



Knowledge, Attitude, and Practice of Pranic Healing in Bhutan

Sherab Wangmo, Jamyang Choden and Tashi Dendup*

Department of Sustainable Development, College of Natural Resources, Royal University of Bhutan, Punakha, 13004, Bhutan

*Corresponding author. E-Mail address: tashi.cnr@rub.edu.bt

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Abstract

Pranic healing (PH) is a non-touch complementary therapy that uses energy (*prana*) for healing ailments. In Bhutan, PH's healers and clients have grown since it first began in 2012. This study explores the knowledge, attitude, and practice of PH in Bhutan due to the lack of prior scientific studies. The data in this study came from 150 clients and 50 healers. Respondents were selected using the simple random sampling technique from the Pranic Healing Centre's list of patients and healers. Data were collected via online and face-to-face surveys using pretested semi-structured questionnaires. Quantitative data, including frequencies and percentages, were analyzed descriptively, while content analysis was used for analyzing answers from open-ended questions. Patients with psychiatric disorders have mostly availed PH. Many clients have also availed PH for general cleansing and ailments of nonspecific symptoms like body pain. Although some respondents have a wrong understanding of PH, respondents reported a positive attitude toward PH. People practiced PH because it is effective as a complementary treatment. Increasing accessibility through increasing PH centers, healers, and awareness could improve PH culture in Bhutan.

Keywords: Alternative Healing, Complementary Therapy, *Prana*

Introduction

PH comes from two words: *prana* (vital energy) and healing. Thus, PH is a non-touch complementary therapy of pharmacotherapy that uses *prana* to heal physical, psychological, and physical ailments (Rocque, 2018). According to Forgues (2009), human beings have energetic and physical dimensions. Pharmacotherapy deals with the physical body. PH, on the other hand, deals with the energy body (also called the *bioplasmic* body). According to Tsuchiya & Motoyama (2009); Jauregui et al. (2012); Sui (2015), and Rocque (2018), the mechanism of PH that helps to treat diseases can be summarized in three steps:

- 1) Scanning for the imbalances (congestion or depletion) of energies
- 2) Cleansing of negative and used-up energies
- 3) Replenishing and revitalizing energy from the sun, air, and ground through *chakras* to rebalance the energy body for its proper functioning

Chakras are energy centers of the energy body (Sui, 2015) or the major acupuncture points (Rocque, 2018). There is an interconnection between the body's energetic and physical dimensions; thus, the healing of the energy body also heals the physical body (Forgues, 2009; Sui, 2015).

There are shreds of evidence that PH is effective in healing several ailments. For instance, studies have also reported that PH is effective in treating asthma (John, 1995), insomnia (Aithal et al., 2018), musculoskeletal disorders (Jain et al., 1999), and visual impairment (Jois & Prasad, 2018). Studies have shown that PH can also cure lung diseases (Jaisri et al., 2003; Mahesh et al., 2017). Additionally, Jois et al. (2018) and Kaur & Kaur (2018) reported that PH improves clients' wellbeing.

PH is becoming increasingly popular in the world. Today, more than 200 countries across the globe practice PH (Rocque, 2018). Unlike other nations, having a long history of PH, PH in Bhutan is a relatively new concept and practice. It was only in 2012 that Her Majesty, the queen mother, Tshering Pem Wangchuck,



invited instructors from India to train a group of interested Bhutanese. After that, Bhutan launched the Bhutan Pranic Healing Center (BPHC) as a special program under the Youth Development Fund in Thimphu. Although it is a recent phenomenon, the record maintained by the BPHC shows an increasing number of Bhutanese are availing PH for various ailments. However, to the best of our knowledge, there is no published paper on PH in Bhutan. Therefore, understanding the status of PH in Bhutan's context is essential to guide policymaking and for future reference. Thus, the research question of this study is: what is the level of awareness, attitude, and practice of PH among healers and clients in Bhutan? Therefore, this study presents findings on the knowledge, attitude, and practice of PH in Bhutan.

Literature Review

People seeking complementary and alternative medicine (CAM) are rising globally (Forgues, 2009). A conceivable explanation is that orthodox medication does not meet clients' demands (Sharples et al., 2003). According to Tataryn & Verhoef (2001), there are four groups of CAM: body therapies (e.g., massage), body-mind therapies (e.g., psychotherapy), body-energy therapies (e.g., acupuncture), and body-spirit therapies (e.g., faith healing). This grouping presents that Energy Based Therapy (EBT) is one CAM. There are two groups of EBT: non-touch healing and touch healing (Tsuchiya & Motoyama, 2009). In touch healing, there are physical interactions between the healer and the client. In non-touch healing, there are no physical contacts between the therapist and the patient. Both disciplines use universal life force energy. Western medical systems integrate EBT with conventional medication. Indeed, some institutions provide EBT training to nurses (Jauregui et al., 2012).

PH is a non-touch complementary EBT focusing on *prana*. *Prana*, also known as vital energy or life force, is essential for maintaining the body alive and healthy. Grand Master Choa Kok Sui formalized the modern PH in the Philippines. Many studies have explained the mechanism of PH. Among others, see Sui (2015); Forgues (2009); Tsuchiya & Motoyama (2009); Jauregui et al. (2012); Jois et al. (2016); Mahesh et al. (2017), and Rocque (2018). According to these studies, PH works on two principles. The first principle is that each living being has the inherent capacity to heal itself. The second principle holds that increasing an individual's vital energy enhances healing. The healer scans the subject with the hands for congestion or depletion of *prana* (scanning). Abnormalities of *prana* correspond to either physical or mental health problems. The healer then removes the congested *prana* (cleansing). In the following, the healer injects fresh *prana* (energizing) obtained from the sun, air, and ground. Like organs in the physical body, the energy body has *chakras*. *Chakras* or energy centers absorb, digest, and distribute *prana* in the energy body. PH considers the energy body as the blueprint of the physical body. Thus, healing of the energy body heals the physical body as well.

There are several studies where PH can treat specific ailments. For instance, Aithal et al. (2018) performed PH in a subject with insomnia. After six PH sessions, the client was back to a regular sleeping pattern. Tsuchiya & Motoyama (2009) studied the effects of PH on breast cancer. They measured changes in electrodermal conduction during PH. Researchers showed evidence of changes in both directions and energy levels. John (1995) examined the effect of verbal and non-verbal PH on reducing asthma in 34 teenage girls. It concluded that both verbal and non-verbal PH minimize asthma. Another study by Jain et al. (1999) experimented to see the effects of PH on musculoskeletal pain. They noted that PH reduces chronic musculoskeletal pain. Jois & Prasad (2018) conducted a case study in a 14-year-old with a vision problem. The subject had other



symptoms, including blurred vision, dry eyes, and headaches. The subject attended 50 PH sessions for eight months, each lasting 20 minutes. Toward the end of PH sessions, they found improvement in the subject's vision. Mahesh et al. (2017) also reported that PH improves lung function and quality of life. Clients for their study were individuals with chronic obstructive pulmonary diseases. Similarly, Jaisri et al. (2003) reported that PH improves lung volumes and capacities.

Evidence also showed that PH improves other social aspects. Jois et al. (2018) divided 65 women into two groups. Healers provided PH in a group twice a week for a month to the treatment group. A PH in mass could improve the quality of life and enhance their wellbeing. PH also reduces academic stress and improves emotional stability (Kaur & Kaur, 2018). Vrunda et al. (2002) further reported that PH could reduce behavioral problems among juvenile females.

Besides human subjects, researchers also experimented with PH on plants. For example, Jois et al. (2016) designed an experiment to study the agronomic impact of PH on tomato. Researchers noted that the treatment group had higher height, stem diameter, flowers per plant, and yield. The treatment group also had lower fruit weight loss, shrinkages, acidity, and total soluble solids. Thus, PH could improve the quality, quantity, and shelf life of tomato.

However, studies on healers' and clients' perceptions of knowledge, attitude, and practice are scarce, globally, and especially in Bhutan. Jauregui et al. (2012) and Beckford & Suzara (1994) explored the perceptions of PH participants in the United States and the Philippines. In addition to these two studies, Forgues (2009) guided this research design. This study adopted the knowledge, attitude, and practice model. This model is widely used in social sciences studies and works on public health (Mehdi & Farhood, 2019; Krentel et al., 2006).

Methods and Materials

Research Design and Sample

This study employed a cross-sectional survey design. There is no formal avenue to document PH clients and their treatments in Bhutan. However, the BPHC, in the capital city of Thimphu, maintains a register with minimal information about clients who came to the center for healing. The BPHC receives clients from almost all walks of life and different parts of Bhutan. Thus, we collected data from 150 randomly selected clients from the list of the BPHC's register between 2012 and 2019. We also gathered data from 50 Pranic Healers (who availed PH at least once) to solicit their views on PH. Therefore, data for this study come from 200 respondents. We surveyed in February and March 2020.

Questionnaire and Data Collection

We used a self-administered semi-structured questionnaire to collect data to ensure that researchers ask the same question in the same way as all respondents. The questionnaire was developed based on the knowledge, attitude, and practice model, commonly used in social science and public health studies (Mehdi & Farhood, 2019; Krentel et al., 2006). Beckford & Suzara (1994); Forgues (2009), and Jauregui et al. (2012) guided in developing the questionnaire. The questionnaire was designed to best capture the status of PH in Bhutan. The questionnaire consisted of three main parts: respondents' demographic profile (part one), the pattern of PH usage by clients (part two), and respondents' knowledge, attitude, and practice of PH (part three). In total, there were 14 items to measure knowledge (4 items), attitude (6 items), and practice (4 items). Respondents rated all 14 items on the five-Likert scales ranging from 1 (strongly disagree) to 5 (strongly agree). However, for the



convenience and ease of interpreting results, we have re-grouped them into three scales (see Table 3): 1 (disagree), 2 (neutral), and 3 (agree). We pretested the questionnaire to 10 individuals before the actual survey. Participants in the pretest consisted of seven patients and three healers who visited the BPHC. After considering the respondents' ability to respond during the pretest, questions were revised (made concise and clear) to precisely ask the intended questions. The revised questionnaire was further reviewed and approved by the officials in the BPHC to ensure the validity of the questionnaire in Bhutan's context. Literate respondents self-administered the finalized questionnaire online (via E-Mail and WeChat app). Respondents visiting the BPHC during the data collection responded to the printed questionnaire. However, researchers questioned the illiterate respondents through face-to-face interviews and telephone calls and filled up the questionnaire.

Data Analysis

Data coding and cleaning were done in Microsoft Excel 2016 and then imported refined data in the Statistical Package for the Social Sciences version 19.0 for further analysis. We computed a series of descriptive analyses, including frequencies and percentages, for quantitative data. Content analysis (Hsieh & Shannon, 2005) of open-ended responses helped to supplement the interpretation of quantitative results.

Ethical Consideration

This study proposal has gone through the review committee of the College of Natural Resources. This study also got approval from the BPHC. Researchers explained the study objectives to all respondents and obtained their verbal consent. We maintained strict confidentiality in the entire study process and did not reveal the participants' identity in any part of this article.

Results

Respondents' Profile

Table 1 shows the demographic profiles of the respondents. Most respondents (68.5%) were between 21 and 48 years old; however, few were below age 20 and above age 63. Among the respondents, 74.5% were women against 25.5% men. Table 1 also shows that 78% of respondents were literate.

Table 1 Profile of Respondents (N = 200)

Characteristics	Categories	Frequency	Percentage
Age	20 and below	14	7.0
	21 to 34	77	38.5
	35 to 48	60	30.0
	49 to 62	28	14.0
	63 and above	21	10.5
Gender	Male	51	25.5
	Female	149	74.5
Education	Literate	156	78.0
	Illiterate	44	22.0

Diseases Treated by PH in Bhutan

Table 2 shows the disease categories and the number of patients who received PH in Bhutan. Of the 14 disease categories reported in this study, the highest number of Bhutanese clients (42) has availed PH to cure 11 diseases related to psychiatric disorders, such as stress, substance addiction, depression, anxiety, and



irritation. In the second, 29 clients availed PH for 10 ENT-related diseases and symptoms, including sinusitis, tonsillitis, vertigo, sore throat, and cough. In the third, 28 patients with gastrointestinal disorders, such as ulcers, gallstones, colon cancer, hemorrhoid, and constipation, have also availed PH. However, many clients (48) received PH for 12 symptoms, which did not fall under any of the disease categories in Table 2. General cleansing and body pain were the two most reported symptoms in the nonspecific group.

Table 2 Number of Disease Categories and PH Patients Treated in Bhutan

Disease Category	Number of Diseases and Symptoms Reported under Each Disease Category	Number of Clients who Availed PH for Each Disease Category
Nonspecific Symptoms	12	48
Psychiatric Disorder	11	42
ENT Disease	10	29
Gastrointestinal Diseases	11	28
Central Nervous System	6	24
Musculoskeletal Disease	8	17
Genitourinary Diseases	5	14
Cardiovascular Diseases	3	12
Metabolic Disease	1	7
Pulmonary Disease	2	7
Eye Diseases	4	6
Endocrine Disease	3	5
Gynecological Disease	4	4
Trauma	2	2
Skin Diseases	2	2

Knowledge, Attitude, and Practice Regarding PH

We also assessed the level of knowledge, attitude, and practice concerning PH by the respondents (Table 3). Most of the respondents (49%) were unsure whether PH was the only therapy that used energy. Many of the respondents (41%) also agreed that Pranic Healers could diagnose diseases, which is not true. Most respondents (39%) of respondents also had the wrong notion that PH can heal disease without medicine. However, 60.5% of respondents were aware that Pranic Healers cannot prescribe medicine. Some respondents, therefore, have a wrong understanding of PH.

In terms of respondents' attitudes toward PH, nearly 60% of the respondents expressed their interest in pursuing PH in the future. Ninety-three percent of respondents were also with the opinion that there should be PH centers in all 20 districts of Bhutan. Additionally, 86.5% of respondents exhibited a positive attitude toward taking medicine during the PH, while 75% disagreed with the statement that PH belongs to a religion. These results indicate the respondents' positive attitude toward PH.

In practice, 93% of respondents shared information about PH, and 88% of them even recommended other patients to avail PH. Most of the respondents reported PH as effective (96.5%) and not expensive (57%). Many respondents preferred integrating PH with other medical treatments (86.5%) and did not prefer the healer's gender (39.5%).

**Table 3** Knowledge, Attitude, and Practice of PH in Bhutan

KAP	Items	Disagree		Neutral		Agree	
		n	%	n	%	n	%
Knowledge	PH is the only practice that uses <i>prana</i> or subtle life energy	32	16.0	98	49.0	70	35.0
	Pranic Healers can diagnose diseases	44	22.0	74	37.0	82	41.0
	PH can heal diseases without medicines	55	27.5	67	33.5	78	39.0
	Pranic Healers can prescribe medicines	121	60.5	67	33.5	12	6.0
Attitude	I am interested to learn PH	76	38.0	7	3.5	117	58.5
	PH centers should be in all Dzongkhags	0	0.0	14	7.0	186	93.0
	I think we can take medicine with PH	2	1.0	25	12.5	173	86.5
	I think PH belongs to a religion	150	75.0	23	11.5	27	13.5
Practice	I share about PH to other people	2	1.0	12	6.0	186	93.0
	I recommend PH to other patients	3	1.5	22	11.0	175	87.5
	PH is effective	0	0.0	7	3.5	193	96.5
	PH is expensive	114	57.0	68	34.0	18	9.0
	I prefer integrating PH with other treatments	4	2.0	23	11.5	173	86.5
	I prefer male Pranic Healers	79	39.5	80	40.0	41	20.5

Discussion

We conducted exploratory-descriptive research to assess knowledge, attitude, and practice among followers of PH in Bhutan. In this study, respondents comprised of economically active age, women, and literate individuals (Table 1). Beckford & Suzara (1994) also reported that relatively well-educated and wealthy people practice PH to achieve personal and professional growth.

This study also explored the types of diseases that clients had availed PH in Bhutan. We grouped these diseases based on major organs for easier visualization and interpretation of the results. Results (Table 2) show that many clients have received PH for general ailments, such as general cleansing or ailment of nonspecific symptoms like body pain. However, Bhutanese clients have received PH for 14 disease categories with specific symptoms. Among the known disease categories, PH has been healing the maximum of diseases and the maximum number of clients related to psychiatric disorders. Some recently published studies also confirm that PH helps to improve the conditions of numerous psychiatric disorder clients (Rajagopal et al., 2018; Kaur & Kaur, 2018). Clients have also availed PH for ENT-related diseases and gastrointestinal disorders as the next top two disease categories. Looking at the number of specific diseases, Bhutanese clients have resorted to PH for the ailment of other diseases, including hypertension, migraine, diabetes, asthma, and joint pain. Although this cannot provide an exhaustive list of conditions treated by PH, Bhutanese clients have been availing PH for the ailment of disease categories presented in Table 2. Although there are no published papers in Bhutan regarding the efficacy of PH, there are several studies on the effectiveness of PH in other countries (John, 1995; Jain et al., 1999; Jaisri et al., 2003; Sui, 2015; Mahesh et al., 2017; Aithal et al., 2018; Jois et al., 2018; Jois & Prasad, 2018). As many patients have availed PH and reported that PH could heal diverse diseases, relevant stakeholders in the country could explore the possibilities of institutionalizing the PH unit in Bhutanese hospitals. In fact, more than 200 countries across the globe practice PH, and some hospitals have PH units (Rocque, 2018).



Table 3 presents the level of knowledge, attitude, and practice concerning PH by the respondents. The findings in Table 3 indicate that some of the respondents had the wrong notion of PH. A plausible argument here is that PH is a relatively new concept and practice in Bhutan. These findings imply that Bhutan should create awareness about PH to promote PH culture in Bhutan. Moreover, the current study shows that there is a positive attitude about PH among the respondents. Such a positive attitude is crucial to have better impacts of PH because there should be faith in PH from both sides for a better outcome (Deki, 2013). Many people have integrated PH with other medical treatments with mainstream medical therapies (Rocque, 2018). Respondents also claimed that PH is effective healing diseases; however, further experimental studies are required to confirm their claim. Respondents also stated that PH is cost-effective in terms of payment to healers. However, it becomes expensive when clients have to travel from other districts to the only PH center in the capital city, Thimphu. Increasing the number of PH centers with trained healers across the country will minimize costs and improve access to PH.

Conclusion and Suggestions

This study assessed the knowledge, attitude, and practice of PH in Bhutan because it is increasingly becoming popular but lacks scientific studies in Bhutan's context. Among others, most of the Bhutanese clients have availed PH to treat psychiatric disorders, ENT diseases, and central nervous system diseases. However, the majority of clients availed PH for general cleansing and other nonspecific symptoms like body pain. As PH is relatively new in Bhutan, respondents' overall knowledge about PH appears weak; however, there is a positive attitude toward PH. As expected, people integrated PH with pharmaceutical treatments and reported that PH is effective. The following are three recommendations to promote PH culture in Bhutan:

1. Currently, the knowledge about the benefits of PH is poor among Bhutanese as the concept and practice are relatively new in the country. As a result, only a small number of people have availed PH. There are also only a countable number of certified healers. Thus, we recommend creating awareness about the benefits of PH through advocacy programs in mainstream and social media in Bhutan. Education on PH will encourage more Bhutanese to come forward for healing and motivate them to become healers.
2. Bhutan has only one PH center in Thimphu, whereby people from other regions have to come to Thimphu for the treatment. Thus, establishing more PH centers in other parts of Bhutan could increase people's accessibility to PH. Establishing more centers will reduce transportation costs to clients and facilitate healers to provide efficient services. Thus, Bhutan needs to explore opportunities to increase PH centers by establishing a PH unit in district hospitals. Allowing certified healers to open private center is another option that warrants further feasibility studies.
3. PH is becoming popular in the world and Bhutan as well. Thus, the BPHC should lead to providing training to a greater number of Bhutanese, including teachers, doctors, and monks. This will increase the pool of healers in the country. The BPHC should not forget to upgrade the existing healers to motivate them or to heighten their skills to deal with complex problems.



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