

Pranic Healing

Background/Definition

Pranic healing (PH) is a type of energy healing classified as “non-touch healing” that manipulates subtle life-energy, or “prana,” in order to benefit physical health (Tsuchiya, Motoyama, 2009). The term “prana” is a Sanskrit word meaning a usually invisible yet vital energy that permeates all living things (Tsuchiya, Motoyama, 2009). Synonymous with “qi” from Traditional Chinese Medicine, the word is derived from “pra” and “an” which mean “forth” and “to breathe,” respectively (Landsdowne, 1986).

According to Jones (2006), PH originated thousands of years ago in China, but was revived more recently in the 6th century AD, and again in the 20th century. PH first came into use as a result of the observations of “sensitive” people who reported seeing energy fields and color spectrums across the human body.

According to its practitioners, touch or skin contact is not required for PH, nor does the distance between healer and patient impact the efficacy of treatment. Healers are reportedly trained (or, at times, naturally able) to perceive “auras” or subtle energy fields in the form of colors that relay vital information about the health of individuals (Jones, 2006).

Theory

The underlying assumption of PH is that the subtle body acts as a “blueprint” for the physical body, so once the “prana” is cleared and decongested, the physical ailment will react positively to the balanced energies and subsequently be relieved (Tsuchiya, Motoyama, 2009).

Additionally, PH uses the chakra system as a guide for understanding which energetic centers of the body need balancing and restoring. This system designates colors, characteristics, and mental and physiological functions to each chakra; as the colors shift and reflect changing states of the body, a healer uses her/his training in aural perception to recognize and deliver energies needed by the patient (Jones, 2006).

Procedure

The basic procedure involves the healer scanning the patient’s aura/energy field for signs of blockages and imbalance. Then the healer accumulates and projects prana of certain colors needed to cleanse and recharge the patient’s energetic field with proper balance (Jones, 2006).

A pranic healer assesses the patient’s energy field using his or her trained hands as a tool to detect the source and location of the illness or energetic disruption. Once the source of the ailment is located, the healer summons fresh prana from the atmosphere and disperses it with his or her hands to flush out the stagnant energy (Tsuchiya, Motoyama, 2009). By

energetically projecting deficient colors onto the patient, the healer is said to cleanse and rebalance the patient's aura and chakras.

PH training and certification is offered by a variety of organizations across the world. There is not a standardized certification, and classes vary from in-depth workshops to 6-month-long online courses. There are also different levels of certifications. Within the *The Pranic Healing Healer's Certification Program* advanced training is offered to those already verified as pranic healers, including Basic, Advanced, and Pranic Psychotherapy certification, as well as Pranic Crystal Healing and Pranic Self Defense ("Healer Certification Program").

Review

Only a handful of studies have been conducted on the physiological efficacy of PH in a laboratory setting. In a presentation on experiments conducted in his laboratory, Jones (2006) reported that PH significantly reversed the effects of gamma radiation on human HeLa cells. Combining results across 520 experiments with 10 different Pranic Healers, Jones reported that positive effects were observed in 88% of the experiments and that average cell survival rates increased from the expected 50% for untreated control cells to over 90% for cells treated with PH before and after radiation exposure (Jones, 2006). Additionally, four successful experiments were run in which multiple Pranic Healers simultaneously performed the healing process. The results suggested that group healing led to increased likelihood of successful treatment and that the distance between healer and cells is unimportant for efficacy of treatment.

Another aspect of these experiments involves attention to environmental factors. For example, the author reports that "etheric cleanliness" of the laboratory had a strong effect on results. Because the experimental space had been deemed "energetically dirty" by the healers, these practitioners energetically "cleaned" (by removing "dirty energy" and "energizing with positive energy") the laboratory to create an environment conducive to PH prior to participating in the experiment. This took four months and the cleaning continued throughout the experimental period. Four months after the experiments were completed, an additional 50 runs were conducted to examine how "energetic dirtiness" impacted results, and a failure rate of 90% was observed. This may suggest that the subtle energetic level of the environment is important in fostering treatment of the patient as well. No explanation is given regarding how "clean" or "dirty" energy was measured, nor the exact procedure used to energetically cleanse the laboratory.

Jones (2001) conducted an earlier investigation using PH in conjunction with acupuncture points and fMRI monitoring. He modeled this study from previous research (Jones, 1998) in which he had measured cortical blood flow after stimulation of the BL-67 acupoint (purported to be vision related); he found that the visual cortex responded to the acupoint in the same way as the light stimulus. His 2001 study replicated the process, this time using Pranic Healers tasked with sending prana into the same acupoint, first directly next to the patient, then at a distance. In both cases, identical stimulation of the visual cortex was observed, suggesting that prana has a similar effect as acupuncture

needles and that the process can be done at a distance. Specific details of the protocol are not included (e.g. was there an established time period after PH had been initiated before visual cortex measurements were recorded?) and such vague reporting makes it difficult to assess the quality of the results.

Another study, small in scope yet specialized, reported significant effects supporting the theory behind PH Cancer Protocol (Tsuchiya and Motoyama, 2009). According to this subset of PH, cancerous growth of any kind is sustained by an imbalance in the chakras with increased activity in the lower chakras and diminished activity in the upper chakras. The sample consisted of only one breast cancer patient who had not undergone Western medical treatment, reducing the likelihood that the results were conflated with other treatment.

This single participant underwent 4 one-hour sessions with a licensed Pranic Healer. The authors utilized the Apparatus for Meridian Identification (AMI) as the diagnostic tool in this study. Electrodermal measurements were taken on relevant (28 total) Jing-Well points before treatment, 10 minutes after treatment and 30 minutes after treatment. The results showed a reversal of upper/lower chakra dominance, which replicated the healer's intention of "inhibiting" lower chakra energy and expanding upper chakra energy. The authors did not report data on the participant's cancer progression/remission.

While the results appear encouraging, the mechanism behind the AMI tool remains unclear. Such ambiguity renders the data difficult to assess and future studies should include more clarity (e.g. empirical substantiation) on this diagnostic process. Additional research must also include larger patient populations and control groups to increase the generalizability of findings.

References

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