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Feasibility of implementing pranic healing as a complementary service: A case study at Sanglah General Hospital, Denpasar



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ABSTRACT

Background and purpose: WHO supports the implementation of complementary therapy services in health facilities to increase comprehensive health services coverage. Sanglah Hospital is developing the pranic healing service as part of the development of Indonesia's medical tourism and traditional health. This study aims to determine the extent to which the feasibility, obstacles, challenges, and opportunities of the pranic healing service implemented at Sanglah Hospital.

Methods: This study employed a mixed-methods design with a case study approach. The data were collected from March to April 2020 using in-depth interview with 23 informants by collecting information on acceptance, readiness, requests, and service management. Documents and archival records were also collected. The survey data were collected using a self-administered questionnaire from 40 respondents by collecting information on patients' requests and acceptance aspects. The qualitative data analysis was performed thematically and presented in a narrative form. The survey data were analyzed using univariate analysis.

Results: The pranic healing service received support from the Ministry of Health and the hospital management, had a good acceptance from health workers and patients, was the only complementary service of its kind in health facilities throughout Indonesia and had the potential for the development of medical tourism. Obstacles and challenges found were related to workforce management, regulatory readiness, referral systems, and the development of inpatient services.

Conclusion: Pranic healing service could be implemented at Sanglah Hospital because they had substantial support and because of demand and acceptance aspects. However, obstacles and challenges on the implementation and practicality aspects should be overcome for the sustainability of this service. The pranic healing has a good potency since to date, it is the only one available in Indonesia which is also potential for the development of medical tourism.

Keywords: feasibility study, complementary service, pranic healing, Sanglah Hospital

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INTRODUCTION

Complementary therapy is provided in conjunction to conventional medical treatment, and it is rational according to health values and laws in Indonesia.¹ Government support for complementary therapy is stated under the Ministry of Health Regulation (*Peraturan Menteri Kesehatan/Permenkes*) Number 15 year 2018.² World Health Organisation (WHO) supports the implementation of complementary therapy services in health facilities as an effort towards holistic health services. The implementation of

complementary therapies has received good acceptance in the community. Factors affecting people seeking complementary services in Indonesia and abroad are knowledge, social condition, economic condition, disease severity, access to complementary therapy facilities, belief in the therapy benefits, fear of the treatment effects, age, residence and satisfaction with conventional services.³⁻⁹

Sanglah General Hospital in Denpasar, Bali, is one of the national referral hospitals, including for patients with chronic diseases. Sanglah Hospital has developed

pranic healing as a complementary therapy service since 2019. The pranic healing service is a safe complementary therapy because it is performed by transferring energy from God to the patient without touching the patient.¹⁰ The pranic healing can be used as a complement to conventional therapies for physical or psychological diseases and mild to severe diseases, including gout arthritis, cancer, insomnia, and depression.¹¹⁻¹⁴ Besides that, it can be used for people with chronic diseases who require long and expensive treatment. The pranic healing can reduce

patients' symptom, thereby reducing repeated treatment visits and length of inpatient care which will be able to reduce the treatment cost.¹⁵

Pranic healing is a new service at Sanglah Hospital, and thereby it is necessary to evaluate its feasibility based on the acceptance, demand, implementation, and practicality aspects. The feasibility study results will serve as a reference for the management in implementing therapy or corrective actions. A feasibility study on energy healing and energy medicine (EM) therapies had been conducted at the Lutheran Health Care Center in New York. The study results showed that the therapies were feasible in terms of acceptance, service demand, and implementation, but the practicality was not feasible due to the hospital's tight operational budget.¹⁶ A feasibility study on complementary therapy has never been conducted at Sanglah Hospital, therefore, this study aims to explore the feasibility of the pranic healing service implemented at Sanglah Hospital, Denpasar, and determine the obstacles, challenges, and opportunities in its implementation.

METHODS

This study used a mixed-methods study design with a case study approach and a sequence of concurrent triangulation. This case study is carried out by looking at the early implementation of the pranic healing service held at Sanglah Hospital. The time bounding is March to April 2020. The Sanglah Hospital has established the pranic healing as a complementary therapy since December 2019 and it is considered as typical complementary therapy provided by public hospitals in Indonesia. This study underpinned by the feasibility aspects of Bowen et.al. (2009) which examines acceptance, demand, implementation and practicality, all aspects that contribute to provision of pranic healing services in public hospitals. The survey and in-depth interviews were conducted simultaneously from March to April 2020. The data collected consisted of four aspects of Bowen's health service feasibility, namely acceptance, demand, readiness, and management from the

perspective of patients, health workers, pranic healer, and the management.¹⁷

The quantitative data were collected by surveying 40 palliative patients. The survey respondents were all palliative patients visiting the Palliative Polyclinic and Radiotherapy Outpatient Unit from March to April 2020. The survey data were analyzed using a descriptive analysis.¹⁸ The qualitative data were collected by interviewing 23 informants. Informants were selected purposively to represent the management in charge of the preparation of complementary services, health workers serving cancer patients, pranic healers, and cancer patients. The location of interviews is in Sanglah Hospital with the length of each interview approximately 30 minutes.

The secondary data related to patient acceptance were also collected from the pranic polyclinic registration, and the readiness of pranic service management was assessed through the standard operational procedures (SOPs), service flow, and decrees related to complementary services and pranic therapy. The interview results in the form of transcripts were analyzed using thematic analysis.¹⁸ A combination of open and theoretical coding was performed in data analysis to generate sub-themes and themes of the data, Bowen's feasibility study dimensions, and to understand the obstacles, challenges, and opportunities of the pranic service implementation.¹⁷ Data quality is ensured by triangulating data sources, in which the results of interviews are confirmed by looking at available documents regarding pranic healing such as the hospital director's decree, SOPs, service flow, report and register books. Furthermore, we use check and recheck the information gathered with the informants to ensure the rigour of the data. Upon the completion of the interview, the first author consult with the second and third author on the obtained data in order to minimise biases, wrong perspectives and assumptions. The results of this study were presented in a narrative form.

This study was approved by the Ethics Committee of the Faculty of Medicine, Udayana University/Sanglah Hospital, on March 23, 2020, with number: 421/UN14.2.2.VII.14/LP/2020.

RESULTS AND DISCUSSION

Research themes

There are three themes and ten sub-themes collated from the data. The summary of the research themes, sub-themes and examples of quotations from informants is presented in Table 1.

Characteristics of informants and respondents

The characteristics of the in-depth interview informants are presented in Table 2. The informants consisted of ten health workers, five people from the management, two pranic healers, and six pranic patients. Half of the health workers were male, while the two of pranic healers were male and all patients were female.

Among 40 survey respondents, 40% of them were over 55 years old, about a third of them (32.5%) lived in Denpasar, most of them (35%) were senior high school graduates, and all patients (100%) had severe diseases. The survey respondents' characteristics are presented in Table 3.

Acceptance of pranic healing service

a. The use of pranic healing service by patients

The pranic polyclinic registration book showed that 25 patients visited the polyclinic from December 26, 2019, to February 27, 2020. Most of the visitors (52%) were patients with chronic diseases in the palliative phase, including chronic kidney failure and cancer. The results of survey data presented in Table 4 showed that only one person had used pranic service (2.5%), ten people heard about the service (15%), and 30 people had never heard of it (75%). The only patient who has received this service was a patient receiving the pranic social service during the Radiotherapy Installation anniversary.

Our interview results showed that one of the reasons for the minimal use of service was the lack of referral services from the polyclinic, the lack of promotion, and limited implementation by the hospital. Therefore, the promotion still needs to be improved.

"The promotion was performed at the opening. It is also promoted through social works to friends and patients' companions. We give information in the form of leaflets

Table 1. Research themes

Themes	Sub-themes	Quotations
Acceptance	- Benefits of pranic therapy for patients	<i>"My patient, the one with ITP - Ewing's sarcoma, had pranic treatment. The drug's effects in the patient's body might be better with the help of pranic healers."</i> (PW, Health Worker)
		<i>"I finally received the pranic therapy. I felt the benefits after three times receiving the therapy."</i> (SD, Palliative Patient)
		<i>"There was a lot of evidence, including the patients. I personally met them. They said that the impact was very good for curing the diseases."</i> (AM, the Management)
	- Support from management	<i>"I have talked with the Medical Director about pranic service. He welcomed the idea very well. The service is also strengthened by the Regulation of the Minister of Health."</i> (AM, the Management)
Implementation	- Support for facilities and infrastructure	<i>"The polyclinic has a wing room, chairs, beds, equipment needed by the team, washbasins, tables, chairs for waiting rooms, and media for information"</i> (AM, the Management) <i>"We already have patient medical records."</i> (SUD, the Management)
	- Budget support	<i>"No budget is issued."</i> (SUD, the Management)
	- Referral system management	<i>"It is probably the same with other health consultations."</i> (SW, Health Worker) <i>"It is service by appointment"</i> (A, the Management) <i>"The promotion is done by mouth to mouth, publishing it in newspapers, and orientation in offices"</i> (A, the Management)
Practicality	- Service promotion	
	- Availability of resources	<i>"Regarding the facilities, the polyclinic wing is filled with amenities and equipment needed by the team, which are easy to prepare. The medical personnel as the ones performing the pranic therapy."</i> (AM, the Management)
	- Patient's waiting time	<i>"It is service by appointment so that the patients can be easily served."</i> (A, Management)
	- Effectiveness of service outcomes	<i>"Those who come to the polyclinic feel more relieved and more comfortable."</i> (AH, Pranic Healer)
	- The credentials of pranic healers	<i>"Because of the clinical ethics, it cannot be used to analyze at this time."</i> (IBA, the Management)

and banners. We still need promotion by using radio or television."(AM, the Management)

"We promoted the service in a Bali travel newspaper and provided orientation in offices, Midwifery Health Polytechnic, and Faculty of Literature of Udayana University." (A, the Management)

Efforts to increase demand for services such as promoting services to the public and health workers, were needed to increase public demand for complementary services.^{9,19} Our survey results showed that more than 50% were willing to have pranic therapy, and 77.5% were willing to recommend it to other people (Table 4). The main reason for receiving pranic service was disease severity (71%). Other reasons were including the obtained information, belief in the benefits of pranic therapy, curiosity

Table 2. Characteristics of in-depth interview informants

Category	Health workers	Management staff	Pranic healers	Palliative patients
Age (years)				
36-45	4 (40%)		1 (50%)	1 (16%)
46-55	4 (40%)	2 (40%)		5 (84%)
56-65	2 (20%)	3 (60%)	1 (50%)	
Sex				
Male	5 (50%)	3 (60%)	2 (100%)	
Female	5 (50%)	2 (40%)		6 (100%)
Education				
Not attending school				
Elementary school				
Junior or senior high school				3 (50%)
3-year diploma	2 (20%)			
Bachelor degree	2 (20%)			3 (50%)
Master degree	5 (50%)	3 (60%)	2 (100%)	
Doctoral degree	1 (10%)	2 (40%)		

Table 3. Sociodemographic characteristics of survey respondents

Variables	N	%
Age (years)		
Median, Min-Max,SD	52, 20-78, 13.9	
17-25	2	5%
26-35	3	7%
36-45	6	15%
46-55	13	32%
56-65	8	20%
>65	8	20%
Residential area		
Denpasar	13	32.3%
Badung	6	15%
Gianyar	4	10%
Karangasem	4	10%
Tabanan	3	7.5%
Buleleng	3	7.5%
Bangli	3	7.5%
Klungkung	2	5%
Jembrana	1	2.5%
East Nusa Tenggara	1	2.5%
Education level		
Not attending school	1	2.5%
Elementary school	12	30%
Junior high school	5	12.5%
Senior high school	14	35%
University	8	20%
Disease severity		
Severe	40	100%
Not severe	0	0%

Table 4. Survey data on demand and use of pranic service in palliative patients

Questions	Yes (%)	No (%)
Never heard of pranic service	10 (25%)	30 (75%)
Have used pranic service	1 (2.5%)	39 (97.5%)
Willingness to accept pranic service	21 (52.5%)	19 (47.5%)
Willingness to recommend pranic service	31 (77.5%)	9 (22.5%)

about pranic therapy, and desire to try the therapy again. A total of 14 people (35%) of the 40 survey respondents were unwilling to undergo pranic therapy but were willing to provide information about the therapy to other people.

"This therapy has no risk. There is no substance entering the body and no touch. I have been undergoing treatment for a long time and hoping for a quick recovery and comfort. I recommend it because I have felt the benefits." (SD, palliative patient)

"The doctor's recommendation made me want to know about the therapy. I underwent the therapy. The result was

amazing. I took my friend at the launching of the pranic clinic." (WI, palliative patient)

The reasons for patient acceptance of the pranic healing service were in line with the results of a study conducted in East Java in which patients accepted complementary services due to information from friends, confidence in their safety, the severity of the disease, willingness to try, financial ability, and ease of access.⁹ In contrast, there were recommendations from physicians and the perceived benefits of undergoing the therapy as the reasons for therapy acceptance in our study.

The reasons for patients to not

accepting the pranic healing service were lack of knowledge and belief (religion). They also felt that they already knew the disease and its medical therapy clearly, and thereby they did not want to try other services. Other reasons were the economic condition, the patients' feeling that they had no complaints, and the distance between the residential area and the clinic.

"The reasons are that I am afraid to try the therapy, afraid that it will have side effects, and also for religious reason although it has been explained that the therapy is universal." (SD, palliative patient)

"I am more inclined to medical services. I am comfortable with something that makes sense. I am still not familiar with pranic therapy. I feel that I still don't need it. I don't have many complaints. I'm looking for therapy covered by health insurance so that I don't spend too much money." (HL, palliative patient)

"I am not interested. The disease I have requires a large amount of money. Thus, I choose medical care because there is help from the Healthcare and Social Security Agency. I have no complaints related to the disease. I live in Tabanan." (RL, palliative patient)

This study indicated the patients' lack of knowledge of pranic healing benefits, and thereby they refused to use this service. Knowledge was one of the preconditions for patients to accept complementary therapy.⁹

b. Acceptance of pranic service by health workers

The results of interviews with health workers indicated good acceptance of pranic service. An informant with a background as a specialist in the Oncology Division stated that pranic service supported holistic patient management. He expressed a strong desire to refer patients to the pranic healing service.

"It is related to my field, gynecology and oncology. One of the palliative components is pranic healing. It plays an important role when medical treatment is not very useful. Comprehensive management related to cancer treatment." (SW, health worker)

“The psychological state can be changed by giving pranic energy. Positive things in the patient’s body appear faster. The patient who accepts everything that happens calmly and happily may have a long life” (PW, health worker)

Another form of acceptance by health workers was the belief that pranic therapy will be successful in helping the patient’s healing process.⁴ Besides that, the health workers that treated advanced-stage cancer patients would make more efforts to provide holistic care by involving a complementary therapy team.²⁰

Patients in the palliative phase that have psychological disorders require complementary services. The complementary therapy provides more holistic care, not only for their physical condition but also for the emotional and spiritual condition.²⁰

c. Acceptance by the management

Acceptance by the management was observed from the release of regulations and permits, provision of human resources, provision of facilities and budget, marketing promotion efforts, and expansion of service coverage. The management of Sanglah Hospital had issued a Decree of the President Director of Sanglah Hospital Number: HK.02.03/SK.XIV.4.3.1/45891/2019 regarding Complementary Traditional Health Services, Decree of the President Director Number: HK.02.03/SK.XIV.4.3.1/47470/2019 regarding Rates for Complementary Traditional Health Services, Service Flow of Pranic Energy Therapy, Standard Operating Procedures (SOPs) for Outpatient Pranic Energy Therapy Services.^{21–24} However, the Pranic Healing Service Guidelines had not been developed, and thereby there was no basis for the management to conduct staff capacity building. The management acceptance of services was shown by the fulfillment of the aspects necessary for the feasibility of service, including legal, socioeconomic and cultural, market and marketing, technical and technological, management, and financial aspects.²⁵

The results of this study also indicated that the pranic healing service at Sanglah Hospital had been performed by health

workers and there were not enough pranic healers available at Sanglah Hospital. However, the management had not been able to provide special personnel for this service because it was a new one. The pranic healers were still attached to their work units, and thereby increasing their workload.

“This is a new service. Anything new must be carried out together. We are not ready in terms of staff. The existing staffs are tied to their respective work units.” (AM, the Management)

Workforce management at Sanglah Hospital was based on the decentralisation policy. The policy had impacts on the recruitment, retention, development, and distribution of health workers.²⁶ Manpower management is needed so that health services can develop. Multiple positions sometimes cause problems in time management.²⁷

Acceptance by the management was also shown by establishing a comfortable Pranic Polyclinic on the third floor of the Amerta Pavilion building. However, the polyclinic was empty of visitors because it was located in inpatient treatment rooms. The facilities and infrastructure needed for pranic service used the existing facilities and infrastructure. The management had not provided any indication of this service’s existence, and thereby the service was not strategic.

“No budget is issued.”(SUD, the Management)

“We have a wing room for this service.”(AM, the Management)

“The pranic polyclinic should be located in polyclinics that are crowded with people, especially if there is a large writing of ‘Pranic Polyclinic’ in front of the room.”(AP, Health Worker)

The marketing efforts had been made, and there was a desire to expand service coverage. Various promotional efforts that had been made remain not optimal because promotions through mass media channels such as radio or television had not been carried out.

“The marketing was conducted by promoting the service in newspapers and doing orientation at the Midwifery Health Polyclinic, offices, Faculty of Literature of Udayana University, and hospitals.” (A, the Management)

“Media for information can already be given. The promotion is through social work. Pranic therapy is still in outpatient care, and it is something we must strive for. In the future, we will recruit people who have received training. We already have strong policies and SOPs. We have not properly utilized the promotion. We can promote the service through radio or television.” (AM, the Management)

The marketing strategy for health services to maintain the continuity of hospital operation was to add new service products and increase promotional efforts.²⁸ The unique complementary service and Bali region’s condition that becomes the destination for health tourism activities were opportunities to develop this service as medical tourism.²⁹

Implementation of pranic healing service

The feasibility of implementation was assessed from the ability to manage the service, the referral system, and the availability of clinical management guidelines. The outpatient pranic healing service was running well, but its inpatient service was not yet optimally running. Our study results showed that Sanglah Hospital had not had Pranic Healing Service Guidelines, which caused health workers to have no guideline for providing inpatient and outpatient services. No manual on procedures of writing medical records for patients that had pranic healing service either.

“There is no procedure and agreement on how to write the medical records.” (AH, Pranic Healer)

Based on a literature review study in several hospitals in Indonesia, guidelines on filling in medical record sheets were needed to make the implementation of filling medical records run properly. The study showed that health workers’ obstacle in filling out medical records was

the complex content of medical record forms.³⁰

Our study results showed that inpatient service management was not optimal due to the lack of health workers' knowledge. There was a Service Flow of Pranic Energy Therapy at the hospital, which stated that inpatients could receive bed consultation to the pranic healing service. However, due to the absence of service guidelines and lack of knowledge of health workers regarding this service, demand from inpatient service was not high.

"The demand is still for outpatient service. There is still not much demand for inpatient service. We need much explanation regarding the pranic service. We have to make guidelines for the pranic service." (AM, the Management)

"Regarding the marketing, we informed the service to other doctors, internists, neurologists, and surgeons. Many people still do not know about the service. I am often asked about who is there, what is being done there, what disease is treated, and the results." (AH, Pranic Healer)

Implementation of complementary services at health facilities requires regulatory support, such as director's decrees, internal regulations, and SOP.³¹ The regulation is issued based on evidence regarding the impact of complementary services on patients.³² The pranic service guidelines are indispensable as a guide in managing pranic services and maintaining service quality.

The practicality of pranic healing service

The practicality of the pranic healing service was assessed from the effectiveness, ethics, and safety. Sanglah Hospital had provided pranic healers and a budget to support the provision of pranic healing service. The effectiveness was shown by the satisfaction of patients who felt that they had fewer complaints after receiving the pranic service.

"I underwent the therapy, and the results were amazing." (WI, palliative patient)

"I felt the benefits. I used to have many complaints. I can finally do my activities." (SD, female, palliative patient)

The effectiveness of therapy can be shown by the reduction in the complaints of disease symptoms felt by the patient. One of the therapy's effectiveness is the reduction of pain.³³

From the aspect of ethical fulfillment, the Ethics and Law Committee of Sanglah Hospital had not been able to give ethics recommendations for the opening of pranic service because the evidence-based benefits of this service had not been demonstrated. Besides that, there was also a consideration of fairness for other complementary services that also asked to provide services at Sanglah Hospital. However, some requirements could be met by the pranic service to open the health service, i.e., reasonable competence, reasonable care, reasonable communication, and good record. Regarding reasonable competence, the pranic healers had already practice license.

From the medical safety aspect, the Ethics Committee had also not been able to provide credential recommendation because the evidence-based benefits of this service had not been demonstrated. Although there were no ethical fulfillment aspects and recommendations from the Medical Committee, the Pranic Polyclinic was still open because it had fulfilled the legal aspect (i.e., the Decree of the President Director of Sanglah Hospital concerning Complementary Traditional Health Services) based on the instruction from the Minister of Health.

"The Ethics and Law Committee do not know for sure the treatment indications, justification issue, and regulations." (IBA, the Management)

"Studies are needed to determine whether it is useful. I had an audience with the Director. We are looking for a place for it." (SUE, the Management)

The Medical Committee plays a role in providing recommendations to hospital directors on the integration of complementary services, including the results of credentials of medical staff and traditional health workers who will provide traditional health services.³⁴ This credential is intended to maintain the security of the services provided.³⁵ Complementary services (e.g., pranic

healing) have been regulated in the Regulation of the Minister of Health Number 15 of 2018.²

The management of Sanglah Hospital had not yet arranged for a permit to establish a Pranic Polyclinic to the Center for Development and Application of Traditional Medicine (CDATM). Although the pranic healing service had not coordinated with CDATM, the safety of its implementation had been supervised by the Denpasar City Health Office, Bali Provincial Health Office, and the Minister of Health, with follow-up reports on pranic healing service activities from Sanglah Hospital. Internal quality monitoring was conducted by the Medical Service Division, the Nursing Division, and the most responsible was the Director of Medical, Nursing, and Support Services.

"CDATM saves the traditional healers who wish to serve the community. We must take precautions. That's why Sanglah Hospital should invite CDATM to work together to build that." (TD, Health Worker)

CDATM is a complementary service forum established by the Governor, whose task is to screen the developing traditional health service methods or those widely used by people. The screening includes safety testing of traditional services. CDATM is controlled by a DATM Control Team led by the Head of the Provincial Health Office. The screening results are then determined by the Minister.³⁶ In the Regulation of the Minister of Health Number 37 of 2017, it was stated that the Minister of Health, the Head of the Provincial Health Office, and the Head of the Regency/City Health Office provided guidance and supervision to maintain the safety of the implementation of integrated complementary health services.³⁴ The guidance and supervision, among others, are carried out through the implementation of recording and reporting in stages to the Head of the Regency/City Health Office, then to the Head of the Provincial Health Office, and to the Minister of Health. The development for professions that do not yet have an organization is carried out by the Minister.²

The safety of the pranic healing service increased with the opportunity that the service would become more legal. The

Traditional Health Worker Practice License (THWPL) and Traditional Health Worker Registration Certificate (THWRC) added legality in providing the service.

“The professions have been formalized with THWPL and THWRC in the Regulation of the Minister of Health. Both licenses are somewhat official, but the health workers still have to undergo the education to gain credentials.” (SUE, the Management)

Traditional health workers can have THWPL and THWRC if they meet the provisions of laws and regulations.² It is official because of the recognition of the government.

Study Limitation

The main weakness of this study was the recruitment of respondents. We only recruited patients that could potentially use the pranic therapy, namely cancer patients in the palliative phase recruited from Radiotherapy Outpatient Unit and Palliative Polyclinics. Thus, this study had not been able to describe the acceptance of patients from other polyclinics and those with diseases other than cancer. The data collection collided with the COVID-19 pandemic that caused a small number of patients to come to the palliative polyclinics, thereby making the researchers look for respondents to the Radiotherapy Outpatient Unit.

CONCLUSION

Pranic healing service at Sanglah Hospital had met the feasibility aspect, i.e., demand and acceptance, however, the implementation and practicality aspects should be improved. The acceptance and demand aspects including demand from doctors and patients; acceptance by the management, health workers, and patients; and doctor's recommendation to refer the patients. The pranic healing service in health care facilities was currently only available at Sanglah Hospital, and thereby it had a potency to become a special service which support medical tourism. The implementation aspect should be improved since the development of service and referral systems could work if the guidelines were made. In terms of its practicality, the pranic healing service had been able to provide effective and

safe service, but there were challenges from the Medical and Ethics Committee due to no strong scientific evidence to show effectiveness of the therapy so far. Further research is suggested to evaluate the effectiveness of the pranic healing as a complementary therapy to conventional therapies for patients with physical and psychological complaints.

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AUTHORS' CONTRIBUTIONS

DM, DS, and IB designed and conceptualized the study and analyzed the data. DM collected the data. DM, DS, and IB wrote the initial draft manuscript, DM, DS, IB, and CB did the editing. DM, DS, and IB were involved in designing the study and assisting in data analysis. DM, DS, IB, and CB provided manuscript feedback and critically reviewed the study proposal.

CONFLICT OF INTEREST

The authors declare no conflict of interests.

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