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Pranic healing: An energy-based healing practice for the contemporary nurse

Introduction

Pranic Healing (PH) is a technique for promoting health and wellbeing within the psyche and physical body through manipulation of the body's subtle energy system (Sui 2000a, 2000b, 2000c, 2000d). Created by Grand Master Choa Chok Sui, who was influenced by his spiritual teacher Master Mei Ling in China, this technique integrates ancient energy concepts into a contemporary form of healing now being accepted into many Western cultures (Sui 2000a, 2000b, 2000c, 2000d). Nurses, responding to an increasing demand from clients for complementary therapies, are turning to these therapies to help their clients (Dunning 1999; NBV 1999). Pranic Healing (PH) is one such therapy.

ABSTRACT

This paper argues for the introduction of Pranic Healing (PH), an energy-based complementary healing technique, within clinical nursing practice. It explores the ideological foundation of PH and its potential to promote clients' well-being. Selected 'scientific discoveries' supporting the efficacy of energy therapies, such as PH, are noted.

PH is taught internationally by the Institute for Inner Studies, based in the Philippines. The Institute was established to disseminate PH globally, with instructors visiting the Ashish Institute for Inner Studies in Melbourne regularly to give seminars and develop various educational programs of different levels. These programs

meet the 'competency' and general criteria of the standards espoused by the Australian Nursing Federation (1996), Nurses Board of Victoria (1999), and The Royal College of Nursing, Australia (2000) for the implementation of safe 'complementary nursing' practice.

Complementary Therapies in Nursing

An intervention defined as 'complementary' infers a therapeutic practice that is used in conjunction with, rather than as an alternative to, orthodox medicine (ANF policy statement 1996). A burgeoning interest in complementary therapies by the 'general community' and a 'significant number of nurses' in Victoria has prompted the NBV to develop guidelines on the standards deemed appropriate for the use of these

therapies in clinical nursing practice (NBV 1999).

It is estimated that one half of the Australian population uses complementary therapies (Dunning 1999). RCNA has acknowledged the widespread use of complementary therapies and their significant impact upon health care within the Australian society (RCNA 2000). The RCNA (2000) position statement identifies categories into which complementary therapies are allotted—PH could be subsumed within the categories of 'therapeutic use of self' and 'energy therapy'.

Energy-based therapeutic interventions, like PH, already exist in nursing practice. At the time Rogers was introducing her theory of Science of Unitary Human Beings (SUHB) to nursing, Delores Krieger, a colleague, and Dora Kunz, a gifted healer, were introducing Therapeutic Touch (TT) to nursing (Krieger 1992). TT established a precedent by integrating the theoretical framework of SUHB into therapeutic nursing practice. Surrounded by controversy, TT has been 'put under the microscope' and probed; both quantitatively and qualitatively, to substantiate its use in clinical nursing practice (Buenting 1993; Cox & Hayes 1997; Finch 1997; France 1993; Green 1996; Heidt 1990; Kellar & Bzdek 1986; Krieger 1972; Krieger, Peper, Ancoli 1979; Ledwith 1995; Quinn 1983; Wirth 1990).

Similarly, the integration of PH in nursing will create conjecture, perhaps being seen

to require positivist support for its clinical application. Indeed, some 'scientific' support exists for the presence of 'energy fields' and their 'connection' to bodily health.

Theoretical Foundation

PH draws on four ideologies, three of which, Science of Unitary Human Beings (SUHB), Eastern philosophy and holism,

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are closely aligned, with the fourth, mechanism, constituting the instrumental or practice dimension of PH (see Table 1).

Science of Unitary Human Beings (SUHB)

Professor Emerita of Nursing at New York University, Martha Rogers (1970), was a visionary who used her extensive knowledge creatively and imaginatively to synthesise this unique abstract conceptual model for nursing. Rogers (1992, 1970) asserted that humans exist as an energy field—the fundamental unit of being. This field is in constant dynamic communication with the surrounding open and infinite environmental energy field. Intrinsic to Rogers' (1992, 1986, 1970) understanding of people is the concept 'unitary'. Unitary

implies that human beings do not exist as a summation of parts but manifest through pattern as a unique whole—greater than, and different to, the assimilated components. This interpretation of 'unitary' is reminiscent of contemporary holistic thought.

The energy field identified by Rogers (1970) is conceptualised as 'pattern', a single perpetual energy wave, the result of human or environment energy rhythms and movement being so expeditious as to appear unbroken (Rogers 1992). The ongoing interaction between the energy field of an individual and environment was termed 'mutual process' by Rogers (1970). Pattern undergoes continuous change creating a unique human being with a unique environmental field (Meleis 1997; Rogers 1992). An abstract concept, energy field cannot be directly observed: a person's energy field can be perceived only through 'mutual process' (Rogers 1970) which finds expression in many forms such as behaviour, emotion, disease, pain and one's sense of self or timelessness (Bultemeier, Gunther, Daily, Maupin, Murray, Satterly, Schnell, Wallace 1998; Malinski 1994; Rogers 1992, 1986; Schneider 1995).

Pandimensionality, a term coined by Rogers (1994a), describes the limitless non-linear presence of energy fields without temporal and spatial attributes. Rogers (1992, 1970) also avowed that the infinite universe, coextensive with environment, is negentropic, that is, in the process of

Table 1: Ideologies that inform Pranic Healing

Pranic Healing	Science of Unitary Human	Eastern Philosophy	Holism	Mechanism
Humans are unified 'wholes'—greater than, but inclusive of, the summation of physical and energy being.	Humans are unified 'wholes' greater than the summation of physical parts.	The physical body is the final expression of an energy-based and spiritual existence.	Humans are unified 'wholes' greater than the summation of physical parts.	The physical body is composed of parts with predictable functioning.
Physical reality is concurrently composed of energy and particle and is the manifestation of a higher consciousness.	The human being is concurrently composed of particle and wave energy.	Physical density manifests as a consequence of decreasing energy wave frequency from a higher source: GOD	The human being is concurrently composed of particle and energy wave.	The human body is composed of matter.
Mind, body and environment integrated in 'whole'.	The mind and body are included within the human energy field and interact multidimensionally with a unique environmental energy field.	Human mind is end expression of a higher consciousness that manifests physical form, subtle energy bodies and environment for continued evolution.	Mind, body and environment integrated in 'whole'.	Mind, body and environment are discreet entities.
Promotes progressive evolution of the human 'life-force' by 'healing' adverse energy manifestations within the emotional, mental and higher dimensions of the outer aura, inner aura and physical form.	Recognises a pandimensional existence not bound by temporal or spatial attributes.	Humans undergo multiple life-times through space and time to evolve their life-force. Emotional, mental and spiritual reactions to life circumstances effect this evolution.	'Whole' is effected by a higher life-force that directs activity.	The dimension of the human body is paramount. Recognises physical reality only.
The practitioner elicits the divine source to restore, maintain and promote health.	The nurse elicits nature to facilitate pattern change within the client's energy field.	The healer connects with the divine source acting as a channel for healing energies.	The nurse elicits nature to restore health.	The physician surpasses nature to restore health.
Illness orientated: Rebalances dysfunctional energy flow. Health orientated: energy flow is maintained and promoted.	Illness orientated: Energy field is repatterned toward health.	Health orientated: Energy flow promoted throughout life by positive reaction and action.	Illness orientated: Imbalance within whole.	Illness orientated: Breakdown of mechanical or body parts.
Attempts to 'heal' physical illness by acting as a catalyst for biochemical reactions indicative of the natural healing response.	The client's energy field is physical health through pattern changes.	Physical 'healing' promoted by the body's natural healing.	Attempts to 'heal' physical illness by 'kick-starting' the body's natural healing response.	Attempts to 'cure' physical illness by eradicating the presenting bodily complaints.
Healing can occur in physical, inner and outer aura inclusive of emotional, mental and higher dimensions.	Energy field seen as totality that can be healed.	Humans are responsible for their health. Positive emotional, and mental reactions reduce unhealthy energy manifestations throughout the subtle energy system and physical body.	Healing of physical dimension through energy system.	Curing through physical dimension only.
Therapeutic use of self and energy to effect healing by acting as a conduit of energy. Crystals used as tools to accelerate healing.	Re-patterning of the client's energy field by therapeutic use of self and energy to effect healing.	The healer acts as a conduit to allow divine energy to flow through and heal the client.	Therapeutic use of self and energy to effect healing.	Pharmacology and/or surgery used as tools to eradicate presenting bodily complaint to effect a cure.
The client can choose PH to achieve personal health and can also become a PH practitioner.	Clients choose to participate in their own therapy—mutually interacting to change patterns.	The client can choose a healer.	The client can choose a complimentary means to facilitate their personal health.	The physician is in control of the health experience.
Human being: Are comprised of the subtle energy anatomy and physical form as a multidimensional composite whole. Manifestation of higher consciousness.	Human being: Are seen as a unique energy field relating to a unique environment.	Human being: An expression of higher consciousness manifesting in physical form.	Human being: A whole inclusive of energy field permeating physical form.	Human being: Contained within physical body.
Energy field scanning used to determine areas of imbalance.	Energy field assessment not specifically mentioned.	Introspection into the attitudes and emotions creating negativity function of body components leading to ill health.	Variety of methods used to determine why mind and body are unhealthy.	Physical assessment to determine alteration in function of body components leading to ill health.
Sequential healing technique to achieve energy balance throughout based on vibrational assessment and/or prior medical diagnosis.	Theory only—offers no practical method to effect subtle energy pattern change.	Positive reactions and personal service in daily life promotes harmonious energy flow.	Multiple healing methods based on holistic principles can be utilized.	Predetermined sequence of healing events in response to medical diagnosis.
Desired outcome: Wellbeing throughout the whole with free flowing energy dynamics.	Desired outcome: Energy field healthy manifesting as free flowing energy.	Desired outcome: Health is manifest throughout by balanced energy flow.	Desired outcome: Wellbeing of body and mind expressive of the whole.	Desired outcome: Restoration of anatomical functioning to produce health.

expanding and moving toward greater complexity, not entropic or winding down, collapsing and becoming more simplified in nature. This increasing diversity is mirrored in humans who continuously undergo expansive change throughout their unidirectional lifetime (Rogers 1986). Individual growth coalesces as 'man' learns from others and 'mankind' develops as a whole (Rogers 1970).

Evolution has resulted in massive changes within humanity, a notion which Rogers (1970) elucidated in a prelude to her theory. According to Rogers (1994a, 1992), the character of change intrinsic to evolution is fostered by three principles of homeodynamics—helicy, integrity and resonancy. Helicy denotes the increasing diversity and innovation of field pattern characteristic of unpredictable and endless mutual process (Rogers 1992, 1970). Integrity refers to the continuous and mutual exchange of energy between the environment and human energy fields (Rogers 1994a, 1992). Resonancy describes the evolution of environment and human field wave patterns, from 'lower to higher frequency' (Rogers 1992: 31). These concepts are eloquently differentiated by Phillips (1994):

... where helicy is the nature of change, integrality is the process by which change takes place, and resonancy is how change takes place. (Phillips 1994: 15)

The development and comprehension of the conceptual system SUHB was seen by Rogers (1970) to be

supported by five suppositions which address general human characteristics. In summation, Rogers (1970) maintained that 'man' is a 'unified whole', identified by 'unique pattern', that 'perpetually exchanges energy and matter', to 'evolve irreversibly', with a 'capacity for higher emotional and intellectual function'. These assumptions, the homeodynamic principles and the four basic building blocks —

'Pranic healing also draws on Eastern philosophy, specifically ... the structure and function of the body's energy system'

energy fields, pandimensionality, openness and pattern constitute the framework underpinning SUHB (Rogers 1994a, 1994b, 1992, 1986, 1970).

SUHB was proposed by Rogers to contribute to the science and art of nursing (1994b, 1970). According to Rogers (1992), the central phenomenon of nursing is the unitary human being and their pandimensional environment which together provide a focus for practice. The goal of nursing practice is to strengthen a person's energy field by enhancing 'symphonic interaction between human and environmental energy fields', on a multitude of levels, thus

effecting change toward optimal health (Rogers 1970: 122).

PH actualizes a sequential technique that manifests Rogers' (1970) ideological assertions in nursing practice. It is presented as an intervention that the patient can choose to experience through their environmental field. 'Symphonic interaction' between the client's and nurse therapist's energy fields, through each respective environmental field, promotes re-patterning in the client's energy field toward health (Rogers 1970: 122).

The practice of PH also draws on Eastern philosophy, specifically notions about the structure and function of the body's energy system, notions which complement the ideology of SUHB.

Eastern philosophy relative to Pranic Healing

PH draws on the Eastern philosophical assumption that energy, or prana, is the pervading life force that generates and maintains all universal existence (Sui 2000a, 2000b, 2000c, 2000d, 2000e, 2000f). Prana is available to humanity through three major sources: air, water and ground (Sui 2000a), being collected and transferred internally by chakras (Sui 2000a). Vertically and centrally aligned, chakras are energy vortices that rotate rhythmically balancing the body's energy requirements (Brennan 1988; Collinge 1998; Myss 1997; Sui 2000a). Within the body approximately 72,000 energy channels known as 'nadis' or 'meridians' distribute energy throughout the entire organism (Krieger 1997;

Sharamon & Baginski 1991; Sui 2000a).

The chakras extend from the body anteriorly and posteriorly, transforming various energies into frequencies accessible throughout the energy system (Gerber 1996; Sharamon & Baginski 1991). To facilitate the constant flux of energy, the chakras rotate both clockwise and counterclockwise, simultaneously drawing in fresh prana and releasing spent prana (Collinge 1998; Gerber 1996; Sui 2000a). Each chakra is attributed with anatomical regions of influence and is linked to the hormone and nervous systems (Brennan 1988; Gerber 1996; Myss 1997; Sui 2000a).

There are several subtle energy bodies that exist surrounding and simultaneously influencing the physical body (Brennan 1988; Collinge 1998; Gerber 1996; Myss 1997; Sui 2000e). The three energy bodies 'closest' to the physical body are the etheric, emotional and mental bodies. Other more distant subtle energy bodies are mentioned in this paper only in relation to the concept of reincarnation.

The etheric body mimics the anatomical layout of the physical body in energy form (Brennan 1988; Collinge 1998; Gerber 1996; Kunz 1995; Myss 1997; Sui 2000a), and serves as the template for physical organisation (Collinge 1998; Gerber 1996; Sui 2000e). In PH this layer is also known as the inner aura and contains the health rays (Sui 2000a) which consist of the natural energy emanations from the pores of

the skin and extend into the outer aura (Gerber 1996; Sui 2000a). These are responsible for the expulsion of '...diseased energy, used-up energy, toxins, wastes and germs...thereby purifying the whole physical body' (Sui 2000a: 34). When the health rays are entangled or 'drooping', the corresponding area in the physical body is undergoing an energy imbalance (Sui 2000a). Left unchecked, energy imbalance will result in

'The Pranic Healer can restore energy flow but the client must accept the healing'

energy malfunction and manifest physically as disease (Brennan 1988; Chopra 1990; Collinge 1998; Gerber 1996; Kunz 1995; Myss 1997; Sui 2000a). While some energy therapies heal primarily through the etheric layer, PH penetrates deeper, accessing the chakras and/or energy bodies to resolve an underlying energy cause of disease (Sui 2000a, 2000b, 2000c, 2000d).

Within the outer aura, the emotional body interpenetrates the physical and etheric bodies (Brennan 1988; Collinge 1998; Gerber 1996; Kunz 1995; Myss 1997; Sui 2000e). This energy body is responsible for the conscious expression of emotions and reflects the 'moment to moment' feelings created by or attached to thought

(Brennan 1988; Collinge 1998; Kunz 1995; Myss 1997; Sui 2000e). Positive emotions such as love, happiness, forgiveness and charity, produce pink prana that cleanses the chakras and promotes the onward flow of energy (Sui 2000a). Negative emotions such as hate, anger, jealousy and greed, decrease energy flow (Sui 2000a, 2000e). Excessive negative emotions can impede the circulating prana within this energy body (Sui 2000a, 2000e) thus creating imbalance which can ultimately manifest physically as disease (Brennan 1988; Collinge 1998; Gerber 1996; Kunz 1995; Myss 1997; Sui 2000a).

The next energy body, the mental body, pervades the emotional, etheric and physical bodies effecting their energy flow and expression (Brennan 1988; Collinge 1998; Gerber 1996; Kunz 1995; Myss 1997; Sui 2000a, 2000e). For example, thoughts that manifest in human consciousness are influenced by energy balance throughout the mental energy body (Collinge 1998; Gerber 1996; Sui 2000b, 2000e). Ongoing negativity creates disturbances that alter energy flow manifesting as disease within the related anatomical regions (Sui 2000b, 2000e). The Pranic Healer can restore energy flow but the client must accept the healing and take personal responsibility for behavioural modifications to totally recover health (Sui 2000b).

PH also draws on the Eastern concept of reincarnation which, put simply, is the belief that the individual is a product of their many different lifetime

experiences (Sui 2000e). A person's physical, etheric and mental bodies are seen to disintegrate in each lifetime, but the outer energy bodies remain intact, accumulating the 'lessons' learned over successive lifetimes (Sui 2000e). PH provides a means of promoting health throughout all subtle energy bodies by removing energy blockages from current and previous lifetimes that could otherwise find physical expression in future lives (Sui 2000a). Pranic Healing is, therefore, the ultimate holistic approach to the maintenance and attainment of energy balance and health in this life and the next (Sui 2000e).

The ideology of Holism

The word 'holism' was first coined by Jan Smuts in 1926 (Baum 1998) and a plethora of meanings have subsequently arisen (Patterson 1998). PH embraces two meanings: to approach health through viewing the body and mind as interrelated (Chopra 1990), inclusive of a person's emotional, spiritual and mental dimensions (Owen 1995); and viewing an individual as an irreducible being, greater than and distinct from the aggregate of their parts (Rogers 1970). The totality that is human includes all things physical and energy-based that interweave to comprise a person's being—a coherent unit that dynamically interacts with the rhythm of all life. PH seeks to promote, maintain and restore healthy development by fostering energy flow thereby expediting the whole human being's natural

tendency toward growth and rejuvenation (Sui 2000a; Wardha 2001a, 2001b).

Central to PH is the belief that health is indicative of an harmonious subtle energy system dynamically interacting with physical form (Castanarez 2001; Sui 2000a, 2000b, 2000c, 2000d; Wardha 2001a). The physical body is the final expression of a person's energy self and the symptoms of energy disorder manifest in it (Sui 2000a, 2000e). Environment

'health is indicative of an harmonious subtle energy system dynamically interacting with physical form.'

plays a significant interactive role within the energy system of human beings. People, their emotions and thoughts, living and non-living existence, and universal energy provide examples of environmental factors which effect the body's subtle energy system (Sui 2000a, 2000e, 2000f).

Promoting a healthy inner and outer aura by utilizing PH allows positive energy to penetrate the human energy system through the chakras and repels negative or harmful energy (Sui 2000a, 2000e). A healthy inner aura decreases human susceptibility to bacteria (Sui 2000a) while a healthy outer aura reduces the detrimental energy impact of negative emotions and thoughts

generated by others (Sui 2000a, 2000e, 2000f).

The ideology of Mechanism

The concept of environment effecting human totality is foreign to mechanistic thought which represents the human body as a discrete entity ending at the skin. In the ideology of mechanism humans are reduced to their smallest physical unit—the anatomy working as fixable machines with clockwork precision to maintain healthy life. Some mechanistic notions inform PH practice, four of which are identified here. However, in order to conceptualise their incorporation into PH, it is necessary to accept that the subtle energy system pervades the physical body.

The first mechanistic idea is the assumption that illness within the energy system or physical body requires intervention (Frohock 1999). Second, PH separates the individual into discrete energy components to enable the targeting of specific chakras or subtle energy bodies to actuate the therapy (Sui 2000a, 2000b, 2000c, 2000d). Third, manifested signs and symptoms of energy disruption within the physical or energy bodies are targeted to respond with a predetermined course of action (Sui 2000a, 2000b, 2000c, 2000d). For example, pain in different bodily regions involves specific activation of distinct chakras at explicit stages during the PH technique. Finally, diagnostic and therapeutic tools are used by Pranic Healers. An example would be the use of a

crystal as a tool to aid the therapist to accelerate the natural healing response within the client (Sui 2000d).

Scientific Support

The concept of an energy field permeating and surrounding the human body has been a topic of controversy since Rogers (1970) introduced SUHB into nursing practice. In a few decades scientists have gone from a conviction that there is no such thing as an energy field around the human body, to an absolute certainty that it exists (Oschman 1996a: 34-35). However, philosophy and theory-based holistic energy modalities such as PH still encounter much opposition within a health care system that is mechanistically oriented (Light 1997).

Many people are seeking to validate energy-based therapies such as TT through positivist strategies (Baum 1998; Esposito 1998; Rosa, 1995; Rosa, Rosa, Sarter, Barrett 1998). The validation processes are however contrary to TTs philosophical and theoretical foundations and those of PH, but are in keeping with its mechanistic elements.

Three contemporary scientific findings which advance energy therapies as a vehicle for promoting health in the future are noted here. These 'discoveries' provide a physiological basis to healing supporting the use of PH as a clinical nursing intervention.

'Healing energy': A definition

Superconducting Quantum Interference Device (SQUID) technology was developed in the

USA by Dr Zimmerman in 1985 and has enabled the more precise measurement of biomagnetic fields indicative of physiological function than with current electrical methods. Correlations of 'biomagnetic pulsations' between the practitioner's hands, brain waves and medical devices were detected by Zimmerman utilizing the SQUID (Oschman & Oschamn 1999). Consequently,

'philosophy and theory-based holistic energy modalities still encounter much opposition'

Oschman offered this defining hypothesis:

'Healing energy', whether produced by mechanical devices or projected from the human body, is energy of a particular frequency or set of frequencies that 'jump starts' the repair of one or more tissues (Oschman & Oschamn 1999: 7).

Having isolated different frequencies for all body tissues and organs, Oschman and Oschamn (1999) asserted that a multitude of medical devices would be required to activate healing where severe damage has been sustained. They also claimed that the practitioner's hands are capable of innately transferring energy throughout the entire energy spectrum as required (Oschman & Oschamn 1999).

Perineural system: Synonymous with the subtle energy system

Dr. Becker, a New York orthopaedic surgeon, was instrumental in pioneering efforts to explore the perineural system—a layer of connective tissue cells which surrounds the neural network. These cells conduct a low voltage 'current of injury' or 'injury potential' away from the site of trauma, instigating a physiological healing response which is coordinated by the brain (Becker 1991, 1990). Becker experimented on salamanders and frogs by amputating their limbs. The ensuing repair mechanism generated from their nervous system was observed by measuring the 'electrical potential' of the perineural system (Becker 1991; Gerber 1996). Becker successfully applied external electromagnetic electrodes on formerly non-aligned fractures resulting in wound healing (Gerber 1996).

Based on Becker's (1991, 1990) work, the perineural system is seen to be synonymous with the subtle energy system. The perineural system is also responsible for other physiological effects, including geomagnetic field effects on brain waves, hypnotic states and deep anaesthesia, regeneration and growth regulation (Oschman 1998). Effected by magnetic fields, the perineural system has input channels which relate to the acupuncture points of meridian channels that foster tissue regeneration (Becker 1991). On a biological level, Sui (2000a) believed prana acts as a catalyst to stimulate the

biochemical reactions which promote the natural healing process, most likely acting through this perineural system.

The living matrix: Relating the vibrations of energy to matter

Every cell within the body produces a resonant oscillation directing its function (Oschman 1996b). The oscillations become regulated and synchronous because of the crystal-like matrix inherent in cells, tissues and organs (Oschman 1997a). The 'living matrix' is the term coined by Oschman (1996b) for the semiconducting

... nuclear matrix, cytoskeleton and extracellular matrix ... seen as a continuous 'supramolecular' webwork extending into every nook and cranny of the body (Oschman 1996b: 41).

Its correspondence to the vibratory network utilized for moving subtle energy throughout the physical anatomy has been observed. Absorptions and emissions of electromagnetic activity create vibrations arising from, and travelling throughout, the living matrix (Oschman 1997a, 1996b).

The synchronous vibrations inherent in the living matrix were first predicted by Liverpool biophysicist Herbert Frohlich towards the end of the 1960s (Oschman 1996b), and confirmed later through laboratory work (Oschman 1996b). Collectively, a human being will resonate with its own characteristic frequency and these vibrations extend into the environment knowing no boundaries (Oschman 1996b).

This matrix gives scientific support for vibrational healing techniques such as PH. Energy is distributed via the chakras through the energy channels, synonymous with the perineural system, and directly conducted into the cells. The emanations arising from the living matrix also demonstrate that humans do not 'stop' at their skin.

The occurrence of crystal-like properties within the 'living' physical body has been coined 'living crystals' by Oschman (1997a). Examples include cell membranes composed of a crystal-like matrix of phospholipids, and connective

'Pranic healing incorporates seven steps which are briefly outlined.'

tissue consisting of a collagen matrix (Oschman 1997a). The piezoelectric properties within naturally occurring mineral crystals are seen to facilitate the 'vibratory energy exchange' (Oschman 1997a: 243) from the practitioner to the client, effecting the living crystals within the body (Oschman 1997a, 1997b). Humans have helical particles such as myosin and collagen that also demonstrate piezoelectric characteristics converting energy into different forms (Oschman 1998):

They [helical particles] have the capability of emitting and absorbing light and converting light energy into vibrations that

can travel about within the living matrix. [Because they are semiconductors] ... they can also respond to magnetic and biomagnetic fields (Oschman 1998: 55).

The data presented on living crystals and their piezoelectric effects have provided scientific support for the use of crystals in healing. The PH practitioner uses the natural oscillations of crystals to facilitate the synergistic action of living crystals to promote energy flow into the cellular level. Crystals promote the transfer of energy vibrations from the practitioner, also acting as a conductor, to the client (Gerber 1996; Melody 1997; Stein 1996; Sui 2000d). The helical piezoelectric properties inherent in key constituents of cells, such as DNA, enable the conversion of energy as needed.

The Pranic Healing Technique

The introduction of the PH technique within therapeutic nursing is consistent with Rogers' (1994b) projections for the twenty-first century:

In practice, non-invasive modalities will characterize the next century...Certainly within the whole world of modalities, there are multiple things that we [nurses] can be doing that are non-invasive (Rogers 1994b: 34).

One such non-invasive technique is PH which incorporates seven steps which are briefly outlined below. Progression from one step to the next is dependant upon the client's energy response (Sui 2000a). The nurse may need to repeat steps on numerous

occasions until the desired balance within the client's energy field is perceived (Sui 2000a). Advanced healing techniques and special skills acquired from specific teaching sessions offer additional capabilities which the healer can draw upon during a PH session (Sui 2000a, 2000b, 2000c, 2000d, 2000e, 2000f).

Sensitizing the hands refers to the ability of the nurse therapist, as Pranic Healer, to cultivate subtle energy flow through the hand chakras, thereby increasing the potential for healing through energy field interaction (Sui 2000a). There are a number of ways the nurse can facilitate energy flow: performing simple, regular and general physical exercises to promote the opening of personal meridians; connecting the tongue with the palate; and concentrating on heart and crown chakras (Sui 2000a).

Scanning involves assessing the condition of the client's energy field, energy bodies or individual chakras by utilizing sensitized hands to detect alterations in energy flow (Sui 2000a).

Cleansing follows to resolve energy blockages and promote the outflow of 'diseased' or 'negative' energy from the client's subtle energy anatomy (Sui 2000a). 'Localised sweeping' with circular counterclockwise rotations of the hands over the chakras speeds up the targeted chakras whirling vortex and promotes the movement and expulsion of the devitalised energy (Sui 2000a). 'General sweeping' is usually performed on the energy bodies,

which are separated through the healer's intent and energy perception (Sui 2000a). Clearing the diseased energy makes way for the revitalised prana to be introduced, allowing healing to occur.

Increasing the receptivity of the client is encouraged throughout the entire PH session by the client assuming the receptive pose—palms facing upward and eyes closed—or by the nurse using an invocation for healing, placing the tongue on the palate, and by promoting the client's relaxation by creating rapport, comfort and a soothing environment (Sui 2000a).

Energising is the transfer of prana by universal energy being allowed to pass through the nurse's energy system for use by the client. Two modes of energising exist and can be utilised depending on client need: general energising directs energy into the health rays and one or more of the interpenetrating energy bodies; local energising facilitates energy absorption straight into the client's chakras (Sui 2000a). Clockwise circular hand movements within the external chakra targeted by the nurse increases the client's energy uptake (Sui 2000a).

Stabilising is the conscious intent to promote the client's acceptance of revitalised energy changes (Sui 2000a). While the nurse thinks of the word 'stabilise' and the colour 'sky blue' to balance the client's subtle energy changes, she repeatedly 'pats' the client's energy field or chakra (Sui 2000a).

Releasing the projected prana is the 'final' step in the PH technique (Sui 2000a). The nurse makes a 'scissor cutting' action with her fingers as a symbolic gesture to detach herself from each of the client's chakras and energy fields (Sui 2000a).

Conclusion

This paper contends that PH, principally a holistic therapeutic modality, should be integrated within clinical nursing practice. Designated a complementary therapy, PH lies within the clinical guidelines and policies developed by nursing's formal bodies: ANF, RCNA and NBV. Four major ideologies have been identified as underpinning PH as a contemporary healing technique: SUHB, Eastern philosophy, holism and mechanism. It is argued that PH can actualise Rogers' SUHB, an abstract conceptual model, within the clinical milieu.

It is also suggested that the introduction of PH into nursing practice without positivist validation methods, which are not 'in keeping' with its holistic ideology, may be difficult. The 'scientific' findings cited within this paper support PH as a therapeutic measure capable of assisting nursing clients in a collaborative effort to achieve health.

Given the theoretical foundations of PH, it would seem appropriate that research grounded in non-positivist paradigms be pursued. For example, phenomenological research could explore PH as experienced by nurses and their clients. This work could offer

insight into the potential of the PH technique for practitioners and for people contemplating health care options.

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