post-test of the experimental group, than observed in the control group. Hence, the research hypothesis (3) is empirically substantiated and verified.

IV. DISCUSSION

73 individuals were administered with the scale, with only 37 persons were found to be on the borderline of having poor sleep. Even among them, 5 individuals had no intention of being a part of the study, thus leading to their removal from the conducted study. After obtaining consent form, with the existing 32 participants, 2 groups were formed i.e. experimental and control groups, with subjects randomly assigned into those groups (N = 16 each). Since the participants did not suffer from extreme loss of sleep and they scored between 11 – 16 points in PSQI, they were considered of having very mild to moderate lack of sleep. Only because of such mild intensity, the participants were given with a complementary treatment as a standard treatment. The complementary treatment that was used among the subjects was ‘Pranic Healing’. The availability of trained advanced pranic healers made the treatment process more authentic. The treatment plans were followed according to the ‘Advanced Pranic Healing Manual’, given by Grand Master, ChoaKok Sui. Each person had 4 therapy sessions. Due to time and distance constraints, 6 participants were given treatment through distant pranic healing measures. In addition to that, the participants were taught ‘Twin Hearts Meditation’ as an add-on practice to be followed every day for past one week. So, a voiceover containing instructions given by Grand Master ChoaKok Sui was forwarded to the participants. During the intervention period, feedbacks were collected from the participants to record their unique experiences on receiving the treatment. After 4 sessions, a post-test was administered to both the experimental and control group subjects, thus marking the end of the intervention study.

On analysing the obtained scores in accordance with the previously formed three research questions, spectacular results were obtained. The primarily used analysis method being, t-tests, in hypothesis (1), on determining whether a substantial variance exists in the quality of sleep of both experimental and control group, a large mean difference denotes the success rate of pranic healing as a standard treatment measure to treat minor ailments is established. Also the drastic difference signifies the impact the intervention has left behind on treating sleep among the participants. In hypothesis (2), female adults with moderately poor quality of sleep, did show a marked difference in Pittsburgh Sleep Quality Index (PSQI) during the post-test, thus suggesting the effective role of pranic healing in improving overall sleep quality. The obtained mean values suggest a drastic

progress of sleep among the experimental group samples. For testing hypothesis (3), all the dimensions of PSQI were compared within their pre-test and post-test scores. Difference between each individual dimensions of PSQI suggest the specific treating quality of pranic healing to assist and aid various sleep problems as a whole. Along with that, in all the three hypothesis testing, the results denote a highly significant difference existing between the compared groups, hinting the cooperativeness of female samples towards the study. Their sense of responsibility and adherence towards the research made it to be more successful and effective. Thus the main objective of proving the competence of 'Pranic Healing' in treating minor ailments like sleep and associated disturbance, is also achieved at the end.

V. CONCLUSION

Future implications for this study can be that the study can also be tested on male population in the same vulnerable category. Apart from that, additional variables can be added to test the comorbidity factors attributed with sleep, and the efficacy of pranic healing as a treatment measure during such conditions. As for the limitations, the study included only female population, thus the study's results cannot be used in generalizing the outcome with male population. Apart from the intervention provided, the participant might have been exposed to happy life events, and other positive stimuli, thus creating ambiguity in determining whether it is only pranic healing that created such a change in the persons' symptoms.

Hence, based on this study, in future, various minor ailments can be treated and cured without modern medicines and its side-effects. This treatment also enhances the overall body endurance and resistance against diseases in the near future. This no-touch is also cost effective and healthier than most of the treatment procedures. Other benefits that could be attributed with practicing pranic healing is that these sessions will enhance the overall functioning of the individual and make the person more active and energetic. The twin hearts meditation will enrich and broaden the heart and crown chakras of the body, thus promoting harmony and homeostasis within the body. Regular practice of twin hearts meditation combined with pranic healing will create an inner sense of peace, happiness and contentment. And finally, twin heart meditation sessions will enhance patience, anger control, thus promoting successful relationships. All these additional benefits can be enjoyed by the participants on successive continual of pranic healing and twin hearts meditation practices. The feedbacks of the participants act as testimonies for the same.

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