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Pranic Complementary Therapy Efficacy to Improve Severe Insomnia and Enhance Sleep Quality

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ABSTRACT

Background: Pranic therapy is one of the most commonly recognized types of biofield and complementary therapy. Healing occurs due to the transfer of energy from a higher energy healer to a lower energy patient. This study aims to confirm the efficacy of pranic therapy for severe insomnia improvement and sleep quality enhancement.
Results: This research was a clinical trial study with a pre-/post-test randomized controlled design. All subjects with chronic insomnia performed standard therapy, hence sleep hygiene and control stimulus. Subjects were divided into two groups; the intervention group who received pranic therapy and the control group only received standard therapy. Sleep quality variable, depression and anxiety were evaluated by the Insomnia Severity Index (ISI), Pittsburgh Sleep Quality Index (PSQI), Hamilton Depression Rating Scale (HDRS) and Hamilton Anxiety Rating Scale (HARS). Eighty subjects were included in this study. The mean age of the intervention group was 45,15 years old, while the control group was 40,5 years old. Most of the subjects in both of groups were female. The results showed any significant difference in ISI and PSQI mean scores between pre and post pranic therapy with a significant value of 0,000 (p<0,001). The PSQI mean scores were decreased in the control group with no significant value (p=0,460). HDRS and HARS score showed a significant improvement in the intervention group (p<0,001) while in control group were significantly increased HDRS and HARS scores (p< 0.05).
Conclusion: The pranic complementary therapy can improve severe insomnia, enhance sleep quality, and recover depression and anxiety.

Keywords: Complementary therapy, pranic, chronic insomnia, severe insomnia, sleep quality

INTRODUCTION

Sleep is an important part of each individual's daily routine. Sleep is a naturally recurring state of mind and body, characterized by decreased reactivity to external stimuli, inhibition of nearly all voluntary muscles, typical body posture and specific electrical brain activity.[1] A person in a sleeping state can be awakened by the provision of sensory stimuli as well as other stimuli. Sleep provides a feeling of calming and restoring the body after a long day of work and is mostly driven by the internal clock that takes cues from the external environment such as temperature, sunlight, and others.[2,3]

Insomnia is one of the most common sleep disorders, where the incidence rate of persistent insomnia ranges from 10-15% of the general population and transient

insomnia occurs in 25-35% of the population.[4] Most people with insomnia feel difficult to fall or stay asleep, and/or wake up earlier. Insomnia usually causes daytime sleepiness, lethargy, irritability, and unhealthy feelings both mentally and physically. Based on International Classification of Sleep Disorders/ ICSD-3, insomnia is characterized by a persistent difficulty with sleep initiation, duration, or quality that occurs despite adequate opportunity and circumstances for sleep, and results in some form of daytime impairment.[5] Sleep disorders can impair school and work performance, and contribute to obesity, anxiety, depression, irritability, concentration problems, memory problems, poor immune system function, and reduced reaction time. Insomnia is also associated with an increased risk of developing chronic diseases. Insomnia can be overcome in different ways. Interventions of using sedatives are widely practiced. However, long-term use has inferiority including sedative side effects and drug dependence. Over the past two decades, non-pharmacological complementary therapies have been growing to help patients' recovery. These complementary therapies (yoga, exercise, mindfulness meditation, acupuncture, and chanting mantras) are some of the interventions to overcome insomnia.[3,6]

Another therapy, namely Prana energy, is a complementary therapy that continues to develop. Pranic therapy is synthesized from an ancient esoteric healing method that has been rediscovered, researched, and tested for decades with proven accomplishment by the founder of modern pranic therapy, Grand Master Choa Kok Sui. The confidence in pranic therapy is based on the practice of manipulating a person's energy field and treating the body's energy that affects the physical body. People's lifestyles often directly affect the body's energy, stress and anxiety will overload the nervous system, and destructive lifestyle habits create intoxication of the body and mind. The bioplasmic body collects energy and distributes it to the physique body. The body's energy not only affects the physique body, but it will impact psychological and emotional conditions, then pranic therapy can help self-cleaning in body, mind, and soul.[6,7]

The process of therapy with pranic energy treatment is done without physical touch, but by transferring energy from the healer to the patient, with one hand absorbing pranic energy or healing light and surroundings through the receiving hand with the palm facing up. The other hand transfers pranic energy to the patient through the projecting hand. The healer's armpit should be slightly open while energizing to facilitate the flow of pranic energy from the healing hand chakra to the other hand chakra. Healers should wave their hands regularly during sweeping and energizing to reduce the possibility of contamination with diseased energy.[8] Pranic therapy can be done using hands alone or using healing crystal aids. The tools that need to be prepared in pranic healing are a waste disposal unit, consisting of one liter of water in a bucket plus table salt. Water dissolves diseased energy, while salt destroys it. The use of this disposal unit is very important to prevent contamination or transmission to other people and to the healer, caused by the diseased energy of the patient. After sweeping and energizing the patient, it is necessary to wash hands with alcohol or salt water to remove diseased energy.[8,9]

Interventional studies, that used pranic therapy in chronic musculoskeletal pain, showed that there is a significant reduction of pain and sympathetic activity in the pranic therapy group.[10,11] In addition to pranic therapy for a patient with a physical symptom, it also was conducted as an adjunctive treatment for a patient with non-physical symptoms, such as depression.[12] Moreover, several studies suggested pranic therapy as the choice of treatment for non-life-threatening insomnia. The pranic therapy that converts and activates base chakra and solar plexus chakra in two patients with insomnia showed nocturnal

improvement in sleep and sleep quality. [6,7,13] Pranic therapy provides a calming effect and sense of peace that help the patient to sleep well. Sleep plays roles in immune system. Sleep affects various immune cells thus promote host defense. Besides that, sleep also plays role in tissue restoration, gene expression, thermoregulation, and also in memory consolidation. Disturbances of sleep can lead to various disease especially diseases associated with inflammation such as neurodegeneration, diabetes, and so on.[14]
The purpose of this study is to identify the efficacy of pranic therapy in reducing severe insomnia and improving the sleep quality of patients with insomnia.

METHODS

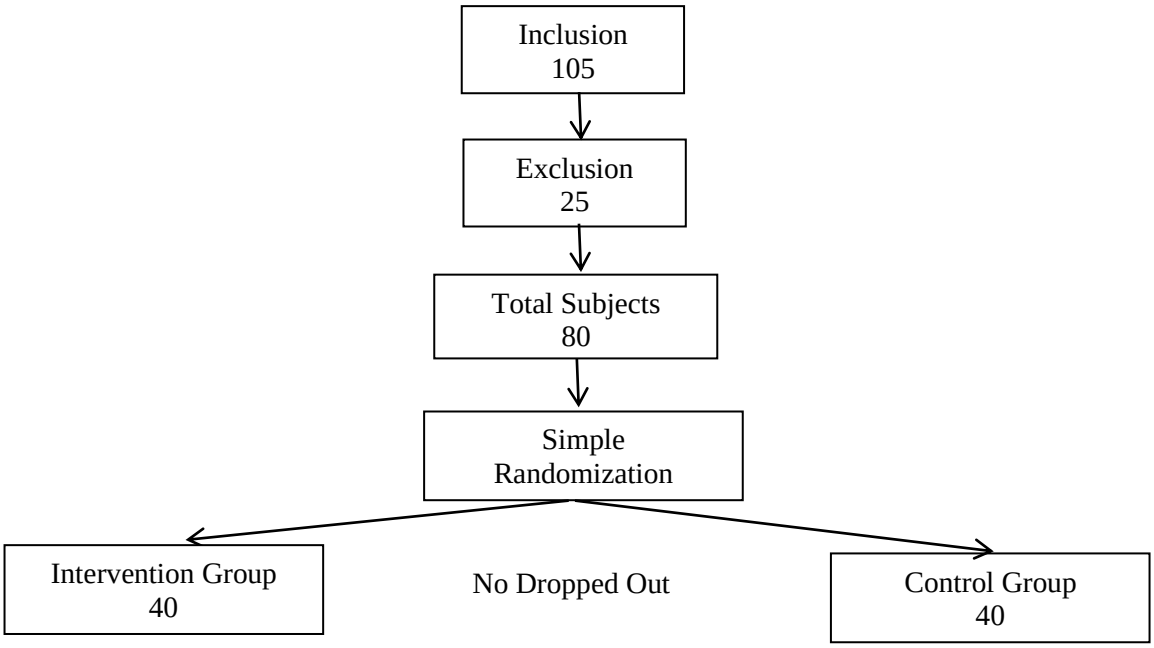
This research is a clinical trial study with a pre-test/post-test randomized controlled design and total sampling. This study has conducted in a private doctor's practice room that performs pranic therapy in [Blinded For Peer Review] from May to October 2021. This research has obtained ethical clearance No:1423/UN14.2.2.VII. 14/LT/2021 from [Blinded For Peer Review] Research Ethics Committee and also has obtained written consent from patients to participate this study.
The inclusion criteria include fully conscious patients with Glasgow Coma Scale 15, above 18 years of age, has diagnosed with chronic insomnia based on International Classification of Sleep Disorders, third edition (ICSD-3) with insomnia severity index (ISI) above 7 and agreed to participate in the study by signing the informed consent. The exclusion criteria include patients with sleep disorders besides insomnia; the presence of medical, neurological, severe psychiatric disorders, or drug use that affects sleep, and chronic pain. Patients who meet the inclusion and exclusion criteria were divided into two groups. This study used simple randomization, which from 80 samples collected, 40 subjects were taken randomly to be given pranic therapy and cognitive behavioral therapy in intervention group, while the rest were as control (cognitive behavioral therapy only). All patients in each group will be interviewed to assess sleep quality using the Insomnia Severity Index (ISI) sheet and the Pittsburgh Sleep Quality Index (PSQI) (pre-intervention), then will be given education about cognitive behavioral therapy for insomnia (CBT-I) modifications that can be applied, including sleep hygiene and stimulus control, carried out independently for 2 weeks. In the intervention group, pranic therapy was given by a pranic practitioner doctor for 30 minutes, 6 times for 2 weeks, with interval 2-3 days between each session. A doctor who has qualifications as a pranic healer is a doctor who has attended pranic training and has reached a minimum level of psychotherapist and has practiced pranic therapy every day which at least treated 2 patients a day. In this study, the doctor as a pranic healer has a certificate as a pranic healer and has been practicing for more than 3 years as a pranic healer. If any patient refuses to continue sleep hygiene and stimulus control and pranic therapy during the study, does not exercise regularly, or cannot be contacted, then the patient will be drop out from the study. ISI and PSQI examinations will be reassessed after 2 weeks of intervention administration (post-intervention).
PSQI is an effective assessment instrument for assessing sleep quality and sleep patterns in adult individuals. The PSQI consisted of 19 questions to assess the presence of 'good' or 'bad' sleep quality, by assessing 7 components including subjective sleep quality, sleep latency, sleep duration, the efficiency of sleep habits, sleep disturbances, sleeping drugs use, and daytime dysfunction in the last 30 days. The ISI questionnaire is a short subjective instrument for measuring the severity of insomnia symptoms, which consists of seven question items that assess sleep onset, maintaining sleep, waking up early, impaired daily functioning, suspected damage associated with sleep problems,

concerns about sleep problems, and satisfaction with sleep patterns. There is already an Indonesian version of ISI that has been tested for validity and reliability in Yogyakarta in 2015. [10,11] The data was collected, tabulated, and processed using SPSS version 21.0 for Windows. The basic characteristics of this study subjects are divided into two groups (case and control). All data were presented in mean±SD for numerical data and frequency (percentage) for categorical data. Normality test was conducted by Kolmogorov-Smirnov test and Wilcoxon test. If data was normally distributed, bivariate analysis was conducted by t-test. P value <0.05 was indicated statistically significant.

RESULT

The number of subjects who met the eligibility criteria during the study period were 105 people, but 25 people were excluded. No subjects dropped out during the study. Figure 1. The basic characteristics of the study subjects are presented in Table 1. The mean age of the pranic therapy group was 45.15 years, while the mean age of the group without pranic therapy was 40.5 years. Females dominated the pranic therapy group, namely 27 subjects (67.5%) and 13 subjects (32.5%) men. The ratio of the number of female and male subjects in the group without pranic therapy was comparable to 20 subjects (50%).

Figure 1. Flowchart of Study Subjects



Most of the patients in both groups had senior high school level of formal education, namely 27 patients (67.5%) in the pranic therapy group and 23 patients (57.5%) in the control group. There are 5 groups of jobs, in which traders were predominated in the pranic therapy group (32.5%) and entrepreneurs were dominated in the group without pranic therapy (62.5%).

Table 1. The basic characteristic of study subjects

	With pranic therapy n (%)	**Without pranic therapy n (%)**
Mean age (years old)	45.15	40.5
Sex		
Male	13 (32.5)	20 (50)
Female	27 (67.5)	20 (50)
Level of education		
Elementary school	0 (0)	3 (7.5)
Junior high school	4 (10)	3 (7.5)
Senior high school	27 (67.5)	23 (57.5)
University	9 (22.5)	11 (27.5)
Jobs		
Unemployment	12 (30)	4 (10)
Farmer	2 (5)	2 (5)
Entrepreneur	10 (25)	25 (62.5)
Government employee	3 (7.5)	2 (5)
Trader	13 (32.5)	7 (17.5)

The normality test is conducted to determine whether the data is distributed normally or abnormally before performing the statistical test. The Kolmogorov-Smirnov test of normality in this study showed abnormal data on each variable in the pranic intervention group, which was shown with a significance value below 0.05, thus data were processed using the Wilcoxon test, while the variables in the control group were normally distributed so that the hypothesis test was carried out with a t-test.

Table 2. Wilcoxon Test of pre/post PSQI and ISI score in Intervention Group (pranic therapy)

	PSQI			**ISI**		
	Pre	**Post**	**p**	**Pre**	**Post**	**p**
Mean±SD (max-min)	17.37±1.996 (13-21)	4.8±3.220 (2-16)	0.000*	25.63±3.271 (16-28)	2.08±2.615 (0-6)	0.000*

Notes : *statistically significant
PSQI : Pittsburgh Sleep Quality Index
ISI : Insomnia Severity Index

Table 2 have shown that the mean total PSQI score in the pranic intervention group has decreased significantly. This result suggests that there was a significant improvement in sleep quality in the group that obtained complementary therapy prana. The total score for ISI in the pranic intervention group before and after therapy also decreased significantly, which indicates that there was a significant clinical improvement in the severe degree of insomnia in the pranic complementary therapy group.

Table 3. T-test of pre/post PSQI and ISI score in the control group (without pranic therapy)

	PSQI		**ISI**			
	Pre	Post	p	Pre	Post	p
Mean±SD (max-min)	16.27±2.002 10-20)	16.13±3.220 (2-16)	0.460*	24.4±2.639 (17-28)	25.05±2.708 (17-28)	0.001*

Notes : *statistically significant
PSQI : Pittsburgh Sleep Quality Index
ISI : Insomnia Severity Index

T-test results in Table 3 showed that the mean score of PSQI score before and after therapy without pranic therapy is decreased but not significant, which means that there is an insignificant improvement in sleep quality. In contrast to the mean ISI score which increased significantly before and after therapy without pranic therapy.

Assessment of each component of the ISI questionnaire can be seen in Table 4. The Kolmogorov-Smirnov normality test showed that data on each variable was abnormal, which was shown with a significance value below 0.05, so the data was processed using the Wilcoxon test. There was a decrease in ISI scores to zero in all components in subjects of the pranic therapy group. In the group without pranic therapy, some components did not reach a score of zero, namely components of waking up early and being satisfied with current sleep patterns. None of the subjects in the pranic therapy group complained of waking up earlier at the time of the post-intervention assessment, while there were still 10 subjects (25%) who complained of waking up earlier in the mild degree in the group without pranic therapy.

Table 4. Insomnia Severity Index (ISI) score in both groups

	With Pranic Therapy			**Without Pranic Therapy**		
	Pre n (%)	**Post n (%)**	**p**	**Pre n (%)**	**Post n (%)**	**p**
Difficulty falling asleep Mean ± SD	2.08 ± 0.69	0 ± 0	0.000*	2.28 ± 0.78	0 ± 0	0.000*
None	0 (0)	40 (100)		0 (0)	40 (100)	
Mild	8 (20)	0 (0)		6 (15)	0 (0)	
Moderate	21 (52.5)	0 (0)		19 (47.5)	0 (0)	

Severe	11 (27.5)	0 (0)		13 (32.5)	0 (0)	
Very severe	0 (0)	0 (0)		2 (5)	0 (0)	
Difficulty staying asleep Mean ± SD	2.9 ± 0.93	0 ± 0	0.000*	2.98 ± 7,68	0 ± 0	0.000*
None	0 (0)	40 (100)		0 (0)	40 (100)	
Mild	4 (10)	0 (0)		0 (0)	0 (0)	
Moderate	7 (17.5)	0 (0)		12 (30)	0 (0)	
Severe	18 (45)	0 (0)		17 (42.5)	0 (0)	
Very severe	11 (27.5)	0 (0)		11 (27.5)	0 (0)	
Waking up too early Mean ± SD	1.55 ± 0.85	0 ± 0	0.000*	1.35 ± 0.66	0.25 ± 0.44	0.000*
None	0 (0)	40 (100)		0 (0)	30 (75)	
Mild	27 (67.5)	0 (0)		30 (75)	10 (25)	
Moderate	4 (10)	0 (0)		6 (15)	0 (0)	
Severe	9 (22.5)	0 (0)		4 (10)	0 (0)	
Satisfaction with sleep pattern Mean ± SD	3.03 ± 0.8	0 ± 0	0.000*	3 ± 0.75	0.32 ± 0.47	0.000*
Very satisfied	0 (0)	40 (100)		0 (0)	27 (67,5)	
Satisfied	2 (5)	0 (0)		0 (0)	13 (32.5)	
Neutral	6 (15)	0 (0)		11 (27.5)	0 (0)	
Dissatisfied	21 (52.5)	0 (0)		18 (45)	0 (0)	
Very dissatisfied	11 (27.5)	0 (0)		11 (27.5)	0 (0)	
Sleep problem impairs activities Mean ± SD	2.67 ± 0.92	0 ± 0	0.000*	2.9 ± 0.78	0 ± 0	0.000*
Not impaired	0 (0)	40 (100)		0 (0)	40 (100)	
Somewhat impaired	25 (62.5)	0 (0)		14 (35)	0 (0)	
Impaired	3 (7.5)	0 (0)		16 (40)	0 (0)	
Very impaired	12 (30)	0 (0)		10 (25)	0 (0)	
Sleep problem affects quality of life to others Mean ± SD	2.73 ± 0.88	0 ± 0	0.000*	3.25 ± 0.67	0 ± 0	0.000*
Not affected	0 (0)	40 (100)		0 (0)	40 (100)	
Somewhat affected	22 (55)	0 (0)		5 (12.5)	0 (0)	
Affected	7 (17.5)	0 (0)		20 (50)	0 (0)	
Very affected	11 (27.5)	0 (0)		15 (37.5)	0 (0)	
Worried about current slepp problem Mean ± SD	2.78 ± 0.42	0 ± 0	0.000*	2.45 ± 0.50	0 ± 0	0.000*
Not at all worried	0 (0)	40 (100)		0 (0)	40 (100)	
Somewhat worried	9 (22.5)	0 (0)		22 (55)	0 (0)	
Worried	31 (77.5)	0 (0)		18 (45)	0 (0)	

Notes: *statistically significant

On the assessment using the PSQI questionnaire per component can be seen in Table 5, the Kolmogorov-Smirnov/ Shapiro-Wilk normality test showed that data on each variable was abnormal with a significance value below 0.05, thus data was processed using the Wilcoxon test. The results of the statistical test per component showed a decrease in PSQI scores to zero in almost all components in the subject group with the administration of pranic therapy. There were still 23 subjects (57.5%) in the pranic therapy group and 26 subjects (65%) had not achieved maximum satisfaction in being passionate about doing something. The mean decrease in intervention pre-post scores on this variable was higher in the group with pranic therapy (2 ± 0 to 1.57 ± 0.5) than the pre-post intervention score in the group without pranic therapy (2 ± 0 to 1.65 ± 0.48). There were still 13 subjects (32.5%) in the group without prana who had not achieved maximum satisfaction in overall sleep quality, while maximum satisfaction was achieved in the group with pranic therapy. There is a significant difference between pre and post in each variable, which is indicated by a significance value of <0.001 in each component. Except for the variables "feeling pain" and "how often to take the drug to fall asleep", there was no significant difference shown with a significance value of 1.00 (more than 0.05). There was no significant decrease in scores and differences in the components of "feeling pain" and "how often to take medications to fall asleep" because of subjects since pre-intervention had been given a score of zero.

Table 5. Pittsburgh Sleep Quality Index (PSQI) score in both groups

	With Pranic Therapy			Without Pranic Therapy		
	Pre n (%)	**Post n (%)**	**p**	**Pre n (%)**	**Post n (%)**	**p**
Can not get to sleep within 30 minutes Mean ± SD	1.5 ± 1.41	0 ± 0	0.000*	1.88 ± 1.3	0 ± 0	0.000*
Never	18 (45)	40 (100)		12 (30)	40 (100)	
Twice a week	6 (15)	0 (0)		9 (22.5)	0 (0)	
Three or more times a week	16 (40)	0 (0)		19 (47.5)	0 (0)	
Wake up in the middle of the night or early morning Mean ± SD	1.38 ± 1.48	0 ± 0	0.000*	1.97 ± 1.16	0 ± 0	0.000*
Never	21 (52.5)	40 (100)		9 (22.5)	40 (100)	
Twice a week	2 (5)	0 (0)		14 (35)	0 (0)	
Three or more times a week	17 (42.5)	0 (0)		17 (42.5)	0 (0)	
Wake up to use the bathroom Mean ± SD	2.52 ± 0.51	0 ± 0	0.000*	2.5 ± 0.5	0 ± 0	0.000*
Never	0 (0)	40 (100)		0 (0)	40 (100)	
Twice a week	19 (47.5)	0 (0)		20 (50)	0 (0)	
Three or more times a week	21 (52.5)	0 (0)		20 (50)	0 (0)	
Can not breathe comfortably Mean ± SD	0.5 ± 0.51	0 ± 0	0.000*	0.5 ± 0.5	0 ± 0	0.000*
Never	20 (50)	40 (100)		20 (50)	40 (100)	
Once a week	20 (50)	0 (0)		20 (50)	0 (0)	
Cough or snore loudly Mean ± SD	0.58 ± 0.5	0 ± 0	0.000*	0.9 ± 0.672	0 ± 0	0.000*
Never	17 (42.5)	40 (100)		11 (27.5)	40 (100)	
Once a week	23 (57.5)	0 (0)		22 (55)	0 (0)	
Twice a week	0 (0)	0 (0)		7 (17.5)		
Feel too cold Mean ± SD	0.95 ± 0.96	0 ± 0	0.000*	0.92 ± 0.86	0 ± 0	0.000*
Never	19 (47.5)	40 (100)		16 (40)	40 (100)	
Once a week	4 (10)	0 (0)		11 (27.5)	0 (0)	
Twice a week	17 (42.5)	0 (0)		13 (32.5)	0 (0)	
Feel to hot Mean ± SD	1 ± 0.93	0 ± 0	0.000*	1.03 ± 0.83	0 ± 0	0.000*
Never	17 (42.5)	40 (100)		13 (32.5)	40 (100)	
Once a week	6 (15)	0 (0)		13 (32.5)	0 (0)	
Twice a week	17 (42.5)	0 (0)		14 (35)	0 (0)	
Have bad dreams Mean ± SD	0.55 ± 0.5	0 ± 0	0.000*	0.85 ± 0.7	0 ± 0	0.000*
Never	18 (45)	40 (100)		13 (32.5)	40 (100)	
Once a week	22 (55)	0 (0)		20 (50)	0 (0)	
Twice a week	0 (0)	0 (0)		7 (17.5)	0 (0)	
Have pain Mean ± SD	0 ± 0	0 ± 0	1.000	0.4 ± 0.54	0 ± 0	0.000*
Never	40 (100)	40 (100)		25 (62.5)	40 (100)	
Once a week	0 (0)	0 (0)		14 (35)	0 (0)	
Twice a week	0 (0)	0 (0)		1 (2.5)	0 (0)	
How often have taken medicine to help sleep Mean ± SD	0 ± 0	0 ± 0	1.000	0 ± 0	0 ± 0	1,000
Never	40 (100)	40 (100)		40 (100)	40 (100)	
How often feel sleepy while engaging in social activity Mean ± SD	0.5 ± 0.51	0 ± 0	0.000*	0.6 ± 0.49	0 ± 0	0.000*
Mean ± SD	20 (50)	40 (100)		16 (40)	40 (100)	
Mean ± SD	20 (50)	0 (0)		24 (60)	0 (0)	
How hard it is to keep up enthusiasm to get things done Mean ± SD	2 ± 0	1.57 ± 0.5	0.000*	2 ± 0	1.65 ± 0.48	0.000*
No problem	0 (0)	17 (42.5)		0 (0)	14 (35)	
Few problem	40 (100)	23 (57.5)		40 (100)	26 (65)	
Overall sleep quality Mean ± SD	2.5 ± 0.51	0 ± 0	0.000*	2.4 ± 0.49	1.33 ± 0.47	0.000*
Very good	0 (0)	40 (100)		0 (0)	27 (67.5)	
Good enough	20 (50)	0 (0)		24 (60)	13 (32.5)	
Bad enough	20 (50)	0 (0)		16 (40)	0 (0)	

Notes: *statistically significant

The psychological condition of the study subjects of both groups before and after the intervention can be seen in Table 6.

Table 6. Statistical test of the psychological condition of the Pranic Intervention group

HDRS			HARS		
Pre	**Post**	**p**	**Pre**	**Post**	**p**
37.32±9.794 (13-50)	1.68±1.309 (0-4)	0.000*	42.17±8.406 (17-54)	1.45±1.839 (0-4)	0.000*

Notes : *statistically significant
HDRS : Hamilton Depression Rating Scale
HARS : Hamilton Anxiety Rating Scale

Table 7. Statistic test of the psychological condition of the control group

HDRS			HARS		
Pre	**Post**	**p**	**Pre**	**Post**	**p**
30.58±7.527 (17-51)	30.8±7.244 (16-52)	0.000*	40.8±5.841 (26-48)	41.32±6.019 (26-48)	0.020*

Notes : *statistically significant
HDRS : Hamilton Depression Rating Scale
HARS : Hamilton Anxiety Rating Scale

According to Table 6, it can be seen that the depression score (HDRS) has decreased significantly with a p< value of 0.001, as well as for the anxiety score (HARS) in the pranic intervention group, which has decreased significantly with a p-value of 0.001. In contrast to the intervention group, in the control group, depression scores (HDRS) and HARS were obtained which experienced a slight increase with a significant p-value.

DISCUSSION

Insomnia is one of the most common sleep disorders that affect millions of people around the world. People with insomnia generally feel difficult to fall or stay asleep. Insomnia will have an impact on causing daytime sleepiness, lethargy, irritability, and unhealthy feelings both mentally and physically. Sleep disorders can interfere with work productivity and achievement at school, as well as contribute to the incidence of obesity, anxiety, depression, emotional, impaired concentration, impaired memory, and poor functioning of the immune system. Insomnia is also often associated with a higher risk of developing chronic diseases. [6,15]

Some of the steps for managing insomnia cases include finding and optimizing the possibility of medical, psychiatric, and environmental diseases as a cause of insomnia; considering the possibility of using drugs that can raise insomnia; nonpharmacological, and pharmacological management. Pharmacological interventions or using drugs are widely carried out, however, the long-term use has its drawbacks because it can cause sedative side effects and drug dependence.[6,16] Nonpharmacological management includes cognitive-behavioral therapy (CBT), acupuncture complementary therapy, light therapy, and others. CBT is an initial therapy in cases of chronic insomnia. CBT-I can improve ISI scores, sleep onset latency, wakefulness time after sleep onset, and sleep quality. Some components of CBT include sleep hygiene, sleep restrictions, stimulus control, cognitive therapy, and relaxation therapy.[3] Over the past two decades, interest has increased in developing non-pharmacological complementary therapies, including yoga, exercise, mindfulness meditation, acupuncture, and Mantram therapy are some of the interventions to treat insomnia.[17-20]

Prana is life energy that maintains the life and health of the body. Prana that survives in a plasma state can be seen with the naked eye and felt by anyone with guidance and practice. Pranic therapy itself is an ancient healing method and has been used as a complementary therapy today, where healing or treatment is carried out without physical touch. By giving prana to the energy body, it can help treat diseases in the physical body because the physical and energy body are interconnected. Prana on the body works on a more subtle level, affecting and being influenced by the mind

and consciousness.[8,9]

This study was conducted on patients with insomnia in [Blinded For Peer Review], where pranic therapy was given as an additional therapy in addition to CBT therapy which was modified as insomnia management. Significant differences were obtained statistically in pre and post-intervention through assessment of ISI and PSQI, which indicated that pranic therapy is effective in improving sleep quality and severe insomnia. Pranic therapy will improve the circulation of prana in the body by facilitating the flow of energy and transferring energy from the healer to the patient. Front and back solar plexus, the basic chakra is thoroughly cleaned, as well as normalizing the energy of the front and back heart chakras will cause sleepiness. This may have led to an improvement of overall sleep quality in the study subjects as well as an improvement of severe insomnia in the pranic group than in the control. In the group without pranic therapy, there was a very mild improvement in the mean PSQI score but this was not significant, while the ISI score increased. Increased mean ISI score in the non-pranic group can be caused by various factors, both physical, medical, and psychological. This can also be attributed to the results of the analysis of depression and anxiety scores in the group without prana (control) which experienced a significant increase which means a worsening psychological state. It can also be related to longer insomnia. Moreover, lifestyle directly impacts the energy body. Stress and anxiety overload the nervous system, and destructive lifestyle habits can create intoxication in the body and mind. The bioplasmic body collects energy and distributes it to the physical body. If there is congestion or stress in the energy body, the delivery process is inhibited and diseases appear. The energy body not only affects the physical body but also affects the psychological and emotional state. Doing prana healing can help to cleanse oneself, body, mind, and spirit.[6,7]

A serial case report by Lama in 2020 in Nepal also showed the effectiveness of pranic therapy in patients with insomnia. Two patients who had insomnia for more than one month and experienced stress, fatigue, irritation, and inefficiency, had been having improvements in sleep and nocturnal sleep after administration of pranic therapy by over-activation of the base chakra and solar chakra.[7] Another study conducted by Amritha and Shalini in 2020, using a pre-post test randomized experimental control in 32 female subjects, showed a significant PSQI scores improvement in patients who received pranic therapy interventions.[13] A significant improvement in sleep quality among inmates was also seen after the administration of pranic therapy. By normalizing energy in the basic chakra and solar plexus chakra, it was observed that the prisoner can sleep better.[21] This study's results further corroborate the results of previous studies, where pranic therapy can be one of the effective complementary therapies in the management of insomnia.

CONCLUSION

Pranic therapy is a complementary therapy that is more effective in reducing the severity of insomnia and improving the sleep quality of patients with insomnia than without pranic therapy. Pranic therapy is also significantly effective in improving psychological conditions, such as depression and anxiety in patients with insomnia. Improving sleep quality is beneficial in improving immune system and the overall quality of life, increasing productivity, and the ability to maintain and restoring one's health.

Declaration by Authors

Ethical Approval: This research has obtained ethical clearance from Udayana University Faculty of Medicine/Prof. Dr. I.G.N.G. Ngoerah General Hospital Research Ethics Committee and also has obtained written consent from patients to participate this study.

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