

How to Cite

Diniari, N. K. S., Ayu, K., & Widiana, G. R. (2023). The effectiveness of pranic complementary therapy to reduce post COVID-19 anxiety in elderly . *International Journal of Health & Medical Sciences*, 6(1), 1-6. <https://doi.org/10.21744/ijhms.v6n1.2069>

The effectiveness of pranic complementary therapy to reduce post COVID-19 anxiety in elderly

Ni Ketut Sri Diniari

Psychiatric Department Medical Faculty Universitas Udayana, Denpasar, Indonesia | Prof. Ngoerah General Hospital, Denpasar, Indonesia

Corresponding author email: sridiniari@ymail.com

Ketut Ayu

Pranic Healing Prof. Ngoerah General Hospital, Denpasar, Indonesia

Gede Raka Widiana

Internist Departement Medical Faculty Universitas Udayana Denpasar, Indonesia | Prof. Ngoerah General Hospital, Denpasar, Indonesia

Abstract---Background. COVID-19 affects all aspects of life globally including the elderly who are a vulnerable population experiencing psychosocial disorders. They are vulnerable to mental disorders during the pandemic such as stress, anxiety, depression, post-traumatic stress disorder, suicide, and aggravation of pre-existing mental disorders. The choice of anxiety therapy in the elderly is prioritized to be non-pharmacological therapy to avoid polypharmacy and the side effects of pharmacological therapy. Pranic healing therapy is a complementary therapy that can be a therapeutic option used to reduce anxiety in the elderly after suffering from COVID-19. **Methods.** This research is an experimental study with a randomized controlled trial design. Furthermore, 20 elderly patients with post-COVID-19 anxiety who received pharmacological therapy and Cognitive Behavioral Therapy with pranic therapy intervention were compared with the control 20 elderly patients post-COVID-19 with pharmacological therapy and Cognitive Behavioral Therapy without Prana therapy. **Results.** The characteristics of patients were > 66 years old, mostly male, married, accompanied by comorbid diseases, treated in non-intensive rooms, and experiencing moderate-severe anxiety before getting Prana complementary therapy. Based on the t-test, there was a significant decrease in GAI scores (4.450) before and after therapy in the elderly group with prana therapy with a p-value <0.000, and a decrease in HARS scores (19.750) with a p-value <0.000. Also, there is a significant difference in GAI scores between the elderly group with pranic therapy (case) and the control group after pranic complementary therapy with a p-value <0.05 (p=0.006), and there is a significant difference in HARS scores with p-value <0.05 (p=0.001). **Conclusion.** Prana therapy effectively reduces anxiety symptoms in the elderly post-COVID-19. Pranic complementary therapy can be used as an effective additional therapy in reducing psychological symptoms while still providing conventional therapy.

Keywords---anxiety, COVID-19, elderly, pranic therapy, psychological.

Introduction

Some of the psychological disorders experienced by COVID-19 patients and recovering survivors such as sleep disturbances, mood disorders, panic, anxiety, depression and Post-Traumatic Stress Disorder (PTSD) which are severe chronic mental disorders and the most common that will pose a burden and threat to society (Astuti & Widyawati, 2019; Kourkouta et al., 2015). Age, gender, incidence rate and acute phase risk factors are highly correlated with psychological morbidity, making early identification and comprehensive psychological support necessary (Mo et al., 2020; Valle et al., 2006).

The prevalence of anxiety symptoms in the elderly was 4.95% before COVID-19, and 10.10% during the pandemic, which is two times higher (Al-Zahrani, 2021). Anxiety that occurs in elderly patients during the COVID-19 pandemic is mostly because they suffer from COVID-19 or because of other situations such as family suffering or dying from COVID-19, due to social restriction/isolation policies, difficulties or obstacles in accessing health services due to services are more focused on handling COVID or fear of leaving the house and being exposed to COVID-19 (Dubey et al., 2020). Stress from the self and the psychosocial environment triggers activation of the HPA axis and the inflammatory system, thereby triggering chronic inflammation which predisposes the elderly to anxiety (Chakrawarty, 2021; Mistry, 2021).

Pharmacological treatment of anxiety in the elderly who experience COVID-19 can be given Selective Serotonin Reuptake Inhibitor (SSRI) antidepressants as the main choice, given low doses, can be combined with the benzodiazepine group with a short-acting, or low doses of atypical antipsychotics (Mehra et al., 2020; Nogueira et al., 2013). Non-pharmacological therapeutic modalities are preferred such as supportive psychotherapy, psychoeducation, cognitive behavioural therapy, and other therapies such as self-hypnosis, logotherapy, and complementary therapies (Sadock, 2015).

It is believed that a person's knowledge and mental abilities are linked to the brain (mind) through various fibers and neurons, making it a major source of inspiration and motivation. The processes that take place in the mind have a direct effect and impact on the gland-producing organs, digestion, and other parts of the human body (Srivastava et al., 2017; Wang et al., 2020). Good and positive thoughts have a positive improvisational effect on health, while negative thoughts have a negative impact on health. Pranic healing therapy interventions help reduce tension and anxiety, and other mental disorders (Srivastava et al., 2019).

Pranic therapy is a complementary therapy used to complement conventional therapy. It is one part of psychotherapy. Pranic healing is an ancient knowledge and healing art that uses prana or ki or vital energy to heal the physical body. Pranic healing also involves manipulating the ki and bioplasmic material of the patient's body. It is also called medical qigong (chi kung or ki healing), psychic healing, magnetic healing, faith healing, vital healing, hand laying, therapeutic touch, and charismatic healing. Prana or ki is the vital energy or life force that maintains the life and health of the body (Sui, 2006).

The anxiety of elderly patients experiencing COVID-19 both from direct effects on the brain through the inflammatory process, as well as from the impact of stress, fear of death, isolation, loneliness, and difficulty accessing treatment during the COVID-19 pandemic will affect overall feelings, thoughts and behaviour (Grolli et al., 2021). Post-COVID-19 anxiety is seen from the aura or bioplasmic body emanating from the patient, which will then emit pranic energy to heal anxiety (de Souza Cavalcante et al., 2016). Pranic healing is an approach to accelerate the body's innate ability to heal all dimensions of physical, emotional, mental, social and spiritual health (Lama, 2020). This study aims to determine the effectiveness of prana complementary therapy in reducing anxiety in the elderly after suffering from COVID-19 (Belzung & Griebel, 2001; Kumar & Somani, 2020).

Method

This study is a pre-test/post-test experimental randomized controlled design with the sampling technique is total sampling. Subjects who met the inclusion and exclusion criteria were divided into intervention (with pranic therapy) and control (without pranic therapy) groups, each consisting of 20 subjects. All research subjects in each group were interviewed with a questionnaire to assess the presence of anxiety disorders in the elderly using the Geriatric Anxiety Inventory (GAI) and continued with the Hamilton Anxiety Rating Scale (HARS) (pre-intervention). The intervention and control groups received almost the same pharmacological therapy in the form of benzodiazepine class anti-anxiety combined with SSRI class anti-depressants, and non-pharmacological therapy in the form of psychoeducation and cognitive behavioural therapy to overcome anxiety during the therapy process that came to the Prana and Geriatric polyclinic every 2 weeks for at least 6 months. The intervention group was given prana therapy for 30 minutes performed by Prana practitioners at least 3 times or depending on the improvement felt by the patient (for example, with 2-3 times feeling the anxiety symptoms subsided), then confirmed by the GAI and HDRS assessment after prana therapy (Rahmadeni et al., 2020).

Result

The characteristics of elderly patients in the pranic therapy and control groups each consisted of 20 people, the basic characteristics of the study are presented in table 1.

Table 1
Socio-demographic and clinical characteristics of study subjects

Variable	with Panic Therapy (n= 20)	Control (n =20)
Age		
Mean	66,30	67,45
Standard deviation	5,182	4,298
Sex		
Man	11 (55%)	13 (65%)
Woman	9 (45%)	7 (35%)
Education		
Elementary School	1 (5%)	4 (20%)
Junior High School	1 (5%)	0 (0%)
Senior High School	8 (40%)	8 (40%)
Undergraduate	10 (50%)	8 (40%)
Job		
Work	0 (0%)	2 (10%)
No Work	20 (100%)	18 (90%)
Marital status		
Unmarried	1 (5%)	0 (0%)
Married	15 (75%)	13 (65%)
Widow/widower	4 (20%)	7 (35%)
Covid conditions		
Intensive room	7 (35%)	8 (40%)
Non-intensive room	13 (65%)	12 (60%)
Comorbid		
With comorbid	16 (80%)	17 (85%)
Without comorbid	4 (20%)	3 (15%)
Anxiety score (Pre therapy)		
GAI, mean + SD	12,5 + 2,685	13,35 + 3,083
HARS, mean + SD	37,95 + 12,763	34,15 + 11,495
Anxiety score (Post therapy)		
GAI, mean + SD	7,20 + 2,876	9,75 + 2,633
HARS, mean + SD	12,60 + 5,276	20,00 + 7,874

A paired t-test was conducted to obtain a comparison of differences in scores on the GAI and HARS before and after panic therapy in the panic therapy group. Based on the paired t-test, there was a significant decrease in GAI scores (4.450) before and after therapy in the elderly group with panic therapy, with a p-value of less than 0.005 ($p < 0.000$), and there was a significant decrease in HARS scores (19.750) before and after therapy with a p-value of less than 0.005 ($p < 0.000$) (table 2).

Table 2
Anxiety scores before and after panic therapy in the elderly panic therapy group

	Before therapy	After therapy	Difference	P value
GAI	12,93 (2,886)	8,48 (3,013)	4,450 (3,551)	<0,0001
HARS	36,05 (12,142)	16,30 (7,603)	19,750 (12,80)	<0,0001

Paired t-test

To compare the GAI and HARS scores of the panic therapy group and the control group before therapy using an unpaired t-test. Based on this test, there was no difference in GAI scores in the control group and panic therapy group before therapy was performed ($p=0.358$), and there was no significant difference in HARS scores in the control group and panic therapy group before therapy was performed. ($p=0.329$) (table 3)

Table 3
Pre-therapy anxiety scores in elderly pranic therapy and control groups

	Pranic Therapy	Control	P value
GAI	12,5 (2,685)	13,35 (3,083)	0,358
HARS	37,95 (12,763)	34,15 (11,495)	0,329

Unpaired t-test

To compare the GAI and HARS scores of the pranic therapy group and the control group after therapy using an unpaired t-test. Based on this test, there was a significant difference in GAI scores between the pranic therapy group and the control group after pranic therapy with a p-value <0.05 ($p=0.006$), and there was a significant difference in HARS scores between the control group and the case group after pranic therapy with a p-value <0.05 ($p=0.001$) (table 4).

Table 4
Anxiety scores after therapy in elderly pranic therapy and control groups

	Pranic Therapy	Control	P value
GAI	7,20 (2,876)	9,75 (2,633)	0,006
HARS	12,60 (5,276)	20,00 (7,874)	0,001

Unpaired t-test

Discussion

Based on data at the Prana Polyclinic Prof. IGNG Ngoerah Denpasar, there were 421 visits in 2021, and in 2022 there were 536 visits to the Prana clinic with various complaints. Psychosomatic complaints are among the top 10 diagnoses that visit the Prana clinic. One of them is patients who experience anxiety with various stressors such as suffering from cancer, pain, diabetes mellitus, difficulty sleeping, and post-COVID. Some who undergo prana therapy are elderly people who experience anxiety after suffering from COVID-19 ([Hajjar et al., 2007](#); [Carman et al., 2000](#)).

The results of this study with paired t-test significantly ($p < 0.0001$) found a decrease in anxiety scores in the elderly after COVID-19 between before and after getting prana complementary therapy. The results of the unpaired t-test found a significant decrease in anxiety in the elderly group suffering from COVID-19 who received prana complementary therapy with a GAI score with a value of $p < 0.05$ ($p = 0.006$), and a HARS score with a value of $p < 0.05$ ($p = 0.001$) compared to the elderly control group who only received pharmacological therapy and cognitive behaviour therapy (CBT).

The study conducted among 20 undergraduate students in the age group of 18-20 years, aimed to examine the effect of yoga and pranic healing on psychological disorders, there was a significant relationship between yoga and pranic healing ([Nikhra, 2016](#); [Killgore et al., 2020](#)). An experimental study was conducted on 65 female employees with an average age of 30 years to determine the effect of pranic therapy on the quality of life of female employees, it was found that pranic therapy was effective in improving the quality of life of these female employee workers. There is evidence that pranic healing therapy has the effect of improving the respiratory system, autonomic nervous system, stress, anxiety levels, and overall emotional status of the individual ([Srikanth et al., 2018](#)).

Conclusion

Pranic therapy is a complementary therapy used as an additional therapy that effectively reduces anxiety in elderly patients after suffering from COVID-19. Pranic therapy is considered a non-pharmacological therapy option in dealing with psychological disorders to accelerate recovery and improve the quality of life of patients, especially elderly patients.

Research Limitation

This study used a small sample size, and a small amount of pranic therapy research was obtained for comparison. More research is needed with a larger sample so that the validity of the therapy is closer.

Ethical Statement

This study has been approved by the ethical committee of the faculty of medicine Udayana University with the letter number: 1797/UN I4.2 .2. VII. 14/LT/2022

References

- Al-Zahrani, J. (2021). SARS-CoV-2 associated COVID-19 in geriatric population: A brief narrative review. *Saudi Journal of Biological Sciences*, 28(1), 738-743. <https://doi.org/10.1016/j.sjbs.2020.11.001>
- Astuti, C. P., & Widyawati, M. N. (2019). Penyembuhan Pranic Healing terhadap Kesehatan Tubuh Fisik Primigravida Trimester III. *Jurnal Keperawatan Silampari*, 2(2), 134-145.
- Belzung, C., & Griebel, G. (2001). Measuring normal and pathological anxiety-like behaviour in mice: a review. *Behavioural brain research*, 125(1-2), 141-149. [https://doi.org/10.1016/S0166-4328\(01\)00291-1](https://doi.org/10.1016/S0166-4328(01)00291-1)
- Carman, W. F., Elder, A. G., Wallace, L. A., McAulay, K., Walker, A., Murray, G. D., & Stott, D. J. (2000). Effects of influenza vaccination of health-care workers on mortality of elderly people in long-term care: a randomised controlled trial. *The Lancet*, 355(9198), 93-97. [https://doi.org/10.1016/S0140-6736\(99\)05190-9](https://doi.org/10.1016/S0140-6736(99)05190-9)
- Chakrawarty, A., Ranjan, P., Klanidhi, K. B., Kaur, D., Sarkar, S., Sahu, A., ... & Wig, N. (2021). Psycho-social and behavioral impact of COVID-19 on middle-aged and elderly individuals: a qualitative study. *Journal of Education and Health Promotion*, 10.
- de Souza Cavalcante, R., Banin, V. B., Paula, N. A. D. M. R., Daher, S. R., Habermann, M. C., Habermann, F., ... & de Andrade, L. G. M. (2016). Effect of the Spiritist “passe” energy therapy in reducing anxiety in volunteers: A randomized controlled trial. *Complementary Therapies in Medicine*, 27, 18-24. <https://doi.org/10.1016/j.ctim.2016.05.002>
- de Souza Cavalcante, R., Banin, V. B., Paula, N. A. D. M. R., Daher, S. R., Habermann, M. C., Habermann, F., ... & de Andrade, L. G. M. (2016). Effect of the Spiritist “passe” energy therapy in reducing anxiety in volunteers: A randomized controlled trial. *Complementary Therapies in Medicine*, 27, 18-24. <https://doi.org/10.1016/j.ctim.2016.05.002>
- Dubey, S., Biswas, P., Ghosh, R., Chatterjee, S., Dubey, M. J., Chatterjee, S., ... & Lavie, C. J. (2020). Psychosocial impact of COVID-19. *Diabetes & Metabolic Syndrome: clinical research & reviews*, 14(5), 779-788. <https://doi.org/10.1016/j.dsx.2020.05.035>
- Grolli, R. E., Mingoti, M. E. D., Bertollo, A. G., Luzardo, A. R., Quevedo, J., Réus, G. Z., & Ignácio, Z. M. (2021). Impact of COVID-19 in the mental health in elderly: psychological and biological updates. *Molecular Neurobiology*, 58(5), 1905-1916.
- Hajjar, E. R., Cafiero, A. C., & Hanlon, J. T. (2007). Polypharmacy in elderly patients. *The American journal of geriatric pharmacotherapy*, 5(4), 345-351. <https://doi.org/10.1016/j.amjopharm.2007.12.002>
- Killgore, W. D., Taylor, E. C., Cloonan, S. A., & Dailey, N. S. (2020). Psychological resilience during the COVID-19 lockdown. *Psychiatry research*, 291, 113216. <https://doi.org/10.1016/j.psychres.2020.113216>
- Kourkouta, L., Iliadis, C., & Monios, A. (2015). Psychosocial issues in elderly. *Progress in health sciences*, 5(1), 232-237.
- Kumar, A., & Somani, A. (2020). Dealing with Corona virus anxiety and OCD. *Asian Journal of Psychiatry*, 51, 102053. <https://doi.org/10.1016/j.ajp.2020.102053>
- Lama, N. (2020). Effectiveness of Pranic Healing in Treatment of Insomnia: Case Series. *Journal of Karnali Academy of Health Sciences*, 3(1), 1-7.
- Mehra, A., Rani, S., Sahoo, S., Parveen, S., Singh, A. P., Chakrabarti, S., & Grover, S. (2020). A crisis for elderly with mental disorders: Relapse of symptoms due to heightened anxiety due to COVID-19. *Asian journal of psychiatry*, 51, 102114.
- Mistry, S. K., Ali, A. R. M., Akther, F., Yadav, U. N., & Harris, M. F. (2021). Exploring fear of COVID-19 and its correlates among older adults in Bangladesh. *Globalization and Health*, 17(1), 1-9.
- Mo, G. H., Wang, Z. X., Chen, X. S., & Jiang, Q. (2020). The prognosis and prevention measures for mental health in COVID-19 patients: through the experience of SARS. *BioPsychoSocial Medicine*, 14(1), 1-6.
- Nikhra, M. (2016). A study on the effect of yoga & pranic healing on psychological disorder. *International Journal of Science and Consciousness*, 2(1), 41-44.
- Nogueira, V., Lagarto, L., Cerejeira, J., Renca, S., & Firmino, H. (2013). Improving quality of care: focus on liaison old age psychiatry. *Mental health in family medicine*, 10(3), 153.
- Rahmadeni, A. S. ., Hayat, N. ., Alba, A. D. ., Badri, I. A. ., & Fadhila, F. . (2020). The relationship of family social support with depression levels of elderly in 2019 . *International Journal of Health & Medical Sciences*, 3(1), 111-116. <https://doi.org/10.31295/ijhms.v3n1.188>

- Sadock, B. J. (2015). Sadock's synopsis of psychiatry: Behavioral sciences/clinical psychiatry. 11th. *North American: Edition Lippincott Williams & Wilkins*.
- Srikanth, N.J., Manasa, B., Lancy, D. (2018). Pre and post experiences of viewing human aura: An exploratory study. *Int. J. Res. Ayurveda Pharm*, 8(2):51-55.
- Srivastava, S., Goyal, P., Tiwari, S. K., & Patel, A. K. (2017). Interventional effect of Bhramari Pranayama on mental health among college students. *Int J Ind Psychol*, 4, 29-33.
- Srivastava, S., Patel, A. K., Tiwari, S. K., & Gupta, K. (2019). Effectiveness of pranic healing on mental health. *Journal of Psychosocial Research*, 14(1), 163-168.
- Sui, M. C. K. (2006). The Origin of Modern Pranic Healing and Arhatic Yoga. *Institute for Inner Studies Publishing Foundation Inc*.
- Valle, M. F., Huebner, E. S., & Suldo, S. M. (2006). An analysis of hope as a psychological strength. *Journal of school psychology*, 44(5), 393-406. <https://doi.org/10.1016/j.jsp.2006.03.005>
- Wang, Z. H., Qi, S. G., Zhang, H., Mao, P. X., He, Y. L., Li, J., ... & Liu, M. (2020). Impact of the COVID-19 epidemic on anxiety among the elderly in community. *Zhonghua yi xue za zhi*, 3179-3185.