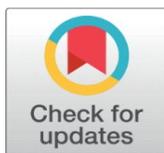


A RANDOMIZED CONTROL TRIAL OF THE INFLUENCE OF THE YOGA PRANA VIDYA (YPV) ONLINE HEALING TECHNIQUE ON THE WELL-BEING OF IT PROFESSIONALS

Venkata Satyanarayana Nanduri ¹✉ , Vikram Jain ²✉

¹ Consultant, Research & Publications, Yoga Prana Vidya Ashram, Sri Ramana Trust, Thally, Tamil Nadu -635118, India

² Arhat Yoga Practitioner, Director – GWL Technologies Indore, India



Received 23 January 2025

Accepted 06 March 2025

Published 08 April 2025

Corresponding Author

Venkata Satyanarayana Nanduri,
vsnanduri@yahoo.com

DOI

[10.29121/granthaalayah.v13.i3.2025.6010](https://doi.org/10.29121/granthaalayah.v13.i3.2025.6010)

Funding: This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

Copyright: © 2025 The Author(s). This work is licensed under a [Creative Commons Attribution 4.0 International License](https://creativecommons.org/licenses/by/4.0/).

With the license CC-BY, authors retain the copyright, allowing anyone to download, reuse, re-print, modify, distribute, and/or copy their contribution. The work must be properly attributed to its author.



ABSTRACT

Introduction: Yoga Prana Vidya System (YPV System) is a successful energy healing modality that has been proven as a complementary and alternative medicine for many diseases. The YPV group energy healing technique is one online protocol that helps improve well-being, and the objective of the present study is to conduct a Randomised Control Trial (RCT) to scientifically validate its effectiveness in improving the well-being of a group of IT professionals.

Trial design: This study was designed using SPIRIT guidelines as an RCT Parallel-continuous outcome-superiority type.

Methods: A medium-sized IT company collaborated and recruited participants from their staff. The intervention was a 22-minute online guided group healing session webcast at 10 pm daily at night for 9 consecutive weeks. The BBC well-being scale was used to measure and collect data on the well-being of each participant of both groups before and after the intervention. Statistical techniques were used to analyse data.

Results: The intervention group sample of 38 showed a statistically significant increase in their level of well-being (increase of 7.9%). The control group did not show any significant change in their level of wellbeing (increase of 0.97%). Due to some personal challenges faced, the attendance in the intervention group was 35%.

Conclusions: This study shows that the online 22-minute 10 pm webcast YPV Group Healing protocol is effective in improving the level of well-being of IT working professionals, and with good attendance, more impact can be felt.

Keywords: Energy Healing, Yoga Prana Vidya System, YPV, Randomised Control Trial, RCT

1. INTRODUCTION

1.1. HEALTH AND WELLBEING

The WHO (World Health Organization) constitution states: "Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" WHO (n.d.). The overall health situation of IT employees can vary depending on various factors, including the organization, work culture, regional factors, and individual habits such as a sedentary lifestyle, eye strain, stress, anxiety, worry, irregular working hours, unhealthy eating habits, lack of physical

activity, work-life imbalance, repetitive strain Injuries, tech neck, lack of social interaction and remote work challenges.

To address these challenges and promote the well-being of IT employees, companies often sponsor wellness programs such as offering ergonomic work setups, encouraging breaks and physical activity, providing mental health support, and promoting work-life balance.

It is a well-known fact that the biggest asset of any IT organization is always its human resources. A lot of organizations are focusing on keeping their employees healthy and happy. Having healthy employees offers a wide range of benefits for the employees and the organizations they work for. Apart from all these issues and challenges, it is also evident that health and well-being are good only when these are holistic. Having a good relationship and having a proper private/personal life have a positive impact on professional life. Healthy employees benefit both the individuals and the organizations they work for by fostering a more productive, positive, and efficient work environment. This, in turn, contributes to long-term success and growth for the company.

1.2. THE STATE OF WELLBEING

The World Health Organization defines positive mental health as “a state of well-being in which the individual realizes his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully, and can contribute to his or her community” [WHO \(2001\)](#).

The term subjective well-being is synonymous with positive mental health. Well-being has been defined as the combination of feeling good and functioning well; the experience of positive emotions such as happiness and contentment as well as the development of one’s potential, having some control over one’s life, having a sense of purpose, and experiencing positive relationships [Huppert \(2009\)](#).

It is a sustainable condition that allows the individual or population to develop and thrive. This conceptualization of well-being goes beyond the absence of mental ill health, encompassing the perception that life is going well. The individual or population can thrive in a sustainable condition of well-being. As conceptualized here, it extends beyond the absence of mental ill health and includes the belief that life is going well [Ruggeri et al. \(2020\)](#).

1.3. INTERVENTION IN THIS STUDY

This study is designed with the YPV Group Energy Healing (EH) Therapy, an online Zoom session of 22 minutes duration. The participants must join the session, listen to the audio, and internalize the energy flow as guided by the audio.

1.4. THE YPV SYSTEM

Yoga Prana Vidya (YPV) system combines Yoga with Prana Vidya. Yoga means Union with Atma and Prana Vidya is the knowledge and science of using Prana (life energy force) for daily life activities. YPV equips people with wellness practices using holistic techniques such as physical exercises, Yogic breathing exercises, meditation and pranic healing that accelerate the self-healing capability of the body and upgrade a person at all levels – Physical, Etheric, Emotional, Mental, Intuitional, and spiritual. These practices are built on foundation that integrates ancient knowledge of yoga, prana, purification, and meditation with the modern approach of learning to uplift overall well-being of every individual [Vidya. \(n.d.\)](#)

Numerous books have been written on Yoga from the era of Vedas and Upanishads to the present time. The form of Yoga YPV follows is mainly based on Hatha Yoga principles Ramacharaka (1904) to take care of the physical body keeping it fit, and of Maharshi Patanjali's Sutra which states: - "Yoga chittavritti nirodhah" - That is, Yoga is stilling the fluctuations of the mind " NIOS (n.d.)

According to Yogi Ramacharaka Ramacharaka (1909), Prana is the name by which we designate a universal principle, which is the essence of all motion, force or energy. The Prana so transferred acts as a bracing tonic to the patient, and invigorates and strengthens him wonderfully, besides tending to produce the local improvement Ramacharaka (1909).

The Concept of Pranic healing, also known as Energy Healing, states that the human body has 5 sheaths or Pancha Kosha as shown in Figure 1. The Taittiriya Upanishad Sharvananda (1921) describes human being to be having a five sheaths personality (Pancha Kosha) comprising of the material or gross body (Anamaya Kosha), the vital or instinctual component (Pranamaya Kosha), the mental or psychological component (Manomaya Kosha), the intellectual component (Vigyanmaya Kosha), and the fifth aspect of pure bliss and happiness (Anandmaya Kosha) Sharvananda (1921)

Figure 1

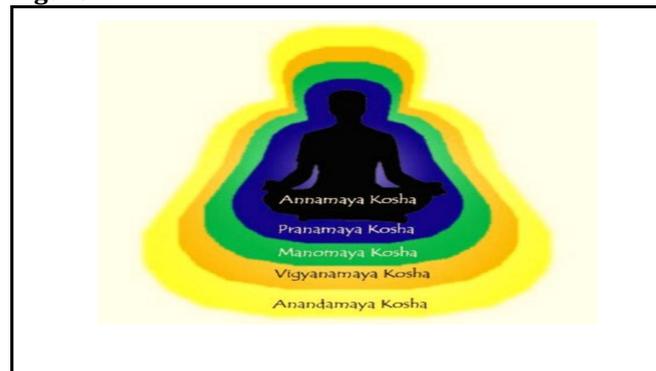


Figure 1 Panch Koshas of the Human Existence

The Pranamaya Kosha (Energy body) consists of Energy Centres (called Chakras) and distribution channels (called Nadis). The chakras dealt with in the YPV system are shown in Figure 2.

Figure 2

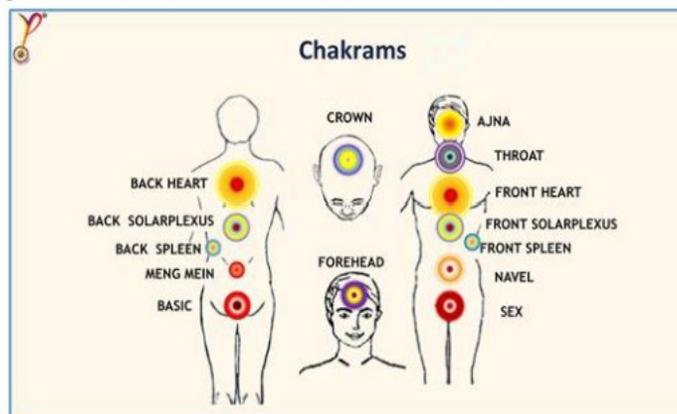


Figure 2 Main Chakras of the Energy Body

According to Arthur Powell [Powell \(1925\)](#), the Energy body is also termed as Health Aura, and explained as-

“...The Health Aura, consisting of these particles ejected from the body, serves the useful purpose of protecting the person from the invasion of disease germs. In health the particles are thrown out through the pores in straight lines, at right angles to the surface of the body, giving to the Health Aura a striated effect. As long as the lines remain firm and straight the body seems to be almost entirely protected from the attack of evil physical influences, such as disease germs, the germs being actually repelled and carried away by the outrush of Pranic Force.” [Powell \(1925\)](#).

Diseases of the Physical body occur due to unhealthy lifestyles, poor diet, and low immunity when the energy body becomes defective due to lack of fresh energy because of excessive stress, anxiety, and depressive state of mind. [Figure 3](#) shows how the energy body of a healthy person compares with that of a sick person.

Figure 3

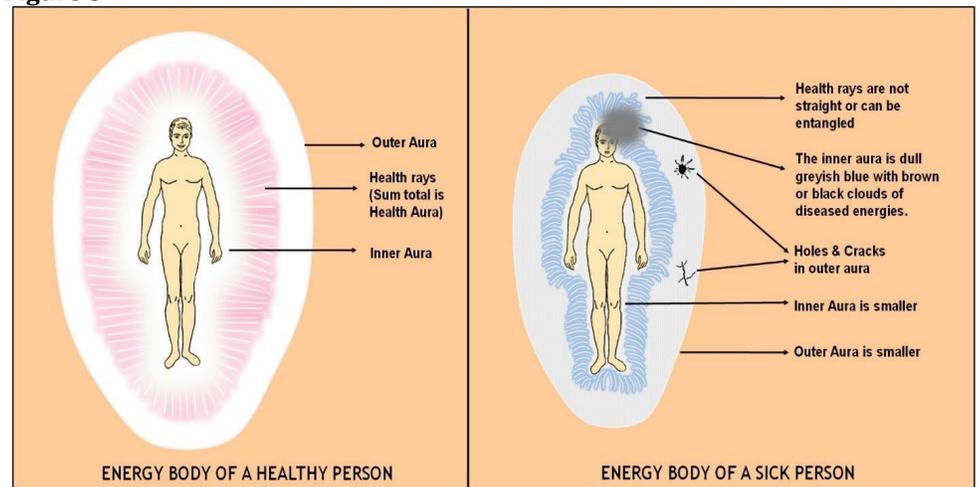


Figure 3 Energy Body of Healthy Person Vs. Sick Person

According to Yogi Ramacharaka [Ramacharaka \(1904\)](#) the Instinctive Mind and its control of the physical body—and also of the effect of the Will upon the Instinctive Mind—will readily see that the mental attitude of the person will have much to do with his or her health. Bright, cheerful and happy mental attitudes reflect themselves in the shape of normal functioning of the physical body, while depressed mental states, gloom, worry, fear, hate, jealousy, and anger all react upon the body and produce physical disharmony and, eventually disease. [Ramacharaka \(1904\)](#)

2. LITERATURE SURVEY

A search of the literature relevant to this topic shows that there are very few studies on this topic, and a few use RCT. A review of some noteworthy studies is given below.

2.1. ENERGY HEALING INTERVENTIONS

Energy healing is a part of the diverse group of Complementary and Alternative Medicines (CAM) [Rogers et al. \(2021\)](#).

The mind-body energy therapies are not invasive and therefore considered to be safe. Energy healing therapy is based on the understanding that the body and mind have an invisible energy field and that when this energy flow is blocked or unbalanced, one can become sick. Unblocking this energy can help promote healing and well-being. There are many kinds of energy therapies, some of which use treatments such as light, sound, and magnets and some use several mind-body techniques. Mind-body energy healing techniques are based on mantras, meditations, breathing exercises, physical exercises and relaxations, on the belief that human thoughts, feelings and emotions can affect both physical and mental well-being [Stub et al. \(2022\)](#).

Holistic energy healing systems are traditional alternative healing systems that restore the balance and flow of energy throughout the body, mind, and soul. Through energy healing modalities, the healers try to break the defective energetic patterns that create diseases. The main strength of holistic healing modalities is the power to enter into the patient's internal world and cure them and the second strength is treating the disease from the source. The healers utilize various methods of practice.

Common terms used in the field of energy healing include energy healing, energy medicine, and energy therapies. These mind-body energy healing modalities are a group of healing techniques that enhance the mind's interactions with bodily function, induce relaxation, and improve overall health and well-being. Daily practice is essential for deriving benefits from these therapies.

Stub et al [Stub et al. \(2022\)](#) conducted a pilot RCT study to compare spiritual healing in addition to usual care Vs. usual care alone in preparation for a larger trial in adults with moderate depression, and further to examine the feasibility of the study design and the participants' experience of spiritual healing. The results of this study were encouraging [Stub et al. \(2022\)](#).

According to Stub et al. [Stub et al. \(2022\)](#) there is a need for more robust randomized control trials utilizing standardized holistic energy healing protocols to provide further evidence on this subject. It is generally experienced that most modern drugs have enormous side effects. However, in the absence of harmful side effects of energy healing therapies and minimal time required for training patients, despite weak evidence, they can be employed by nurses and healers for chronic patients to provide better mental relief and healing.

[McNeil et al. \(2021\)](#) conducted a pilot RCT study of energy healing effects on pain and anxiety in AIS (adolescent idiopathic scoliosis) posterior surgery. Patients were prospectively randomized to one of two groups. Fifty patients were enrolled- 28 controls and 22 Energy healed patients. In this pilot study, Energy Healing therapy resulted in a decrease in patient's pre-operative anxiety. Offering this CAM modality may enhance the well-being of the patient and their overall recovery when undergoing posterior surgical correction for AIS [McNeil et al. \(2021\)](#).

[Rao et al. \(2016\)](#) conducted a systematic review of Energy Healing studies and concluded that Energy healing demonstrated some improvement in illness symptoms. However, they observed that high-level evidence consistently demonstrating efficacy was lacking. Further, more robust trials are required to better understand which elements of energy healing interventions are associated with positive outcomes [Rao et al. \(2016\)](#).

A Literature review on Reiki healing by [Thrane and Cohen \(2014\)](#) found that the sample sizes for the seven studies included in their review ranged from 16 to 160 participants (median = 24) for a total of 328 participants. They observed that

there were very few high-quality studies that explored the use of Reiki therapy for pain or anxiety. Most studies in their review did achieve statistical significance or near significance on the variable of interest.

A chapter in the book “Handbook of Research Methods in Health Social Sciences” (2018), with title “Randomised control trials” by Armour et al [Armour et al. \(2018\)](#) covers the current gold standard for evaluating the effectiveness of therapeutic interventions, the randomized controlled trial (RCT). The key features of the RCT, regardless of sub-type, are randomization, allocation concealment, and blinding. These key features help reduce bias and the influence of confounding variables, making the randomized controlled trial eminently suitable to determine cause and effect relationships. Protocol design and registration before trial onset are important factors in determining the quality of the trial, and various trial design sub-types, including parallel, factorial, crossover, and cluster, are outlined and the strengths and weaknesses of each are examined. Various checklists such as SPIRIT and CONSORT can be used to ensure proper reporting of both trial protocols and trial findings, to ensure clear, concise reporting [Armour et al. \(2018\)](#).

2.2. OBJECTIVES OF THIS STUDY

The main objective of this study is to conduct the online interventional sessions of the YPV Spiritual Visualization Pranic Energy Healing technique for 8 weeks for a group of IT professionals, to know whether there is any statistically significant improvement in their well-being as a result of their participation in the proposed intervention.

3. METHODS

3.1. THE INTERVENTIONAL SESSION

This intervention is a visualization-based technique of duration 22 minutes, and it focuses on general well-being with composite health (physical, mental, and emotional). This technique (see [Figure 4](#)) uses Colour Prana Energies viz., Brilliant Violet, Brilliant White, Light whitish Green and Light whitish Violet for healing various chakras and organs, the entire aura.

Figure 4

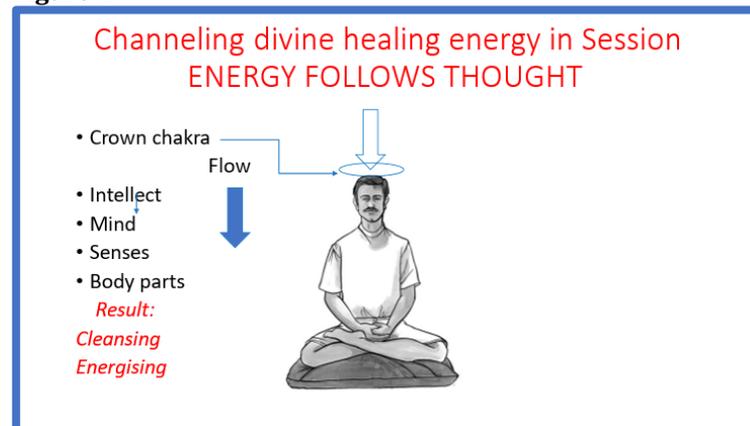


Figure 4 The Flow of Pranic Energy in the Intervention

The participant will join the group session online by clicking on the link provided to him/her for this purpose and going through the following steps.

- Sit in a comfortable posture
- Close your eyes. SESSION STARTS...
- Keep Listening to the audio, starting with an invocation seeking Divine blessings,
- Fully focused and aligned with the guidance given
- Follow the flow of Pranic energy
- Absorb the incoming energy
- Discard the used-up energy down into the earth
- Thanksgiving to the Divine SESSION ENDS

In Annexure 1 a transcript of the 22-minute session is given for the reader to know how the color prana energies are channeled and used to cleanse and energize various systems, sections, and organs of the human body. This study was designed with the YPV group Energy Healing Therapy, an online Zoom session of 22 minutes duration usually webcast daily at 10 pm from the YPV headquarters. A Zoom session link to click and join was sent to the participants in the group through a WhatsApp group created for this purpose. The participants were asked to join the session daily at 10 pm from the start date to the end date. After joining the session, they were required to listen to the audio and visualize the flow of energy through the body as guided by the audio. The total duration of the intervention was planned to be 8 weeks.

3.2. TRIAL DESIGN

Randomized control trials are considered to be the gold standard for testing the efficacy of new interventions. Historically, superiority trials were methods of choice as reference (standard) interventions were not established for many disease conditions [Kishore and Mahajan \(2020\)](#).

This study is designed as a Randomized control trial, to study the effects of YPV Group Pranic energy healing intervention of 22 minutes duration, webcast online at 10 pm daily for a total of 8 weeks, on participants' subjective well-being (SWB). The webcast is conducted by a team organized by the YPV organizational sponsor (Sri Ramana Trust, Thally, TN, India) for the study duration.

This study design has used SPIRIT guidelines as an RCT (Randomized Control Trial - parallel) of the effects of this therapy on the overall well-being of a sample of employees from the IT sector. The "Standard Protocol Items: Recommendations for Interventional Trials (SPIRIT)" provides guidance to structure RCT protocols and ensures all essential information is included [Stub et al. \(2022\)](#).

3.3. ETHICS CLEARANCE

The investigators obtained the ethics clearance certificate from an independent Ethics Committee which is in Appendix 3. Informed consent was obtained from all participants prior to the commencement of the intervention. In this trial there are no drugs or medicines used.

3.4. PARTICIPANTS

The IT-BPM (Information Technology -Business Process Management) sector in India employed an estimated 5.1 million people in FY 2021/22 and was projected to be 5.4 million people as of March 2023 [McNeil et al. \(2021\)](#).

A medium-sized IT-BPM company in Central India with an employee strength of over 300 showed interest in collaborating in this study and offered to motivate their employees to join this programme with the possibility of recruiting more than the minimum sample size needed for this study. The Company is headquartered in a big city in Central India. However, all employees were working from home online during the period of the study intervention.

3.5. SAMPLE SIZE

The sample size is arrived at using the online sample size calculator (Source: Cleveland Clinic) [Rao et al. \(2016\)](#).

The assumed values and type of trial (continuous outcome, Superiority Trial) and the calculated sample size are given in the following [Table 1](#).

Table 1

Table 1 Sample Size	
Sample size	Column1
Significance level	0.05
Power (1-beta)	0.8
Ratio of sample size, treat/control	1
Allowable difference	6
SD	10
Margin	0.1
Drop rate (%)	0
Result	
Sample Size - Treat	36
Sample Size - Control	36
Total sample size	72

It was anticipated that some participants might fail to join the 10 pm sessions regularly because of long work schedules and personal issues at that time. To allow for any unexpected drop in attendance at the healing sessions, the study team decided to recruit a total of 120 (or more, if possible) IT professionals and randomly divide them into two groups, one each of the Control and Intervention groups.

It was agreed between the Collaborating IT company and the study team that,

- 1) Those who are willing to join voluntarily and give consent, and those who are working in the company regularly and respond to the research questionnaires are included as participants in this study.
- 2) After the screening, the Director in charge will explain an agreed action plan to the participants.
- 3) Only those having normal health will be considered in the inclusion.
- 4) The Director and the Executive Assistant monitor the interventional issues from start to completion.
- 5) There will be no payment to or from the participants in this interventional study.
- 6) There will not be any element or activity other than the test protocols of GEH healing in the intervention, and the participants will be allowed their normal life activities otherwise.

- 7) In all matters of any dispute or disagreement between the participant and the field team, the decision of the official representative of the Sponsor will be final and binding.
- 8) Subject Withdrawal criteria:
Subjects will be informed that they are free to withdraw from the study at any time. The Investigator may withdraw a subject from the study if:
 - The subject requests assigning a reason for the same.
 - Adverse/ Serious events are reported whereupon the continuation of the study poses any discomfort or risk to the subject.
 - There was repeated protocol deviation and non-compliance by the subject.

3.6. OUTCOMES: PRIMARY

The primary outcome measure is the subjective well-being of each participant of both groups measured with the scale, a questionnaire of Likert type described below, once before the commencement of the intervention, and again at the end of the intervention after 8 weeks.

3.7. THE BBC WELL-BEING SCALE

This scale measures three underlying dimensions of well-being; psychological; physical health; and relationships. A study by Kinderman et al [Thrane and Cohen \(2014\)](#) confirmed the validity and utility of the BBC Subjective Well-being (SWB) scale and its modified version is a reliable and valid measure for the assessment of subjective well-being in the general population with good psychometric properties. Kinderman et al. concluded that the new measure - the BBC Well-being Scale - is recommended for research and clinical purposes [Thrane and Cohen \(2014\)](#). (Source <https://m3ewb.research.uconn.edu/wpcontent/uploads/sites/3234/2022/10/The-BBC-Well-being-Scale.pdf>)

Several studies used this SWB scale successfully in their research, and some examples are - a study by Xu, Wu, Yu et al. [Armour et al. \(2018\)](#), and another by Priesack et al [Kishore and Mahajan \(2020\)](#).

The score data collected from participants of both groups was analyzed using statistical methods.

3.8. SECONDARY OUTCOMES

The study has not envisaged any secondary outcomes.

3.9. IMPLEMENTATION

Random allocation process:

The study team consisted of three persons - (1) the PI (the Principal Investigator) who is an independent researcher, (2) the DP (the Director Participating from the collaborated IT company, and (3) the EA (executive assistant to the DP) who was also working as a staff member in the HR department of the company. The DP and the EA were both neutral to the study.

All three persons of the study team were working from home and connected and communicated through mobile or email. All participants also were working from home, and connected through either mobile or email. The study team and the participants never met in person during the entire implementation period.

The PI was based in a different city, and he authored the study/trial proposal and had it accepted and approved by the sponsors who were based in another city. Subsequently, the PI applied for ethics clearance and obtained it from an independent Ethics committee based in another city. The PI then forwarded the study protocol and Ethics clearance certificate to DP to organize and conduct fieldwork.

The DP reached out to all 309 staff through email inviting participation in this study. Google form was used to seek their confirmation of participation with informed consent. The EA was the record keeper of all documentation, all of which was online.

Then the EA created EXCEL files listing the responses as received at random times from all respondents who signed up wilfully to participate in this study. The EA created a WhatsApp group of all individual participants and the 3-member study team for all communications concerning the implementation of this study plan. The EA prepared the randomly listed roster of 125 willing participants with full names, and demographic details of age and gender. From this list of 125, the EA, as advised by the PI, randomly allocated 65 to Group 1 (intervention group) and the remaining 60 to Group 2 (Control group).

The Sponsor arranged the daily webcast of the 22-minute video clip of the Group Healing session at 10 pm every day commencing 29 April 2024 with the last session ending on 26 June 2024. after 65 actual sessions against 56 sessions planned earlier, running through 9 weeks and 3 days. This was done to compensate for some disturbed sessions where transmission failures interrupted the session flow.

3.10. BLINDING

The entire process was an online activity, and all people were working from home at different locations, and blinding occurred as stated below.

- 1) The participants and sponsors never met or connected. The sponsors enabled the webcast of the Group healing Video clip through their IT team when requested by the PI and DP.
- 2) As asked by the PI and guided by the DP, the EA collected all data from the online responses of participants. The EA and DP both were neutral to the study.
- 3) The EA passed on to the PI all data as EXCEL files.
- 4) Data analysis and assessing outcomes were carried out by PI independently. The PI never met or talked to any participant during this process.
- 5) The DP was not involved in data collection or analysis. The DP monitored the attendance of the participants in the sessions through the EA, motivated occasionally, and emphasized the need for attendance of participants through group chats.

This intervention was unique and there was no data available on similar interventions.

3.11. DATA ANALYSIS

Statistical methods are used to compare the outcomes of SWB for Group 1 and Group 2.

4. RESULTS

4.1. PARTICIPANT FLOW

The participant flow is shown in the chart of [Figure 5](#).

Figure 5

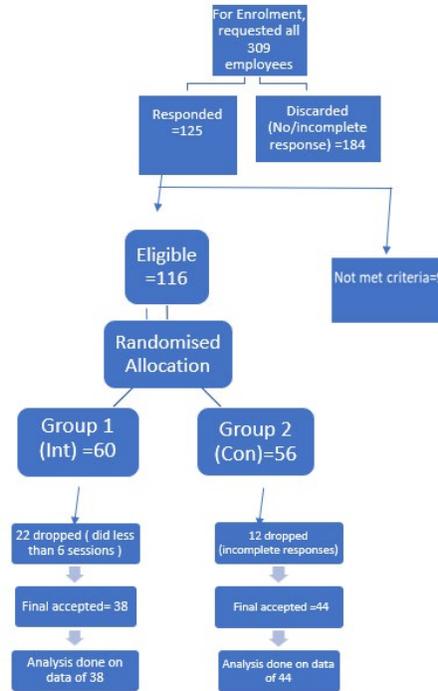


Figure 5 Participant Flow chart

Recruitment of participants took place from January 2024 and completed by the middle of April 2024.

4.2. BASELINE DATA

Table 2 below shows the baseline demographic for each group.

Table 2

Table 2 Participants Assigned in Each Group									
	Men	Wom	Tot	Men	Wom	Tot	Men	Wom	Tot
Before Intervention	84	32	116			60			56
Age range			23-48						
Mean age			33.5						
After Intervention	X	X	X	25	13	38	35	9	44
Age range	X	X	X			23-46			24-42
Mean age	X	X	X			33.8			32.6

The participants who attended 7 or more sessions in the intervention are considered for data analysis of results (See Table 2). Experience in human behaviour shows that it takes the average person about 7 times to hear the same message before they get into serious action mode Kishore and Mahajan (2020). The rule of 7 is based on the marketing principle that customers need to see your brand at least 7 times before they commit to a decision; a concept that has been around for decades Qureshi et al. (2022).

4.3. OUTCOMES AND ESTIMATION

The primary outcome analysis of the SWB scores before and after the intervention for Group 1 (Intervention) using a t-test with 95% confidence level is shown in Table 3 below.

4.4. GROUP1 RESULT

Table 3

Table 3 t-Test: Paired Two Sample for Means		
	<i>G1 BEF</i>	<i>G1 AFT</i>
Mean	77.34211	83.47368
Variance	181.6906	223.6074
Observations	38	38
Pearson Correlation	0.709705	
Hypothesized Mean Difference	6.1	
df	37	
t Stat	-3.46201	
P(T<=t) one-tail	0.000685	
t Critical one-tail	1.687094	
P(T<=t) two-tail	0.00137	
t Critical two-tail	2.026192	

The p value is less than 0.05, therefore there is a significant improvement in the level of SWB of the intervention group. It is observed that the increase of SWB was 7.9% in this group.

4.5. GROUP 2 RESULT

In case of the Group 2 (control group), the result of the t-test before and after the intervention is shown in Table 4 below.

Table 4 t-Test: Paired Two Sample for Means		
	<i>G2 BEF</i>	<i>G2 AFT</i>
Mean	82.31818	83.11364
Variance	171.9429	186.1961
Observations	44	44
Pearson Correlation	0.814336	
Hypothesized Mean Difference	1	
df	43	

t Stat	-0.64595
P(T<=t) one-tail	0.260872
t Critical one-tail	1.681071
P(T<=t) two-tail	0.521745
t Critical two-tail	2.016692

In this case, as the p value is greater than 0.05, there is no significant change in the SWB level of the control group. It is observed that the increase of SWB is 0.97% in this group.

4.6. OTHER ANALYSIS

Attendance at the sessions:

Mean attendance was 22.8 sessions out of a total of 65 sessions, which is 35%. All those who were in the intervention group faced some challenges occasionally because of which they missed some sessions.

4.7. HARMS OR UNINTENDED EFFECTS

No incidents of any harmful effects were reported, primarily because Energy healing is a safe process.

5. DISCUSSION

5.1. LIMITATIONS

The main limitation observed was that it was an entirely online intervention with occasional technical glitches. Another limitation experienced was unexpected absenteeism in Group 1. The study team felt that attendance and results could have been better if 2 or 3 pre-intervention introductory sessions were conducted for the Group 1 participants to understand the EH process and its value in improving well-being.

5.2. GENERALISABILITY

This study presents prima facie evidence of the positive effect of the 10 pm online GEH healing session on the participants, despite an average attendance of 35%.

5.3. QUALITATIVE ANALYSIS

To know the participant perceptions post-intervention, a sample of 12 (8 males and 4 females) were selected purposively; 8 from group 1 (interventional) and 4 from group 2(control) finalists. Research interviews of a duration of 20 to 30 minutes were conducted using semi-structured open-ended questions. The questions aimed at knowing the views, opinions, and experiences of those who participated, reasons for not being able to participate (others), knowledge about the concept of general well-being, how they feel about their well-being, and any suggestions for future interventions. The following are the key findings

- 1) In general, those who participated consistently experienced stress relief and good sleep. This helped them to be more energetic to do office work on the following day.

- 2) In the case of those who were not able to participate regularly in the intervention, it was mostly because of some personal and family matters needing attention at that time of the day (10 pm). A few even had occasional office calls. This caused low attendance during the intervention.
- 3) Most of them understood the concept of general well-being but were not able to consciously practice any specific techniques for this purpose. Some were visiting a gym to exercise.
- 4) It was revealed that there were some other challenges/factors faced by a few participants that affected their well-being regardless of this intervention. Their Well-being scores were found to be lower consequently.

Interventions such as this online Pranic Energy Healing Visualisation technique for employees can be an important step for organizations to improve their well-being.

5.4. OTHER INFORMATION

Registration

The registration and name of the trial registry do not apply to this study.

Protocol

The full trial protocol is available with the PI and can be shared upon request.

CONFLICT OF INTERESTS

None.

ACKNOWLEDGMENTS

The authors gratefully acknowledge the support of the sponsors with permission to use their copyright terms Yoga Prana Vidya System ® and YPV ®, and the directors of the collaborating organization, and the participants who signed up for this interventional study.

Statement on the use of AI: The authors have not used AI in the research and prep of this manuscript.

REFERENCES

- What is Yoga Prana Vidya. (n.d.). Retrieved from
- Armour, M., Ee, C., & Steiner, G. Z. (2018). Randomized Controlled Trials. In Liamputtong, P. (Ed.), Handbook of Research Methods in Health Social Sciences. Springer, Singapore. https://doi.org/10.1007/978-981-10-2779-6_94-1
- Cleveland Clinic Risk Calculator Library. (n.d.). Sample Size Calculator.
- Huppert, F. A. (2009). Psychological Well-Being: Evidence Regarding its Causes and Consequences. Applied Psychology: Health and Well-Being, 1 (2), 137–164. <https://doi.org/10.1111/j.1758-0854.2009.01008.x>
- Kinderman, P., Schwannauer, M., Pontin, E., & Tai, S. (2011). The Development and Validation of a General Measure of Well-Being: The BBC Well-Being Scale. Quality of Life Research, 20 (7), 1035–1042. <https://doi.org/10.1007/s11136-010-9841-z>

- Kishore, K., & Mahajan, R. (2020). Understanding Superiority, Noninferiority, and Equivalence for Clinical Trials. *Indian Dermatology Online Journal*, 11 (6), 890–894. https://doi.org/10.4103/idoj.IDOJ_130_20
- McNeil, N., Bastrom, T. P., Bartley, C. E., Yaszay, B., Upasani, V. V., & Newton, P. O. (2021). Randomized Controlled Trial of Energy Healing Effects on Pain and Anxiety in Ais Posterior Surgery: A Pilot Study. *Spine Deformity*, 9 (4), 1029–1034. <https://doi.org/10.1007/s43390-021-00317-3>
- Powell, A. E. (1925). *The Etheric Double: The Health Aura of Man*. Wheaton, IL: Quest Books. (Revised edition, 1997).
- Press Information Bureau. (2023). Number of Employees in IT. Retrieved from
- Priesack, A., & Alcock, J. (2015). Well-being and Self-Efficacy in a Sample of Undergraduate Nurse Students: A Small Survey Study. *Nurse Education Today*, 35 (5), e16–e20. <https://doi.org/10.1016/j.nedt.2015.01.022>
- Qureshi, R., Gough, A., & Loudon, K. (2022). The SPIRIT Checklist—Lessons from the Experience of SPIRIT Protocol Editors. *Trials*, 23, 359. <https://doi.org/10.1186/s13063-022-06316-7>
- Ramacharaka, Y. (1904). *Hatha Yoga*. YOGeBooks: Hollister, MO: USA.
- Ramacharaka, Y. (1909). *The Science of Psychic Healing*. Chicago, IL: The Yogi Publication Society.
- Rao, A., Hickman, L. D., Sibbritt, D., Newton, P. J., & Phillips, J. L. (2016). Is Energy Healing an Effective Non-Pharmacological Therapy for Improving Symptom Management of Chronic Illnesses? A Systematic Review. *Complementary Therapies in Clinical Practice*, 25, 26–41. <https://doi.org/10.1016/j.ctcp.2016.07.003>
- Rogers, L., Phillips, K., & Cooper, N. J. (2021). Energy Healing Therapies: A Systematic Review and Critical Appraisal. *Health Psychology Review*, 02 (03), 162–170. <https://doi.org/10.13140/RG.2.2.28579.58408>
- Ruggeri, K., Garcia-Garzon, E., Maguire, Á., et al. (2020). Well-being is More than Happiness and Life Satisfaction: A Multidimensional Analysis of 21 Countries. *Health and Quality of Life Outcomes*, 18, 192. <https://doi.org/10.1186/s12955-020-01423-y>
- Sharvananda, S. (1921). *Taittiriya Upanishad*. Mylapore, Madras, India: The Ramakrishna Math.
- Stub, T., et al. (2022). Impact of Spiritual Healing on Moderate Depression in Adults: A Study Protocol of a Pilot Randomized Controlled Trial (RCT). *BMJ Open*, 12, e062683. <https://doi.org/10.1136/bmjopen-2022-062683>
- Symonds, C. (n.d.). *The rule of 7: The power of Social Media*.
- The National Institute of Open Schooling (NIOS). (n.d.). *Patanjali Yoga Sutra and Hathayoga Pradipika*.
- Thrane, S., & Cohen, S. M. (2014). Effect of Reiki Therapy on Pain and Anxiety in Adults: An in-Depth Literature Review of Randomized Trials with Effect Size Calculations. *Pain Management Nursing*, 15 (4), 897–908.
- WHO (World Health Organization). (2001). *The World Health Report 2001: Mental Health: New Understanding, New Hope*. Geneva: World Health Organization.
- WHO (World Health Organization). (n.d.). *Constitution*. Retrieved from
- Xu, Y. Y., Wu, T., Yu, Y. J., et al. (2019). A Randomized Controlled Trial of Well-Being Therapy to Promote Adaptation and Alleviate Emotional Distress Among Medical Freshmen. *BMC Medical Education*, 19, 182. <https://doi.org/10.1186/s12909-019-1616-9>

ANNEXURES

Annexure1: The 10 pm YPV Group Healing Session

Yoga Prana Vidya System - Group Healing Session for Improved Wellbeing

The Divine Healing Audio Track begins with an invocation for group healing. Participants are guided to sit with their spine erect, connecting their tongue to the palate, and focus on deep breathing. The session invokes blessings from divine beings, spiritual teachers, and healing angels for protection and rapid healing. Participants are reminded that they are not just their physical bodies but instruments of the soul for divine purposes. The meditation focuses on channelling divine energies through the crown chakra to disintegrate psychic contamination and impregnation in the body, aura, and chakras into the earth. Negative emotions, addictive tendencies, and stress are urged to be released and disintegrated. Participants are encouraged to be receptive, humble, and allowing of the purifying healing process while disconnecting from negative influences and energies.

Focus on the crown and visualize light whitish green prana entering every cell of your body, blood, and vital organs to heal and cleanse them. Imagine all diseased energy being disintegrated and directed deep into the earth. Then, concentrate on the affected organ and allow light green prana to cleanse it, dissolving any excess growth and directing all impurities deep into the earth.

Next, invite violet prana to enter the crown and fill every part of your body with cleansing energy, disintegrating any remaining impurities. Focus on the affected area and imagine it being further cleansed and strengthened by the violet prana.

With the divine blessings, envision brilliant white liquid energies entering your body, filling every cell, organ, system, meridian, chakra, and aura with vitality and healing. Feel the light and life flowing through your brain, nervous system, endocrine glands, sensory organs, respiratory and digestive systems, heart, circulatory system, lymphatic system, skeletal and muscular system, joints, spine, kidneys, adrenal glands, reproductive and urinary system. Picture all ailments being dissolved and your body being restored to full health and vitality. By visualizing this healing process, you can promote wellness and balance in every aspect of your being.

In women, the ovaries and uterus are healed, and any issues like bulkiness, excessive inner lining, cysts, polycystic ovaries, or fibroids are resolved. Men's prostate problems are healed, and sex organs are rejuvenated. Divine white liquid energies fill the affected organs, healing every cell in the body. All relationships are based on peace, understanding, and harmony. With the blessings of spiritual teachers, the healing process is accelerated, reaching every cell of the body. Remain still and receptive to sustain the healing energies until complete. Give thanks to the divine for the group healing session and suggested to avoid bathing for at least 12 hours. The session is complete.

Annexure 2

The BBC Well-being scale

This questionnaire attempts to measure how happy you feel generally in most parts of your life. Select the response that best describes your experience.

	<i>Not at all</i>	<i>A little</i>	<i>Moderately</i>	<i>Very much</i>	<i>Extremely</i>
1. Are you happy with your physical health					
2. Are you happy with the quality of your sleep					
3. Are you happy with your ability to perform daily living activities					
4. Do you feel depressed or anxious*					
5. Do you feel able to enjoy life					
6. Do you feel you have a purpose in life					
7. Do you feel optimistic about the future					
8. Do you feel in control of your life					
9. Do you feel happy with yourself as a person					
10. Are you happy with your looks and appearance					
11. Do you feel able to live your life the way you want					
12. Are you confident in your own opinions and beliefs					
13. Do you feel able to do the things you choose to do					
14. Do you feel able to grow and develop as a person					
15. Are you happy with yourself and your achievements					
16. Are you happy with your personal and family life					
17. Are you happy with your friendships and personal relationships					
18. Are you comfortable about way you relate connect with others					
19. Are you happy with your sex life					
20. Are you able to ask someone for help with a problem					
21. Are you happy that you have enough money to meet your needs					
22. Are you happy with your opportunity for exercise/leisure					
23. Are you happy with access to health services					
24. Are you happy with your ability to work					

Scoring:

	<i>Not at all</i>	<i>A little</i>	<i>Moderately</i>	<i>Very much</i>	<i>Extremely</i>
<i>Item 4</i>	<i>5</i>	<i>4</i>	<i>3</i>	<i>2</i>	<i>1</i>
<i>All other items</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

Psychological Well-being scale – items 4 (reversed score), 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15

Physical Health and Well-being scale – items 1, 2, 3, 21, 22, 23, 24

Relationships scale – items 16, 17, 18, 19, 20

Total well-being score is each sub-scale added up. The higher the score indicates better levels of well-being in each domain and for the total subjective well-being.

Annexure 3 Ethics Clearance Certificate



ROYAL PUNE INDEPENDENT ETHICS COMMITTEE

Office No. 13, Srv. No. 81/A, Anupam Arcade, Opposite Snake Park, Katraj,
Pune, Maharashtra - 411046 India
DCGI REG NO : ECR/45/Indt/MH/2013/RR-19

IEC No.: RPIEC170923

Date: 21 Sep 2023

To,

Dr.Venkata Satyanarayana Nanduri,

Principal Investigator,

Site Address: MIG-B-35, DR. A.S.Rao Nagar, Hyderabad-500062, Telangana.

Protocol Title: "An RCT study of the Online YPV Spiritual Visualization Healing Technique on the Subjective Well-Being of IT Professionals."

Dear Dr.Venkata Satyanarayana Nanduri,

This with reference to above mentioned study which was discussed in Royal Pune Independent Ethics Committee [RPIEC] at its meeting dated 16th Sep 2023 at its (Office No. 13, Srv. No.-81/A, Anupam Arcade, Opposite Snake Park, Katraj, Pune-Maharashtra-411046 India), Time: 04.00 PM-05.00 PM.

The ethics committee grants approval to the study in accordance with the following documents:

Sr. No	Document Title and Version & Dated
1.	Study Protocol , Dated 28 Aug 2023
2.	Data Disclosure consent form-English, Dated 28 Aug 2023
3.	CRF (Case Report Form), Dated 28 Aug 2023
4.	IU, Dated 28 Aug 2023
5.	CV, Dated 28 Aug 2023

As per the New Drugs and Clinical Trials Rules 2019 and ICMR guidelines members who were present at the meeting and took part in the deliberations are as follows:

Sr. No	Name	Qualification	Role / Designation Ethics Committee
1.	Dr. Pankaj Jagtap	B.A.M.S., PGDCTM.	Chairperson
2.	Mr. Yashodhan Latpate	B. Pharmacy, PGDCTM, MBA.	Member Secretary
3.	Dr. Jayshree Daswane	M.D (Pharmacology)	Basic Medical Scientist.
4.	Dr. Vaibhav Lotke	M.D (Medicine)	Clinician
5.	Mr. Deepak Bhosale	B.Com, LL.B.	Legal Expert.
6.	Mr. Amrut Pel	B. Com.	Lay Person Member
7.	Mr. Zahoor Shaikh	Master of Social Work	Social Worker

Page 1 of 2



ROYAL PUNE INDEPENDENT ETHICS COMMITTEE

Office No. 13, Srv. No. 81/A, Anupam Arcade, Opposite Snake Park, Katraj,
Pune, Maharashtra - 411046 India
DCGI REG NO : ECR/45/Indt/MH/2013/RR-19

We approve the trial to be conducted in its presented form.

We confirm that you did not participate in the deliberations of the ethics committee for this study and did not vote on the proposal for this study.

The Royal Pune Independent Ethics Committee expects to be informed about the progress of the study, any changes in the protocol and asks to be provided a copy of the final report.

Member of RPIEC will have right to monitor study site and conduct of study with prior intimation.

This Ethics committee is working accordance to ICH-GCP, New Drugs and Clinical Trials Rules 2019 and ICMR guidelines and other applicable regulation.

Regards,

Latpate
21 Sep 2023
Mr. Yashodhan Latpate,

Member Secretary,

Royal Pune Independent Ethics Committee, Katraj, Pune-411046.

