

**Investigation of the Effects of Pranic Healing Techniques
on Birthing Process and Maternal Outcomes**

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Abstract

Pranic Healing is a natural healing technique which utilizes “life energy” to accelerate the body’s ability to heal itself. The Pranic Healing System uses techniques not only to work on physical and emotional conditions, but also to enhance many other areas of life. One of the basic concepts in Pranic Healing is that when one has more “life energy,” the body tends to heal itself more quickly. Another fundamental concept of the Pranic Healing System, in addition to the importance of the *volume* of vital energy, is the *quality* of the energy. According to the principles in Pranic Healing, healthy individuals tend to have “cleaner” energy whereas sick or depleted individuals tend to have more what is called “dirty” or “diseased” energy. Based on these principles, a person’s environment may have either a positive or negative effect on him or her due to the quality and quantity of vital energy existing in the room. This is especially important during recovery from physical ailments or during medical procedures.

Specific techniques are used to remove “dirty and diseased” energies from a physical environment and to increase the “positive and healthy” energy level of that environment. In this double blinded study, we seek to evaluate these techniques by observing their possible effects on the condition of patients during the birthing process. A total of 978 vaginal births were studied at a Level 1 Birthing Center in Santa Barbara, California. Pranic Healing techniques were applied from February through December of 2003 to prepare birthing rooms for the labor and delivery process. The data for 256 births during this period was compared with data for 722 births in the years 2000, 2001 and 2002.

According to the statistics gathered, preparing birthing rooms by using Pranic Healing techniques had a positive effect on the birthing process and maternal outcome. Specifically, it was observed that there were an increased percentage of births with intact perineum, an increased percentage of non-medicated births and a reduction in the number of complications.

Objective

The objective of this study is to investigate the effects of Pranic Healing techniques on the labor and delivery process. Specifically, this study aims to investigate Pranic Healing techniques for cleansing and enhancing the energy of physical spaces by preparing birthing rooms and observing the effects on the labor and delivery process.

The criteria studied are:

1. The percentage of cases in which the patient's perineum was intact and not adversely affected after the delivery. (No perineal laceration occurred or episiotomy performed.)
2. The percentage of cases in which pain medication was unnecessary, indicating possible reduction of pain, reduction of anxiety and increased ease of delivery. (Pain medication refers to narcotics or analgesics administered intravenously or intramuscularly and epidural anesthesia.)
3. The percentage of cases of complications occurring during delivery.

The complications studied were:

- a) Mechanical assistance (mityvac or forceps)
- b) Shoulder dystocia
- c) Postpartum hemorrhage

Background

In January 2003, the nursing staff at a Level 1 Birthing Center in Santa Barbara, California requested the assistance of a Pranic Healer to mitigate a recently observed increase in the length of the labor process, necessity for pain medications and complications during birthing, such as perineal lacerations and episiotomies. According to the principles of Pranic Healing, stress, negative emotions, negative thoughts or the unhealthy physical or psychological states of people can adversely affect the "energy" of a room. These undesirable energies can cause imbalances in the energy field of a person, manifesting as a feeling of discomfort, or can contribute to an adverse physical or psychological condition. The Pranic Healer observed that the birthing rooms had a high level of dirty and diseased energy - a common occurrence in a hospital environment. A decision was made to use Pranic Healing techniques to energetically clean the birthing rooms and then to observe for one month any possible effects on the birthing process and maternal outcomes. Only three nurses were aware that Pranic Healing techniques were being performed. After one month, these nurses reported that the techniques were having a positive effect on the birthing process. Furthermore, other nurses, patients and family members who were unaware of the Pranic Healing techniques being done were remarking that their experience in the birthing center was highly positive. This was a dramatic improvement compared to feedback from previous months. Patients were reporting their deliveries as "fun," "enjoyable" or other such positive statements, which according to one nurse, in more than fifteen years of nursing experience at this birthing center had not been heard before. These results were what prompted the initiation of this study to investigate the effects of Pranic Healing techniques on maternal outcomes.

Hypotheses

Null Hypothesis: The maternal outcomes for patients are the same whether or not Pranic Healing techniques are applied to prepare birthing rooms.

Alternative Hypothesis: The use of Pranic Healing techniques to prepare birthing rooms improves the maternal outcomes for patients.

Study Setting

The study was conducted at a Level 1 Birthing Center in Santa Barbara, California. A Level 1 Birthing Center is an obstetrical unit for low risk mothers and normal newborns in a hospital setting.

Participants

The participants of this study were a randomized group of expectant mothers with a full term pregnancy (a gestation period of 37-42 weeks). In this patient population the majority of women received standard prenatal care and were under the care of a private Obstetrician or a Certified Nurse Midwife. A total of 978 births were evaluated during the four year study. All women who gave birth vaginally at the Birthing Center from January 2000 through December 2003 were part of the study. Pranic Healing techniques were applied from February through December 2003, during which there were 256 births. Statistics from the years 2000, 2001 and 2002 were used for data comparison and analysis. The ethnic representation of the group was 75% Caucasian, 19% Hispanic, 4% Asian and 1% other.

Study Design

The study was double blinded. The patients, doctors and midwives at the hospital were not aware that the rooms were prepared using Pranic Healing techniques or that the study was being conducted.

Study Criteria

The study criteria are based on commonly observed conditions during the labor and delivery process. These criteria are indicators of the ease of delivery, pain level and the general health and well being of the patient and the newborn. The criteria are explained below:

1. Perineal Lacerations

During the delivery process the perineum either remains intact or a laceration (tear) may occur. Lacerations of the vagina, perineum, and periurethral area usually occur during the second stage of labor. Additionally the perineum may be incised to enlarge the vaginal opening in a procedure called an episiotomy [3].

2. Non-medicated Births

During the labor and delivery process, various medications may be administered according to the comfort or pain level of the patient. These medications include epidural anesthesia and narcotics or analgesics administered intravenously or intramuscularly such as Fentanyl, Demerol, Morphine and Nubain. In this study, a non-medicated birth is considered a birth in which none of the preceding medications were necessary.

3. Complications

Mechanical Assistance

Mechanically assisted vaginal delivery is sometimes necessary to aid the woman's expulsive efforts. The application of traction to the fetal head through the use of forceps or vacuum extraction to assist descent and sometimes rotation of the fetal head is at times required [3]. Indications for this may include maternal exhaustion and inability to push effectively. Fetal indications may include non-reassuring fetal heart rate patterns or failure of the fetal presenting part to fully rotate and descend in the pelvis [3].

Forceps are curved metal instruments with two curved blades that can be locked in the center. They are used by the Obstetrician to grasp the fetal head to apply traction during a contraction.

A vacuum extractor uses suction to grasp the fetal head while traction is applied [3]. *Mityvac* is a brand of vacuum extractors used at the hospital where the study was conducted.

Shoulder Dystocia

Shoulder dystocia is an infrequent obstetric emergency in which the delivery of the shoulders is delayed or difficult as they are caught behind the maternal symphysis pubis. Other symptoms include the fetal head being delivered but it remains tightly applied to the vulva, or the chin retracts and depresses the perineum. Shoulder dystocia is more likely to occur when the fetus is large or the mother has diabetes, but many cases occur with no identifiable risk factors [4].

Shoulder dystocia is an urgent situation because the umbilical cord can be compressed between the fetal body and the maternal pelvis. Although the head is outside of the vaginal canal, the chest is inside, preventing respiration [3].

Postpartum Hemorrhage

Postpartum hemorrhage is defined as blood loss which exceeds 500 ml. after vaginal childbirth or 1000 ml. after cesarean birth. The two major causes of early postpartum hemorrhage are uterine atony (loss of muscle tone) and trauma to the birth canal during labor and delivery [3].

Intervention

The birthing rooms were prepared utilizing Pranic Healing techniques to remove the “diseased energy” and enhance the “positive energy” of the birthing rooms. The rooms were prepared at least once every two weeks. The frequency was determined by the Pranic Healer by using specific Pranic Healing techniques to determine the quantity and quality of the energy of the rooms.

Data

Data regarding each birth is recorded as per hospital protocol in the “labor and delivery log.” The data is recorded by the Registered Nurse caring for the patient.

Pranic Healing techniques were applied for 11 months, from February through December 2003. Relevant data from three previous years, 2000, 2001 and 2002, was used for comparison. Data from all four years was obtained from the hospital labor and delivery logs.

Results

The results of the study are given below. There was an increased percentage of births with intact perineum, an increased percentage of non-medicated births and a reduction in the percentage of cases of complications.

| Results for the criteria studied | 2000 | 2001 | 2002 | February to December, 2003 (techniques are applied) |
|---|-------------|-------------|-------------|--|
| Total number of births studied | 218 | 251 | 253 | 256 |
| Percentage of cases with intact perineum | 21% | 22% | 19% | 33% |
| Percentage of cases with no pain medications | 28% | 35% | 34% | 45% |
| Percentage of cases of complications | 26% | 18% | 22% | 17% |

Table 1: Summary of results

Intact Perineum After Delivery

The following graph shows the comparison of the percentage of cases in which the perineum was intact after delivery; that is, perineal laceration did not occur nor was an episiotomy performed:

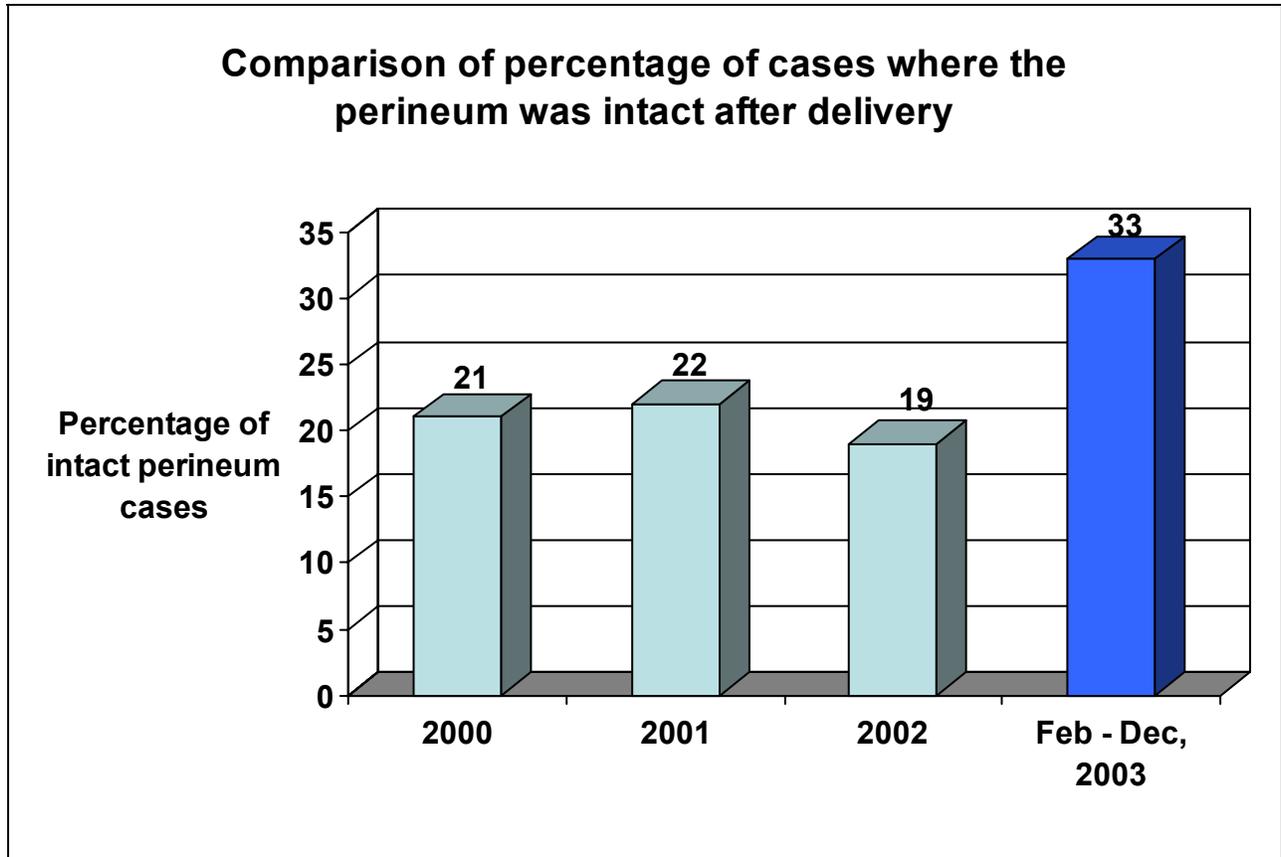


Figure 1: Comparison of percentage of cases where the perineum was intact after delivery

The following table shows the comparison of data for the cases in which perineum was intact after delivery:

| Comparison of cases with intact perineum after delivery | 2000 | 2001 | 2002 | February – December 2003 |
|---|------|------|------|--------------------------|
| Total number of births | 218 | 251 | 253 | 256 |
| Total number of cases with intact perineum | 46 | 54 | 49 | 84 |
| Percentage of cases with intact perineum | 21% | 22% | 19% | 33% |

Table 2: Comparison of cases with intact perineum after delivery

The following table shows the percentage improvement of intact perineums during the study period compared to each previous year:

| Improvement of intact perineum cases during study period, as compared to previous years | 2000 | 2001 | 2002 | Overall Improvement |
|--|-------------|-------------|-------------|----------------------------|
| Percent improvement of intact perineums | 57% | 50% | 74% | 57% |

Table 3: Improvement of intact perineum cases during study period in 2003 as compared to previous years

The data indicates that the percentage of cases in which the perineum was intact was considerably higher during the study period. A 57% overall improvement occurred when Pranic Healing techniques were used compared to the three previous years. The greatest result observed was a 74% improvement compared to data from 2002.

No Pain Medication

The following graph shows the comparison of cases in which pain medication was not necessary:

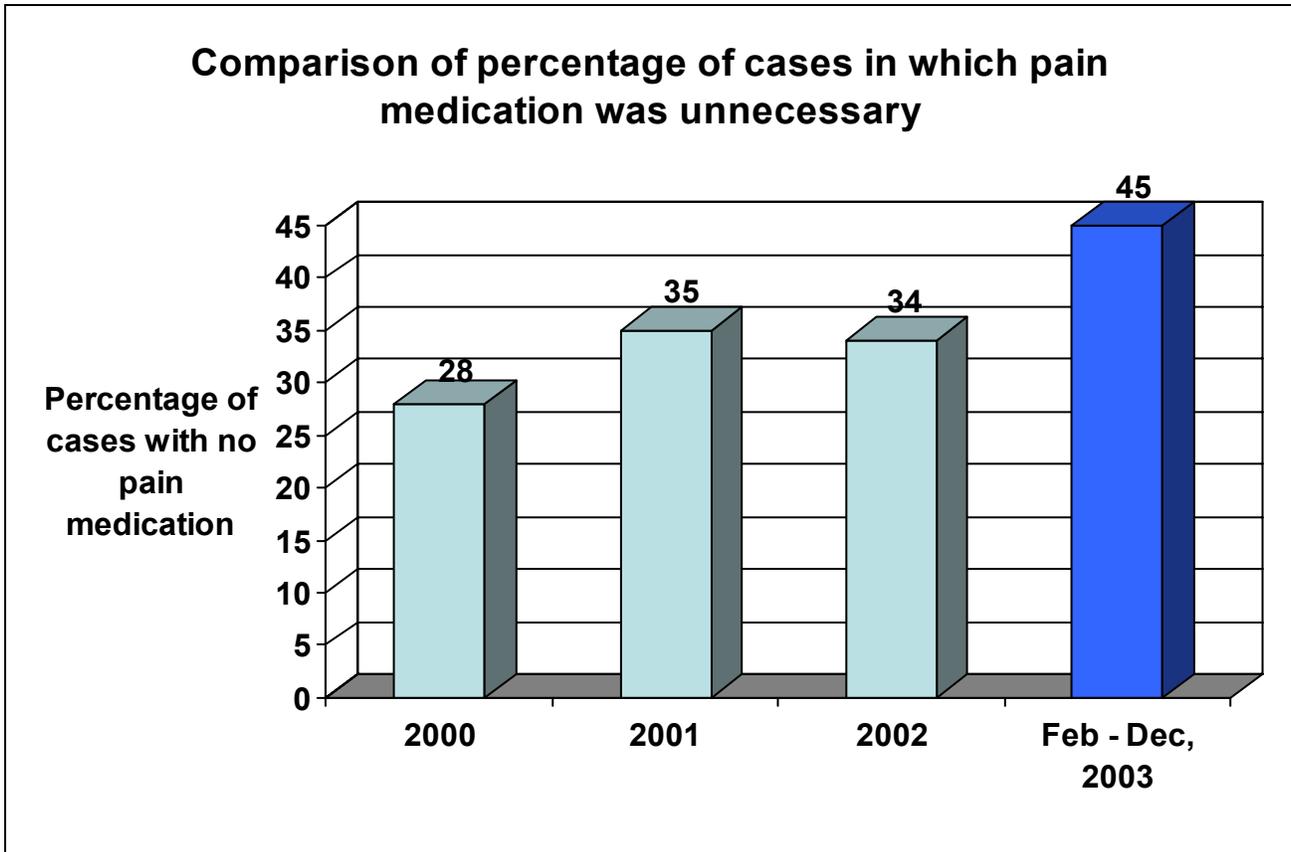


Figure 2: Comparison of percentage of cases in which pain medication was unnecessary

The following table shows the comparison of data for the cases in which pain medication was not necessary:

| Comparison of cases in which pain medication was unnecessary | 2000 | 2001 | 2002 | February – December 2003 |
|--|------|------|------|--------------------------|
| Total number of births | 218 | 251 | 253 | 256 |
| Total number of cases with no pain medications | 61 | 87 | 85 | 116 |
| Percentage of cases with no pain medications | 28% | 35% | 34% | 45% |

Table 4: Comparison of cases in which pain medication was unnecessary

The following table shows the percentage improvement of non-medicated births during the study period compared to each previous year:

| Improvement of non-medicated births during study period, as compared to previous years | 2000 | 2001 | 2002 | Overall Improvement |
|---|-------------|-------------|-------------|----------------------------|
| Percent improvement of non-medicated births | 61% | 29% | 32% | 41% |

Table 5: Improvement of non-medicated births during study period in 2003 as compared to previous years

The data indicates that the percentage of cases in which pain medication was not necessary was considerably higher during the study period. A 41% overall improvement occurred when Pranic Healing techniques were used compared to the three previous years. The greatest result observed was a 61% improvement compared to the data from 2000.

Complications During Delivery

The following graph shows the comparison of the percentage of cases of complications occurring during delivery. Complications observed as part of this study were:

- a) Mechanical assistance (using mityvac or forceps)
- b) Shoulder dystocia
- c) Post partum hemorrhage

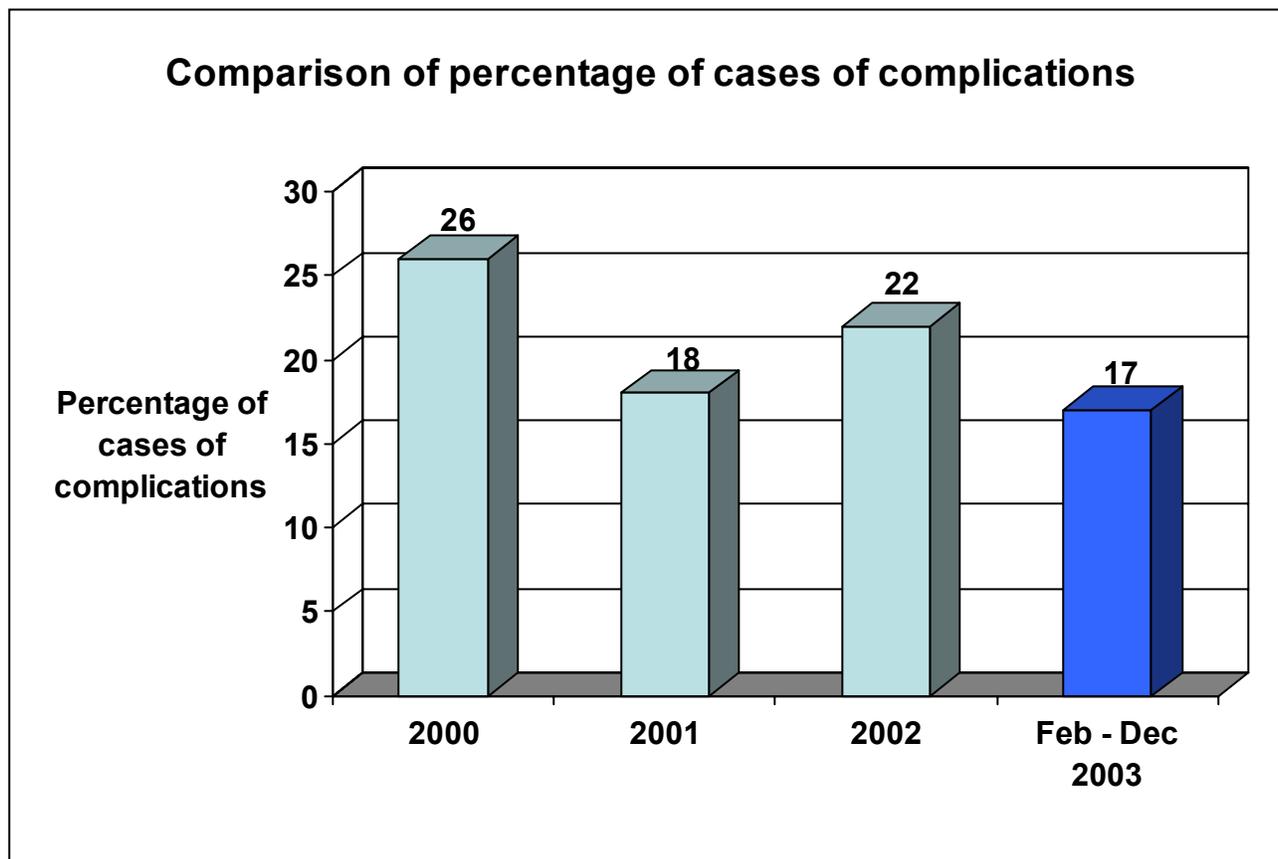


Figure 3: Comparison of percentage of cases of complications

The following table shows the comparison of data for the cases of complications occurring during delivery:

| Comparison of cases of complications | 2000 | 2001 | 2002 | February – December 2003 |
|---|-------------|-------------|-------------|---------------------------------|
| Total number of births | 218 | 251 | 253 | 256 |
| Total number of cases of complications | 57 | 46 | 55 | 44 |
| Percentage of cases of complications | 26% | 18% | 22% | 17% |

Table 6: Comparison of cases of complications

The following table shows the percentage improvement relating to complications during the study period compared to each previous year:

| Improvement in number of complications during study period, as compared to previous years | 2000 | 2001 | 2002 | Overall Improvement |
|--|-------------|-------------|-------------|----------------------------|
| Percentage improvement in number of complications | 35% | 6% | 23% | 23% |

Table 7: Improvement in number of complications during study period in 2003, as compared to previous years

The data indicates a significant decrease in the percentage of complications during the study period as compared to the data from the years 2000 and 2002. The percentage of cases of complications during the study period in 2003 is slightly less than the percentage of cases during 2001. More investigation and analysis of the individual cases during 2001 is warranted.

A 23% overall improvement occurred when Pranic Healing techniques were used compared to the previous three years. The greatest result observed was a 35% improvement compared to data from 2000.

Furthermore, when Pranic Healing techniques were used only 2% of births with complications had *multiple* complications. Approximately 5 times more births with multiple complications occurred in the previous three years as shown in the following table.

| Percentage of births with complications which had multiple complications | 2000 | 2001 | 2002 | February - December 2003 |
|---|-------------|-------------|-------------|---------------------------------|
| Total number of births with complications | 50 | 41 | 50 | 43 |
| Total number of births with multiple complications | 4 | 5 | 5 | 1 |
| Percentage of births with complications which had multiple complications | 8% | 12% | 10% | 2% |

Table 8: Percentage of births with complications which had multiple complications

Discussion

The results of this study indicate that the application of Pranic Healing techniques to prepare birthing rooms has a positive effect on maternal outcomes. Overall, an improvement of 57% occurred with cases with intact perineum, an improvement of 41% was noted in cases in which pain medication was not necessary, and an improvement of 23% occurred with cases of complications. Although the percentage of cases of complications in 2001 was similar to the study period, the data from 2000 and 2002 showed significant improvement, 35% and 23% respectively.

The investigators received frequent unsolicited positive feedback from nurses, patients and family members who were unaware of the study. The nurses reported that “the birthing rooms felt lighter,” patients and family members were calm and relaxed, and that the nurses themselves felt more positive during the births. The nurses also reported feeling more physically energetic than usual after their shifts.

It is important to note that it was not necessary to apply Pranic Healing techniques to each individual patient during each individual labor and delivery. Only the environment of the patient was “worked on,” and according to the data, it affected the individual patient in the room. This is significant because the amount of time required to perform the techniques in order to achieve the results was minimal. The practitioner prepared the rooms biweekly, rather than having to spend time on each individual patient.

The implications of these results are significant. The results of this study indicate that altering the “energy” of the environment has significant effects on the health and wellbeing of subjects. This has many potential applications. Pranic Healing techniques could be used in many areas of hospitals, homes for the elderly and mental institutions. Schools and even businesses would also benefit by utilizing Pranic Healing techniques to enhance the physical and psychological state of the inhabitants.

Conclusions

Based on the results of this study, preparing birthing rooms using Pranic Healing techniques has positive effects on the delivery process and maternal outcomes for the criteria studied. This supports the alternative hypothesis.

These results are especially significant considering that the techniques were not applied directly to patients, but only to the environment in which the delivery took place.

Future Research

More independent duplications of this study would help to confirm the results. In addition, it may be useful to investigate if applying Pranic Healing techniques in the homes of pregnant women has a significant effect on the delivery process and the general health of the mother and newborn. In a hospital setting, future research investigating improvement of patient outcomes in Operating Rooms, Intensive Care Units, Coronary Care Units and Neonatal Intensive Care Units would be beneficial considering the positive results shown in this study.

The Pranic Healing System includes a comprehensive set of techniques to heal a wide range of conditions. This is done by a trained Pranic Healer applying the techniques directly to a patient one on one. Considering that in this research study the results were accomplished simply by working on the environment and not directly on the patient, this would tend to give validation to the basic principles of Pranic Healing in regard to energy level and quality affecting physical conditions. This clearly warrants further research into the use of Pranic Healing applied directly to patients for physical ailments. Investigating benefits in the areas of pain management, recovery time following surgery and rates of healing for a wide range of physical conditions are all potential areas for future research.

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Andrea Tarabek graduated as a Registered Nurse from the Champlain Valley Physicians Hospital and Medical Center School of Nursing in Plattsburgh, New York. She then continued her education by attending the Institute of Holistic Studies in Santa Barbara, California graduating from the Holistic Health Practitioner Program in 1981. In a hospital setting, her areas of specialty have included Renal Dialysis, Coronary Care, Neurology and Obstetrics. In her current position as a Clinical Resource Nurse, she works directly with patients providing hands-on care for mothers and babies, emergency intervention for compromised newborns and education to families. She is also responsible for orientation of employees, policy and procedure modifications and oversees the ongoing education and competency validation for all of the Registered Nurses for the newborn nursery. In 1999 Andrea was honored for her work by being given “The Distinguished Nurse of The Year” award.

Jim R. L. Sorden is a full time Pranic Healing Practitioner residing in Santa Barbara, California. Jim was personally trained by Master Choa Kok Sui, the founder of Pranic Healing. He has been practicing Pranic Healing for twelve years and has traveled extensively with Master Choa Kok Sui, furthering his training. Jim has also trained with Master Stephen Co, one of Master Choa's senior students and head of the American Institute of Asian Studies. Jim was among the first group of ten practitioners to be certified by Master Choa in the United States. He was also the first person in the United States to be awarded the Senior Certified Pranic Healer Certification by Master Choa Kok Sui and Master Co. A Certified Pranic Healing Instructor, Jim has had a successful Pranic Healing practice in Santa Barbara for seven years and travels often doing consulting, healing sessions and other service work throughout the world.

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