

# A Research Proposal for the Laboratory and Clinical Evaluation of Pranic Healing

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## DESCRIPTION & ABSTRACT OF PROPOSED RESEARCH

Pranic Healing is a biofield therapy established in China thousands of years ago but rediscovered and reformulated in recent times by Mei Ling and his student Master Choa Kok Sui. Practitioners believe that they are able to tap into what is termed "prana" or "chi", the "universal force" or "life force" and to use this energy to promote or enhance healing. The Pranic Healing process involves and includes (1) giving proper recognition to its ancient origins and to all those that have contributed to its development, (2) scanning the energy or the aura of the subject to diagnose any abnormalities, and (3) cleaning and energizing the body, the chakras, and the aura of the subject with prana of appropriate colors to promote healing and balance. Today, thousands of Pranic Healing practitioners around the world are following the teachings of Master Choa and the "cook-book" of treatments he has devised for a variety of ailments based on years of study and discovery. As a part of the UCI Center for Frontier Medicine in Biofield Science (UCI/CFMBS), this collaborative project will, for the first time, critically evaluate Pranic Healing in both a laboratory and a clinical setting using rigorous mainstream scientific methods.

Two studies are proposed. The first, a six months laboratory study to extend and build upon the preliminary and encouraging results already obtained, will investigate possible mediation effects of Pranic Healing on HeLa cells in culture which have been subjected to various levels of gamma radiation. Radiation survival rates are well known for HeLa cells and this laboratory model is well established and well characterized for radiation effects studies. Here the objective of Pranic Healing will be to alter the effects of radiation and enhance the HeLa cells survival rate curves for a wide range of radiation parameters.

This first study will also determine if Pranic Healing applied in close proximity to the cells in culture (proximally) is any different than that applied at various distances (distally). Repeating these experiments using eight different Pranic Healers (including the only two individuals world-wide to be designated Masters), we will determine the effect of training, experience, and even talent in the application of this modality. Selected experiments will be repeated under various shielding conditions.

That is, radiated HeLa cells in culture will be treated with Pranic Healing while shielded from electric fields, magnetic fields, x-rays, and/or gamma rays. Such experiments should clearly define the type of biofield associated with Pranic Healing and may well lead to a new theoretical framework for describing all of energy healing.

The second study of this proposed program, undertaken if and only if the laboratory study has clearly demonstrated a significant effect, is a three year double-blind clinical investigation of Pranic Healing applied to randomly selected burn patients (N=500) at the UCI Burn Unit. Although the Director of the Burn Unit is aware of our study objective, the other physicians and staff of the Burn

Unit will not be informed and will be told that any additional paper-work is related to an ongoing outcomes study.

The patients at the Burn Unit included in this study will receive standard care as defined by the Unit and will be unaware of any ongoing study of Pranic Healing. Every patient at the Burn Unit is a possible candidate for our study and their selection will largely be based on whether or not the admitting physician has sufficient time to complete a one page form describing their condition and sending this form by FAX to the Program Director. We feel that we can easily capture 150 patients per year for our study.

Each patient included in the study will be randomly assigned to receive (or not receive) distal Pranic Healing. Individual Pranic Healers will determine the length and frequency of the healing, recording this information on an attachment to the patient condition form. Following the patient's discharge, each physician and staff member involved in the care will evaluate the patient's recovery rate and condition. Such evaluations will determine the efficacy of Pranic Healing in promoting burn healing and should provide the basis for further clinical studies in other areas.

#### PERFORMANCE SITES:

University of California Irvine, Irvine, CA

University of California Irvine Medical Center, Orange, CA

#### KEY PERSONNEL

<u>Name</u>	<u>Organization</u>	<u>Role on project</u>
Joie P. Jones, Ph.D.	Dept. Radiological Sciences University of California Irvine	Project Director
Bruce M. Achauer, M.D. Co-investigator	Dept. Surgery, UC Irvine	Director, Burn Center
M. E. Cinat, M.D. Investigator	Dept. Surgery, UC Irvine	Clinical Burn Center
S. Iraniha, M.D. Master Choa Kok Sui	Dept. Surgery, UC Irvine Institute for Inner Studies and The World Pranic Healing Foundation, Manila, Philippines	Clinical Investigator Pranic Healer
Master Stephen Co	American Institute of Asian Studies, Diamond Bar, CA	Pranic Healer
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Mary D. Clark, Ph.D	Calif. Institute for Human Science Encinitas, CA	Pranic Healer
Rose Homan, D.D.S.	Santa Monica, CA	Pranic Healer

Kathie Albertson, L.Ac.	Center of Holistic Healing Upland, CA	Pranic Healer
Sybil Baker, RN	Columbus, OH	Pranic Healer
Suzanne Lange, LMT	Columbus, OH	Pranic Healer
Ricardo Alves	Los Angeles, CA	Pranic Healer
Alejandro Graterol	Venezuela	Pranic Healer
Aruna Chawla	Irvine, CA	Pranic Healer

Over the past year two such experiments have been conducted. The first experiment was a preliminary investigation of the possible mediation effects of Pranic Healing on HeLa cells in culture, which had been subjected to a controlled level of gamma radiation. Please note that radiation survival rates are well known for HeLa cells and that this laboratory model is well established and well characterized for radiation effect studies. In this experiment, HeLa cells were cultured between 10 identical petri dishes and incubated for 20 days following a standard cell culture protocol. Following this initial incubation, the dishes were randomly divided into five groups, (A, B, C, D, E) of two dishes each and labeled (A1, A2, ....., E2) for identification purposes. Each petri dish was passed through an automated cell counter and returned to the incubator. Group A remained in the incubator undisturbed. Each dish in Group B was individually placed in the Department's gamma ray radiation source and given a controlled dose calibrated to produce a cell death rate of 50% after two days.

Group C was subjected to the same radiation profile as Group B but, immediately following the radiation, was treated for 30 minutes by an experienced Pranic Healing who "cleaned the cells of dirty energy and directed prana into the cells to help in their recovery," Group D was first treated by an experienced Pranic Healer who "cleaned the cells of dirty energy and directed Prana into the cells to protect them from radiation" and then subjected them to the same radiation profile as Groups B and C.

Group E was treated with Pranic Healing both before and after radiation. Two days after Groups B, C, D, and E had received radiation, all dishes were removed from the incubator, individually passed through an automated cell counter, and the measurements compared to the earlier cell count before treatment. The results are summarized in Table 1 below.

As predicted by this model system, all of the cells in Group A survived (actually 99.6%) while only one-half of those in Group B survived after radiation (actually 48.8%). Note, however, Pranic Healing had a significant impact on cell survivability in Groups C, D, and E. Applying Pranic Healing to the cells after radiation (Group C) changes the survival rate from 48.8% to 76.5%, a 56.8% increase in cell survivability.

The results are even better when the cells are treated with Pranic Healing before radiation (Group D). Here the survival rate increases from 48.8% to 89.2% representing an 82.8% increase in survivability. Treating the cells both before and after radiation increases the survival rate from 48.8% to 92.3% representing an unbelievable 89.1% increase in survivability. Although preliminary, we believe that this data is impressive and speaks for itself. The results are difficult to reconcile with contemporary Western Science and no plausible biomedical explanation is evident.

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TABLE 1:  
HeLa Cell Survival With Pranic Healing

(unpublished data)

GROUP	% CELLS SURVIVING
A (control)	99.6%
B (radiation only)	48.8%
C (Pranic Healing after radiation)	76.5%
D (Pranic Healing before radiation)	89.2%
E (Pranic Healing before and after radiation)	92.3%