Role of Yoga Vidya Pranic Healing in Health and diseases

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Background*
YogaVidya Pranic Healing is a science of healthy living and a drugless system of healing. Upanishads talk a great depth about it. We find details of the Pranic body a schematic structure, various functions and its relation to the gross physical body health in Vedic, Yogic and Tantric literature. Modes of therapy alternative to conventional allopathic medicine have increased in recent years. A recent survey by Eisenberg et al (1991) revealed that about one-third of 1559 persons in the U.S.A. had used at least one alternative method of therapy in the preceding 12 months. Yoga is one such popular alternative therapy, practiced by various schools such as YVPH, It mainly focuses on ‘Human Bio-energy Field’ (BEF).

Very few studies have attempted the evaluation of human BEF in health and disease. Objective methods of studying it such as Gas Discharge Visualization photography (GDV) are now available. To document the impact of various physiologic activities, disease states & YVPH on human bio-energy field, we compared- a manual method (used in YVPH) and GDV photography along with standard medical parameters.

Aims and objectives: to document the impact of YVPH on human bioenergy field (HBEF) and it’s role in promotion of health, prevention of diseases and as a therapy of specific disorders

Material and methods: Our studies can be subdivided mainly in two groups, as to document the changes in HBEF, ECG, EEG, Emotional balance with chanting Mantra, Physical exercise, Meditation, Aromas, Pranic Healing workshop on healthy persons.

Study 1
We tried to standardize the GDV for Indians by studying 5 inanimate objects and 695 human subjects (122 healthy human volunteers and 473 patients). A trained Pranic Healer performed manual method of energy field examination; the extent of ‘inner aura’ and noted the readings about Aura & specified ‘chakras’.

GDV photography was taken by a computer-based instrument developed by Korotkov et al (1995); fingertip bio-energy was documented after inducing photon emission in a transient high-energy electromagnetic field.

Table 1.
Summary of Gas Discharge Visualization photography findings in health and disease. Study involving 759 subjects -122 healthy and 637 with various medical conditions.

<table>
<thead>
<tr>
<th>Subjects</th>
<th>n</th>
<th>Normal GDV</th>
<th>Abnormal GDV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy</td>
<td>122</td>
<td>46</td>
<td>76</td>
</tr>
<tr>
<td>Patients</td>
<td>637</td>
<td>5</td>
<td>632</td>
</tr>
<tr>
<td>Total</td>
<td>759</td>
<td>56</td>
<td>703</td>
</tr>
</tbody>
</table>

Table 2.
GDV: Reliability for recognizing healthy versus disease states (PPV: Positive predictive value, NPV: Negative predictive value)

| Specificity: | 62.295% |
| Sensitivity: | 99.215% |
| PPV:         | 88.639% |
| NPV:         | 37.704% |

Results:
We observed that the resting bio-plasmic body had minimal variations. Physical exercise, chanting a prayer/mantra, meditation and Pranic Healing had definite, discernable and favorable effects on it. We feel that (a) physiologic and pathologic conditions actively influence the BEF; (b) GDV photography and the manual method of evaluation provide complementary information; (c) YVPH has beneficial effects on the bio-energy field.

Sample size - 10. age group 20 to 40 yrs. Heart math instrument was used to measure pulse wave formation, heart rate, coherence of heart with other organs and various other emotional balance indices at baseline, during healing and after healing.
Results:
The changes in later part of the healing phase were suggestive of decreased heart rate, and better emotional balance.

Study 3

ECG and EEG changes associated with Meditation

Five healthy volunteers, Age: 40±20 yr. Male : female 2 : 3 were trained in Twin heart meditation for 2 weeks. Each subject was subjected to two sessions of Twin Heart Meditation with a gap of one week. Each session lasted for about 30 minutes. The meditation recording was divided into 5 stages. The recording included EEG and haemodynamic monitoring for 3 minutes before (as baseline observations) and over 16 minutes of meditation in a sound-proof laboratory in sitting posture. Conventional 32 channel EEG was recorded on a Nihon Khoden apparatus. Haemodynamic parameters were measured non-invasively using a novel apparatus based on transthoracic bioimpedence (Haemotron, Scalene Laboratories, Bangalore, India) and included heart rate, cardiac output and systemic vascular resistance. Autonomic influence on the heart rate based on R-R interval variation (RRIV) was studied using the same apparatus.

The Twin heart meditation refers to meditation on two of the Energy Centres, the Heart chakra and the crown chakra. The Heart chakra is located at the centre of the chest and Crown chakra on the head.

Stages of Recording

- Stage 1: Baseline: 0 to 3 min.
- Stage 2: Invocation: 3 to 6.30 min.
- Stage 3: Activation of Chakras: 8.00 to 14.10 min.
- Stage 4: Meditation on Om: 16.10 to 17.00 min.
- Stage 5: Silent Meditation: 18.30 to 21 min.
- Stage 6: Post meditation: 21 to 23 min.

Haemodynamic parameters studied

- Heart rate
- Mean BP (MBP)
- Stroke Volume (SV)
- Cardiac output (CO)
- Systemic vascular resistance (SVR)
- Pulmonary vascular resistance (PVR)
- Electrical Behavior studied were
  - Angular Frequency of Inter Beat Interval (IBI)
  - Delayed After Depolarisation (DAD)
  - Early After Depolarisation (EAD)

Results:
The deeper levels of meditation (stage 4-5) were associated with significant increase in theta and alpha activity on the EEG, parasympathetic dominance and decrease in heart rate and cardiac output; and a modest increase in peripheral resistance.

Study 4

Coronary Artery Disease & YVPH:

In this prospective two-arm study, 29 CAD (heart attack) patients (coronary angiogram proven), with M: F ratio of 5:14, with Mean age of 65.7 yr. 19 patients who chose YVPH as an adjuvant therapy to medication were compared with 10 with age, sex matched IHD patients. YVPH was done for 3 to 6 months. By the end of 1st Year except for one, all patients were asymptomatic in YVPH group, as compared to 4 persistently symptomatic patients. There were no deaths in both groups.

The BEF showed gradual but remarkable improvement in all from the state of malfunctioning of more than 5 Chakras and thin Aura (mean 2.56 inches) to fairly normal function of Chakras and increased thickness of the Aura. (Mean 5.4 inches). Aura photography of CAD
<table>
<thead>
<tr>
<th>Parameters</th>
<th>Pre healing</th>
<th>Post Healing</th>
<th>Cardiologists comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Pulse Rate</td>
<td>76.8</td>
<td>72</td>
<td>Significant improvement</td>
</tr>
<tr>
<td>2. BP</td>
<td>High in 3</td>
<td>Normal in all</td>
<td>Significant improvement</td>
</tr>
<tr>
<td></td>
<td>Normal in 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. ECG</td>
<td>Ischemic changes in all</td>
<td>Improvement in 2</td>
<td>Status quo in 5</td>
</tr>
<tr>
<td>4. ECHO</td>
<td>Abnormal in 7</td>
<td>Normal in 6</td>
<td>Abnormal in 1 but an improvement</td>
</tr>
<tr>
<td>3. ANS</td>
<td>Sympathetic 7</td>
<td>Sympathetic 0</td>
<td>Significant Improvement</td>
</tr>
<tr>
<td></td>
<td>(Atonomic Nervous System)</td>
<td>Parasymp. 0 Parasymp. 7</td>
<td></td>
</tr>
<tr>
<td>4. Global Myocardial Blood flow (CCG)</td>
<td>Below normal in 7</td>
<td>Significant improvement in 7</td>
<td>Significant improvement</td>
</tr>
</tbody>
</table>

Comparison of laboratory parameters (group mean values) in pre & post healing (PH) phase

<table>
<thead>
<tr>
<th></th>
<th>Mean Lab Value n =29</th>
<th>PH Group n = 19</th>
<th>Control Group n = 10</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Day one</td>
<td>Day 365</td>
<td>Day 365</td>
</tr>
<tr>
<td>FBS</td>
<td>121.56 mg%</td>
<td>79.87 mg%</td>
<td>131.5 mg%</td>
</tr>
<tr>
<td>Bl Sugar</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chol</td>
<td>346.23 mg%</td>
<td>161.87 mg%</td>
<td>243.2 mg%</td>
</tr>
<tr>
<td>TGL</td>
<td>234.56 mg%</td>
<td>161.25 mg%</td>
<td>178.0 mg%</td>
</tr>
<tr>
<td>Weight</td>
<td>78.84 kg</td>
<td>68.23 kg</td>
<td>72.2 kg</td>
</tr>
<tr>
<td>Symptom</td>
<td>++</td>
<td>Nil</td>
<td>+</td>
</tr>
<tr>
<td>Mortality</td>
<td></td>
<td>Nil</td>
<td>Nil</td>
</tr>
</tbody>
</table>
FEEDBACK FROM PATIENTS:
1. I can walk for 40 to 50 minutes without gasping for breath.
2. No more chest pain
3. Sleep is better
4. Digestion has improved
5. Mentally I feel happy and healthy
6. I am relieved, I don’t have to go in for a bypass surgery.

Study 4 A
YVPH for better emotional balance and control of Blood pressure in Hypertensive patients.

Material and Methods:
Established twenty two hypertensives were subjected to YVPH between the age group of 38 to 50 yrs. M:F 3:1. Changes in emotional balance were recorded with the help of Heart Math instrument Blood Pressures was recorded at restful phase as baseline reading. Healing was continued with same postures immediately after healing, and 5 minutes after healing BP was again recorded. This study was done for 22 patients Established Hypertensive patients on regular medication for more than 2 yrs were enrolled for this study. Heart math instrument was used to measure pulse wave formation and various other emotional balance indices. Baseline, during healing and after healing recording was done.

We observed:
Significant but transient decrease in blood pressure readings was observed in the first three sessions. From the 4th session onwards there was sustained decrease in BP readings.
- All subjects felt cheerful and better general well being.
- Bioplasmic body improvement as recorded in both GDV and manual methods.

Results:
The changes in later part of the healing phase were suggestive of better emotional balance and decreased heart rate. Systolic Blood Pressure as well as diastolic showed favorable changes. However, changes in systolic blood pressure was statistically significant as compared to diastolic blood pressure. This pilot study suggests that YVPH is an effective adjo in to mainstream medicine.

Study 6
Changes in autonomic function parameters in Hypertensive patients

Aims and Objectives:
To study the changes in autonomic function parameters with YVPH in Hypertensive patients with the help of cartography (Transthoracic bioimpedence technique).

Material and Methods:
Established hypertensives were subjected to YVPH between the age group of 38 to 50 yrs. M:F 3:1 for a sample size of 12. Changes in emotional balance were recorded with the help of Heart Math instrument which measures the pulse wave formation, heart rate and coherals of heart with other organs. Blood Pressures was recorded at restful phase as baseline reading. Healing was continued with same postures before, during and 5 minutes after healing BP was again recorded.

Results:
Majority patients showed favorable response in automatic function in the form of RR interval variability increased and arrhythmicogenicity was reduced and parasympathetic dominance increased.

Study 6
Impact of Yoga Vidya Pranic Breathing on Pulmonary Function Test

Various Pranayama (Breathing Techniques) are known to change the emotional and psychosomatic symptoms. Various Breathing practices are used to calm the mind, improve concentration, discipline the mind and is an essential component of Meditation and yoga curriculum. However changes in pulmonary functions have not been studied methodically. Such studies will help to understand the possible mechanism by which pranayama works, how much, what the effects on individual pulmonary functions and how one Pranayama is different from the other.

3 healthy volunteers, 1 asthmatic, 2 hypertension Pranic Healers in the age group of 29-48 years were enrolled for this pilot study.

Computerized pulmonary functions were done as baseline reading in relaxed standing posture was repeated after 14 cycles of Pranic Breathing and were compared. None of these individuals had any symptoms at the time of the study; Hypertensive individuals had well-controlled blood pressure. The following improvements were noticed in every individual:
1. Expansion of the lung cells
2. Improve in their oxygen taking capacity
3. Complete expulsion of the carbon dioxide from the Lungs.
4. Lungs were rhythmically toned. Improvement in pulse and BP.
5. Patients felt more cheerful.

This study suggest that Pranic Breathing can be used as one of the effective therapy for improving the breathing capacity and reduce the BP.

Two arm randomized study with different ANS parameters on a sizable group is planned to note the long term effects, changes in ANS and exclude the bias.

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changes in ANS and exclude the bias.

Study 7
Yoga Vidya Pranic Healing for Behavioral Problems &
School Performance of children
Forty four children with scholastic backwardness were re-
cruited and randomized into two groups of 22 each. Group
A as PH group and Group B as remedial therapy Group.
Changes in their performance at school, performance on
standard psychological tests and changes in their bio-energy
field were
evaluated by serial examinations before and after the
intervention.

Randomization and distribution of the subjects
YVPH was done for each child thrice a week for 3 months.
Each child was assessed by rutter's teacher's proforma and
energy field in the beginning and also at the end of YVPH
session scheduled on the 90th day.

<table>
<thead>
<tr>
<th>Name of the area</th>
<th>Pre assessment</th>
<th>Post assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body aura</td>
<td>3.5 inches</td>
<td>5.8 inches</td>
</tr>
<tr>
<td>Crown Chakras</td>
<td>Affected in all</td>
<td>Normal</td>
</tr>
<tr>
<td>Ajna Chakras</td>
<td>Affected in all</td>
<td>Normal</td>
</tr>
<tr>
<td>Basic Chakras</td>
<td>Affected in all</td>
<td>Improved in all</td>
</tr>
<tr>
<td>Meng mein Chakras</td>
<td>Affected in all</td>
<td>Improved in all</td>
</tr>
</tbody>
</table>

The favorable changes were observed in their Bio-energy
field as documented by the Healer and Aura photographs.
All above mentioned parameters revealed significant
improvement in various dimensions of the child's perfor-
manace and have yielded successful results the successful
completion of this study has paved the way for further
multiple armed research studies in the same and allied
fields.

Observation:
Summary of changes in parameters of Rutter's Scale for
assessing psychological disturbances in Girls from Juve-
nile home treated with YVPH. All parameters compared
before and after intervention with binomial distribution
using McNemar test.

Table 2 compares the results of their evaluation before and three months of initiating YVPH.

Table 2 (A &B)
2A: Details of psychological evaluation school performance.

<table>
<thead>
<tr>
<th>Test</th>
<th>Post assessment – in Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Improved</td>
</tr>
<tr>
<td></td>
<td>Group A</td>
</tr>
<tr>
<td>CPM</td>
<td>70</td>
</tr>
<tr>
<td>BVRT</td>
<td>10</td>
</tr>
<tr>
<td>WRAML</td>
<td>40</td>
</tr>
<tr>
<td>Parent Rating Scale</td>
<td>90</td>
</tr>
<tr>
<td>Knox cube test</td>
<td>50</td>
</tr>
<tr>
<td>School grade</td>
<td>90</td>
</tr>
<tr>
<td>Bio field</td>
<td>90</td>
</tr>
<tr>
<td>Child feed back</td>
<td>95</td>
</tr>
<tr>
<td>Healer feed back</td>
<td>95</td>
</tr>
</tbody>
</table>

Table no 2.B Bio-energy field changes (According to the Healer)

Bio-energy field changes (According to Aura photography)

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Pre assessment Mean</th>
<th>Post assessment Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Area</td>
<td>5282.605</td>
<td>6381.603</td>
</tr>
<tr>
<td>Coefficient of variation</td>
<td>90.188123</td>
<td>103.9621</td>
</tr>
<tr>
<td>Fractal Dimension</td>
<td>2.7829</td>
<td>3.0000</td>
</tr>
</tbody>
</table>
**Parameters which showed significant improvement (p<0.05)**

<table>
<thead>
<tr>
<th>Parameters which showed significant improvement (p&lt;0.05)</th>
<th>Parameters which did not show improvement (p&gt;0.05)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Destructive behaviour</td>
<td>Restlessness</td>
</tr>
<tr>
<td>Tics, mannerisms</td>
<td>Not liked by others</td>
</tr>
<tr>
<td>Squirming</td>
<td>Nail biting</td>
</tr>
<tr>
<td>Fighting with other children</td>
<td>Solitary attitude</td>
</tr>
<tr>
<td>Bedwetting</td>
<td>Absenteeism</td>
</tr>
<tr>
<td>Need of physical help</td>
<td>Lying</td>
</tr>
<tr>
<td>Irritability</td>
<td>Distressed affect</td>
</tr>
<tr>
<td>Unhappy mood</td>
<td>Bullying</td>
</tr>
<tr>
<td>Disobedience</td>
<td>Taunting</td>
</tr>
<tr>
<td>Spelling &amp; arithmetic</td>
<td>Reading</td>
</tr>
<tr>
<td>Ability</td>
<td>Worrisome</td>
</tr>
<tr>
<td>Stammering</td>
<td></td>
</tr>
</tbody>
</table>

**Results:**

**Feedback by the children expressed**

I am happy, alert & I don't sleep in classes now
I am interested in learning now.
I am understand what is taught
my school scoring is better

**The encouraging feedback From Caretakers & School Teacher:**

These girls fight with each other much less.
They are more disciplined
They are more sharing, responsible & affectionate
with each other
They are manageable

**Conclusion:** This study reveals remarkable improvement in behavioural problems and school performance of juvenile girls with the help of YVPH.

**Study 8**

To study the improvement in behavioural problems and school performance by 1 hour self-healing regime for Juvenile Home Boys.

The boys till the age group of 18 yrs of juvenile home Karnataka were taught self-healing about 1 hour per day for the duration of 10 months from September 2000 to June 2001.

A set of simple exercises were taught and silently listening OM (in sitting crossed legs posture) for 3 minutes.

**Observation:**

On day 1 and day 30 Rutter's Teacher's proforma and bioenergy field evaluation were done. This regime was found to be interesting by all children, regular attendance was 99%. No change in their routine practice for the whole 10 months.

**Summary of changes in parameters of Rutter's Scale for assessing psychological disturbance in children from Juvenile home with one hour self Healing activity. All parameters compared before and after intervention with binomial distribution using McNemar test.**

**Parameters which showed significant improvement (p<0.05)**

Restlessness
Taunting
Squirming
Fighting with other children
Worrisome
Solitary attitude
Irritability
Unhappy mood
Disobedience
Reading, spelling & arithmetic
Ability

**Parameters which did not show significant improvement (p>0.05)**

Destructive behaviour
Not liked by others
Nail biting
Tics, mannerisms
Absenteeism
Lying
Distressed affect
Bullying

**Conclusion:** Emotional and physical problems are the major problems of Juvenile Home Boys. To overcome and improve in school performance, meditation serves as therapeutic aid.