

# STUDY OF BODY'S ENERGY CHANGES IN NON-TOUCH ENERGY HEALING 1. PRANIC HEALING PROTOCOL APPLIED FOR A BREAST CANCER SUBJECT

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## ABSTRACT

Changes in the body's energetic conditions were measured through four sessions of non-touch Pranic Healing performed on a breast cancer subject. The healing protocol included steps to inhibit the lower chakras and to expand the upper chakras by manipulating subtle energy levels and patterns by the healer's hands and intention. The parameter BP of the AMI (Apparatus for Meridian Identification), chosen as the marker for subtle energy (Qi-energy) level in the primary meridians of traditional Chinese medicine (TCM), showed significant relative changes in the meridians resulting in an unusual reversal of the upper/lower Qi-energy imbalance as a result of the healing trial. The relative decrease in Qi-energy level was most conspicuous in those meridians supposedly related to the lower chakras which the healer targeted for "inhibition." Conversely the most conspicuous relative increase in Qi-energy level was seen in the meridians related to the upper chakras targeted for "expansion." This is the first observation of Qi-energy changes by means of an electrically measurable variable, which provides strong objective evidence for the reality of Qi-energy manipulation claimed in non-touch energy healing. Other AMI parameters (AP and IQ) also showed significant changes in directions conducive for healing.

**Keywords:** subtle energy, energy healing, chakra, meridian, pranic healing, electrodermal, Jing-Well point, healing

## INTRODUCTION

**E**nergy healing may be classified into two types, i.e., “non-touch healing” in which the healer performs the act of healing without physically touching the subject’s body, and “touch healing” such as massage and laying on of hands which involve the healer’s hands coming in contact with the subject’s body in some way. Either way the energy healing is believed to work by somehow manipulating the human subtle energy (Qi-energy) which, although invisible to ordinary physical eyes, is supposed to be essential for the proper functioning of the physical body. In the case of “touch healing” it is conceivable in principle that some physical interactions take place between the subject and the healer causing some changes to occur in the subject’s health conditions. However, in the case of “non-touch healing,” the normal means of physical interaction appear to be absent. Nevertheless, “non-touch” energy healing modalities are increasingly popular these days among people who seek alternative therapies. However, rigorous scientific verification of its effect has been scarce except for a few articles which provide indicative evidence for its therapeutic value.<sup>1,2,3</sup>

“Pranic Healing” is one such example of “non-touch” energy healing modalities. Reportedly the Pranic Healer is able to scan the body of the subject by using his/her trained hands as the “sensor,” thereby detecting the location(s) of health problems and to manipulate the subtle energy, which is called “prana,” to realize specific desired improvements in the subject’s health. It is said that the basic approach is to locate and remove (cleanse) the “congested prana” associated with the dysfunction or disease, and then inject (energize) that area with “clean prana” obtained from the atmosphere through the healer’s own hands. The underlying idea is that by cleansing the congestion and energizing with fresh prana, the imbalance in the circulation of prana is corrected. Pranic Healing views the subtle body as a “blueprint” or “mold” to which the physical body adheres. Thus any correction supposedly made in the subtle body first, induces associated changes in the physical body in due course. Specific details of the Pranic Healing protocols are said to be different for different diseases.

It is well known in medicine that cancer cells can multiply and grow very rapidly. According to the theory of Pranic Healing, this rapid growth of cancer is supported by the altering of size in the lower chakras (their depth and width are increased) to bring a greater supply of prana to feed this rapid growth. Correspondingly, the upper chakras become more depleted and inhibited. This chakra profile appears to occur irrespective of the location or type of cancer. Therefore to arrest the growth of cancer tissue, the Pranic Healing Cancer Protocol reportedly includes the following main objectives:<sup>4</sup>

- Cleanse all chakras throughout the body.
- Normalize the chakras, i.e. energize and activate. (widen) specific upper chakras, and deactivate (inhibit) specific lower chakras.
- Stimulate the defense system of the body.

While this theory is said to be generally incorporated in clinical practice by Pranic Healers in treating cancer patients, such manipulation of “prana” has never been demonstrated by rigorous scientific measurement.

With the cooperation of an experienced Pranic Healer and a subject, who has breast cancer in her left breast, measurements of the energetic conditions of the subject were repeatedly performed as she went through four consecutive healing sessions. This subject was ideally suited for the present study as she had stayed away from the western medical treatment, e.g., anti-cancer drugs, chemotherapy, radiation treatment, etc., which enabled detection of changes without major uncontrollable influences.

## EXPERIMENTAL

**I**t is normally difficult, if not impossible, to measure the effects of subtle energy. Conventional bio-electric instruments may be able to detect physiological changes, e.g., blood pressure, heart rate variability, etc., induced by the working of the subtle energy. As of this day no instrument exists which is capable of quantitatively measuring the subtle energy itself. However, there are some commercially available instruments which

claim to detect the effects of the subtle energy. They measure some physical parameter(s) which are modulated in one way or other as the physical body is affected by the action of the subtle energy.<sup>5</sup>

The word “prana” as used in Pranic Healing is a Sanskrit word meaning invisible vital energy which pervades different levels of the whole universe including the human body. The “prana” as vital energy of the human body is considered to be synonymous with the “Qi” or “Chi” in Traditional Chinese Medicine (TCM). In TCM “Qi” is said to circulate through the energy channels called meridians. Although the meridians themselves are invisible they are closely interconnected to the functioning of certain specific organs of the body.<sup>6</sup> Smooth flow of “Qi” in good dynamic balance in all meridians is regarded as essential to maintain good health physically, mentally and spiritually.

Because of this conceptual similarity between “prana” and “Qi,” it was considered most appropriate to monitor the conditions of the meridians of TCM theory through the Pranic Healing trial, if at all possible. The feasibility of using AMI (Apparatus for Meridian Identification) for this purpose was examined as it has been used successfully by other researchers for other studies, in which changes in meridian conditions were also the key points of interest.<sup>7,8</sup> Some exploratory tests and analysis suggested that the AMI would be suitable for this purpose.

### **AMI AND ITS THREE PARAMETERS (BP, AP AND IQ)**

The AMI performs electrodermal measurement at specific acupuncture points called “Jing-Well points” (called “Sei-points” in Japanese) which are located at the base of fingers and toe nails. They are said to be special in that they are the terminal points of meridian channels at which the “Qi” energy exits or enters the channels. There are 12 primary meridians, each having its channels symmetrically laid out on the left and right half of the body. More specifically they are the Lung (LU), Large Intestine (LI), Pericardium (PC), Triple Heater (TE), Heart (HT) and Small Intestine (SI). These meridians have their Jing-Well points located on

the fingers. The remaining meridians are the Spleen (SP), Liver (LV), Stomach (ST), Gall Bladder (GB), Kidney (KI) and Urinary Bladder (BL) and their Jing-Well points are located on the toes. There are total 24 primary meridian channels generally known in TCM theory and practice. Two more meridians, Diaphragm (DI) and Stomach Branch (SB), though less known in TCM, are also added in AMI measurement. Thus, the AMI utilizes a total of 28 Jing-Well points for each round of its measurement.

To perform the electrodermal measurement two circular conductive gels (36mm dia.) with embedded Ag/AgCl electrodes are attached to left and right forearms as non-active electrodes. Small square gel electrodes with silver foil (7mmX7mm) are attached to the 28 Jing-Well points as active electrodes for the measurement. To measure each Jing-Well point the AMI puts out a single square voltage pulse (SSVP) of 3 volt height and 512 $\mu$ sec width, which is applied only one time between the Jing-Well point and the two non-active electrodes. The waveform of the transient current response to the SSVP is digitally captured and the three AMI parameters are extracted from the waveform giving:-

**BP ( $\mu$ A)** = initial peak current, i.e., current before the onset of ionic polarization

**AP ( $\mu$ A)** = current after completion of the ionic polarization

**IQ (pC)** = total electrical charge of the ions mobilized for polarization

This SSVP measurement is performed sequentially as the experimenter manually touches the small active gel electrode at the Jing-Well point with a metal probe one by one, starting from the Lung Jing-Well point of the left hand all the way through to the Urinary Bladder Jing-Well point of the right foot. This completes one round of the AMI measurement. Thus, for every round of AMI measurement, 28 sets of BP, AP and IQ values are acquired and subjected to analysis.

Physiological meanings of these parameters have been explained elsewhere.<sup>9,10</sup> To summarize it is said that:

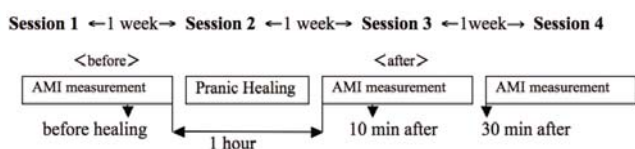
- BP is a measure of Qi-energy level in the particular channel of the meridian to which the Jing-Well point belongs.
- AP is a measure of the state of autonomic nervous system at the time of measurement
- IQ reflects the capacity of the body's protective (immune system) functions

Results of the present study are interpreted primarily based on the above diagnostic implications of the three parameters.

## EXPERIMENTAL PROTOCOL

### Healing Trial

A one-hour healing session with exactly the same healing protocol was repeated 4 times with one week interval in between. Thus, four sessions comprised the present healing trial. Each session was conducted at the same time interval (1:30- 3:30pm) of the day to minimize the possible influence of the subject's bio-rhythm. In each session the AMI measurement was performed 3 times, i.e., 1st) before the healing, 2nd) 10 minutes after the healing, and 3rd) 30 minutes after the healing, as schematically shown below.



### Measurement Procedure

For each AMI measurement the subject was seated relaxed on a comfortable chair. Two non-active gel electrodes and 28 active gel electrodes were attached to specific locations on the forearms and fingers/toes respectively. To ensure the stability of the electrical contact at the skin-gel interface a "wait-time" of approximately 10 minutes was inserted after installing the electrodes prior to the start of the measurement. The two non-active common electrodes were connected to the SSVP return cable of the AMI unit. The experimenter performed the measurement by touching the silver foil of the active electrode with the probe connected to the SSVP output cable. At the moment the

probe came in contact with the silver foil of the gel electrode, a closed electrical circuit was formed triggering the SSVP output.

The AMI system with computer was set up inside the healing room. A measurement was performed each time by the same set-up in the same healing room throughout the healing trial. In each session all electrodes were removed after the first AMI measurement. The subject was then asked to lay supine on the massage table. There was enough space around the massage table for the healer to move about freely. To eliminate the possible interference by the presence of a third person during the healing, the experimenter stayed outside the healing room while the healer worked on the subject. After the healing (which continued for one hour), the subject was asked to sit on the comfortable chair again for post-healing AMI measurements. The electrodes were re-attached and measurements of "10 minutes after" and "30 minutes after" healing were again performed. The electrodes remained attached for both measurements.

### HEALING PROTOCOL

The Pranic Healing Cancer Protocol applied by the healer was rather complicated and involved many steps. Upon reviewing the protocol it was noted that those upper chakras that were cleansed and activated (expanded) to increase the energy levels and activities included the Back Heart, Crown, Forehead, Ajna and Throat chakras. Those lower chakras that were cleansed and de-activated (inhibited) to decrease the energy levels and activities included the Front/Back Solar Plexus, Meng Mein, Perineum and the Basic chakra located at the base of the spine. In addition because of the diagnosis of breast cancer, the Sex chakra was also included.

These steps were carried out before the final section of the treatment protocol during which the healer directly treated the affected areas where the cancer tumors (or cells) were located.

### SUBJECT

The purpose of the study and the assessment procedures were explained to the subject and the healer prior

to the trial. The whole healing trial was conducted based on informed consent. The subject who cooperated in this study was a 49 year old female. Breast Cancer was found in her left breast 8 month before the present study. She stayed away from western medical treatments and had sought alternative remedies. No further details were available. The healer who cooperated was a 52 year old male, a certified Pranic Healer, who had been practicing for 5 years.

## RESULTS AND DISCUSSION

### QI-ENERGY CONDITIONS AS SHOWN BY BP Changes in overall Qi-energy Levels of Before, 10 minutes after and 30 minutes after the Healing

For each round of AMI measurement, the average of BP values over the 28 Jing-Well points was calculated as a measure of overall Qi-energy level of the subject's meridian system and compared for successive sessions. The results are shown in Figure 1.

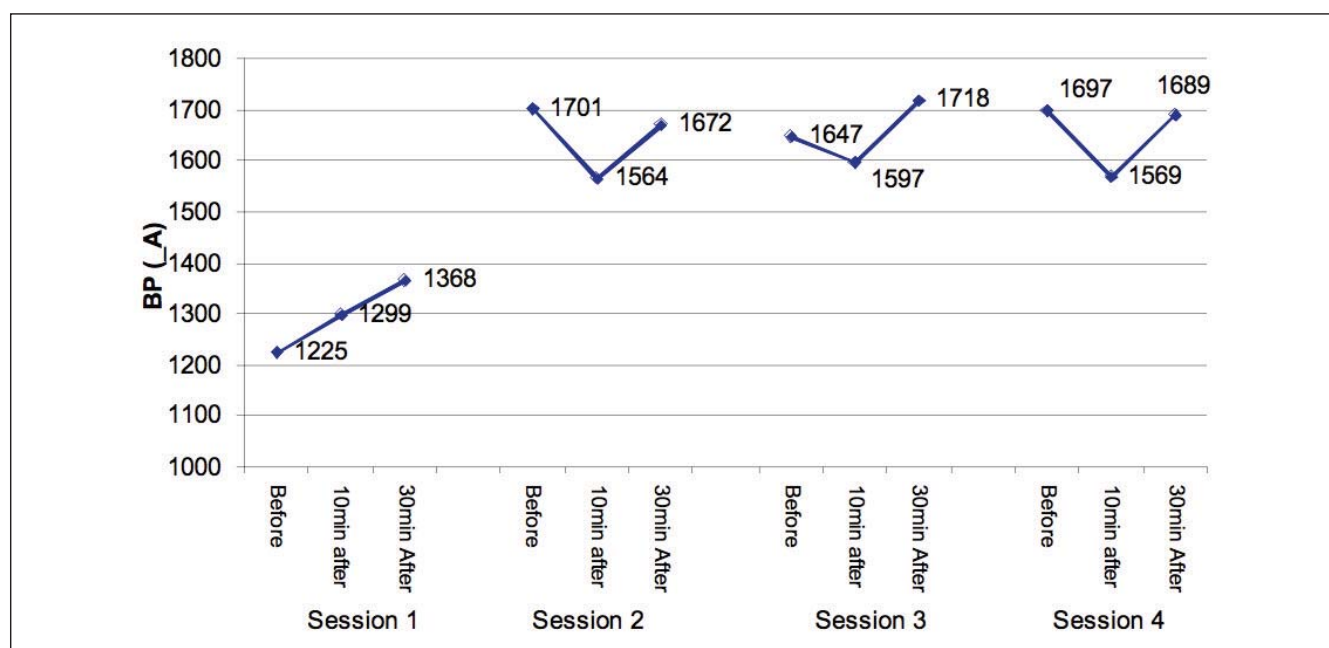
In Session 1 the average BP steadily increased from 1225 $\mu$ A before the healing, 1299 $\mu$ A 10 minutes after the healing and up to 1368 $\mu$ A 30 min after the healing. In all the three subsequent sessions the average BP's of 10 minutes after the healing showed temporary dips of 8%,

3% and 7% respectively. However, at 30 minutes after the healing the BP's increased back to the level comparable to those obtained before the healing in each session. The reason for this temporary dip is yet unknown.

It is interesting to note that there is a significant value gap between the average BP of the very first session and those of the subsequent three sessions. Unlike the subsequent sessions the average BP in Session 1 kept increasing without the temporary dip. It appears likely that the increasing trend in this session persisted for some more time beyond the 30 minutes period pushing the Qi-energy level further up to the level of 1600-1700 $\mu$ A as observed in subsequent sessions. Once it reached a certain higher level, additional healing sessions did not seem to cause it to increase any further. Thus, it seems that the major Qi-energy build-up in the subject's meridian system was achieved in the very first healing session.

The overall increase in average BP from the very first AMI measurement to the very last AMI measurement in this healing trial was +464 $\mu$ A or +37.8% from 1225 $\mu$ A to 1689 $\mu$ A. This result strongly implies that the healing protocol performed by this particular healer acted on the subject's meridian system and brought

Figure 1. Change of Average BP



about the significant enhancement of the overall Qi-energy level.

### Changes in Qi-energy Balance between the Upper and Lower half of the body

The average of 14 BP values of the Jing-Well points on fingers and that of the Jing-Well points on toes were first calculated and then the ratio between them was chosen as a measure of the overall balance in Qi-energy levels between the upper body and the lower body.

The changes in the upper/lower ratio (U/L) throughout the 4 healing sessions are shown in Figure 2. The horizontal axis indicates the sequence of the AMI measurement and the vertical axis gives the scale for the U/L ratio with 1.00 at its center conceptually representing the state of perfect balance.

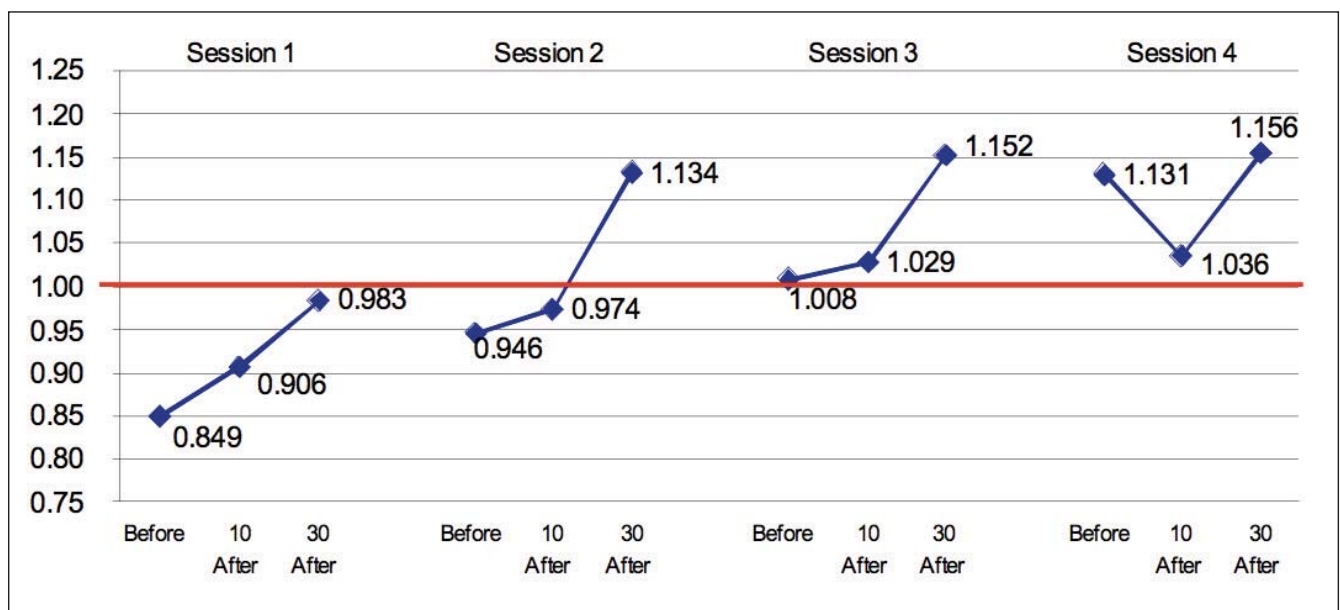
The U/L ratio of the very first AMI measurement before the present healing trial was 0.849, a value significantly smaller than 1.00. This indicates that before the healing trial, the subject's overall Qi-energy balance was substantially shifted in the lower half of the body for some reason. Compared with the upper body approximately 17% more Qi-energy was in the lower body. It is known that U/L ratio should be near 1.00 for normal healthy person. Therefore, the existence of this level of imbalance

was possibly reflecting the energetic imbalance caused by cancer according to Pranic Healing theory.

In Session 1, 10 minutes after healing, the U/L ratio increased to 0.906. It further increased to 0.983 30 minutes after the healing indicating substantial improvement in the upper/lower Qi-energy balance. In Session 2 the U/L ratio before the healing was 0.946, somewhat rebounded from the value (0.983) achieved in the first session but still significantly improved in comparison to the condition (0.849) before the healing trial. The U/L ratio 10 minutes after the healing improved to 0.974 and it further increased to 1.134, which indicates that the overall upper/lower Qi-energy ratio was now reversed. This result indicates that significantly more Qi-energy was residing in the upper body than in the lower body. The upper body now had approximately 13% more Qi-energy than in the lower body. In conventional healing modalities Qi-energy imbalances are usually corrected and are seen to come closer to 1.00 as the healing progresses. Such "overrun" of the upper/lower ratio is quite unusual.

In Session 3 the U/L ratio before the healing was 1.008 significantly rebounded from 1.134 at the end of preceding session, nevertheless showing definitive increase from the before healing value (0.946) in Session 2. It

Figure 2. Changes in the Upper/Lower Ratio



increased to 1.029 10 minutes after the healing and further increased to 1.152 at 30 minutes after the healing. The overall trend was similar to what was seen in Session 2 but shifted further upward. In Session 4 the U/L ratio before the healing was 1.131, only slightly rebounded from 1.152 achieved in Session 3, implying that the balance shift to the upper body was now more stable. Curiously the U/L ratio 10 minutes after the healing dropped to 1.036 but again increased significantly during the 30 minutes after the healing up to 1.156, which was the highest U/L ratio observed in this healing trial. This ratio indicates that approximately 15% more Qi-energy is in the upper body than in the lower body. As stated earlier, before this 4-session healing trial, the subject had 17% more Qi-energy in her lower body than in the upper body. The healing trial resulted in an almost complete reversal of the upper/lower Qi-energy imbalance. Such a reversal of Qi-energy level has never been observed in sessions of other healing protocols.

The overall Qi-energy level as shown by the average BP over 28 Jing-Well points was found to increase by +37.8% as discussed in section (a) above. If this overall increase is combined with the shift of upper/lower ratios, it is estimated that the net increase of the Qi-energy level in the upper body was 61% while that in the lower body was only 18%. Thus, the healing trial caused the Qi-energy in the subject's upper body to increase at 3.4 times greater rate than in the lower body.

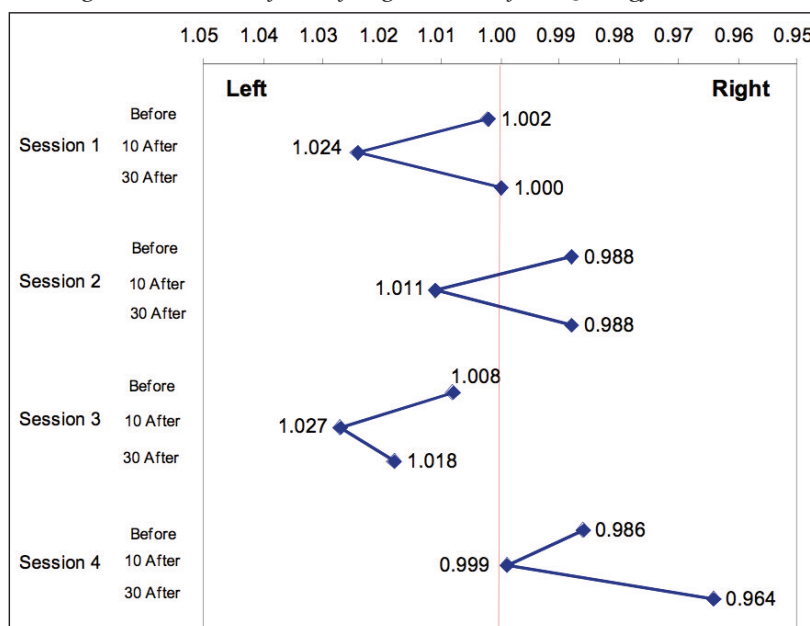
According to the Pranic Healing theory, cancer cells draw energy for growth from lower chakras irrespective of the types or location of the cancer. Lower chakras are usually found to be expanded or "enlarged" when scanned by the healer's hand as the sensor. As described in the Pranic Healing Cancer Protocol in II. c), the healer, after cleansing all chakras is said to attempt to inhibit the lower chakras and activate the upper chakras. The changes in overall Qi-energy level and the unusual movement of the upper/lower ratios through the 4-healing sessions are consistent with the

intention of the said healing protocol. As for the complete reversal of the upper/lower ratios, in particular, starting from the unusually low value (0.849) before the healing trial and ending up with the unusually high value (1.156), which far exceeds the normal correction target (1.00), it is indeed difficult to find rational explanation other than ascribing to the above mentioned unique healing protocol. To the best of our knowledge, this is the first systematic detection of the Qi-energy movement which corroborates with the intention of the non-touch energy healing protocol, i.e. cleanse all chakras and normalize (activate or inhibit) those chakras that have been altered by the presence of cancer.

### Left/Right Qi-energy Balance as shown by the Left/Right ratio of BP

An average of the 14 BP values of the left side Jing-Well points and that of right side Jing-Well points were first calculated and then the ratio between them (L/R) was chosen as a measure of the overall "left/right" balance in the Qi-energy distribution in the entire meridian system. The L/R ratios through the entire trial are plotted in Figure 3, in which the vertical axis represents the measurement sequence while the horizontal axis gives the scale for the L/R ratios with 1.00 conceptually representing the perfect balance.

Figure 3 Movement of the Left/Right Balance of the Qi-energy distribution



The most striking feature of this result is that the Left/Right balance at 10 minutes after the healing is observed to shift to the left relative to that before healing. It then bounced back 30 minutes later. This shift pattern is repeated in all the four sessions, the left shift by 2.2%, 2.3%, 1.9% and 1.3% respectively from the values before healing followed by bouncing back 30 minutes after the healing. The probability for this consecutive shift pattern to occur by chance is quite small ( $p \approx 0.0039$ ) implying that there is possibly a systematic reason for it. It is noted that the last section of the Pranic Healing Cancer Protocol directly addresses the cancer tumor itself. This involves the concentrated focus of prana on the tumor just before the protocol is terminated. In this case the cancer was located in the subject's left breast. Since the second AMI measurement was 10 minutes after this localized healing, the shift of L/R balance to the left is possibly reflecting this temporary shift of focus (and energy) to where the tumor was located.

### Change in Yin-Yang Inversion Relations

In TCM theory there is a Yin-Yang relationship between particular pairs of the 12 primary meridians. Specifically there are 6 Yin-Yang pairs as shown in Table 1.

Table 1. Yin-Yang meridian pairs

Ying-Yang Meridian Pairs	
Yin	Yang
Lung (LU)	Large Intestine (LI)
Spleen (SP)	Stomach (ST)
Heart (HT)	Small Intestine (SI)
Kidney (KI)	Urinary Bladder (BL)
Pericardium (PC)	Triple Heater (TE)
Liver (LV)	Gall Bladder (GB)

Motoyama found that in a normal healthy person, the BP of the Yin meridian is usually greater than that of its Yang partner and that this magnitude order tends to be inverted when the person has some functional disorder associated with the particular meridian pairs. He called this an "Inversion."<sup>10</sup> Upon scrutinizing the BP values of individual meridians of all the AMI meas-

urements performed, it was noted that two Yin-Yang meridian pairs showed the "Inversion" most frequently. These two pairs were the Heart–Small Intestine and Pericardium–Triple Heater meridians. By taking the difference in BP values, i.e. (BP of Yang meridian) – (BP of Yin meridian), of the Yin-Yang pairs, the degree of inversion was traced throughout the healing trial. Results are summarized in Table 2 in the sequence of measurements from top to bottom.

Table 2. Change in the Degree of Inversion of HT-SI and PC-TE Yin-Yang meridian pairs measured in  $\mu A$

		HT-SI	PC-TE
Session 1	before	35	36
	10 min after	51	130
	30 min after	no inversion	194
Session 2	before	358	72
	10 min after	47	43
	30 min after	21	16
Session 3	before	216	17
	10 min after	54	no inversion
	30 min after	no inversion	6
Session 4	before	36	352
	10 min after	no inversion	no inversion
	30 min after	no inversion	no inversion

According to the diagnostic theory of meridians in TCM, several meridians are related with the breast including the Stomach, Spleen, Heart, Triple Heater, Liver and Gall Bladder meridians. Depending on the pathological conditions of the breast cancer, dysfunctions are sensed in specific meridians. The Heart and Triple Heater meridians might have been affected in the case of this particular subject. However, the key objective of the present study was to investigate if changes in the body's energetic conditions could be detected as the healing protocol was applied. If detected, did the changes corroborate with the purpose of the Pranic Healing Cancer Protocol. Rigorous diagnostic or therapeutic aspects were outside the scope of this study.

Before the healing trial the degree of inversions of the HT-SI and PC-TE were both relatively small at  $35\mu A$  and  $36\mu A$ . In Session 1, 10 minutes after the healing, HT-SI inversion increased to  $51\mu A$  but vanished 30 minutes after the healing. On the other hand the PC-TE inversion increased significantly to  $130\mu A$  10

minutes after the healing and further increased up to 194 $\mu$ A 30 minutes after the healing. In Session 2 the degree of inversion of the HT-SI pair was exceedingly large at 358 $\mu$ A but decreased to 47 $\mu$ A 10 minutes after the healing and further decreased to 21 $\mu$ A 30 minutes after the healing. The PC-TE inversion was 72 $\mu$ A before the healing but decreased to 43 $\mu$ A 10 minutes after the healing and continued to decrease to 16 $\mu$ A 30 minutes after the healing. Overall trends were similar for the two Yin-Yang pairs. In the Session 3 the inversion of the HT-SI pair was again relatively large at 216 $\mu$ A but decreased to 54 $\mu$ A 10 minutes after the healing and then vanished 30 minutes after the healing. The inversion of the PC-TE was already quite small at 17 $\mu$ A before the healing. It vanished 10 minutes after the healing and came back slightly inverted (6 $\mu$ A) 30 minutes after the healing. In Session 4 the inversions of the HT-SI and PC-TE were at 36 $\mu$ A and 352 $\mu$ A before the healing, the latter appearing significant. However, they both vanished both at 10 minutes after and 30 minutes after the healing. This implies that a more lasting correction of the Yin-Yang inversion was achieved as a result of successive healing sessions.

### Changes in Qi-energy Balance Pattern of 12 Primary Meridians

Figure 4 and 5 are the radial charts showing the BP values measured at left and right Jing-Well points of the 12 primary meridians. The left graph shows the values of the Jing-Well points on the fingers, i.e., upper body. The right graph shows the Jing-Well points on the toes, i.e., lower body. The inner circle (dotted line) represents the overall average of the entire meridian system. The spokes represent the left side or right side

of the individual meridians as indicated around the circle. These graphs are produced to facilitate visual observation of the Qi-energy balance pattern for each round of AMI measurement. The relative magnitudes among the twelve meridians including the left and right differences in each AMI measurement can be grasped by observing the shape and the size of the radial graph. Generally in healthy (well-balanced) conditions, the graphs of both the upper body and lower body tend to be rounded with sizes comparable for the upper and lower bodies.

Figure 4 shows the Qi-energy balance pattern before the first Pranic healing session. Figure 5 shows the pattern obtained 30 minutes after the 4th-healing session. Namely they visually show the changes in overall balance pattern of “before” and “after” the present healing trial.

Before the first healing session the size of the chart of the lower body was clearly larger than that of the upper body. In the lower body it was noted that the Spleen, Kidney and Liver meridians had Qi-energy levels significantly higher than the overall average on both left and right side. The Gall Bladder, Urinary Bladder and Stomach meridians showed Qi-energy levels closer to the overall average. In contrast to this, in the upper body, all the meridians except the Lung meridian had Qi-energy levels significantly below the overall average. Thus, as already shown in U/L ratio analysis in III.1 b), the Qi-energy level was clearly deficient in the upper body and excessive in the lower body, particularly in the Spleen, Kidney and Liver meridians.

Figure 4. Before healing in Session 1

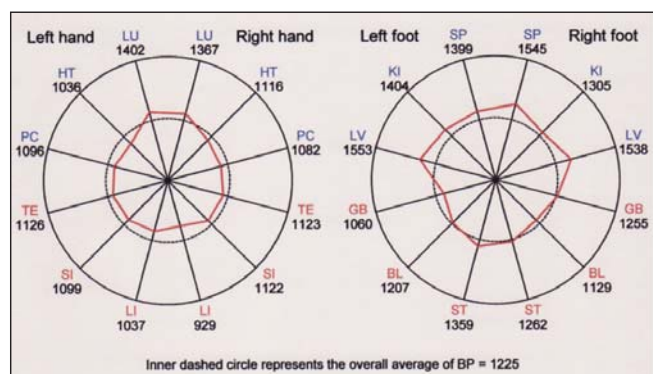
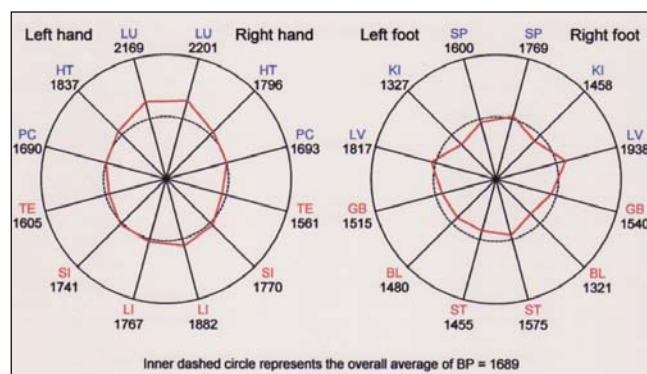


Figure 5. 30 minutes After the healing in Session 4



Compared with Figure 4 (before healing trial), Figure 5 (after healing trial) shows significant relative increase in Qi-energy level and also the rounding of the balance pattern, most conspicuously in the upper body. In the lower body there is overall relative shrinkage in the size of the graph. The size of the upper body graph is now visibly larger than that of the lower body. There is a striking reversal of Qi-energy distribution between the upper and lower body. Close observation of the pattern in the lower body reveals that the shrinkage in the Kidney meridian is the most pronounced symmetrically for both left and right side, followed by that in the Spleen and Liver meridians.

Pranic Healing recognizes 11 major chakras, i.e., Crown, Forehead, Ajna, Throat, Heart, Solar Plexus, Spleen, Navel, Meng Mein, Basic and Sex chakras as shown in Figure 6. In addition, they also work with lesser chakras called minor or mini chakras. All these chakras are selectively utilized for diagnostic and therapeutic purposes depending on the specific ailment of the patient. In treating cancer as stated in the Pranic Healing Cancer Protocol, part of the process involves cleansing and inhibiting (de-activating) the lower

chakras, more specifically the Basic, Front/Back Solar Plexus, Meng Mein, and the Perineum chakras. In this case since the subject had breast cancer, the Sex chakra is also included.

The Basic chakra is located at the base of the spine. According to TCM's meridian theory, the Kidney meridian first enters the vertebral column through the coccyx,<sup>12</sup> where the Basic chakra is said to reside. Thus the conditions of the Basic chakra are likely to influence the Qi-energy level of the Kidney meridian. As found in the radial chart after the healing, the Kidney meridian showed the most significant reduction in Qi-energy level. In Pranic Healing theory, the Basic chakra is the fundamental chakra which needs to be inhibited in order to reduce the flow of prana to stop the growth of cancer cells. Other chakras that need to be made "smaller" besides the Basic chakra, are the Solar Plexus, Meng Mein and Perineum chakras. In the case of breast cancer, the Sex chakra is also inhibited.

In one of his books Motoyama proposes the existence of correlation between the chakras and meridians.<sup>11</sup> Although the chakras he refers to are based on yogic tradition and not exactly the same as those mentioned in Pranic Healing, some correspondences can be surmised between the two. For those chakras relevant to the present study they are summarized in Table 3.

Figure 6. Chakras treated in Cancer Protocol

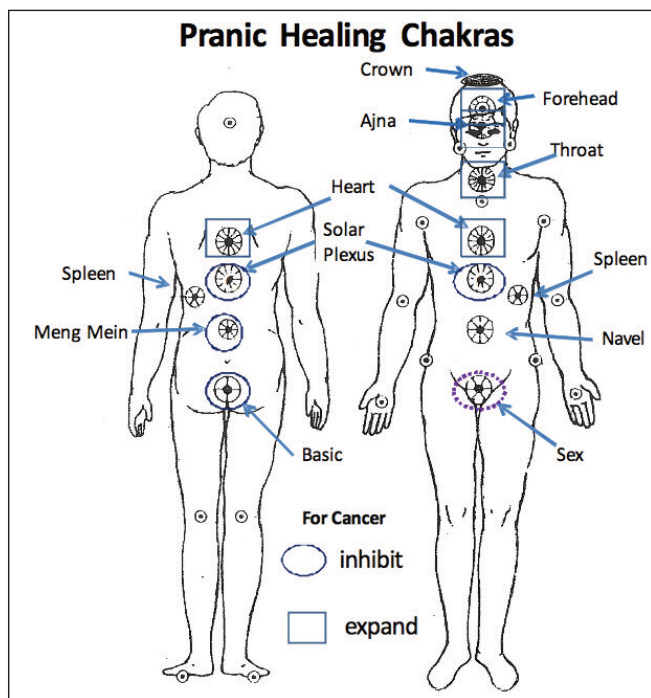


Table 3. Chakra-Meridian relation

Pranic Healing		Yogic		TCM Meridians
Ajna	↔	Ajna	↔	* BL, SI
Throat	↔	Vishuddhi	↔	* LU, LI
Front & Back Heart	↔	Anahata 1	↔	* HT, SI
		Anahata 2	↔	* PC, TE
Solar Plexus & Meng Mein	↔	Manipura 1	↔	* SP, ST
		Manipura 2	↔	* LV, GB
Sex	↔	Svadhithana	↔	* KI, BL,(SI)
Basic	↔	Muladhara	↔	KI
*: proposed by Motoyama <sup>10</sup>				

On the right side of this equation are the yogic chakras and meridians that are supposedly related to the respective chakras. It should be noted that the related meridians are in pairs of Yin-Yang meridians except for those for the Ajna chakra. To examine if the before-after changes in the patterns of the 12 primary meridians demonstrate any degree of consistency with

this correspondence, more quantitative analysis was carried out. Each BP value was divided by the overall average BP obtained from each round of measurement. This provided the ability to quantitatively assess any change in the balance pattern of the individual meridians. Typically BP/Average BP ratio will scatter around 1.0. The results are summarized in Table 4 below.

In Table 4 the column titled “L/R Ave.” gives the average of “BP/Ave.” of left and right meridians, which is taken as the measure for each individual meridian. Before the healing trial, in the upper body, the values of L/R Ave. of all the meridians are less than 1.0 except for the Lung meridian (1.13). The value for the Large Intestine meridian is particularly small (0.80). In the lower body, the 4 meridians (SP, KI, LV and ST) have values larger than 1.0. Values for the Spleen, Kidney and Liver meridians are particularly large. After the healing trial, the L/R Ave. values of the upper body meridians all increased significantly, rising above 1.0, except for the Triple Heater meridian. Conversely the L/R Ave. values of the lower body meridians all decreased significantly. The degree of change from before to after the healing trial is calculated and shown

in the far right column. Among the upper body meridians the most pronounced increase is detected in the Large Intestine meridian (+35%), followed by the Heart meridian (+22%), the Small Intestine meridian (+15%) and Lung meridian (+14%). However, the change in the Triple Heater meridian was relatively small (+2%).

The overall **increase** for the Yin-Yang pairs were, therefore, +49% for the LU-LI pair, +37% for the HT-SI pair, and +15% for the PC-TE pair. As shown in Table 3 the LU-LI pair is related to the Throat chakra, while the HT-SI pair and the PC-TE pair are related to the Heart chakra. The healing protocol includes the steps to make the Throat chakra and Front/Back Heart chakras “bigger,” i.e. increasing their energy levels and activities. The substantial relative increases detected in these three Yin-Yang pair meridians are most probably due to healer’s activation of those chakras.

Likewise, among the lower body meridians the most pronounced **decrease** was detected in the Kidney meridian (-25%), followed by the Spleen meridian (-17%), the Stomach meridian (-16%), the Urinary

Table 4. Quantitative analysis of changes in meridian balance patterns

Before the Healing Trial					After the Healing Trial					Before-to-After Change	
Ave.=	1225 uA	BP	BP/Ave.	L/R Ave.	Ave.=	1689 uA	BP	BP/Ave.	L/R Ave.	ΔBP/Ave(%)	ΔL/R Ave(%)
Upper	LU	L	1402	1.14	Upper	LU	L	2169	1.28	12%	14%
		R	1367	1.12			R	2201	1.30		
	HT	L	1036	0.85		HT	L	1837	1.09	29%	22%
		R	1116	0.91			R	1796	1.06		
	PC	L	1096	0.89		PC	L	1690	1.00	12%	13%
		R	1082	0.88			R	1693	1.00		
	TE	L	1126	0.92		TE	L	1605	0.95	3%	2%
		R	1123	0.92			R	1561	0.92		
	SI	L	1099	0.90		SI	L	1741	1.03	15%	15%
		R	1122	0.92			R	1770	1.05		
	LI	L	1037	0.85		LI	L	1767	1.05	24%	35%
		R	929	0.76			R	1882	1.11		
Lower	SP	L	1399	1.14	Lower	SP	L	1600	0.95	-17%	-17%
		R	1545	1.26			R	1769	1.05		
	KI	L	1404	1.15		KI	L	1327	0.79	-31%	-25%
		R	1305	1.07			R	1458	0.86		
	LV	L	1553	1.27		LV	L	1817	1.08	-15%	-12%
		R	1538	1.26			R	1938	1.15		
	GB	L	1060	0.87		GB	L	1515	0.90	4%	-4%
		R	1255	1.02			R	1540	0.91		
	BL	L	1207	0.99		BL	L	1480	0.88	-11%	-13%
		R	1129	0.92			R	1321	0.78		
	ST	L	1359	1.11		ST	L	1455	0.86	-22%	-16%
		R	1262	1.03			R	1575	0.93		

Bladder meridian (-13%) and the Liver meridian (-12%). The decrease in the Gall Bladder meridian was relatively small (-4%), however. The overall decrease for Yin-Yang pairs were the KI-BL pair (-38%), SP-ST pair (-33%) and LV-GB pair (-16%). According to Table 3, the KI-BL pair is related to the Sex chakra. The Sex chakra is also said to be inhibited in Pranic healing process, where breast cancer is diagnosed. This might offer a partial explanation to this result. However, the fact that the Kidney meridian showed the most pronounced relative decrease, both in the left and right channels symmetrically, suggests that its connection to the Base chakra as stated earlier is more fundamental for this result. The SP-ST Yin-Yang pair meridians are related to the Solar Plexus chakra, and the LV-GB pair is related to Meng Mein chakra of Pranic healing. The protocol intended the Solar Plexus and Meng Mein chakras to be inhibited, i.e. de-energized. The substantial relative decreases in these lower body meridians are again most probably due to the healer's work on these chakras.

Thus, the relative changes in Qi-energy balance pattern in the specific meridians as detected by the BP parameter of the AMI are found to be largely consistent with the intended work by the Pranic Healer on the specific upper and lower chakras.

The behaviors of the Triple Heater meridian (TE) in the upper body and the Gall Bladder meridian (GB) in the lower body are very peculiar. Their relative changes between before and after the healing are conspicuously smaller than in other meridians. In TCM meridian theory, in addition to the Yin-Yang pair relationship, there is the so-called "Three Yin-Three Yang" pair relationship. The arm (upper body) meridians and the leg (lower body) meridians are said to be interconnected in pairs of the three Yin groupings and three Yang groupings. Yin groupings are Greater Yin, Lesser Yin and Absolute Yin consisting of the pairs of the LU-SP, HT-KI and PC-LV meridians respectively. Yang groupings are Sunlight Yang, Greater Yang and Lesser Yang consisting of the pairs of the LI-ST, SI-BL and TE-GB meridians respectively. To see if there is any correspondence between the TCM's Three Yin-Three Yang

upper/lower connection theory and the relative changes detected in the upper/lower meridians, the before-to-after changes (%) in Table 4 were rearranged in the Three Yin-Three Yang groupings. The result is shown in Table 5.

Table 5. Before-to-After Changes (%) shown in Three Yin-Three Yang Groupings

Three Yin-Three Yang Relationship						
	Yin		$\Delta$ /R Ave(%)	Yang		$\Delta$ /R Ave(%)
GREATER YIN	Upper	LU	14	Upper	LI	35
	Lower	SP	-17	Lower	ST	-16
LESSER YIN	Upper	HT	22	Upper	SI	15
	Lower	KI	-25	Lower	BL	-13
ABSOLUTE YIN	Upper	PC	13	Upper	TE	2
	Lower	LV	-12	Lower	GB	-4

In Table 5 it is evident that the absolute values of the Three Yin-Three Yang pair meridians are strikingly close to each other, with the only exception of the Sunlight Yang pair (LI-ST). For each meridian pair it appears that, if there is increase in the upper body meridian, there is decrease of approximately the same magnitude in the lower body meridian. It is particularly interesting to note that the Triple Heater and the Gall Bladder meridians, which showed anomalously small changes, are paired in the Lesser Yang group. This result seems to be consistent with and supports the Three Yin-Three Yang theory of the traditional Chinese medicine – which states that the arm (upper) meridians and leg (lower) meridians are interconnected in pairs.

## CHANGES IN STATES OF THE AUTONOMIC NERVOUS SYSTEM AS SHOWN BY AP

### Changes in Overall Average in AP of Before, 10 minutes after and 30 minutes after the Healing

The changes in the overall average of AP values for successive sessions are plotted in Figure 7. In the first two sessions the AP values before the healing were rather high at about 20 $\mu$ A, but decreased to 14 $\mu$ A and 12 $\mu$ A respectively 30 minutes after the healing. This indicates that there was a certain degree of psychological tension on the part of the subject just before healing, but it then subsided after the healing. In Sessions 3 and 4 the AP values before healing were low enough to be comparable to the post-healing state of Sessions 1 and 2, which suggests that the subject was

no longer nervous about participating in the healing trial. It is worthy of note that in every session the AP value was found to be the smallest 30 minutes after the healing. This implies that the healing tends to reduce the sympathetic nervous functions and conversely activates the parasympathetic nervous functions. This may be interpreted as the condition more conducive for the innate healing process of the body to occur.

**IMMUNE SYSTEM CAPACITY AS SHOWN BY IQ**  
**Changes in Overall Average in IQ of Before, 10 minutes after and 30 minutes after the Healing**  
 Changes in the overall average of IQ values for successive sessions are plotted in Figure 8.

In each healing session the IQ value is seen to increase. The overall increasing trend is evident throughout the healing trial. Of the 4 sessions most pronounced

Figure 7. Change in overall average of AP values

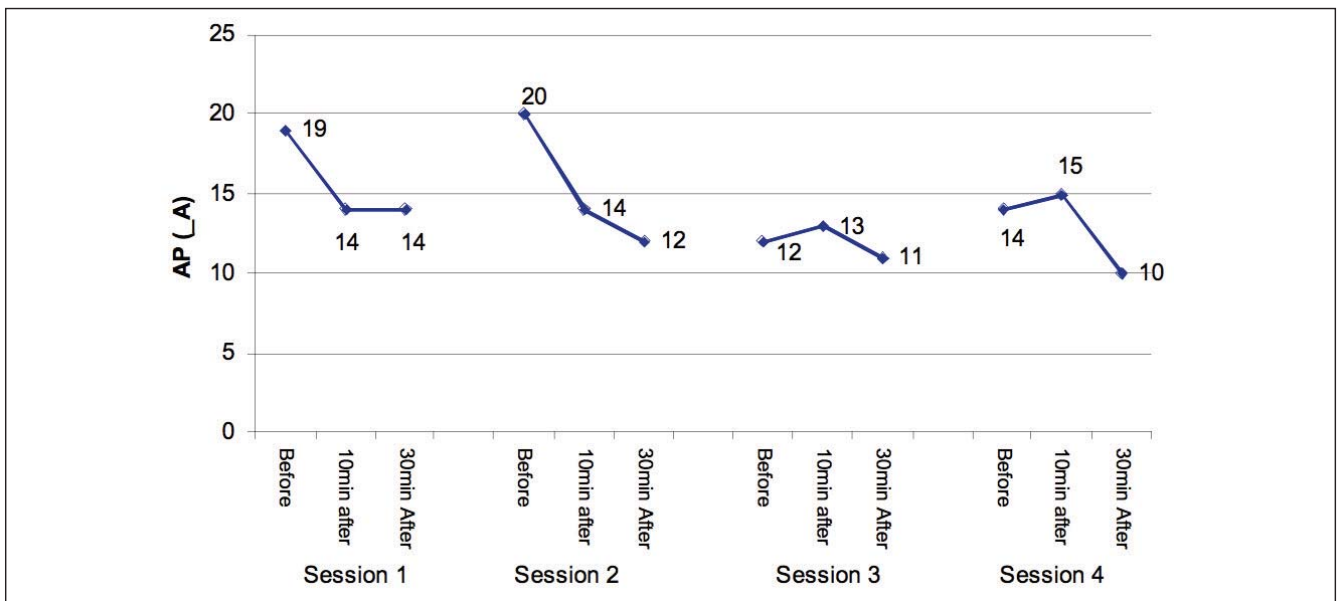
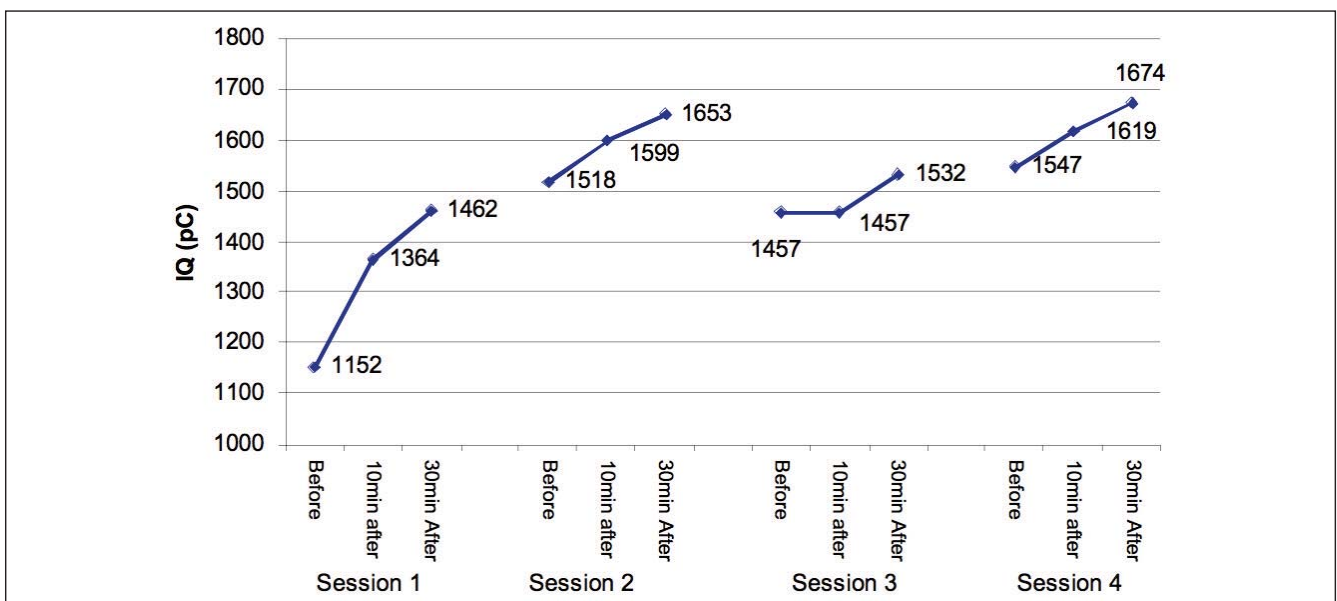


Figure 8. Change in overall average of IQ



increase was detected in Session 1. The IQ value before the healing was 1152pC. It increased by 212pC (18.4%) to 1364pC 10 minutes after the healing, and further up to 1462pC 30 minutes after the healing bringing the overall rate of increase up to 26.9%. Increase in the IQ was also observed in the subsequent three sessions but the rates of increase were visibly smaller, i.e. 8.9%, 5.1% and 8.2%, in comparison to that achieved in the very first session. This result indicates that the effect of the healing on the body's immune function was most pronounced at the very first session and subsequent sessions helped maintain the level achieved in the first session. The overall increase between before and after healing trial is 45.3%, which is a significant increase, implying progressive enhancement of the body's overall immune function. This increase in the immune function again appears to corroborate with another Pranic Healing objective in the treatment of cancer, i.e. to stimulate the defense system.

## CONCLUSION

Changes in the body's energetic conditions were studied by means of three parameters (BP, AP and IQ) of the AMI through four Pranic Healing sessions comprising the non-touch healing trial. Observed changes were found to be largely consistent with the intention of the healing protocol designed specifically for treating cancer. More specifically it was confirmed that:

1. The overall Qi-energy level of the subject increased by 37.8% as a result of the healing trial. Most probably the major Qi-energy build-up was achieved in the very first healing session. Once a certain higher Qi-energy level was achieved, additional healing sessions did not increase it any further.
2. There was a significant imbalance in Qi-energy levels between the upper body and the lower body before the healing trial, the lower body showing +17% greater Qi-energy than the upper body. This upper/lower imbalance was reversed as a result of the healing trial, i.e., the Qi-energy level in the upper body becoming +15% greater than the lower body. This unusual reversal of the upper/lower Qi-

energy imbalance corroborates well with the intention of the Pranic Healing protocol specific to treating the cancer patient.

3. In all of the healing sessions the left/right balance was seen to shift to the left by 1.3-2.3% temporarily. The probability for this sequence to occur by chance was estimated to be significantly small ( $P \approx 0.0039$ ) possibly suggesting correlation to the fact that the subject had a cancer tumor in her left breast, and the Pranic Healing session ended with concentration of prana on the cancer tumor.
4. Quantitative analysis of the relative changes in Qi-energy balance pattern between before and after the healing trial showed increase and decrease in those specific meridians related to the specific chakras in corroboration with the intention of the Pranic Healing protocol.
5. The state of the subject's autonomic nervous system as shown by overall average AP shifted toward more parasympathetic state as the healing session progressed, a state more conducive for the innate healing process of the body to occur.
6. The subject's immune function capacity as shown by overall average IQ was enhanced most significantly in the very first healing session. Subsequent sessions appeared to help maintain the level achieved in the first session.

The case of a Pranic Healing trial on a breast cancer subject offered a unique opportunity to verify (or falsify) the reality of manipulation of the subtle energies (Qi-energy) claimed by healers in non-touch energy healing modalities. The Pranic Healing Cancer Protocol was considered unique in its design to "shrink" certain lower chakras and conversely "expand" certain upper chakras.

If this Pranic Healing protocol takes place in the subject's subtle body as claimed, the energetic effect as measured by an instrument capable of detecting such changes, must show a significant energy balance shift in the subject's energy system.

With the use of AMI parameters as the body's energy markers, it was shown that this was indeed the case. Therefore, the present study, although accomplished with only a single subject, provides objective evidence that supports the reality of manipulation or adjustment of the subtle energies in the so-called non-touch energy healing.

It is authors' view that the outcome of the present study is important and offers significant implications for the scientific verification of the subtle energy effects in the general area of energy healing. It is desired that similar studies be conducted on different healing protocols intended to generate specific changes in body's energetic conditions.

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**DISCLOSURE STATEMENT:** The authors of this paper conducted present study purely from the standpoint of scientific interest in subtle energy effects in human subject with no commercial associations.

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