

The Therapeutic Effectiveness of Guided Intervention through Spiritual Energy Healing of Eternal 'AUM (ॐ)' and Universal Life Force 'Reiki' in the Management of disability caused by Chronic Back Pain: Distinct Holistic Recovery of 119 patients

Principal Author: Dr. M. K. Bimal¹

Co-Author: Dr. Vidya Mahendra Surwade²

¹PhD, Spiritual Scientist & Guide, 'Reiki' Grand Master & Teacher, Spiritual 'AUM (ॐ)' Therapist, Spiritual Meditation and Stress Management Guide, Spiritual Master for Awakening Inner Spiritual Healing Energy, Founder President, Divya Jyoti Sansthan (DJS), India.

²MD Community Medicine (AIIMS, New Delhi), MBBS (Seth G S Medical College, Mumbai) India

Corresponding Author:

Dr. M. K. Bimal ॐ

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ABSTRACT:

Objectives: The objectives of the study are to explore and evaluate the therapeutic effectiveness of Guided Intervention through Spiritual Energy Healing of Eternal 'AUM (ॐ)' and Universal Life Force 'Reiki', combined, in the non-invasive management of disability caused by Chronic Back Pain and Holistic Recovery of the patients. **Methods:** The Primary Research Method through qualitative and quantitative techniques is conducted on a total number of 119 patients suffering from disability caused by back pain. The therapeutic effect of the guided intervention was quantitatively evaluated through the administration of a standard published questionnaire Quebec Back Pain Disability Scale (QBPDS) pre-intervention and post-intervention at intervals every 30 days (one month) for consecutive three months for four focused subgroups of study samples based on the age criteria; 18-34 years, 35-49 years, 50-64 years, and 65-86 years. The qualitative data were collected through the feedback, interviews and observations of respondents of each focus subgroup of the study sample about the therapeutic impact of interventions of Spiritual Energy Healing through 'AUM' and 'Reiki'. **Results:** Quantitative and qualitative analysis, both, indicate that there is a significant and certain relief in back pain, recovery in functional disability, definite improvement in psychological factors and enhancement in quality of life among all patients of the study population after the intervention of Spiritual Energy Healing through 'AUM (ॐ)' and 'Reiki'. **Conclusion:** Spiritual Energy Healing of Eternal 'AUM (ॐ)' and Universal Life Force 'Reiki', combined, have positive therapeutic effects for holistic recovery in the management of disability caused by chronic back pain. It is compatible and effective for patients of all ages, genders and walks of life.

Keywords: AUM, OM, (ॐ), Reiki, Disability due to back pain, Holistic Recovery, Quality of Life.

INTRODUCTION:

1. BACKGROUND:

1.1. Chronic Back Pain Leading Cause of Disability:

Chronic back pain has become a predominant cause of disability worldwide. As per WHO, 619 million people (nearly 10% of the global population) suffered Low Back Pain worldwide in the year 2020 which is

estimated to increase to around 843 million cases by year 2050 (1). As per the studied report, back pain prevalence increases with age; peaking up around the age of 80 to 89 years (2). The prevalence of back pain disability is higher in women. Vertebral disks wear away with age which results in pain. Being overweight with BMI in the interval 25.0–29.9 kg/m² is associated with an increase in risk of low back pain of magnitude

about 10% for both women and men (3). The global prevalence of back pain, spinal injury, and disorders within different age groups makes it a major public health suffering, like an epidemic, with musculoskeletal medical issues causing disability and further impairing productivity and quality of life severely. Specifically, it restricts and makes it painful to conduct daily activities including walking, leaning, answering nature's call, dressing, washing oneself etc; affecting most of the essential activities and causing serious trauma in daily performances of life which further aggravates psychological trauma and distress. Back pain and distress have a complex relationship that can flow both ways. Back pain causes increased catastrophic thinking, distress, and anxiety which further worsen the pain.

Chronic pain has been defined as pain that persists or recurs longer than 3 months. Spinal medical disorders causing back pain are injuries or diseases affecting the spine, like spinal stenosis. They lead to symptoms like tingling sensations, numbness, and lower back pain (4). These conditions can result from injuries, accidents, aging, and genetics (4). Some of the medical conditions due to spinal disorders are degenerative spine and herniated (slipped) disc conditions, spondylitis, osteoporosis, spinal deformity scoliosis, back injuries, and other spine conditions and disorders that affect the functioning of the spine leading to back pain, neck pain, leg pain, etc., causing mobility challenges, neurological conditions, anxiety, stress, depression, cerebrovascular diseases, and other medical conditions. Globally, over 15 million people are living with spinal cord injury (SCI) (5). People suffering from SCI are at risk of developing debilitating conditions, which include life-threatening conditions, leading to premature mortality. It often leads to incomplete or complete sensory and motor function losses that further lead to psychological traumas and disappointments caused by related constraints and pain. Recovery from back pain and spinal disorder requires healing of both the body and mind.

1.2. Modern Concept of Holistic Health:

The preamble to the World Health Organization (WHO) constitution, in the year 1946, provides a definition of health as: "Health is a state of complete physical, mental, and social well-being and not merely the absence of disease and infirmity" (6). In the year 1984, the WHO revised the definition of health as "the extent to which an individual or group is able to realize aspirations and satisfy needs to change or cope with the environment...health is a resource for everyday life, not the objective"-that emphasized the social and personal resources as well as physical capabilities that

are a part of health (7). This updated definition of health by WHO has redefined the dimension of health from a desirable state of being to a dynamic set of resources for living well.

From the definition adopted by WHO, it may be inferred that the modern concept of health integrates the dynamic aspects of human life along with body and mind i.e. physical, mental, emotional, psychological, social, attitudinal, perceptual and spiritual domains as well. This is the holistic approach to "wellness" to attain "Holistic Health" and this is the modern conceptual background of "Holistic Healing".

1.3 Rationale:

1.3.1 The Spiritual Energy Healing for "Holistic Health" by Strengthening Inner Curative Power of 'Within':

The Spiritual Energy Healing through Eternal Rhythm-Vibration of 'AUM (ॐ)' and Universal Life force 'Reiki' are unique methods of attunement and empowerment with subtle-universal Spiritual Healing Energy which has therapeutic potential to impart holistic healing and strengthen the inner curative power bestowed by Mother Nature 'Within' all of us. *These traditional methods of Spiritual Energy Healing have been proven to be objectively effective as adjunctive therapy for holistic recovery at the physical, mental, emotional, and Spiritual levels of the person adding to overall well-being, productivity, and inner strength.*

1.3.2 Spiritual Science of 'Reiki' and 'AUM (ॐ)' for Holistic Healing:

The root of the Spiritual Science of Holistic Healing through subtle Universal Life Force Energy, named 'Reiki' in Japanese and 'Brahmandiye Prana Shakti' in Sanskrit Scriptures, lies with the holy Knowledge of Atharvaveda, Upanishads and Yogic texts of Sanatan - Hindu religion, widely practised by ancient Vedic Sages. It is mentioned in the traditions of Buddha and Eastern mythology. *The present form of "Reiki" healing and attunement has been propounded by enlightened metaphysician Dr. Mikao Usui, an ardent follower of Lord Buddha, who was an inhabitant of Japan. He founded the Usui Reiki Ryoho Gakkai, a healing society, in Tokyo, Japan, in 1922. Reiki is the indigenous healing system that rebalances the human biofield with resistance to stress and supportive self-healing practices (8).*

The sacred Knowledge of Vedas and Upanishads of Ancient Sanatan Dharm-Hinduism has propounded 'AUM (ॐ) OM' as the primordial sacred sound, syllable, mantra, the Eternal Universal Vibration and Rhythm of Creation. Holy Mandukya Upanishad is devoted to 'AUM (ॐ)' described as an indestructible Subtle Universal Sound, and Rhythm.

ओमित्येतदक्षरमिदं सर्वं तस्योपव्याख्यानं भूतं भवद्भविष्यदिति सर्वमोङ्कार एव। यच्चान्यत् त्रिकालातीतं तदप्योङ्कार एव।।

(The Mandukya Upanishad Verse 1)

Aum ity etad akṣaram idam sarvam, tasyopavyākhyānam bhūtam bhavad bhaviṣyad iti sarvam aumkāra eva yac cānyat trikālātītam tad apy aumkāra eva. (The Mandukya upanishad verse 1)

OM! 'AUM (ॐ)' This Imperishable Word is the whole of this visible universe. Its explanation is as follows: What has become, what is becoming, what will become verily, all of this is OM. And what is beyond these three states of the world of time that too, verily, is OM (ॐ).

1.4 Research Gap:

There are primarily no studies about the therapeutic effectiveness of Reiki and 'AUM (ॐ)', combined, as non-invasive intervention strategies to cure back pain and functional disability caused by back pain, spinal disorder and other reasons. Research studies consecutively identified and evaluated Reiki as the curative process to overcome chronic pain (10, 11, 12) but specific studies in respect to management of disability caused by chronic back pain and holistic recovery of patients have not been explored yet. Further, these studies do not evaluate the combined therapeutic effects of Spiritual Energy healing through Reiki and 'AUM'. This research study mitigates the gap by evaluating the effects of Spiritual Energy Healing practices of 'Reiki' and 'AUM (ॐ)', combined, in managing disability caused by chronic back pain and the holistic recovery of patients thereupon. Spiritual Energy Healing through 'Reiki' and 'AUM (ॐ)', combined, have proved to be highly effective therapeutically, as adjunctive therapy, on cancer patients for holistic recovery specifically in overcoming the adverse effects of conventional medical treatments (13, 14). During COVID-19, the therapeutic effect of the intervention of Spiritual Energy Healing through eternal 'AUM (ॐ)' was studied and confirmed that, after the intervention, there was holistic recovery from anxiety, sleep disorder and depression along with fluctuations in vital signs respiratory rate and blood pressure; caused by Psychological Trauma of Covid-19 Pandemic(15). A guided intervention through the scientific method of meditation for the management of stress and depression was conducted among college students and it was found that AUM meditation has an explicit effect of enhancing the mental health of the practitioners. It is compatible with all and has a definite impact on the practitioners in reducing comprehensive anxiety, stress and depression (16). These studies have indicated the potentialities of

therapeutic effect of the intervention of Spiritual Energy Healing through 'Reiki' and 'AUM'. Thus, this study has been undertaken to map such therapeutic potentialities of Spiritual Energy Healing through 'AUM (ॐ)' and 'Reiki', as non-invasive procedure, in the management of disability caused by chronic back Pain.

1.5 Objective:

The objectives of the study are to explore and evaluate the therapeutic effectiveness of Guided Intervention through Spiritual Energy Healing of Eternal 'AUM (ॐ)' and Universal Life Force 'Reiki', combined, in the non-invasive management of disability caused by Chronic Back Pain and Holistic Recovery of the patients.

2. METHODS:

2.1 Research design and strategy:

The primary research study was done through quantitative and qualitative research methods to explore, map, analyse and evaluate the holistic recovery in the non-invasive management of disability among patients suffering from back pain. The research data was collected, pre-intervention and further post-intervention, at intervals of every 30 days (one month) for consecutive three months.

The **quantitative changes** were assessed by administering the **Quebec Back Pain Disability Scale (QBPDS)** standardized published questionnaire, a validated tool, for measuring the level of functional disability of patients suffering from back pain. QBPDS takes into account and maps the functional disability caused by back pain in affected patients by mapping 20 daily activities (items) categorised into six domains of functional activities namely bed/rest items (1-3), sitting/standing items (4-6), ambulation items (7-9), movement items(10-12), bending/stooping items(13-16), and handling of large/heavy objects items (17-20). Patients give a score (0-5) for each activity. The minimum score is 20 and the maximum score is 100. The research data is interpreted in this research through the scoring criteria/points obtained after administering QBPDS. 0-20 points indicate Minimal Disability, 21-40 points indicate Mild disability, 41-60 points indicate Moderate disability, 61-80 points indicate Severe disability and 81-100 points indicate Very severe disability. Higher scores correlate to greater disability, percentage of maximal disability = (score-20)/80*100. [Minimum detectable change (90% confidence) 15 points]. The improvement score is

calculated through the changes in the percentage of maximal disability as above.

The **qualitative primary data** collection was done through **the feedback, interviews and observations of patients** of each focus subgroup for understanding the **potential holistic improvement** after administering the intervention of spiritual energy healing through AUM (ॐ) and Reiki.

2.2 Study Population:

Demographic details:

| | | Age Category | | | |
|-----|--------|--------------|---------------|---------------|-----------------|
| | | (18-34) yrs | (35 - 49) yrs | (50 - 64) yrs | (65 - 86) years |
| | | Count | Count | Count | Count |
| Sex | Male | 10 | 5 | 9 | 20 |
| | Female | 8 | 10 | 15 | 42 |

2.3 Intervention:

The affected patients of the study sample were attuned and imparted intervention of Spiritual Energy of 'AUM (ॐ)' and 'Reiki' by Dr. M.K.Bimal, Spiritual Scientist, 'Reiki' Grandmaster & Teacher, and Spiritual 'AUM' Meditation Therapist'. The intervention for three consecutive months was imparted at centres of Divya Jyoti Sansthan under the guidance of Dr M.K. Bimal, the chief resource investigator, assisted by trained affiliated healers of Sansthan. It was the non-invasive procedure of Spiritual Energy Healing as non-invasive management of disability caused by back pain.

2.4 Analysis:

Quantitative and qualitative data, collected through administering the QBPDS questionnaire and interviews/feedback of focus groups, respectively, were analysed and evaluated to understand the therapeutic effects of 'AUM (ॐ)' and 'Reiki' on the management of disability caused by back pain.

The study sample was selected using stratified random probability sampling consisting of 119 patients suffering from functional disability caused by back pain. The focus sample subgroup was selected based on the age criteria; subgroup-1 (age 18-34 years) consisting of 18 participants, subgroup-2 (age 35-49 years) consisting of 15 participants, subgroup-3 (age 50-64 years) consisting of 24 participants, and subgroup-4 (age 65-86 years) consisting of 62 participants.

3. RESULTS:

3.1 Acceptance of Spiritual Energy Healing of AUM (ॐ) and Reiki:

It is revealed that out of the study sample population of 119 patients, stratified into four subgroups (age categories), all have accepted and responded well during all phases of guided intervention, indicating that spiritual energy healing of AUM (ॐ) and Reiki is compatible to people from all walks of life.

3.2 Quantitative Data and Analysis:

3.2.1 Intervention on focus subgroup-1(18-34 years age) of study sample assessed through the Quebec Back Pain Disability Scale (QBPDS):

The research data on Percentage of patients in different functional disability Categories at the pre-intervention and different post-intervention phases for study sample subgroup-1(18-34 years age) is presented in Table 1 at the end of this research paper.

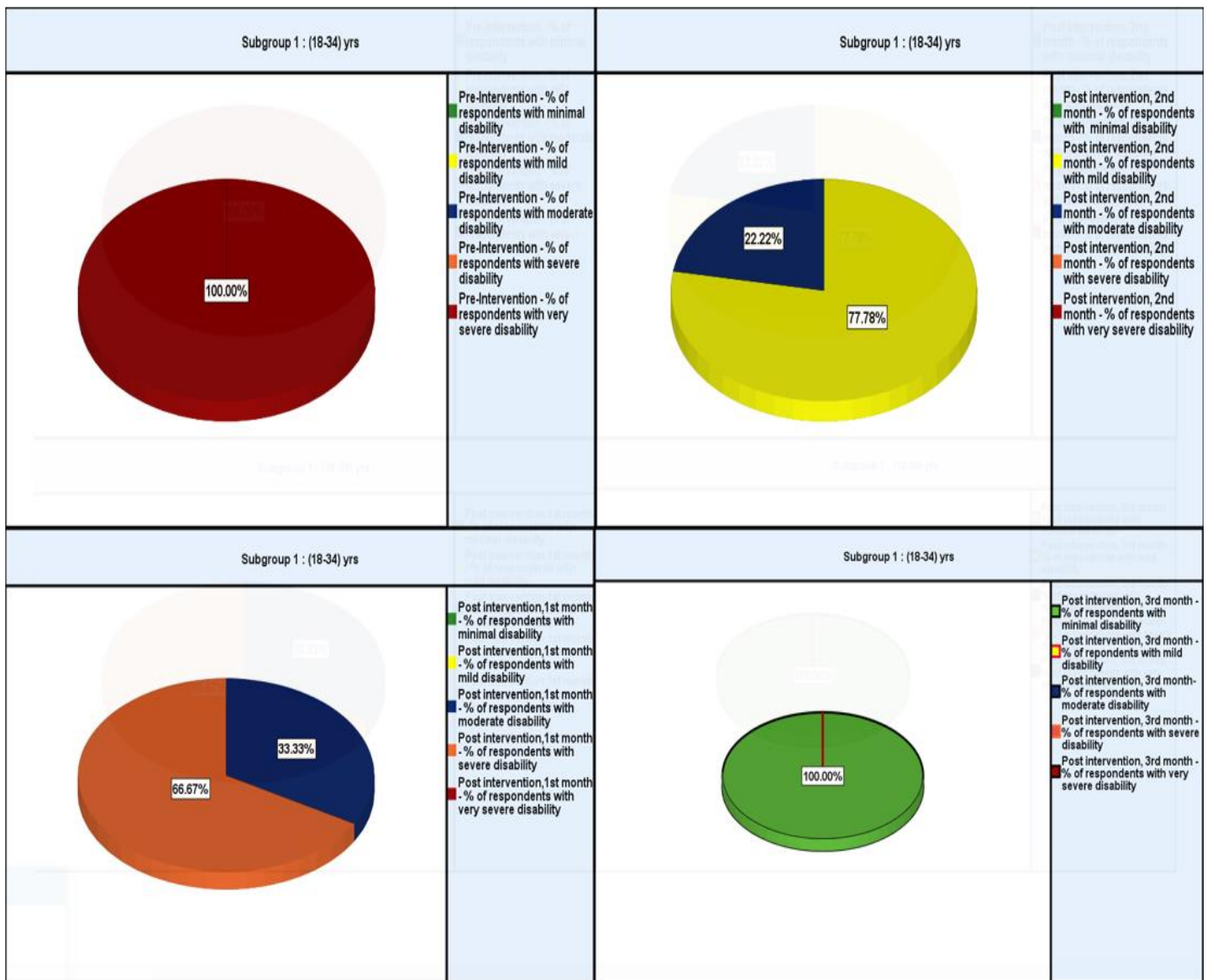


Figure A: Percentage of patients in different functional disability Categories at the pre-intervention and post-intervention phases for subgroup-1(18-34 years age)

The above figure A depicts that all patients (100%) were suffering from very severe disability pre-intervention. After the first month post-intervention, about 67% of the respondents were reported as improved from very severe disability to severe disability and the rest 33% improved to the category of moderate disability. At the end of the post-intervention second month, nearly 78% of the patients reported improvement to the mild disability category and the rest 22% were within the moderate disability category. At the end of the post-intervention third month, all the patients (100%) improved to the level of minimal

disability which indicates definite recovery post-intervention.

3.2.2 Intervention on focus subgroup-2 (35-49 years age) of study sample assessed through the Quebec Back Pain Disability Scale (QBPDs):

The research data on Percentage of patients in different functional disability Categories at the pre-intervention and different post-intervention phases for study sample subgroup-2 (35-49 years age), is presented in Table 2 at the end of the paper.

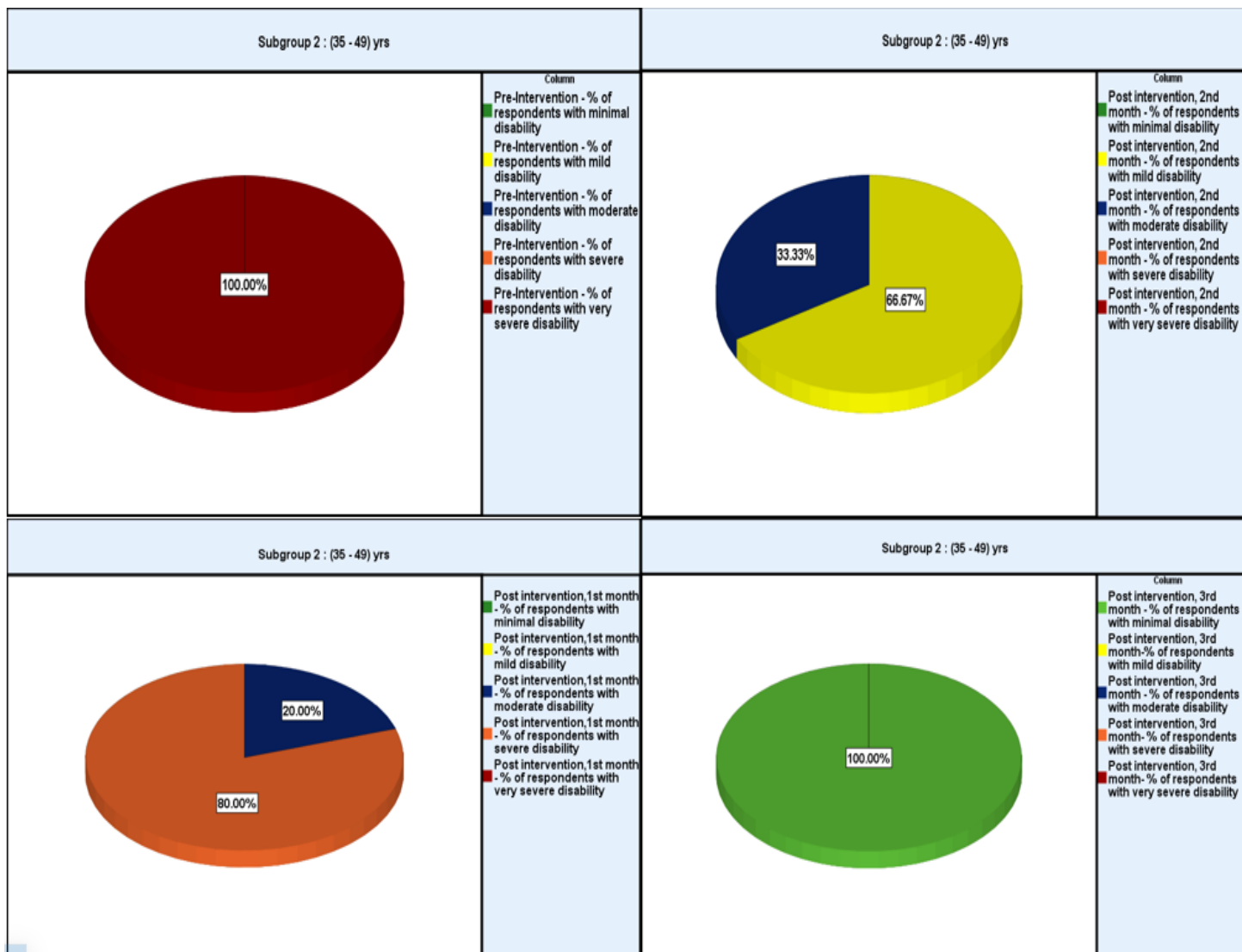


Figure B: Percentage of patients in different functional disability Categories at the pre-intervention and post-intervention phases for subgroup-2 (35-49 years age)

The above figure shows that all patients (100 %) of the study sample were suffering from very severe disability pre-intervention. After the first month post-intervention, 80% of the respondents reported improvement from very severe disability to severe disability, and the rest 20% improved to the category of moderate disability. After the second month post-intervention, nearly 67% of the patients further improved and were diagnosed to be within the mild disability category and the rest 33% within the moderate disability category. At the end of the post-intervention third month, all the patients (100%) of the study sample were reported to be within the level of

minimal disability. Thus, the intervention proves to be effective positively.

3.2.3 Intervention on focus subgroup-3 (50-64 years age) of study sample assessed through the Quebec Back Pain Disability Scale (QBPDS): *The research data on the Percentage of patients in different functional disability Categories at the pre-intervention and different post-intervention phases for study sample subgroup-3 (50-64 years age) is presented in Table 3 at the end of the paper.*

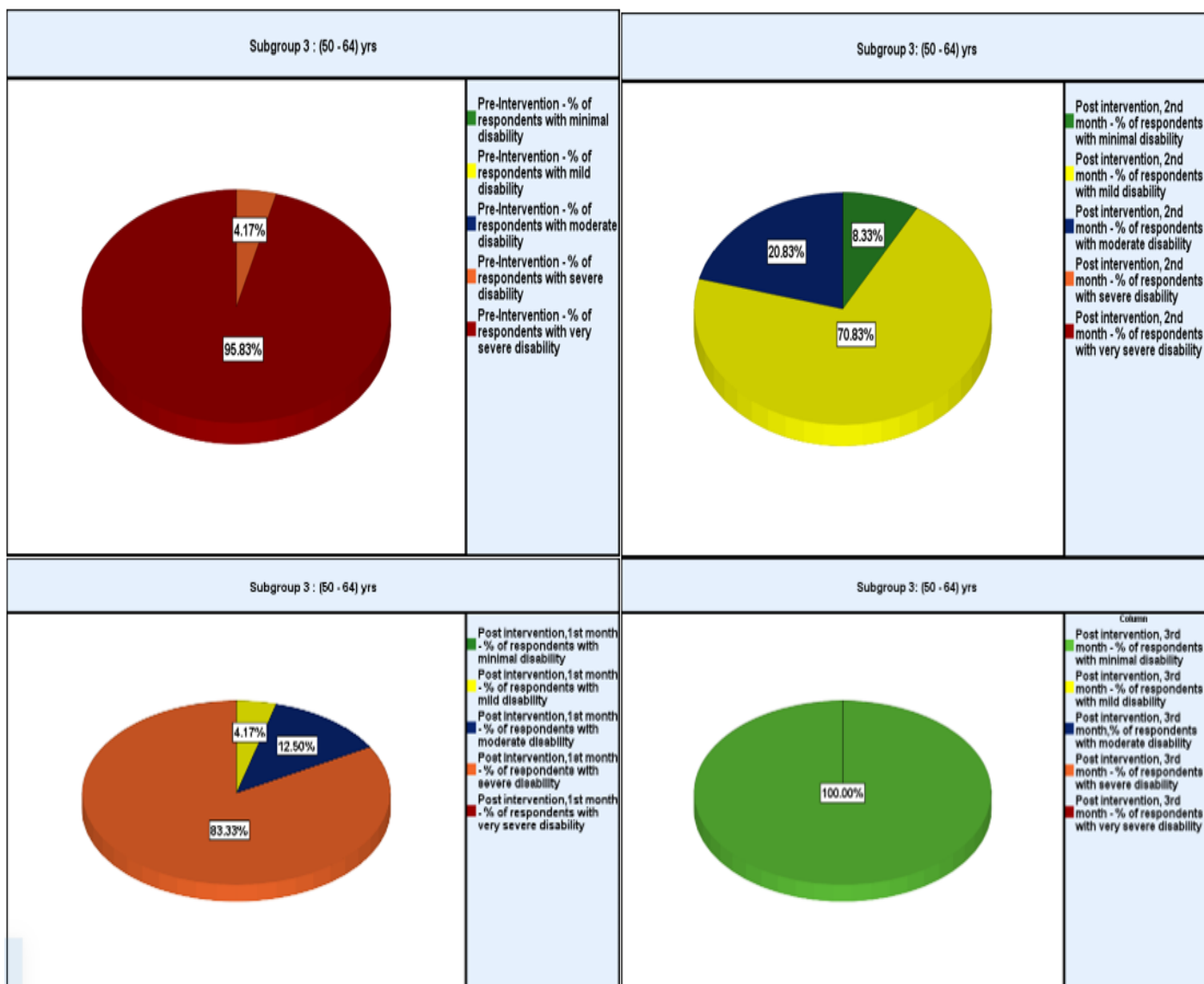


Figure C: Percentage of patients in different functional disability Categories at the pre-intervention and post-intervention phases for subgroup-3 (50-64 years age)

The above figure depicts that, pre-intervention, about 96% of patients were suffering from very severe disability; the rest (4%) were suffering from severe disability. After the first month post-intervention, disability condition improved and about 83% of the respondents reported severe disability, nearly 13% within the category of moderate disability and the rest 4% reported mild disability. At the end of the post-intervention second month, nearly 71% of the patients were diagnosed to be within the mild disability category, the other 21% within the moderate disability category and the rest about 8% improved to the minimal disability category. At the end of the third month post-intervention, all the patients (100%) of this subgroup C improved to be within the level of minimal

disability, confirming distinct improvement after intervention.

3.2.4 Intervention on focus subgroup-4 (65-86 years age) of study sample assessed through the Quebec Back Pain Disability Scale (QBPDS):

The research data on Percentage of patients in different functional disability Categories at the pre-intervention and different post-intervention phases for study sample subgroup-4 (65-86 years age) is presented in Table 4 at the end of the paper.

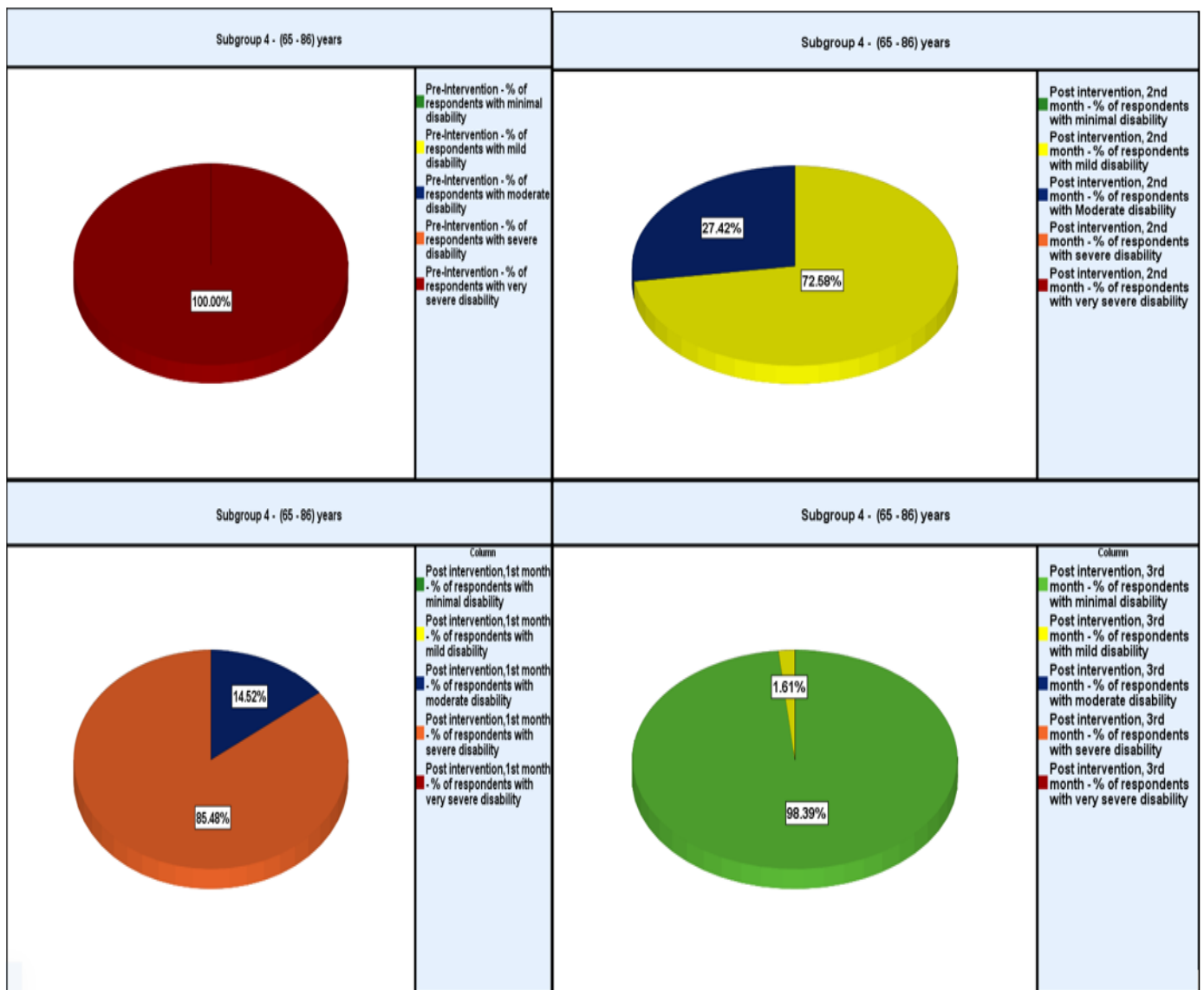


Figure D: Percentage of patients in different functional disability Categories at the pre-intervention and post-intervention phases for subgroup-4 (65-86 years of age)

The above figure illustrates that pre-intervention, all patients (100%) of the study sample subgroup- 4 were suffering from very severe disability. After the first month post-intervention, about 85% of the respondents improved from very severe disability to severe disability, and the rest 15% improved to the category of moderate disability. At the end of post-intervention's second month, nearly 73% of the patients were diagnosed to be within the 'mild disability' category and the rest 27% were in the moderate disability category. At the end of the post-intervention third month, almost all the patients (more than 98%) were found to be within the minimal disability category.

Progressive improvement from the very severe to minimal disability category, after intervention among all subgroups, confirms the definite therapeutical potential of the intervention through AUM (ॐ) and Reiki.

3.2.5 Mean value of percentage of maximal disability in pre-intervention and different phases of post-intervention:

The research data of the Mean value of the percentage of maximal disability in pre-intervention and different phases of post-intervention for all age categories (subgroups 1-4) is presented in Table 5 at the end of the paper.

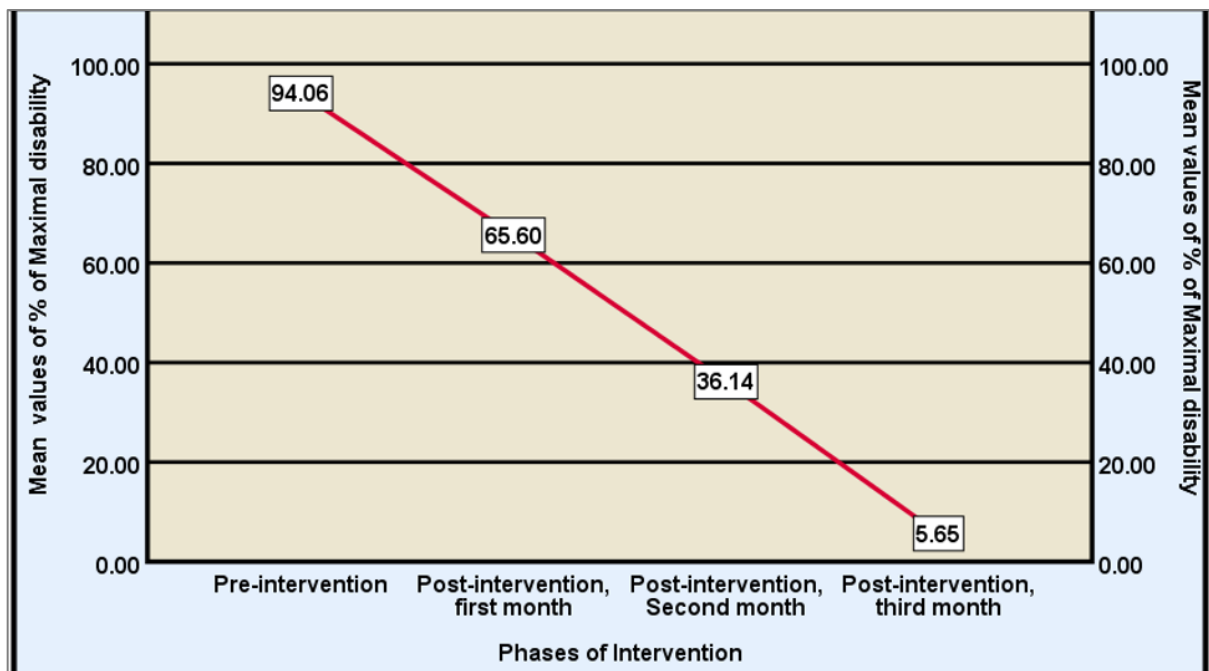


Figure E: Mean value of percentage of maximal disability in pre-intervention and different phases of post-intervention

In Figure E, it is depicted that the mean values of percentage of maximal disability have been decreasing gradually from the pre-intervention phase to the first, second, and third months of the post-intervention phase. In the pre-intervention phase, the mean value of percentage of maximal disability was as high as 94.06. However, after intervention, the value decreases significantly. In the first-month post-intervention phase, the value was 65.60 (a 43% drop), and subsequently, in the second-month post-intervention, it was 36.14 (a decrease of around 81% in comparison to

the previous phase), and in the third and last month, it comes to around 5.65 (a spectacular fall indeed).

3.2.6 Mean Improvement in Percentage of Maximal Disability across all subgroups (age categories) of the study sample:

The research data of the Mean Improvement score in Percentage of Maximal Disability for all age categories (subgroups 1 to 4) is presented in Table 6 at the end of the paper.

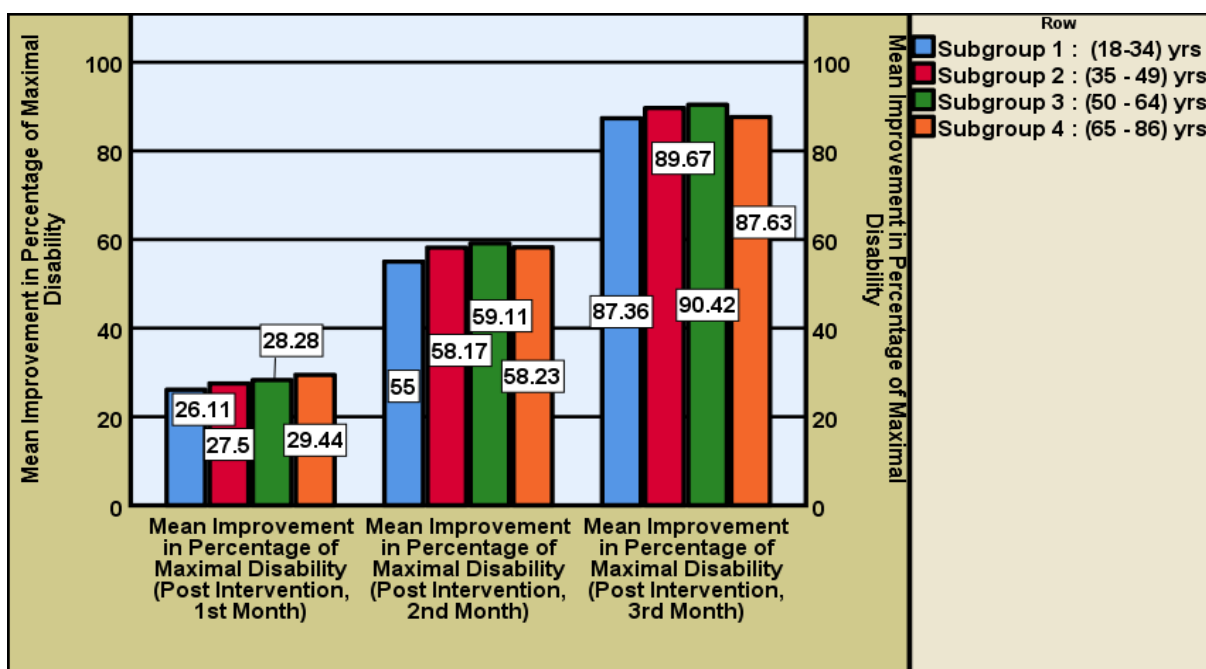


Figure F: Mean Improvement in Percentage of Maximal Disability across all subgroups (age categories) of the study sample

Figure F depicts that from the initial period (pre-intervention) to the end of the first month post-intervention, the mean value of the Improvement Score increases significantly to the range of 26-29 which increases up to the range of 55 - 58 at the end of the post-intervention second month and further increases up to the range of 87 - 90 post-intervention third month for subgroups 1-4 of different age category. At the end of the second month, in percentage terms, all the different age categories achieved a 100% or more increase in improvement scores in comparison to the first month's score. Similarly, at the end of the third

month post-intervention, recovery was more than 50% of the 2nd month for each age category.

3.2.7 Gender wise analysis for Increase in Mean Improvement in Percentage of Maximal Disability for all subgroups:

The research data of the Mean Improvement score in Percentage of Maximal Disability for male and female patients of all age categories (subgroup-1 to 4) is presented in Table 7 at the end of the paper.

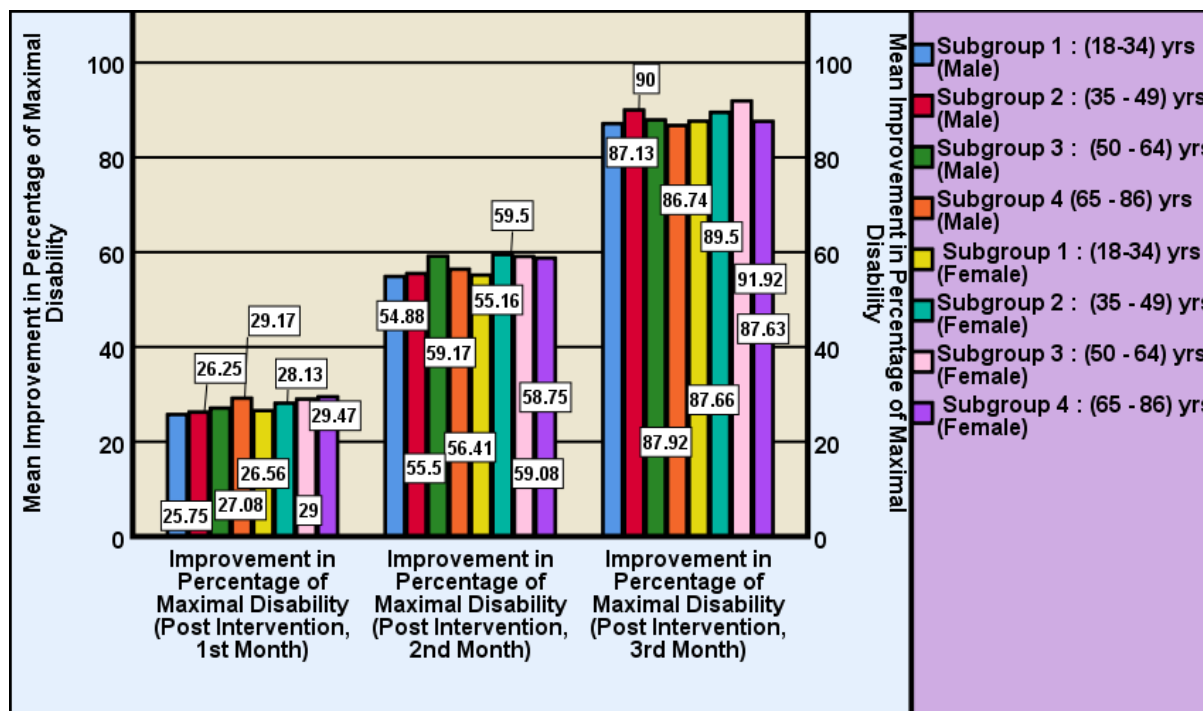


Figure G: Mean Improvement in Percentage of Maximal Disability for male and female patients of all subgroups (age categories)

Figure G depicts that there has been spectacular advancement in the recovery of the participants, both male and female patients of all age categories (subgroups 1 to 4) after guided intervention for three months. The most significant therapeutic recovery is the 119 % increase in the improvement score of the male age category 50-64 years subgroup 3 (from 27 at the end of post-intervention 1st month to 59 at the end of 2nd-month post-intervention). In percentage terms, a 61% increase in the improvement score was registered for the male respondents belonging to subgroup 2 (age category 35-49 years). For both genders of each age category, the improvement scores increased throughout the period post-intervention.

3.3. Inferential Statistics and Analysis:

Hypothesis testing:

Ho: Null hypothesis- *Intervention through Spiritual Energy Healing of Eternal 'AUM (ॐ)' and Universal Life Force 'Reiki' have no therapeutic effect for holistic recovery in the management of disability caused by chronic back pain.*

H1: Alternate hypothesis- *Intervention through Spiritual Energy Healing of Eternal 'AUM (ॐ)' and Universal Life Force 'Reiki' have positive therapeutic effects for holistic recovery in the management of disability caused by chronic back pain.*

| Paired Samples Statistics | | | | | |
|---------------------------|---|-------|-----|----------------|-----------------|
| | | Mean | N | Std. Deviation | Std. Error Mean |
| Pair 1 | % of maximal disability (pre-intervention) | 94.06 | 119 | 4.509 | .413 |
| | % of maximal disability (Post intervention 1st month) | 65.60 | 119 | 5.602 | .514 |

| Paired Samples Correlations | | | | |
|-----------------------------|--|-----|-------------|------|
| | | N | Correlation | Sig. |
| Pair 1 | % of maximal disability (Pre-intervention) & % of maximal disability (Post intervention 1st month) | 119 | .703 | .000 |

| Paired Samples Test | | | | | | | | | |
|---------------------|--|--------------------|----------------|-----------------|---|--------|--------|-----|-----------------|
| | | Paired Differences | | | | | t | df | Sig. (2-tailed) |
| | | Mean | Std. Deviation | Std. Error Mean | 95% Confidence Interval of the Difference | | | | |
| | | | | | Lower | Upper | | | |
| Pair 1 | % of maximal disability (Pre-intervention) - % of maximal disability (Post intervention 1st month) | 28.460 | 4.023 | .369 | 27.730 | 29.190 | 77.180 | 118 | .000 |

Figure H: Percentage of maximal disability pre-intervention and Percentage of maximal disability post-intervention (1st month)

The mean of the percentage of maximal disability in the pre-intervention phase has higher values (Mean = 94.06, SD = 4.509) than that of the first month (Mean = 65.60, SD = 5.602) during the post-intervention phase. The correlation here is 0.703. Here, the p-value (0.000) is smaller than the 5% alpha level, so we have statistical evidence that intervention through spiritual

energy healing of Eternal 'AUM (ॐ)' and Universal Life Force 'Reiki' has a therapeutic effect for holistic recovery in the management of disability caused by chronic back pain. Thus, the null hypothesis is rejected and the alternate hypothesis is accepted for post-intervention 1st month.

| Paired Samples Statistics | | | | | |
|---------------------------|---|-------|-----|----------------|-----------------|
| | | Mean | N | Std. Deviation | Std. Error Mean |
| Pair 2 | % of maximal disability (Pre-intervention) | 94.06 | 119 | 4.509 | .413 |
| | % of maximal disability (Post intervention 2nd Month) | 36.14 | 119 | 6.392 | .586 |

| Paired Samples Correlations | | | | |
|-----------------------------|--|-----|-------------|------|
| | | N | Correlation | Sig. |
| Pair 2 | % of maximal disability (Pre-intervention) & % of maximal disability (Post intervention 2nd Month) | 119 | .490 | .000 |

| Paired Samples Test | | | | | | | | | |
|---------------------|--|--------------------|----------------|-----------------|---|--------|---------|-----|-----------------|
| | | Paired Differences | | | | | t | df | Sig. (2-tailed) |
| | | Mean | Std. Deviation | Std. Error Mean | 95% Confidence Interval of the Difference | | | | |
| | | | | | Lower | Upper | | | |
| Pair 2 | % of maximal disability (Pre-intervention) - % of maximal disability (Post intervention 2nd Month) | 57.914 | 5.740 | .526 | 56.872 | 58.956 | 110.060 | 118 | .000 |

Figure I: Percentage of maximal disability pre-intervention and Percentage of maximal disability post-intervention (2nd month)

The mean of the percentage of maximal disability in the pre-intervention phase had higher values (Mean = 94.06, SD = 4.509) than that of the 2nd month (Mean = 36.14, SD = 6.392) during the post-intervention phase. The correlation here is 0.490. Here, our p-value (0.000) is smaller than the 5% alpha level, so we have statistical evidence that the intervention through

spiritual energy healing of Eternal ‘AUM (ॐ)’ and Universal Life Force ‘Reiki’ has a therapeutic effect for holistic recovery in the management of disability caused by chronic back pain. Thus, the null hypothesis is rejected and the alternate hypothesis is accepted for the post-intervention 2nd month.

| Paired Samples Statistics | | | | | |
|---------------------------|---|-------|-----|----------------|-----------------|
| | | Mean | N | Std. Deviation | Std. Error Mean |
| Pair 3 | % of maximal disability (Pre-intervention) | 94.06 | 119 | 4.509 | .413 |
| | % of maximal disability (Post intervention 3rd Month) | 5.65 | 119 | 4.874 | .447 |

| Paired Samples Correlations | | | | |
|-----------------------------|--|-----|-------------|------|
| | | N | Correlation | Sig. |
| Pair 3 | % of maximal disability (Pre-intervention) & % of maximal disability (Post intervention 3rd Month) | 119 | .151 | .102 |

| Paired Samples Test | | | | | | | | | |
|---------------------|--|--------------------|----------------|-----------------|---|--------|---------|-----|-----------------|
| | | Paired Differences | | | | | t | df | Sig. (2-tailed) |
| | | Mean | Std. Deviation | Std. Error Mean | 95% Confidence Interval of the Difference | | | | |
| | | | | | Lower | Upper | | | |
| Pair 3 | % of maximal disability (Pre-intervention) - % of maximal disability (Post intervention 3rd Month) | 88.408 | 6.120 | .561 | 87.297 | 89.519 | 157.586 | 118 | .000 |

Figure J: Percentage of maximal disability pre-intervention and Percentage of maximal disability post-intervention (3rd month)

The mean of the percentage of maximal disability in the pre-intervention phase had higher values (Mean = 94.06, SD = 4.509) than that of the third month (Mean = 5.65, SD = 4.874) during the post-intervention phase. The correlation here is 0.151. Here, our p-value (0.000) is smaller than the 5% alpha level, so we have statistical evidence that the intervention through spiritual energy healing of Eternal ‘AUM (ॐ)’ and Universal Life Force ‘Reiki’ has a therapeutic effect for holistic recovery in the management of disability caused by chronic back pain. Thus, the null hypothesis is rejected and the alternate hypothesis is accepted for the post-intervention 3rd month.

also reported by respondents of this group. This coexistence of mental health conditions with back pain is due to impaired quality of life and fear of the future.

3.4 Qualitative Data and Analysis:

3.4.1 Subgroup 1 (age 18-34 years):

Feedback/interviews and observations of this subgroup of the study sample reveal that there were very severe symptoms of back pain causing functional disability among participants of subgroup 1. A wide prevalence of common mental health problems like depressive episodes, anxiety disorders, stress, sleeping disorders, non-acceptance of self and life environment etc. were

Post-intervention improvement in disability, back pain, and psychological aspects:

It has been specifically reported by respondents that intervention with spiritual energy healing through the ‘AUM (ॐ)’ and ‘Reiki’, have provided them definite relief from excessive back pain and functional disability caused by back pain as well as from episodes of stress, depression, anxiety, worries, frustration, body image, self-esteem and sleep disorder. They felt inner rejuvenation, relaxation and inner strength which boosted their psychological aspects.

3.4.2 Subgroup 2 (age 35-49 years):

Feedback /interviews and observations of this subgroup of the study sample reveal that the prevalence of functional disability caused by back pain is primarily due to osteoporosis, osteopenia, degenerative disc disease, loss of muscle flexibility, sedentary lifestyle and long hours in wrong body

postures etc. Respondents of this subgroup have reported and have been observed suffering from compromised quality of life, social isolation, Pain Catastrophizing, serious dependence on others, body image, frustration, anxiety distress and depression.

Post-intervention improvement in disability, back pain, catastrophizing and psychological aspects:

Respondents of this subgroup specifically reported that after the intervention, there was considerable improvement in functional disability with reduced back pain. This has helped them overcome psychological problems and get definite relief from episodes of stress, depression, anxiety, frustration, body image and sleep disorder; enabling them to live rejuvenated and socially active life with enhanced quality of life.

3.4.3 Subgroup 3 (age 50-64 years):

Feedback/interviews and observations of this subgroup of the study sample reveal that suffering from disability caused by back pain has impaired their everyday life seriously. This group is middle-aged people who suffer from a range of medical conditions at physical, mental and emotional levels. Along with the suffering of chronic back pain caused by a degenerative disc or sciatica, spondylitis, muscle or ligament sprain, loss of muscle flexibility, neck pain, and other spinal disorders, psychological sufferings from fear of movement, pain catastrophizing, social isolation, serious dependence on others, frustration, anxiety, distress, depression, sleep disorder, mood swings, compromised quality of life etc. were also reported and observed for respondents of this subgroup.

Positive improvement in disability, back pain, catastrophizing and psychological aspects:

After the intervention of Spiritual Energy Healing through 'AUM (ॐ)' and 'Reiki', respondents of the subgroup have categorically reported relief in back pain, recovery in functional restrictions and much improvement in psychological factors, as detailed above, imparting a normal-natural healthy life flow.

3.4.4 Subgroup 4 (age 65-86 years):

Oldest of all subgroups, the Feedback/interviews and observations of this subgroup of the study sample reveal that the Quality of their life was seriously impaired due to disability caused by back pain. Catastrophizing, serious dependence on others, fear of movement, social isolation, sleep disorder, irritability, frustration, anxiety, distress, depression, mood swings, cognitive impairment and compromised quality of life have also been primarily reported and observed.

Positive improvement in disability, back pain, catastrophizing and psychological aspects: After the intervention of Spiritual Energy Healing through 'AUM (ॐ)' and 'Reiki', respondents of the subgroup

have reported significant and certain relief in back pain, recovery in functional disability as well as definite improvement in psychological factors which enhanced quality of their life. Few respondents, facing immobility, reported substantial relief, curing them to do daily functions comfortably. In a few cases, it has been reported that post-operative cure became very fast unlike in normal cases where people face considerable problems in post-operative cure or take a longer time for cure. Spiritual Intervention through 'AUM (ॐ)' and 'Reiki' helped people to recover very fast post-operative with no symptoms or side effects.

4. DISCUSSION:

4.1 Significance of the findings:

4.1.1 Quantitative Analysis:

The research data/scores of the Quebec Back Pain Disability Scale (QBPDSD) reveal that pre-intervention, about 100% of patients of all subgroups were suffering from the very severe functional disability, but all have reported progressive recovery to minimal disability stage in post-intervention 1st month to 3rd month depicting spectacular improvement as presented in pie chart statistical graph.

From research data, it is depicted that the mean values of percentage of maximal disability in the pre-intervention phase were as high as 94.06 but it has improved and come down to 65.60 (a 43% drop) in the 1st-month post-intervention phase, and subsequently came down to 36.14 (a decrease of around 81% in comparison to the previous phase) post-intervention 2nd month and in the 3rd month post-intervention, it has come down to 5.65 (a spectacular fall indeed). Thus, the mean values of percentage of maximal disability have been decreasing gradually from the pre-intervention phase to the first, second, and third months of the post-intervention phase, which confirms the positive therapeutical effect of the guided intervention of spiritual energy healing through 'AUM (ॐ)' and 'Reiki'.

The mean value of the Improvement Score, in the percentage of maximal disability for all age categories (subgroup-1 to 4), increases significantly to the range of 26 - 29 in post-intervention 1st month, increases up to the range of 55 - 58 (a 100% or more increase in improvement scores in comparison to the first month's score) at the end of post-intervention 2nd month and further increases up to the range of 87- 90 (recovery more than 50% of the 2nd-month score) post-intervention 3rd month; confirming the definite therapeutical potential of the intervention through 'AUM (ॐ)' and 'Reiki'.

Gender-wise analysis for an Increase in Mean Improvement in the Percentage of Maximal Disability for all subgroups shows that the intervention of Spiritual Healing through 'AUM (ॐ)' and 'Reiki', positively influence the respondents, irrespective of their ages and genders. For example, the mean improvement score shows that the female age groups

(60-64) and (35-49) years have improved significantly to 91% and 90% respectively. The most significant therapeutic recovery is the 119 % increase in the improvement score of the male age category 50-64 years subgroup³ (from 27 at the end of post-intervention 1st month to 59 at the end of 2nd-month post-intervention). The graph also shows the male age group (36-49) years with a significant improvement of 90%. Inferential statistics and analysis for post-intervention 1st month, 2nd month and 3rd month have provided statistical evidence that the intervention through spiritual energy healing of Eternal 'AUM (ॐ)' and Universal Life Force 'Reiki' has a therapeutic effect for holistic recovery in the management of disability caused by chronic back pain. Thus, the null hypothesis has been rejected and the alternate hypothesis has been accepted for all three post-intervention phases.

4.1.2 Qualitative Analysis:

Feedback/interviews and observations of all subgroups (age categories) of the study sample reveal that after the intervention, there was considerable improvement in functional disability with reduced back pain. Respondents have also reported, categorically that the intervention has provided definite relief from psychological problems like *episodes of* stress, depression, anxiety, worries, frustration, social isolation, body image, sleep disorder, mood swings, cognitive impairment, catastrophizing, serious dependence on others etc. Few respondents, facing immobility, reported substantial relief, enabling them to do daily functions comfortably. In a few cases, it has been reported that post-operative cure became very fast with minimized or no side effects of conventional medication. They felt boosted relaxation and inner strength which improved their psychological aspects; enabling them to live a rejuvenated and socially active life with an enhanced quality of life.

Thus, quantitative and qualitative analysis, both, indicate that Spiritual Healing through 'AUM (ॐ)' and 'Reiki' have a definite and positive, therapeutical

influence on patients suffering from functional disability due to back pain and spinal problems.

5. CONCLUSIONS:

Spiritual Energy Healing of Eternal 'AUM (ॐ)' and Universal Life Force 'Reiki', combined, have positive therapeutic effects for holistic recovery in the management of disability caused by chronic back pain. It is compatible and effective for patients of all ages, genders and walks of life.

6. ETHICAL CONSIDERATION:

Ethical principles were followed in this research by ensuring the anonymity of the patients. The collected data and information from the patients like medical history were kept confidential to overcome data infringement. The Ethical Committee, Divya Jyoti Sansthan accorded consent vide approval No. DJS/EC/02.

7. FUTURE SCOPE:

Future researchers can explore more on a larger study sample in different locations. The psychological improvements may be analysed further quantitatively.

8. LIMITATIONS OF THE STUDY:

The study has limitations in conducting the research method on a bounded sample size located at three locations in Divya Jyoti Sansthan.

9. CONFLICT OF INTEREST:

No conflict of interest is involved.

10. FUNDING STATEMENT:

Spiritual Research Institute Divya Jyoti Sansthan, 233/2, Rai Ram Vriksh Path, Nehru Nagar, Patna, India (Bihar)-800013.

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LIST OF TABLES

| Category of Disability | | | |
|------------------------------|------------------------|-----------------------------|-------------|
| | | Subgroup 1:(18-34) years | Percentages |
| Pre-Intervention | Minimal disability | 0 | 0.00% |
| | Mild disability | 0 | 0.00% |
| | Moderate disability | 0 | 0.00% |
| | Severe disability | 0 | 0.00% |
| | Very severe disability | 18 | 100.00% |
| Total | | 18 | 100.00% |
| Post-intervention,1st month | Minimal disability | 0 | 0.00% |
| | Mild disability | 0 | 0.00% |
| | Moderate disability | 6 | 33.33% |
| | Severe disability | 12 | 66.67% |
| | Very severe disability | 0 | 0.00% |
| Total | | 18 | 100.00% |
| Post-intervention, 2nd month | Minimal disability | 0 | 0.00% |
| | Mild disability | 14 | 77.78% |
| | Moderate disability | 4 | 22.22% |
| | Severe disability | 0 | 0.00% |
| | Very severe disability | 0 | 0.00% |
| Total | | 18 | 100.00% |
| Post-intervention, 3rd month | Minimal disability | 18 | 100.00% |
| | Mild disability | 0 | 0.00% |
| | Moderate disability | 0 | 0.00% |
| | Severe disability | 0 | 0.00% |
| | Very severe disability | 0 | 0.00% |
| Total | | 18 | 100.00% |

Table 1: Percentage of patients in different functional disability Categories at the pre-intervention and different post-intervention phases among subgroup 1: 18-34 years age

| Category of Disability | | | |
|------------------------------|------------------------|-----------------------------|-------------|
| | | Subgroup 2: (35 - 49) years | Percentages |
| Pre-Intervention | Minimal disability | 0 | 0.00% |
| | Mild disability | 0 | 0.00% |
| | Moderate disability | 0 | 0.00% |
| | Severe disability | 0 | 0.00% |
| | Very severe disability | 15 | 100.00% |
| Total | | 15 | 100.00% |
| Post-intervention, 1st month | Minimal disability | 0 | 0.00% |
| | Mild disability | 0 | 0.00% |
| | Moderate disability | 3 | 20.00% |
| | Severe disability | 12 | 80.00% |
| | Very severe disability | 0 | 0.00% |
| Total | | 15 | 100.00% |
| Post-intervention, 2nd month | Minimal disability | 0 | 0.00% |
| | Mild disability | 10 | 66.67% |
| | Moderate disability | 5 | 33.33% |
| | Severe disability | 0 | 0.00% |
| | Very severe disability | 0 | 0.00% |
| Total | | 15 | 100.00% |
| Post-intervention, 3rd month | Minimal disability | 15 | 100.00% |
| | Mild disability | 0 | 0.00% |
| | Moderate disability | 0 | 0.00% |
| | Severe disability | 0 | 0.00% |
| | Very severe disability | 0 | 0.00% |
| Total | | 15 | 100.00% |

Table 2: Percentage of patients in different functional disability Categories at the pre-intervention and different post-intervention phases among subgroup 2: 35-49 years age

| Category of Disability | | | |
|---------------------------------|------------------------|-------------------------------|-----------------|
| | | Subgroup 3:(50 - 64) years | Percentag es |
| Pre-Intervention | Minimal disability | 0 | 0.00% |
| | Mild disability | 0 | 0.00% |
| | Moderate disability | 0 | 0.00% |
| | Severe disability | 1 | 4.17% |
| | Very severe disability | 23 | 95.83% |
| Total | | 24 | 100.00% |
| Post-intervention,1st month | Minimal disability | 0 | 0.00% |
| | Mild disability | 1 | 4.17% |
| | Moderate disability | 3 | 12.50% |
| | Severe disability | 20 | 83.33% |
| | Very severe disability | 0 | 0.00% |
| Total | | 24 | 100.00% |
| Post-intervention, 2nd month | Minimal disability | 2 | 8.33% |
| | Mild disability | 17 | 70.83% |
| | Moderate disability | 5 | 20.83% |
| | Severe disability | 0 | 0.00% |
| | Very severe disability | 0 | 0.00% |
| Total | | 24 | 100.00% |
| Post-intervention, 3rd month | Minimal disability | 24 | 100.00% |
| | Mild disability | 0 | 0.00% |
| | Moderate disability | 0 | 0.00% |
| | Severe disability | 0 | 0.00% |
| | Very severe disability | 0 | 0.00% |
| Total | | 24 | 100.00% |

Table 3: Percentage of patients in different functional disability Categories at the pre-intervention and different post-intervention phases among subgroup 3: 50-64 years age

| Category of Disability | | | |
|-------------------------------------|------------------------|------------------------------------|--------------------|
| | | Subgroup 4: (65 - 86) years | Percentages |
| Pre-Intervention | Minimal disability | 0 | 0.00% |
| | Mild disability | 0 | 0.00% |
| | Moderate disability | 0 | 0.00% |
| | Severe disability | 0 | 0.00% |
| | Very severe disability | 62 | 100.00% |
| Total | | 62 | 100.00% |
| Post-intervention, 1st month | Minimal disability | 0 | 0.00% |
| | Mild disability | 0 | 0.00% |
| | Moderate disability | 9 | 14.52% |
| | Severe disability | 53 | 85.48% |
| | Very severe disability | 0 | 0.00% |
| Total | | 62 | 100.00% |
| Post-intervention, 2nd month | Minimal disability | 0 | 0.00% |
| | Mild disability | 45 | 72.58% |
| | Moderate disability | 17 | 27.42% |
| | Severe disability | 0 | 0.00% |
| | Very severe disability | 0 | 0.00% |
| Total | | 62 | 100.00% |
| Post-intervention, 3rd month | Minimal disability | 61 | 98.39% |
| | Mild disability | 1 | 1.61% |
| | Moderate disability | 0 | 0.00% |
| | Severe disability | 0 | 0.00% |
| | Very severe disability | 0 | 0.00% |
| Total | | 62 | 100.00% |

Table 4: Percentage of patients in different functional disability Categories at the pre-intervention and different post-intervention phases among subgroup 4: 65-86 years

| | | |
|------------------------|---------------------------------|--|
| | | Mean values of % of Maximal disability |
| | | Mean |
| Phases of Intervention | Pre-intervention | 94.06 |
| | Post-intervention, first month | 65.60 |
| | Post-intervention, Second month | 36.14 |
| | Post-intervention, third month | 5.65 |

Table 5: Mean value of percentage of maximal disability in pre-intervention and different phases of post-intervention for all age categories (subgroups 1-4)

| | | Improvement in Percentage of Maximal Disability (Post Intervention, 1st Month) | Improvement in Percentage of Maximal Disability (Post Intervention, 2nd Month) | Improvement in Percentage of Maximal Disability (Post Intervention, 3rd Month) |
|-----------|---------------|--|--|--|
| | | Mean | Mean | Mean |
| Subgroups | (18-34) yrs | 26.11 | 55.00 | 87.36 |
| | (35 - 49) yrs | 27.60 | 58.17 | 89.67 |
| | (50 - 64) yrs | 28.28 | 59.11 | 90.42 |
| | (65 - 86) yrs | 29.44 | 58.23 | 87.63 |

Table 6: The Mean Improvement score in Percentage of Maximal Disability for all age categories (subgroups: 1-4)

| | | | Improvement in Percentage of Maximal Disability (Post Intervention, 1st Month) | Improvement in Percentage of Maximal Disability (Post Intervention, 2nd Month) | Improvement in Percentage of Maximal Disability (Post Intervention, 3rd Month) | |
|-----------------|--------|-----------|--|--|--|-------|
| | | | Mean | Mean | Mean | |
| Gender Identity | Male | Subgroups | (18-34) yrs | 25.75 | 54.88 | 87.13 |
| | | | (35 - 49) yrs | 26.25 | 55.5 | 90.00 |
| | | | (50 - 64) yrs | 27.08 | 59.17 | 87.92 |
| | | | (65 - 86) yrs | 29.17 | 56.41 | 86.74 |
| | Female | Subgroups | (18-34) yrs | 26.56 | 55.16 | 87.66 |
| | | | (35 - 49) yrs | 28.13 | 59.50 | 89.50 |
| | | | (50 - 64) yrs | 29.00 | 59.08 | 91.92 |
| | | | (65 - 86) yrs | 29.47 | 58.75 | 87.63 |

Table 7: The Mean Improvement score in Percentage of Maximal Disability for male and female patients of all age categories (subgroup-1 to 4)

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