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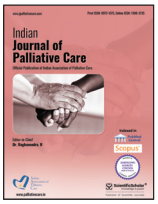

Short Communication

Effects of Pranic Energisation Technique versus Mindful Stretching on Fear of Cancer Recurrence and Depression: A Pilot Study

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ABSTRACT

Cancer remains a leading global health challenge, contributing to substantial morbidity, mortality and rising healthcare costs. Individuals affected by cancer frequently experience psychological challenges such as depression and fear of cancer recurrence (FCR). In response, integrative approaches such as yoga-based mind–body practices are gaining attention as potential interventions for mental health and thereby mitigating FCR in cancer care. To compare the effects of an advanced meditation practice – pranic energisation technique (PET) – with mindful stretching (Sukshma Vyayama) on psychological outcomes, specifically FCR and depression, among individuals affected by cancer. A comparative control design was employed. Thirty-four participants (n = 34) were assigned to either the intervention group receiving PET or the control group receiving Sukshma Vyayama. The intervention lasted 4 weeks. Outcomes were assessed using the FCR inventory–short form (FCRI-SF) and the patient health questionnaire-9 (PHQ-9). The intervention group showed a significant reduction in FCRI-SF scores ($F = 245.62$, $P < 0.001$) and PHQ-9 scores ($F = 407.42$, $P < 0.001$), indicating greater improvement in psychological well-being compared to the control group. A 4-week yoga-based meditation intervention significantly alleviated FCR and depressive symptoms among cancer-affected individuals. These findings support yoga's role as an adjunctive therapy in psycho-oncology. Future studies should explore long-term outcomes and underlying mechanisms.

Keywords: Cancer care, Fear of cancer recurrence, Pranic energisation technique, Sukshma vyayama

INTRODUCTION

Cancer is a major global health challenge, contributing significantly to the rising burden of disease, premature mortality and escalating healthcare costs.[1-4] Cancer incidence is rising, and by 2040, the number of new cancer cases per year globally is expected to grow to 27.5 million.[5] Furthermore, cancer was responsible for nearly 10 million deaths, accounting for 17.7% of all deaths worldwide.[6]

While advances in early diagnosis and treatment have improved survival rates, many continue to experience persistent psychological and emotional challenges long after treatment completion.[7] Among these, fear of cancer recurrence (FCR) is one of the most common and distressing concerns, affecting up to 70% of survivors.[8] FCR is defined as the worry that cancer may return or progress in the same or another part of the body.[9] This fear can persist for years and significantly interfere with emotional well-being and daily life. A recent meta-analysis revealed that over 59% of cancer survivors report at least moderate levels of FCR, and approximately 19% experience high levels of it.[8] Such findings highlight the urgent need for psychosocial interventions that specifically target FCR.

Several theoretical models have attempted to explain the mechanisms underlying FCR.[10] For example, the self-regulation model posits that individuals' inability to manage illness-related distress effectively leads to poor emotional outcomes.[11] The uncertainty in illness theory suggests that anxiety arises from ambiguity about future health and disease trajectory.[12] Terror management theory explores the existential fear of mortality triggered by a cancer diagnosis,[13] while the social-cognitive processing theory highlights the role of ineffective cognitive and emotional processing in exacerbating psychological burden.[14] Together, these frameworks illustrate how FCR can impair coping mechanisms, reduce quality of life and interfere with psychological adaptation. These findings underscore the importance of interventions that not only reduce psychological symptoms but also enhance patients'

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perception, foster emotional regulation and support adaptive coping.

Although conventional psycho-oncology services,[15] including psychological counselling, cognitive-behavioural therapy and pharmacological interventions, are available to manage FCR, they are often not accessible, affordable, or acceptable to all individuals.[16] Moreover, such treatments may not fully address the interconnected physical, psychological and spiritual dimensions. This has led to a growing interest in integrative and complementary approaches, particularly yoga-based mind–body practices, which offer a holistic framework for enhancing resilience, mental well-being and quality of life in cancer care.[5] Yoga is a multifaceted practice that combines physical postures (asanas), breathing techniques (pranayama) and meditation (dhyana) and has been shown to positively influence both physiological and psychological outcomes. One such practice is the pranic energisation technique (PET)—a specialised form of yogic meditation that integrates breath regulation, sound vibration (via specific chanting) and guided visualisation. Rooted in traditional yogic literature,[17,18] PET is believed to activate and balance the flow of prana (vital energy) through the body, revitalising internal organs and supporting natural physiological function.[19] Evidence from multiple randomised controlled trials and meta-analyses supports the use of yoga and mindfulness-based stress reduction as adjunct therapies in cancer care. These practices have been associated with improvements in emotional well-being, reduced stress and anxiety, enhanced body awareness and better quality of life.[20-25] However, the specific effects of advanced meditative practices like PET, as compared to movement-based practices like Sukshma Vyayama, remain underexplored. Therefore, this pilot study was undertaken to compare the effects of PET and Sukshma Vyayama on FCR and depressive symptoms in individuals affected by cancer.

MATERIALS AND METHODS

This study used an active control design. Participants were assigned either to the yoga intervention arm or the control arm. Stratification was applied based on age and gender to ensure comparable groups and minimise potential baseline differences between them. The intervention was carried out for 4 weeks [Figure 1]. The study followed ethical guidelines and was approved by the Institutional Ethical Committee at SVYASA (RES/IEC-SVYASA/260/2022).

Participants

Participants who voluntarily consented were recruited from Velvom Cancer Wellness Clinic, Mogappair, Chennai. The study included both male and female cancer-affected individuals aged between 40 and 60 years. It involved cancer patients undergoing treatment and survivors undergoing follow-up post-treatment. Exclusion criteria excluded fully cured cancer survivors with no signs of cancer for more than 6 years, as well as patients with advanced-stage cancer.

Sample size

The study was conducted as a preliminary trial with a focus on feasibility. A total of 34 participants were recruited based on convenience sampling, considering the availability of eligible individuals during the study period and the logistical feasibility of conducting a 4-week intervention. No formal sample size calculation was performed before the study; however, the chosen number was deemed adequate for detecting trends in outcomes and to inform effect size estimates for future, larger-scale studies.[26]

Intervention

Participants in the intervention arm attended 60-minute sessions 5 days a week, where they were guided in the Pranic Energisation Technique, an advanced meditation practice designed to channel and balance energy throughout the body.[17] The detailed procedure is given in Table 1. This technique involves visualisation and breath awareness to enhance vitality, calm the mind and foster a state of inner peace.[19]

In the active control group, participants were introduced to Sukshma Vyayama, a series of gentle and subtle physical exercises aimed at improving flexibility, relaxation and overall well-being.[21] These exercises, focusing on joint movements and light stretching, were designed to engage participants without exerting intense physical strain. This intervention provided a controlled, structured exercise routine to ensure that the active control group received regular physical activity, while distinguishing it from PET.

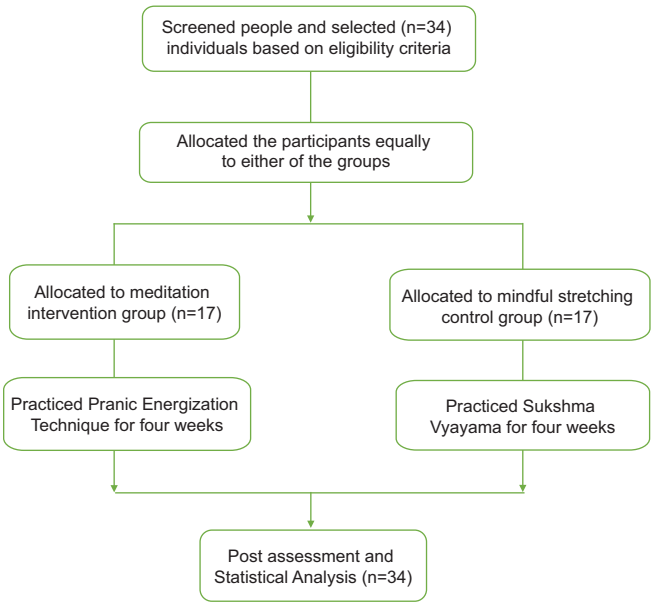

Figure 1: Trial profile.

Assessments

Fear of cancer recurrence

The nine-item FCR inventory-short form (FCRI-SF) was used to assess the severity of FCR in participants.[27] This tool consists of 9 items that evaluate the presence and severity of intrusive thoughts related to FCR. Responses are rated on a 5-point Likert scale (0 = not at all, 4 = very much). Total scores range from 0 to 36, with higher scores indicating greater severity of FCR. The nine-item FCRI is a validated and reliable instrument that corresponds to the severity subscale of the 42-item FCRI, specifically designed to measure the intensity of FCR in clinical and research settings.[28]

Patient health questionnaire-9 (PHQ-9)

The nine-item PHQ-9 was used to assess participants' depressive symptoms.[29] This tool evaluates the frequency of depression-related symptoms over the past 2 weeks, with responses rated on a 4-point scale (0 = not at all, 3 = nearly every day). Total scores range from 0 to 27, with higher scores indicating greater severity of depressive symptoms. A score of 10 or above is often used as a cut-off for moderate-to-severe depression.[30]

Statistical analysis

Data analysis was performed using the JASP statistical package version 0.17.0. Baseline distributions were used to summarise the nominal and ordinal categorical data. Continuous data were summarised using median and interquartile range. Comparisons of the demographic characteristics of the study groups were conducted using Chi-square tests of independence (categorical data-gender) and Mann–Whitney tests (continuous data-age). Primary and secondary variables were assessed through analysis of covariance adjusted for baseline differences, age and gender.

RESULTS

The results of the study indicated no significant difference between the intervention and control groups in demographic variables, with median age being 47 years (42–50) in the intervention group and 45 years (43–56) in the control group (P = 0.68) and the proportion of male participants being 29.41% and 70.58%, respectively (P = 1.00).

Study variables

The intervention group showed a statistically significant reduction in both FCR and depressive symptoms compared to the control group. The FCRI-SF score in the intervention group decreased from a baseline mean of 27.29 (standard deviation [SD] = 4.58) to 20.29 (SD = 3.34), whereas the control group showed a marginal reduction from 17.35 (SD = 8.31) to 16.41 (SD = 8.33). This difference was statistically significant (F = 245.62, P < 0.001). The PHQ-9 score in the intervention group decreased from 21.24 (SD = 2.77) to 15.94 (SD = 2.19), whereas the control group showed a negligible change from 17.94 (SD = 3.59) to 17.76 (SD = 3.63), also indicating a significant group difference (F = 407.42, P < 0.001).

Table 1: Steps involved in Pranic energisation technique.

Step	Title	Key Practice Elements
I	Prayer	Chant the verse from *Prashnopanishad* (2.13): "Prāṇasya eṣaḥ sarvam…" invoking Prana as the motherly force that governs all three worlds. Feel subtle vibrations around the body, contact with the floor, and progressively relax each body part.
II	Breath Awareness	Observe the natural flow of breath at the tip of the nose (5–9 rounds). Sense the coolness of inhalation and warmth of exhalation. Extend awareness from nostrils to bronchi and lungs. At the end of each breath, experience Kevala Kumbhaka (natural pause of breath).
III	Recognition of Vyana	Adopt Chin Mudra, Chinmaya Mudra, Adi Mudra, and Namaskara Mudra in sequence. With each, apply gentle finger pressure 9 times to sense nerve impulses. Chant Bhramari and notice the resonance through the body.
IV (a)	Movement	Move palms slowly away and towards each other for 5–9 rounds. Churn the Prana between the palms by rotating clockwise and anticlockwise. Feel the gap and subtle energy sensations between the hands.
IV (b)	Rotation of Prana	Use both hands to move Prana in a flow: start from right heel, travel up the right side of the body to the head, then down to the right palm. Repeat on the left side. Rotate hands to symbolically rotate Prana.
V	Balancing & Energisation	If any imbalance between right and left side is felt, use willpower to redistribute Prana. Intentionally guide the energy to all body parts ensuring uniform coverage.
VI	Silence	Remain seated in silence. Visualize the *Pranamaya Kosha* (energy sheath) expanding and dissolving into space. Experience blissful tranquility and oneness with the infinite.
VII	Resolve (Sankalpa)	In the silence, choose a positive affirmation (e.g., "I am totally healthy"). Mentally repeat it gently with full conviction for 9 times.
VIII	Closing Prayer – Sharing Bliss	Gently move hands over eyes, ears, temples, throat, chest, and adopt Namaskara Mudra. Chant "Sarve Bhavantu Sukhinah." and mentally wish well-being for all. Share the energy and blessings you've received.

DISCUSSION

The present pilot study evaluated and compared the effects of an advanced meditation practice, PET and psychological outcomes among individuals affected by cancer, compared to Sukshma Vyayama. The findings indicate that a 4-week PET intervention significantly reduced FCR and depressive symptoms compared to the active control group, supporting the growing evidence that yoga-based mind–body interventions can be effective in cancer care.

Importantly, this intervention aligns with the principles of patient-centred oncology care,[31] which emphasises not only disease management but also psychosocial well-being, functional recovery and quality of life. Many cancer patients experience anxiety, emotional instability, sleep disturbances and fear of recurrence even after treatment completion—concerns that are often insufficiently addressed by conventional medical approaches.[32] PET offers a non-pharmacological and holistic approach that addresses emotional, mental and spiritual dimensions of cancer recovery.

The significant reduction in FCR aligns with earlier findings indicating the efficacy of mind–body practices in mitigating cancer-specific anxiety.[33,34] Similarly, the observed decrease in depressive symptoms mirrors results from other yoga-based trials that report improvements in mood and reduction in psychological distress.[35] These outcomes suggest that PET may exert its effects by inducing deep relaxation, enhancing interoceptive awareness and supporting cognitive reframing. For instance, *Step I* (*Prayer*) and *Step VI* (*Silence*) in PET result in deep relaxation and a sense of surrender by engaging the parasympathetic nervous system, reducing physiological arousal and fostering internalised awareness conducive to emotional regulation and healing. Steps II (Breath Awareness) and III (Recognition of Vyana) deepen interoceptive awareness by tuning attention to breath flow, nerve impulses and pranic resonance. Meanwhile, Step VII (Resolve) encourages cognitive reframing through the repetition of positive affirmations (Sankalpa), helping participants cultivate hope, resilience and a sense of inner control amidst uncertainty and existential fears. This aligns with existing neuropsychological models, which propose that mindfulness and meditative practices modulate brain regions involved in fear processing, emotional regulation and self-referential thinking, such as the amygdala, prefrontal cortex and default mode network.[36]

In addition, PET may enhance psychological flexibility, the capacity to remain open to distressing thoughts while maintaining purposeful engagement in life.[37] Mindfulness and breath-focused techniques promote non-reactivity, allowing patients to observe fear and uncertainty without becoming overwhelmed.[36] Such mechanisms foster emotional resilience, reduce avoidance behaviours and support adaptive functioning. On a physiological level, yoga has been shown to influence the hypothalamic–pituitary–adrenal axis, reduce cortisol levels and improve autonomic balance—all of which contribute to emotional stabilisation and psychological recovery.[38]

This study contributes to the growing evidence base supporting individualised, structured yoga modules for cancer care, where previous trials have shown that yoga can reduce fatigue, enhance sleep quality and improve emotional functioning in cancer patients and survivors.[39,40] Building on these physical and psychological benefits, the present study adds yoga's potential role in alleviating anticipatory anxiety—a specific and often under-recognised concern related to FCR.[41] The limited psychological changes observed in the control group suggest that while mindful stretching may support mild relaxation and body awareness, it may lack the introspective and energetic depth necessary to influence complex constructs like FCR.

The use of an active control group (Sukshma Vyayama) enhanced the rigour of this trial by minimising expectancy and placebo effects. Stratified allocation by age and gender further reduced baseline bias. The employment of validated psychological scales (FCRI-SF and PHQ-9) enhanced the reliability of outcome assessments. However, this study has several limitations. First, the small sample size restricts generalisability and limits the ability to detect smaller effect sizes. Second, the short intervention duration may not capture sustained psychological change. Third, reliance on self-reported measures introduces the potential for social desirability or recall bias. Finally, the absence of objective physiological or neurobiological markers limits understanding of the underlying mechanisms.

Future studies should be conducted with larger, more diverse samples, extended follow-up periods and multi-modal assessment tools, including biological stress markers (e.g. cortisol, heart rate variability), to better understand the pathways through which PET affects psychological health. In addition, comparisons with other established practices, such as mindfulness-based stress reduction or Yoga Nidra, would help distinguish the unique contributions of energy-based meditative techniques.

CONCLUSION

This pilot study provides preliminary evidence that PET, an advanced yogic meditation, is effective in reducing FCR and depressive symptoms in cancer-affected individuals. Compared to mindful stretching, PET offers deeper psychological benefits and holds promise as a complementary approach in integrative oncology. Larger randomised trials with long-term follow-up and biological markers are needed to confirm and expand on these findings.

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Ethical approval: The research/study was approved by the Institutional Review Board at the Institutional Ethical Committee- SVYASA, approval number RES/IEC-SVYASA/260/2022, dated 9th February 2023.

Declaration of patient consent: The authors certify that they have obtained all appropriate patient consent forms. In the form, the patients have given their consent for their images and other clinical information to be reported in the journal. The patients understand that

their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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