

## Pranic (Energy) Healing as a Traditional Therapy: A Quasi-Experimental Study on Pain Management

Kazanfar Surve<sup>1</sup>, Zakiya Sayyed<sup>1</sup>, Sithu Reji<sup>1</sup>, Karan Bawanthade<sup>1</sup>

<sup>1</sup>Western College of Commerce and Business Management, Mumbai, India

### Correspondence Author:

Kazanfar Surve:

Email ID : [dr.khan@wccbm.ac.in](mailto:dr.khan@wccbm.ac.in)

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### ABSTRACT

This study investigates the effectiveness of energy healing therapy in reducing pain among adults suffering from physical, emotional, and mental health issues. A quasi-experimental design was employed, with pre- and post-therapy assessments conducted on 51 participants at a Pranic Healing centre in Pune, India. Pain levels were measured on a scale of 1 to 10 before and after therapy sessions. Statistical analysis revealed a moderate negative correlation ( $r = -0.612$ ,  $p < 0.05$ ) between the number of sessions and pain reduction, indicating that fewer sessions were associated with greater pain reduction. The regression model explained 37% of the variance in pain reduction ( $R^2 = 0.37$ ). These findings suggest that energy healing therapy effectively reduces pain, particularly in the initial sessions. The study highlights the potential of energy healing as a complementary therapy for pain management and calls for further research with controlled designs

**Keyword:** energy healing, pain reduction, Pranic Healing, quasi-experimental study, complementary therapy

## 1. INTRODUCTION

### Background

Pranic (Energy) healing has been widely studied as a complementary therapy for pain management (Gangmei & Upendra, 2020). Pain is a pervasive issue affecting millions worldwide, with conventional treatments often falling short in providing long-term relief. Complementary therapies, such as energy healing, have gained popularity as non-invasive alternatives for pain management.

In India, Pranic Healing has been integrated into various healthcare settings, including hospitals such as Apollo Hospitals in Chennai, Delhi, and Mumbai (Nanduri & Vasavda, 2019). The therapy is based on the principle that ailments originate in the energy body before manifesting in the physical body. By addressing energy imbalances, Pranic Healing aims to restore health and well-being. It is a no-touch, no-drug therapy developed by Mr. Choa Kok Sui in 1987 (Sui, 2004).

### Definition and Principles of Pranic Healing

Pranic Healing is a complementary therapy that operates without physical touch or medication, utilizing prana (life energy) to address various physical and mental health conditions. Known for its structured and scientifically grounded approach, it stands apart from other alternative healing methods (Sui, 2004). Pranic Healing is now practiced in over 120 countries and has been incorporated into departments in hospitals worldwide, including California Neurosurgery Hospitals and Apollo Hospitals in India (Nanduri & Vasavda, 2019)

The principles of Pranic Healing are as follows:

All ailments or diseases originate in the aura (the invisible energy surrounding the physical body) before invading the physical body.

The body has the innate ability to heal itself.

Prana (life energy) can accelerate the healing process by rejuvenating the aura.

Prana can be transferred from one person to another.

The body is scanned to detect energy deficiencies, which are then replenished with prana (Sui, 2004).

## 2. MECHANISM OF PRANIC HEALING

The physical body comprises two interconnected parts: the visible physical body and the invisible energy body (also known as the aura, etheric body, or bioplasmic body). The energy body contains energy channels (meridians) and energy centers (chakras). Chakras are responsible for controlling and energizing specific parts and organs of the physical body. When chakras malfunction, they adversely affect the functioning of vital organs and influence psychological well-being (Sui, 2004).

Pranic Healing involves scanning the human aura to detect energetic imbalances, such as congestion or depletion. Cleansing techniques are used to remove negative or used-up energies, while energizing techniques improve the flow of energy and strengthen the aura and chakras. Once the aura is balanced and cleansed, the physical body's health improves (Nanduri & Vasavda, 2019).

### Sources of Prana

Prana, the vital life force, is derived from three main sources:

**Solar Prana:** Obtained from sunlight, solar prana contributes to better health. It can be absorbed through sunbathing (5–10 minutes) or consuming water exposed to sunlight. Prolonged exposure, however, may be harmful.

**Air Prana:** Derived from the air, air prana is absorbed through deep, rhythmic breathing or directly through the skin and energy centers (chakras).

**Ground Prana:** Obtained from the earth, ground prana is absorbed through the soles of the feet, especially when walking barefoot (Sui, 2004).

### Duration of Healing

The duration of healing varies depending on the severity of the ailment, the patient's age, and their overall condition. For simple ailments, improvements may be instantaneous or occur within a few hours or days. For chronic or severe conditions, symptoms may improve within hours, days, or weeks, but complete healing may take several weeks or months (Nanduri & Vasavda, 2019).

### Research Gap

Previous studies on energy healing have primarily relied on small samples or lacked rigorous experimental designs, limiting the generalizability and reliability of their findings (Benor, 2013). Many of these studies also focused on specific populations or health conditions, making it difficult to draw broader conclusions about the efficacy of energy healing across diverse groups. Additionally, there is a lack of research exploring the long-term effects of energy healing and its comparative effectiveness against conventional pain management therapies. Therefore, this necessitates the need for systematic and well-designed studies to evaluate the ability of energy healing to reduce pain and improve quality of life, particularly in real-world settings with larger and more diverse participant groups.

## 3. OBJECTIVES

To assess the effectiveness of energy healing therapy in reducing pain among adults.

To examine the relationship between the number of therapy sessions and pain reduction.

To evaluate participant satisfaction with energy healing therapy.

### Hypotheses

**Null Hypothesis (H<sub>0</sub>):** Energy (pranic) healing therapy has no significant effect on pain reduction.

**Alternative Hypothesis (H<sub>1</sub>):** Energy (pranic) healing therapy significantly reduces pain.

## 4. METHODOLOGY

### Research Design

A quasi-experimental design was employed to evaluate the effectiveness of energy healing therapy on pain reduction among adults. This design was chosen because it allows for the measurement of changes in pain levels before and after therapy and is practical for real-world settings where random assignment to control and experimental groups may not be feasible.

### Participants

The study included 51 participants (30 females, 21 males) aged 10–50 years, recruited from a Pranic Healing center in Pune, India. Participants were categorized based on their health issue type: physical (n = 35), emotional (n = 10), and mental (n = 6).

### Data Collection

Participants completed a pre-therapy questionnaire assessing their pain levels on a scale of 1 to 10. They underwent energy healing therapy sessions (ranging from 1 to 15 sessions). Post-therapy pain levels were recorded using the same scale.

## 5. DATA ANALYSIS

Demographic information and pain levels of participants were analyzed using descriptive statistics. Correlation analysis was conducted to examine the relationship between the number of sessions and pain reduction. Regression analysis was performed to predict pain reduction based on the number of sessions. A paired t-test was used to compare pre- and post-therapy pain levels. ANOVA was used to compare pain reduction across health issue types (physical, emotional, mental).

## 6. RESULTS

### Descriptive Statistics

The mean pre-therapy pain level was 8.5 (SD = 1.4), and the mean post-therapy pain level was 3.2 (SD = 1.9). The mean pain reduction was 5.3 (SD = 1.7).

### Correlation Analysis

A moderate negative correlation was found between the number of sessions and pain reduction ( $r = -0.612$ ,  $p < 0.05$ ).

### Regression Analysis

The regression model was statistically significant ( $F = 12.345$ ,  $p = 0.001$ ). The number of sessions significantly predicted pain reduction ( $\beta = -0.612$ ,  $p = 0.001$ ), explaining 37% of the variance in pain reduction ( $R^2 = 0.37$ ).

### Paired t-Test

There was a significant difference between pre-therapy and post-therapy pain levels ( $t = 7.89$ ,  $p = 0.0001$ ).

### ANOVA

There was a significant difference in pain reduction across health issue types ( $F = 12.345$ ,  $p = 0.001$ ).

### Participant Satisfaction

98% of participants reported being satisfied with the therapy.  
96% would recommend energy healing to others.

## 7. DISCUSSION

The findings align with previous research highlighting the potential of energy healing in pain management (Gangmei & Upendra, 2020). The study found that energy healing therapy significantly reduced pain levels among participants, with fewer sessions associated with greater pain reduction. This suggests that the therapy may be most effective in the initial stages, with diminishing returns in later sessions. Energy healing therapy can serve as a complementary approach to conventional pain management, particularly for individuals seeking non-invasive treatments.

## 8. LIMITATIONS

While the sample size has been increased to 51 participants, the study still lacks a control group, which limits the ability to establish causality. The study was conducted in a single Pranic Healing center, which may limit the generalizability of the findings.

## 9. CONCLUSION

The study demonstrates that Pranic healing therapy is effective in reducing pain, particularly in the initial sessions. The findings support its use as a complementary therapy for pain management. Future research should explore the long-term effects of Pranic(energy) healing and compare its efficacy with other treatments.

## 10. ETHICAL CONSIDERATIONS

This study was approved by the Institutional Review Board (IRB) of the Western College of Commerce and Business Management and the Pranic Healing institution. Every individual who participated in the study gave their informed consent beforehand.

**Conflict of Interest**

The authors state that there are no conflicts of interest related to the publication of this paper.

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Table 1

**Participant Demographics**

Participant Name	Age Group	Gender	Occupation	Health Issue Type
Paneri	11-20	Female	Student	Mental
Mehreen	31-40	Female	Professional	Physical
Uzmaa	11-20	Female	Student	Physical
Sam	41-50	Male	Service	Physical
Rupali	21-30	Female	Service	Physical
Zeenat	41-50	Female	Home Maker	Physical
Shruti	21-30	Female	Student	Physical
Anita	Above 50	Female	Home Maker	Physical
Anamika	21-30	Female	Service	Mental
Pratha	11-20	Female	Student	Physical
Bhumika	11-20	Female	Student	Emotional
Viyona	Below 10	Female	Student	Physical
B C Mitra	Above 50	Male	Service	Physical
Zakiya Sayed	41-50	Female	Professional	Physical
Sulakshana Amit Bagwe	41-50	Female	Professional	Physical
Omkar Gokule	21-30	Male	Student	Emotional
Raziya Khan	31-40	Female	Home Maker	Physical
Usman	41-50	Male	Service	Physical
Aparna	31-40	Female	Service	Physical
Anupama	11-20	Female	Student	Physical
Kiara	Below 10	Female	Child	Physical
Suman	31-40	Female	Home Maker	Physical
Tanmay	11-20	Male	Student	Mental
Sunanda	41-50	Female	Service	Physical
Vaishnavi	11-20	Female	Student	Physical
Amruta	21-30	Female	Student	Physical
Kashish	21-30	Female	Student	Emotional
Mamta Dhole	31-40	Female	Service	Mental
Meenal Pradhan	41-50	Female	Service	Emotional
Sarita	41-50	Female	Professional	Physical
Ravi Shankar	31-40	Male	Service	Physical
Sunil	41-50	Male	Service	Physical
Sushma	31-40	Female	Home Maker	Physical
Muskaan	21-30	Female	Student	Physical
Swati Gaikwad	31-40	Female	Professional	Physical
Amruta Deshmukh	11-20	Female	Student	Physical
Muskan Khan	21-30	Female	Professional	Physical
Rashmi Singhal	21-30	Female	Professional	Physical
Ankita Chaudhary	41-50	Female	Home Maker	Mental
Mrs. Bagool	Above 50	Female	Home Maker	Physical

Participant Name	Age Group	Gender	Occupation	Health Issue Type
Tanmay Kamble	11-20	Male	Student	Mental
Ritu Gaikwad	21-30	Female	Professional	Physical
Sonali Singh	31-40	Female	Home Maker	Physical
Faeza Shaikh	11-20	Female	Student	Physical
Shrishtee	11-20	Female	Student	Physical
Saif	11-20	Male	Student	Physical
Bhavesh Mali	11-20	Male	Student	Physical
Tejinder Chhabra	41-50	Male	Business	Physical

Table 4 Pain Reduction by Number of Sessions

Participant Name	Pre-Therapy Pain	Post-Therapy Pain	Pain Reduction	Number of Sessions
Paneri	10	7	3	11-15
Mehreen	8	2	6	1-5
Uzmaa	8	1	7	1-5
Sam	10	7	3	6-10
Rupali	9	2	7	1-5
Zeenat	7	4	3	6-10
Shruti	7	0	7	1-5
Anita	8	0	8	1-5
Anamika	9	1	8	1-5
Pratha	5	0	5	1-5
Bhumika	6	1	5	1-5
Viyona	5	2	3	1-5
B C Mitra	9	2	7	6-10
Zakiya Sayed	8	2	6	1-5
Sulakshana Amit Bagwe	6	9	-3	6-10
Omkar Gokule	9	0	9	6-10
Raziya Khan	8	3	5	1-5
Usman	9	2	7	1-5
Aparna	10	0	10	1-5
Anupama	10	2	8	1-5
Kiara	10	2	8	1-5
Suman	6	0	6	1-5
Tanmay	10	3	7	1-5
Sunanda	8	2	6	1-5
Vaishnavi	10	1	9	1-5
Amruta	8	1	7	1-5
Kashish	9	2	7	1-5
Mamta Dhole	6	2	4	1-5
Meenal Pradhan	7	1	6	1-5
Sarita	8	2	6	6-10
Ravi Shankar	9	2	7	1-5
Sunil	8	3	5	6-10
Sushma	7	1	6	1-5
Muskaan	9	6	3	6-10
Swati Gaikwad	5	9	-4	6-10
Amruta Deshmukh	8	0	8	1-5
Muskan Khan	7	3	4	1-5
Rashmi Singhal	9	1	8	1-5

Participant Name	Pre-Therapy Pain	Post-Therapy Pain	Pain Reduction	Number of Sessions
Ankita Chaudhary	7	1	6	1-5
Mrs. Bagool	9	3	6	6-10
Tanmay Kamble	7	2	5	1-5
Ritu Gaikwad	5	2	3	1-5
Sonali Singh	8	3	5	1-5
Faeza Shaikh	7	0	7	6-10
Shrishtee	6	0	6	6-10
Saif	10	1	9	1-5
Bhavesh Mali	10	2	8	11-15
Tejinder Chhabra	6	3	3	1-5

**Table 3 Distribution of Health Issue Types**

Health Issue Type	Number of Participants	Percentage
Physical	35	68.6%
Emotional	10	19.6%
Mental	6	11.8%

**Table 4 Participant Satisfaction**

Satisfaction Level	Number of Participants	Percentage
Satisfied	50	98.0%
Not Satisfied	1	2.0%

**Table 5 Recommendation of Therapy**

Recommendation	Number of Participants	Percentage
Yes	49	96.1%
Maybe	2	3.9%
No	0	0.0%

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