

# Amelioration of mild and moderate depression through Pranic Healing as adjuvant therapy: randomised double-blind controlled trial

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## Abstract

**Objectives:** Depression is a mental disorder, affecting the quality of life. Our study explores the efficacy of Pranic Healing (PH), as an adjuvant therapy in treating depression

**Methods:** In this randomised double-blind controlled trial, 52 participants with a mean age of 34.4 years, with mild to moderate depression were assessed using the Hamilton Depression Rating (HAM-D) scale during the 5-week study. Both Medication + PH (MedPH) and Medication + Mock PH (MedMockPH) groups comprising 26 members received Pranic and mock healing lasting 20 minutes per session respectively once a week for 4 weeks, along with the antidepressant drug.

**Results:** The average decrease in HAM-D score in MedPH was median 11 (Interquartile Range (IQR) 7–12) and was significantly higher compared with the MedMockPH group median 6.5 (IQR 3–9). At pre-assessment, both groups had 8 cases of mild and 18 cases of moderate depression. At post-assessment, HAM-D showed that the improvement in depression category was seen in 69.2% of participants in the MedMockPH group and 100% in MedPH group.

**Conclusions:** These results give first the evidence that PH can aid as an adjuvant therapy for depressed people.

**Keywords:** depression, Prana, complementary therapy, quality of life.

Depression is a common mental disorder which adversely affects quality of life. The important characteristic of depression is the sadness of mood or loss of interest in many activities. Depression may be categorised as mild, moderate, or severe. A recent survey reported 15.9% of the urban South Indian population are suffering from depression.<sup>1</sup>

Complementary therapies along with pharmacotherapy have been used in treating depression. Pranic Healing (PH) is an ancient healing therapy which focuses on the energy fields surrounding and within the human body. It is a no-touch complementary therapy utilising the prana or vital energy as a major source of healing. The healer applies prana on the energy body of the individual. It makes use of life forces that are available from the sun, air and ground to heal. Just as the physical body has vital and minor organs, the energy body has major,

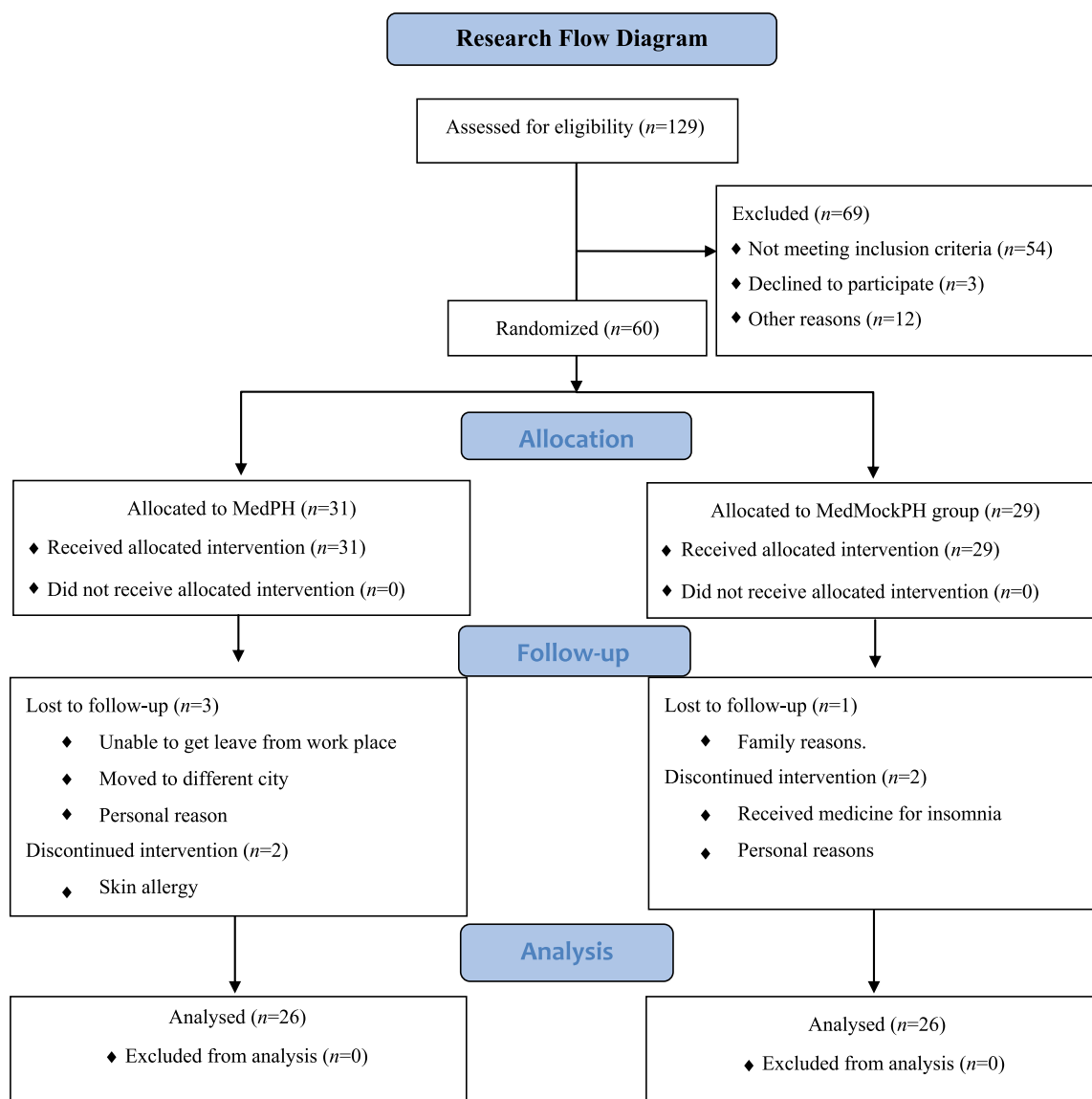
minor and mini chakras. The major chakras or centres not only control and energise the internal organs but also one's psychological conditions.<sup>2</sup>

PH helps to reduce chronic musculoskeletal pain,<sup>3</sup> manipulate energy field of human participants and increase their wellbeing.<sup>4</sup> Humans can view and experience the energy field.<sup>5,6</sup> PH has attracted well-educated followers seeking to integrate its therapeutic practices in their working lives and personal growth.<sup>7</sup> Our study seeks to find out the effect of PH as an adjuvant therapy in

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**Figure 1. Flow chart.**

MedMockPH: Medication + Mock Pranic Healing; MedPH: Medication + Pranic Healing.

lessening the severity of the depression and improving participants' work and activities.

## Methods

The study followed a randomised controlled trial (RCT) double-blind design. Participants of the study were from the Mysuru district, India. As this study is the first of its kind, sample size was not calculated. This study was conducted at a counselling room, in a tertiary referral centre after obtaining authorisation from the ethical committee. A total of 129 participants were provided information on the study and their written consent was obtained and then screened. Overall 60 participants were selected

based on inclusion and exclusion criteria (Figure 1) and their demographics are shown in Table 1. Male and female candidates between 20 and 60 years with mild to moderate depression having a score of 8–18 on the 17-item Hamilton Depression Rating (HAM-D) scale were enrolled as per the inclusion criteria. Participants with major ailments, pregnant women and those not able to do study-related procedures were excluded from the study. Participants were allocated by computer generated randomisation, using the SNOOZE technique. Both, the participant and investigator were blinded in the current study.

Participants from both groups were given a common drug, escitalopram (10 mg) for 4 weeks along with PH

**Table 1. Demographics of the participants**

<i>Demographics and clinical characteristics</i>		<i>MedMockPH group</i>		<i>MedPH group</i>		<i>Significance (Chi-square test)</i>
		<i>N = 26</i>		<i>N = 26</i>		
		<i>F</i>	<i>%</i>	<i>F</i>	<i>%</i>	<i>p</i>
Age, years	20–29	13	50.0	7	26.9	0.10
	30–44	9	34.6	10	38.5	
	45–60	4	15.4	9	34.6	
Sex	Male	11	42.3	10	38.5	0.80
	Female	15	57.7	16	61.5	
Marital status	Single	8	30.8	8	30.8	0.60
	Married	17	65.4	17	65.4	
	Widowed	1	3.8	0	0.0	
	Separated	0	0.0	1	3.8	
Occupation	Professional	0	0.0	3	11.5	0.20
	Semi-professional	1	3.8	0	0.0	
	Clerical/farmer	2	7.7	4	15.4	
	Skilled worker	0	0.0	2	7.7	
	Semi-skilled worker	2	7.7	2	7.7	
	Unskilled worker	9	34.6	4	15.4	
	Student	5	19.2	2	7.7	
	Homemaker	7	26.9	9	34.6	
Education	Less education (illiterate to primary)	14	53.8	12	46.2	0.60
	More education (above high school)	12	46.2	14	53.8	
Income*	6000–10,000	11	42.3	8	30.8	0.50
	10,000–60,000	10	38.5	14	53.8	
	>60,000	5	19.2	4	15.4	
Religion	Hindu	23	88.5	19	73.1	0.20
	Muslim	3	11.5	5	19.2	
	Christian	0	0.0	2	7.7	
Family type	Nuclear	11	42.3	19	73.1	0.06
	Joint	13	50.0	5	19.2	
	Living alone	2	7.7	2	7.7	
Locality	Urban	10	38.5	12	46.2	0.60
	Rural	13	61.5	14	53.8	
HAM-D	Mild	8	30.76	8	30.76	NA
	Moderate	18	69.22	18	69.22	

HAM-D: Hamilton Depression Rating Scale; MedMockPH: Medication + Mock Pranic Healing; MedPH: Medication + Pranic Healing; NA: not applicable.

\* Indian rupees

and mock healing sessions. The Medication + PH group (MedPH) participants were given PH sessions each lasting up to 20 minutes, once a week for 4 weeks. The Pranic psychotherapy protocol was applied as conceptualised by Master Choa Kok Sui.<sup>8</sup> Participants sat on a chair with palms facing upwards. A healer was used to project prana,

or life energy, according to the procedure sitting at a distance of 1 metre away and healing the participants.

During the PH session participant's major chakras were scanned and general sweeping was carried out. Localised sweeping and energising on the hand, sole, basic, navel, spleen, and solar plexus chakras with light red Pranic

**Table 2. Post-assessments of depression severity and percentage distribution**

<b>Depression</b>	<b>Intervention</b>				<b>Significance (Chi-square test)</b>
	<b>MedMockPH group</b>		<b>MedPH group</b>		
	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	
Same or worsened	8	30.8	0	0	$p = 0.002$
Improved	18	69.2	26	100	

MedMockPH: Medication + Mock Pranic Healing; MedPH: Medication + Pranic Healing.

energy were applied. The heart chakras were cleansed and energised along with crown, ajna and the solar plexus chakras with electric violet Pranic energy. If solar plexus and Meng Mein chakras were over activated, then both were inhibited.

Medication + Mock PH group (MedMockPH) participants were given Mock PH sessions individually each lasting up to 20 minutes, once a week for 4 weeks. Gestures like PH techniques were used without Pranic energy transfer. Post-assessment for participants was carried at the end of 4 weeks.

The HAM-D 17-item scale was used that measures depression and to evaluate recovery.<sup>9</sup> The psychometric properties of the scale are of  $\pm 0.74$  internal consistency reliability.<sup>10</sup> HAM-D assessments were carried out twice, at post-recruitment stage and at the end of 4 weeks.

Statistical analysis was performed using a Chi-square test to compare sex distribution in two groups, independent Student's *t* test to compare age in two groups, change in HAM-D score between two groups, Mann-Whitney test and MacNemar test for data analysis, using SPSS version 20.0. Since the difference in scores from pre-intervention to post-intervention was following the non-normal distribution, the difference in change of depression score between two intervention groups was tested using a Mann-Whitney test. The difference in improvement of categories in two groups was tested by a Chi-square test.

## Results and discussion

Recruitment started in August 2015 and ended in March 2016. The effects of PH on depression were assessed, compared and interpreted in pre- and post-sessions in this study. In the study, four participants were lost to follow up, among them three in the MedPH group due to reasons such as an inability to get leave from the workplace, moved to a different city, personal reasons and one in the MedMockPH group due to family reasons. A total of four participants discontinued allotted intervention with two in the MedPH group due to medicinal side

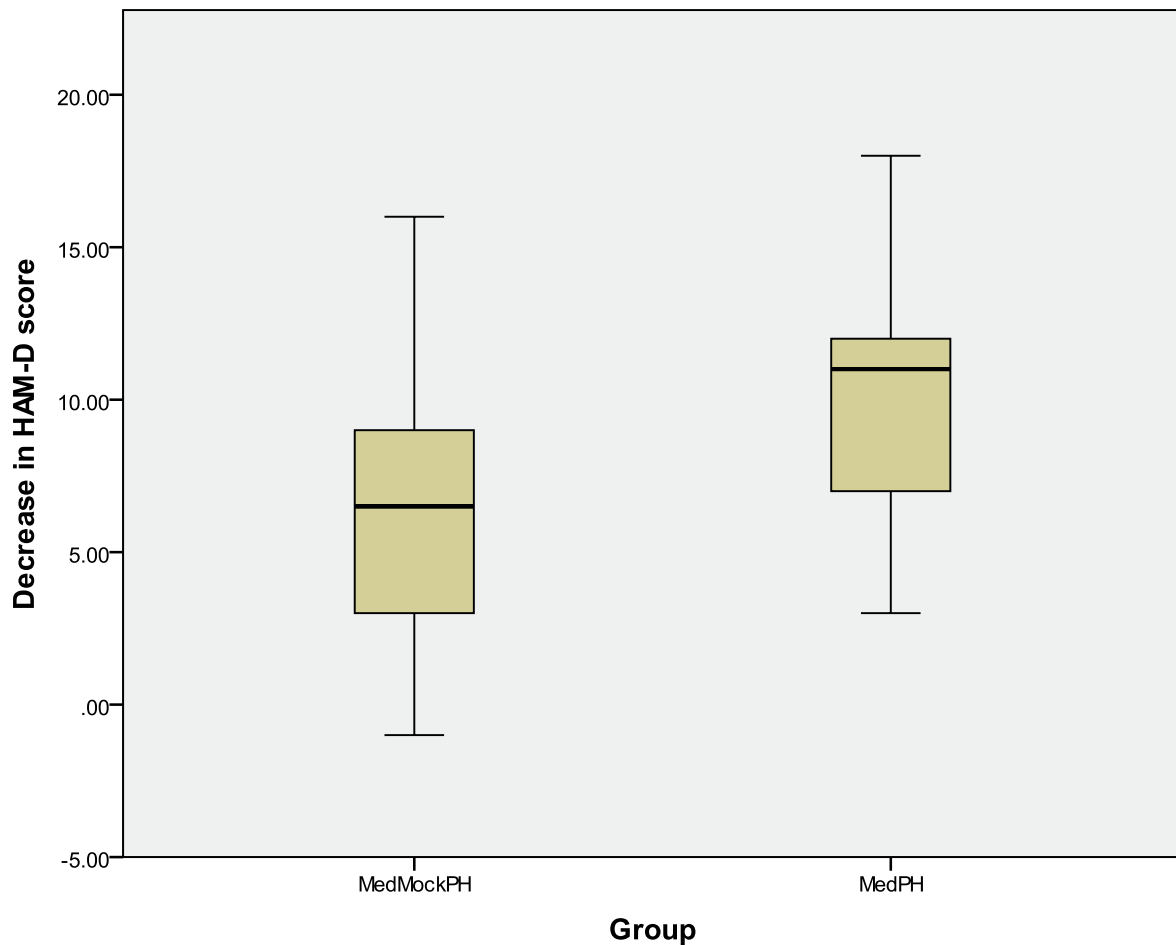
effects such as skin allergy and nausea, two in the MedMockPH group, as one received medicine for insomnia and another left the study due to personal reasons. No serious adverse events were encountered.

In both MedMockPH and MedPH group at pre-assessment, 8 cases of mild and 18 cases of moderate depression were reported. Those who showed improvement in the category of depression was considered as improved, the rest were worsened or had no improvement. In the MedMockPH group during post-assessment, 18 out of 26 depression patients' condition improved representing 69.2%. Among the MedPH group during post-assessment, all the depression patients' condition improved, representing 100%. Thus, adding PH to medicine gives added 30.8% improvement. This added improvement was statistically significant ( $p < .002$ ; Table 2).

The average decrease in HAM-D score in MedPH was median 11 (interquartile range (IQR) 7–12) was significantly higher compared with MedMockPH group median 6.5 (IQR 3–9). This shows a nearly two times higher decrease in MedPH group, showing that PH has an adjuvant effect in treating depression (Figure 2). Both groups showed a significant improvement in insomnia ( $p < 0.05$ ), while other parameters remained insignificant (Table 3). Removal of contaminated energies led to an overall sleep improvement in the participants.

Other energy healing techniques showed similar changes when applied in depression cases. An RCT conducted in South Korea on effects of Qi-therapy on psychological symptoms in the elderly had shown a beneficial psychological effect.<sup>11</sup> Pranayama helps in the reduction of anxiety and depression among the aged by absorbing more prana.<sup>12</sup> Prana is the vital energy that has the potential to heal. During the PH session, the healer projects prana to the energy field of the participant to re-balance and strengthen them.

Energy healing affects the body through the meridian. Randomised controlled studies using acupuncture<sup>13</sup> have shown relief from depression. Depressed persons have depleted and under activated basic chakras. In Chinese



**Figure 2. Box plot of change in depression score between two intervention groups.**

HAM-D: Hamilton Depression Rating Scale; MedMockPH: Medication + Mock Pranic Healing; MedPH: Medication + Pranic Healing.

medicine, the basic chakra corresponds to the acupuncture point DU (GV)1 (in Sanskrit the Mooladhara Chakra).<sup>14</sup> In the current study, application of PH on the basic chakra was one of the important steps that brought desired results.

Earlier studies have shown that some spiritually-based healing practices, while invoking for higher energies, were found to be useful in the reduction of depressive symptoms and promoting wellbeing.<sup>15</sup> Invoking for higher energies is an important step in PH. It involves energy rebalancing, which has a potent effect on mind and body. During a PH session, the healers pray to the almighty before, during and after the healing session, which facilitates the presence of divine energy in healing.

## Conclusions

The study findings have shown that PH is effective in easing mild and moderate depression when used with medications. Further study with a higher sample size

may be required to test the effectiveness of PH in easing individual components of depression and to strengthen the findings of this study.

## Limitations

This study did not consider cases of severe depression. The study sample size was considered convenient as this was a pilot study. Due to a small sample size, we could not assess each component of depression. Higher statistical analysis such as stratified analysis and regression analysis was not performed due to the small sample size.

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The World Pranic Healing Foundation, India funded the study.

## Disclosure

The authors report no conflict of interest. The authors alone are responsible for the content and writing of the paper. The ethics committee of Mysore Medical College & Research Institute and Associated Hospitals, Mysuru-570021 approved the study. This study is listed in the Clinical Trial Registry of India as CTRI/2015/08/006099.

**Table 3. Comparison of item-wise change in HAM-D score from pre- to post-assessments**

<i>Items of HAM-D</i>	<i>Group</i>					<i>Significance (Mann-Whitney test)</i>	
	<i>MedMockPH group</i>		<i>MedPH group</i>				
	<i>Median</i>	<i>IQR</i>	<i>Median</i>	<i>IQR</i>			
Depressed mood	1.00	.00	2.00	1.00	.00	2.00	0.674
Feeling of guilt	1.00	.00	2.00	1.00	1.00	2.00	0.592
Suicide	.00	.00	1.00	1.00	.00	2.00	0.298
Insomnia early	.00	.00	1.00	.00	.00	2.00	0.548
Insomnia middle	.00	.00	1.00	1.00	.00	1.00	0.019
Insomnia late	.00	.00	1.00	.50	.00	2.00	0.27
Work & activities	1.00	.00	2.00	1.00	.00	1.00	0.7
Retardation	.00	.00	.00	.00	.00	1.00	0.356
Agitation	.00	.00	1.00	.00	.00	1.00	0.174
Anxiety (psychological)	1.00	.00	1.00	1.00	.00	1.00	0.322
Anxiety (somatic)	.00	.00	1.00	1.00	.00	1.00	0.097
Somatic symptoms (gastrointestinal)	.00	.00	1.00	1.00	.00	1.00	0.085
Somatic symptoms (general)	.50	.00	1.00	.50	.00	1.00	1
Genital symptoms	.00	.00	.00	.00	.00	.00	0.984
Hypochondriasis	.00	.00	.00	.00	.00	.00	0.968
Loss of weight	.00	.00	.00	.00	.00	.00	0.584
Insight	.00	.00	.00	.00	.00	.00	0.162

HAM-D: Hamilton Depression Rating Scale; IQR: interquartile range; MedMockPH: Medication + Mock Pranic Healing; MedPH: Medication + Pranic Healing.

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