Meditational spiritual intercession and recovery from disease in palliative care: a literature review

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Abstract: Human body is a biological, open system and maintains itself in the changing environment. Disease state is cured by many medicinal systems for healing. Esoteric healing (through introspective hypnosis, meditation and spiritual intercession) is the system where its believers regard Supreme Being as Omnipotent, Omnipresent and Omniscient. Such persons take ill health as a boon and pray through meditation that He may by His Mercy grant health or if God wishes otherwise, they happily accept it so that they keep moving ahead on their spiritual path. This study is a review of literature, where results clearly point towards better psychological and spiritual healing in patients who believe in esoteric cures. Modern science in terms of cognitive psychology or neurophysiology has begun to emphasize the role of consciousness but, that is confined only to the physical world. It is only with the advent of Param Purush Puran Dhani Soami Ji Maharaj (200 years ago) that in the religion of Saints, the ultimate consciousness or the Super Consciousness of the highest order has been revealed.

Keywords: Biological system; self-hypnosis; meditation; esoteric healing; faith; spiritual intercession; Super Consciousness

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Introduction and background

The modified states of consciousness and the healing process

Change is the order of life. Wherever we look, things either develop or evolve or rundown and decay. Human body, being a complete biological system, is an open system in a steady state. Openness refers to the energy import activities of the system, which it needs to maintain its own dynamic steady state. Thus human system maintains itself and a healthy body in a changing environment. The process of running down may be due to excessive physical and mental strain causing damage to cells of our body or due to attack of external disturbing factors, which could not be

absorbed by the body system, thereby producing temporary or permanent ill effects or erratic effects on the normal functioning of cells. These conditions are the diseases of the human body system and they may be cured to varying extents by the contemporary medicine.

A basic understanding of the different states and stages of the consciousness and its psychological and neural correlates, is of major importance for all scientists and clinicians. Consciousness poses the most enigmatic problems in the science of the mind.

In spite of the increasing interest on the modified states of consciousness, evidenced by its global popularity and output of scientific papers, the studies to accurately define or categorize them, as the types of relaxation, clinical hypnosis and the meditative stages, have been consistently mentioned in the scientific literature (1-9). Today clinical hypnosis and traditional oriental philosophy attract the growing interest of occidental scientists (10-20).

Consciousness is a term concerning to the ability to perceive, to feel, or to be conscious of events, objects or patterns, which does not necessarily imply understanding. "I see nothing but becoming. It is the fault of your limited outlook and not the fault of the essence of things if you believe that you see firm land anywhere in the ocean of Becoming and Passing" (21). We find the unification of ancient metaphysics, philosophy and neurophilosophy, with modern neurosciences, physics and cosmology, very fascinating and inspiring (22-32).

Although in general speech, we tend to use the terms' awareness and consciousness, to represent the same thing, I use them here with somewhat different meanings. Today we can explain them, by a scientific point of view, through the knowledge of the brain networks. There are two different views about the extensiveness of neuronal involvement in consciousness:

- (I) The holistic approach to consciousness emphasizes the perspective that all neurons in the brain collectively form the neural correlate(s) of consciousness, which therefore cannot be localized to a specific set of neural cells (33);
- (II) The neuronal specificity approach promotes the idea that consciousness depends on the formation of complex arrangements which can be pin-pointed to specific groups of neural cells. According to Llinás and Parè, consciousness is generated in the closedloop system of the cortex, thalamus and reticular formation by neurons that fire spontaneously (34).

In medicine, it is important to consider the integration of both these views. Consciousness is assessed by observing a patient's arousal behavior and responsiveness, and can be seen as a continuum of different modified states ranging from full alertness and comprehension, through awake state and sleep, and finally, trough clinical hypnosis and meditative states. In recent years, clinical hypnosis and the modified states of consciousness have become significant topics of researches in psychology, philosophy and neuroscience (16,35-42). Consciousness is the quality or state of being aware of external neurophysiologic stimuli, or object, or something within oneself.

But in the religion of saints, consciousness arises from the metaphysical (Abstract) world. The existence of "Quantum Spiritual Force Field" arising from the highest pure spiritual region (Professor Prem Saran Satsangi Sahab) is the source of consciousness at macrocosmic level (1).

The philosophy of mind has given rise to many stances regarding consciousness. As David Chalmers says: "there is nothing that we know more intimately than conscious experience, but there is nothing that is harder to explain. All sorts of mental phenomena have yielded to the scientific investigation in recent years, but consciousness has stubbornly resisted" (20). According to the philosopher David Chalmers, there is not just one problem of consciousness. "Consciousness" is an ambiguous term, referring to many different phenomena. Each of these phenomena needs to be explained, but some are easier to explain than others are. Chalmers divides the associated problems of consciousness into "hard" and "easy" problems. The easy problems of consciousness are those that seem directly susceptible to the standard methods of cognitive neuroscience, whereby a phenomenon is explained in terms of calculative or neural mechanisms.

- (I) The 'easy problems' of consciousness include those of explaining the following phenomena:
 - (i) The ability to be discriminate, categorize, and react to environmental stimuli;
 - (ii) The integration of knowledge by a neurocognitive system;
 - (iii) The different mental states:
 - (iv) The capacity of a system to access its own internal states;
 - (v) The focus of attention;
 - (vi) The control of behavior;
 - (vii) The difference between wakefulness, hypnosis and sleep.
- (II) The 'hard problems', are those that seem to resist those methods: the really hard problem of consciousness, is the problem of experience and knowledge.

There is no real matter about whether these phenomena can be easily explained scientifically. All of them are straightforwardly vulnerable, to an explanation in terms of computational or neural mechanisms (43-45). Modern research in subatomic physics by mathematicians as well as physicists, all give very convincing explanation of scientific basis for Radhasoami Faith. They have coined the term qudit, (Quantum Odd Prime Based Units) for even what Roger Penrose characterizes as natural i.e., integer-based subatomic particles. So the particles keep getting smaller and smaller in size i.e., infinitesimally small integers with infinitely large capabilities, so this latest book on "Fashion, Faith and Fantasy", he wrote upon this aspect (46).

In everyday life, as each of us lives in our "normal" awake state of consciousness, our awareness is usually focused upon the particular thoughts, emotions or perceptions we experience on the surface level of reality (47). They are the experiences and perceptions; we move through in our life, in the outer world, or the thoughts and feelings, which we have in our inner world. As we move through life, we perceive, think, act and feel, with the assistance of our "thinking mind" the active portion of our mind, which deals with this surface level of reality, through the use of thoughts, feelings, interpretations of perceptions, and actions. Consciousness depends on spontaneously emitted pulses from brain stem neurons that ascend in a complex mesh of activating circuits to awaken neurons in the limbic system, thalamus, and cerebral cortex. Without this ascending activation, human lapse into a coma. Damasio has suggested that while the senses of vision, hearing, touch, taste smell function by nerve activation patterns that correspond to the state of the external world: emotions are nerve activation patterns that correspond to the state of the internal world (48-50).

Hypnosis, self-introspective hypnosis and meditative states, represents an increasingly popular area of research in cognitive science, including notable ventures in the domains of perception, attention, concentration, consciousness, memory, motor control, pain and suffering control (36,51-60). The use of introspective hypnosis, as meditation, often includes an induction phase to increase mental absorption followed by a suggestion phase providing directions to elicit particular changes in thoughts and behaviors. The top-down regulatory processes, like attention, cognitive control and monitoring, play a central role in mediating responses to hypnotic and meditative selfintrospection (61-66). Specifically, hypnosis and meditation modulate top-down processes to dramatically change the implementation of cognitive strategies during hypnotic and meditation responses (64).

Antonio Damasio theorized extended consciousness to arise in the structures in the human brain, and he described as image spaces and dispositional spaces. Image spaces imply areas where sensory impressions of all types are processed, including the focused awareness of the core consciousness. Dispositional spaces include convergence zones, which are networks in the brain where memories are processed and recalled, and where knowledge is merged with immediate experience. Our ordinary state of consciousness is not something natural or given, but a highly complex construction, a specialized tool for coping

with our environment and the people in it (3). In his neurophysiological studies, the scientist Antonio Damasio offers a thought-provoking view of consciousness centered on feelings. Through his arguments, we found that there is much to learn from neurophysiology about different levels of consciousness, while there is more work to do on psychological levels and the corresponding neural structures (3,67), explained that awareness refers to the basic knowledge that something is happening, to perceive or feeling, or cognizing in its simplest form. What are the conscious sensations that accompany neural activities of the brain? Can we share to the problem of consciousness only from a neurobiological point of view, or should we develop other methods (68)?

We can observe many different modified states of consciousness. They can be divided in three categories:

- The pathological states of consciousness: we can have them during many illnesses and the coma states;
- (II) The states of consciousness modified by: drugs, anesthesia, alcohol, medicines, herbs and plants;
- (III) The neurophysiological 'normal' states of consciousness that are the stages from awake to sleep, clinical hypnosis and introspective hypnosis' stages and the different meditative stages (16,69,70).

In this paper we discuss the use of the neurophysiological 'normal' states of consciousness: clinical hypnosis, introspective hypnosis' stages and the different meditative stages in Palliative Care.

Recent advances in cognitive neuroscience have provided insight into the functional mechanisms of the human brain during the different states of consciousness. Neuroscientists have identified specific brain patterns, for example neuronal oscillations, that co-fluctuate with the task and behavioral performance (71-74). These fluctuations are not random but depend on the specific task and cognitive settings. Applying this in-depth knowledge in practice might therefore be a key to creating brain tools for different target groups to improve different aspects of human cognition and states of consciousness (73). Hypnosis and meditative states, can be new experimental vehicles to probe the structure and functioning of the cognitive unconscious. Cortical oscillations have been shown to represent fundamental functions of a working brain, e.g., communication, stimulus binding, error monitoring, and inhibition, and are directly linked to behavior. Recent studies intervening with these oscillations have demonstrated effective modulation of both the oscillations and behavior (75,76). The physiological

mechanisms that we actually know underlie concentration, consciousness and the modified states of consciousness, are the sleep/wake mechanisms and the intermediate states between them. Sleep is a state of physiological reversible unconsciousness, or modified states of consciousness.

Awareness may be a function of the thalamocortical network in the cerebral hemispheres, which forms the final path not only of the sleep/wake mechanism, but also for introspective-hypnosis and meditative stages. Anatomical and physiological studies suggest that there may be a double thalamocortical network; one relating to cortical and thalamic areas with specific functions and the other global, involving all cortical areas and so-called 'non-specific' thalamic nuclei. The global system might function as a cortical integrating mechanism permitting the spread of information between the specific cortical areas and thus underlying awareness (Evans BM, 2003). Today, most behavioural measures are aimed at assessing whether particular mental content is conscious, not whether an organism is conscious (77).

The new study about the relationship between the different states of consciousness, concentration, hypnosis and spirituality, is an important theme in health research, not only to understand better the relationship of the different modified states of consciousness in neuropsychology, but also because mindfulness and spiritual orientation can help people to cope with the consequences of a serious disease. Knowledge on the role of clinical hypnosis, states of consciousness and spirituality is, however, limited, as most research is based on measures of neurophysiology of mind, rather than spirituality. Many people experience hypnosis and spirituality stages as an important support aid while trying to cope with a chronic or life-threatening disease (16,78-82). Spiritual orientation has been shown to be associated with mental health (83-86) and the association is especially strong among people facing stressful life events, such as a chronic or life-threatening disease. In the study "Assessing the Effect of Disease Progression on Spirituality" (87), it has been shown that disease and sufferings lead religious persons nearer to almighty in search of Mercy. In this research work, a two-phased DRFI (disease-religious-faith-interaction) experiment is designed and MCFDM (multi-criteria futuristic decisionmaking) methodology developed by P. K. Saxena (DEI) has been applied.

Discussion

Self-introspective hypnosis, meditative states and spiritual intercession for psychological and spiritual healing in palliative care

Self-introspective hypnosis

Definition of hypnosis: the Society of Psychological Hypnosis, Division 30 of the American Psychological Association defines hypnosis as: "A state of consciousness involving focused attention and reduced peripheral awareness characterized by an enhanced capacity for response to suggestion".

What does it mean? This shift in consciousness enables us to tap into many of our natural abilities and allows us to make change more quickly. Because hypnosis allows people to use more of their potential, learning self-hypnosis is the ultimate act of self-control and psychological/spiritual healing in palliative care. Self- deep introspective hypnosis is the western way to introspective awareness and spiritual healing, as the meditative states in eastern practices (16,70).

Today clinical hypnosis has become a viable venue of cognitive science and neurosciences (16,41-43,88,89). We argue that clinical hypnosis paves the road to multiple methodological advances in the exploration of the unconscious mind. Practitioners of clinical hypnosis, have long observed often dramatic emotional, cognitive, behavioral, and physiological changes, occurring during and as an apparent consequence of passive/introspective concentration hypnotic trance. Hypnosis modulates phenomenological aspects of conscious experience, such as pain perception (16,52,53,90).

Hypnotic analgesia triggers pain-related inhibitory neural mechanisms (91). These changes in perception demonstrate how hypnosis elicits powerful effects over perceptual experience. Brain imaging studies of this phenomenon underline a dissociation between the somatosensory cortex, involved in processing of nociceptive signals, and the ACC, a region associated with conscious access to pain sensation (60,90,92).

EEG activity at the midfrontal (Fz) region, was recorded during pre and post baselines, live hypnotic induction, arm levitation and progressive relaxation (PNR) deepening, and therapeutic ego-enhancing suggestions among 60 college student volunteers, previously screened with the Stanford Hypnotic Susceptibility Scale. Comparisons across conditions for delta, theta, alpha, and beta activity, were made between low, moderate, high, and very high

hypnotizable groups. The results indicated: significant increases in theta EEGs, across the hypnosis process, with a peak at PNR and a drop in theta thereafter to termination, with highs showing significantly more dramatic effects than moderates (93).

Neuroscientific studies suggest that when looking at brain responses, awareness can in fact be conceptualized as a continuum with different "levels of awareness" that have been suggested to correspond to a hierarchy of representational levels (94-96). This idea is well in line with the notion that this hierarchy is reflected by the extent of activation in the neuronal network or "workspace" (97-99). Importantly, these studies also propose that there is a threshold, which has to be crossed for an experience to become accessible by introspection (100,101).

Below this threshold, an experience may be subliminal or preconscious. However, although these experiences cannot be reported (verbally), we should not conclude that they do not contribute to a conscious experience, wherefore they may be considered "lower levels of consciousness" (96,98,102). We suggest here that diverse rhythms, or variations of a rhythm, can support different components of a cognitive and consciousness' act, with multiple rhythms potentially playing multiple roles (103). Top-down regulatory processes—e.g., attention, cognitive control and monitoring—play a central role in mediating responses to hypnotic suggestions (7,61-66). Specifically, hypnosis modulates top-down processes to dramatically change the implementation of cognitive strategies during hypnotic responses (64). Furthermore, the execution of hypnotic responses often appears dissociated from voluntary control, as they generally feel involuntary and effortless (104). Hypnosis selectively targets and modifies perception of sensory events (105-110).

The growing acceptance of consciousness as a legitimate field of enquiry and the availability of functional imaging has rekindled research interest in the use of introspectivehypnosis and suggestion to study subjective experience and to gain insights into cognitive functioning.

The first stage of introspective techniques of hypnosis and self-hypnosis

This is the first stage, of hypnotic passive/introspective concentration, that anyone can enter, as soon as eyes closure is achieved. During light hypnosis, we can observe: eye closure, movements are reduced, posture and facial features begin to relax, breathing begin to deepen, body indicators of tension begin to decrease. Medium hypnosis and self-hypnosis is the next step: We are our inner

observer (the same as in meditative stages): breathing begin deeper, slumped posture, mouth may open, feelings of lethargy, retardation in responsiveness, reduction in sensory awareness and inner-awareness. During the induction into medium hypnosis and deep self-hypnosis, the person is narrowly focused his or her attention to the inner-self, that sensory impressions are blocked out. We can then reach the state of complete relaxation necessary for the deep self-hypnosis, inner awareness and higher consciousness (16).

The technique of the introspective or autogenic hypnosis

It is a method of mental, meditative-type exercises, which bring about profound self-relaxation in mind and body. The word 'autogenic' means 'self-generating'. This can be a two-fold concept. First, the patient carries out the treatment; the self to the self applies autogenic exercises. There is no 'middle-man' in the shape of a therapist except in the role of guide and support in the initial teaching of the method. Second, the result of practicing the exercises is entirely spontaneous and unpredictable: the system of rebalance knows exactly what is required and will bring it about if left alone to do so. To generalize, the appearances to our senses are not replicas, or re-presentations, of phenomena in objective, physical space. They are fresh creations arising in the space of consciousness:

Moreover, the challenge level and skill level should both be high.

- Concentrating and focusing, a high degree of concentration on a limited field of attention (a person engaged in the activity will have the opportunity to focus and to delve deeply into it);
- ❖ A loss of the feeling of self-consciousness, the merging of action and awareness;
- Distorted sense of time, one's subjective experience of time is altered;
- ❖ Direct and immediate feedback (13,14,16).

In self- hypnosis, awareness of immediate surrounding decreases faster, and you lose the awareness of space and time.

In these states we can observe:

- Decreased awareness of immediate surroundings;
- Very deep breathing;
- Suggestion are best received;
- Partial or total amnesia of hypnotic events;
- Depersonalisation, disappears the self;
- Higher consciousness;
- Analgesia or anesthesia (physical pain relief);
- * External awareness periodically closes down;
- Activation of spiritual consciousness at the end

of life:

- Inner compassion;
- Increase of inner peace and serenity;
- ❖ We can be aware, rational and conscious, as in a dream (13,14,16).

Spiritual and meditative practices in therapy The mental prayers, mantras and meditation

A review of scientific studies, identified relaxation, concentration and meditation, altered states of awareness, a suspension of logical thought and the maintenance of a self-observing attitude as the behavioral components of meditation (111,112). Prayer and meditation are accompanied by a host of biochemical and physical changes in the body that change metabolism, heart rate, respiration, blood pressure and brain chemistry (113).

As we know there are three physiologic functional conditions of the brain: sleep, wakefulness and dream or trance stage. Hypnosis stages, prayers and meditative stages may therefore be considered as intermediate, particular conditions between awake and sleep (13,15,16,114). When we pray, it is considered advantageous to spiritual growth to pray selflessly. Prayer and Meditation have been used in clinical settings as a method of stress and pain reduction (115). Meditation has also been studied specifically for its effects on stress (84,85,116,117).

The stage of active concentration (state of aware waking) corresponds in Christianity and many other religions, to the first phase of prayer. The moment of the "repetitive vocal prayer" is the prayer of the believers going to church. The Holy Rosary in honor of the Virgin Mary, one of the traditional family prayers, at the beginning of the last century, belongs to this kind of prayers. The recitative prayers, have a pregnant and evocative meaning in great solemnities, in any kind of liturgy (with music, hymns and processions). In this phase we can include the moment of the "repetitive mental prayer", in which the believer only thinks to the traditional formulas, without pronouncing (or singing) them out-loud (13,15). The Repetitive Vocal and Mental Prayer in Buddhism, Hinduism and many other religions is the state of consciousness that can be reached with the purification of the mind, exerting nonviolence, with the chastity of the body and the serenity of the heart. It is necessary to dominate all kinds of desires and every kind of gift must be refused (118). The applied study of all disciplines, the capability of enjoying small things, the abstinence from food, and the worship of God, are extremely important, in order to reach the active concentration in a state of aware waking (119). Active concentration uses mainly the short term memory, which is not definitively fixed in the sub-cortical group of neurons (119).

Clinical Hypnosis, Meditative Stages and Mantras, are recognized in medicine as effective complementary therapies for pain and symptom's relief, in Palliative Care. Like the WHO's guidelines for Palliative Care, they: "provide relief from pain and other distressing symptoms; affirm life and regards dying as a normal process; intend neither to hasten or postpone death; integrate the psychological and spiritual aspects of patient care; offer support system to help patients live as actively as possible until death; offer support system to help the family cope during the patients' illness; use a team approach to address the needs of patients and their families; will enhance quality of life; they are applicable early in the course of illness, in conjunction with other therapies".

The term Meditation refers to a broad variety of practices that includes techniques designed to promote relaxation, build internal energy and realize inner self or one's spirit entity, and develop compassion, love, patience, generosity and forgiveness. The Meditation slowly and gradually purifies the person and dissolves ego, so one forgets himself (physical frame) and mingles with the vast ocean of LOVE where there is no suffering and pain and only Eternal joy is experienced, thus enabling its practitioner to enjoy an indestructible sense of wellbeing while engaging in any life activity and at any age.

"Mantra" means a sacred utterance, numinous sound, or a syllable, word, phonemes, or group of words believed by some to have psychological and spiritual power. Mantra may or may not be syntactic or have literal meaning; the spiritual value of mantra comes when it is audible, visible, or present in thought. Earliest Mantras were composed in Vedic times by Hindus in India, and those are at least 3,000 years old. Mantras come in many forms, including verses from Rigveda for example and Saman (musical chants from the Samaveda). They are typically melodic, mathematically structured meters, resonant with numinous qualities. At its simplest, the word Aum, Om is the most heard of Mantra. They are melodic phrases with spiritual interpretations such as human longing for truth, reality, light, immortality, peace, love, knowledge and healing. They are musically uplifting and spiritually meaningful. The sounds or mantras, which bring about introspection and healing, can be external or internal. The destressing effect of external sounds and music is well known to all of us.

The hearing of internal music or sounds is an extremely

Blessed and Esoteric phenomenon. It encompasses in itself the Ultimate Truth and Reality. The practice of hearing such internal sounds is known as Surat Shabd Yoga Abhyas and is being taught in Radhasoami Faith. The ultimate outcome is music of enlightenment and experiencing Sat-Chit-Anand-Prakash, which is the eternal state of joy and Love. Notice that Param Sat implies Supreme Truth or Powerful Energy, Param Chit implies Supreme Consciousness, Param Anand implies Supreme Bliss of love and attraction. And Param Prakash implies Supreme Refulgent Lustrous radiation, of spiritual force-field which in this twenty first century, may be designated as the omnipresent quantum spiritual force field of Supreme Consciousness (1).

The practice of Yoga, means practicing your body, your mind and your spirit. The body is held poised, and relaxed, with the practitioner experiencing no discomfort (120). During the Postures of Yoga exercises, medial prefrontal cortex and anterior cingulate cortex, work in the generation of EEG alpha activity (121).

Desai et al. (122) examined and reviewed the existing literature on the effects of yoga on brain waves and structural changes and activation. After a narrowed search through a set of specific inclusion and exclusion criteria, 15 articles were used in this review. It was concluded that breathing, meditation, and posture-based yoga increased overall brain wave activity. Increase in gray matter along with increases in amygdala and frontal cortex activation was evident after a yoga intervention. Yoga practice may be an effective adjunctive treatment for a clinical and healthy population. Further research should examine the effects of specific branches of yoga on a designated clinical population.

The Asanas Yoga: Yoga exercises and postures

Asana (Sanskrit: sitting down) is a body position, typically associated in the practice of Yoga, intended primarily to restore and maintain a practitioner's well-being, improve the body's flexibility and vitality, and promote the ability to remain in seated relaxed meditation for extended periods. These are widely known as Yoga postures or Yoga positions, which are currently practiced for exercise and as alternate medicine. It takes willpower and perseverance to accomplish each Yoga Pose and to practice it daily. The practice of Yoga Exercises or Yoga Asanas, can improve your health, increase your resistance, and develop your mental awareness. Doing the Yoga Poses, requires you to study each pose and execute it. In the Yoga Sutras, Patanjali suggests, that the only requirement for practicing asanas is

that it be "steady and comfortable". Asana is a Body posture, it is a Sanskrit word used to describe a position of the body. Patanjali, the founder of Ashtanga Yoga defines asana as "Steady and comfortable posture". Traditionally, many asanas are practiced in Hatha Yoga tradition, principally to achieve better physical and mental health. Asanas have a deep impact on the entire body and mind complex; it affects different systems within the body like muscular, respiratory, circulation, digestive, excretory, reproductive, endocrine, nervous system (123,124). When control of the body is mastered, practitioners free themselves from the duality of heat/cold, hunger/satiety, joy/grief, which is the first step toward the unattachment that relieves suffering. This nondualistic perspective comes from the Sankya School of the Himalayan Masters. How the Asanas Yoga works as a state of relaxation? The asanas are based on five principles: (I) the use of gravity; (II) organ massage; (III) stretching muscles and ligaments; (IV) deep breathing; (V) concentration.

Night-Day, Hot-Cold, Inhale-Exhale, Work-Rest, everything has an opposite. Therefore, it is with life and yoga. The Technique of Yoga Pose is Surya-Namaskar or Sun Salutation (lit. "salutation to the sun"), is a common sequence of Hatha yoga asanas. Its origins lie in a worship of Surya, the Hindu solar deity. The sequence of movements and physical poses can be practiced on varying levels of relaxation and awareness, ranging from that of physical exercise in various styles, to a complete sadhana, which incorporates asana and pranayama (125).

Meditative stages of spirituality, contemplation and healing

In meditation practices, a deep relaxed inner focus of attention is established by effortless, mental repetition of a short sequence of syllables, which may either be a traditional mantra or a non-semantic meditation sound, or by inner silence (15,16,117,126-130).

The main objective of true meditation is inherent in the methods for spiritual development and for the elevation of the spirit as a necessity of developing latent powers of the spirit as described in the Discourses on Radhasoami Faith (131).

Mindfulness has been described as a form of introspective observation, that is a characterized by moment to moment awareness of perceptible mental states and processes that includes continuous, immediate awareness of physical sensations, perceptions, affective states, thoughts, and imagery (15,16,116,132-141).

The definitions of mindfulness derive from Buddhism,

and focus upon a number of qualities that include (I) a deliberate intention to pay attention to momentary experience; (II) a marked distinction from normal, everyday modes of consciousness; (III) a clear focus on aspects of active investigation of moment to moment experience; (IV) continuity of a precise, dispassionate, non-evaluative, and sustained moment to moment awareness of immediate experience; and (V) an attitude of openness, acceptance, kindness, curiosity and patience. Additionally, mindfulness directly involves active development of such qualities as energy, tranquility, and equanimity (15,16,142). Mindfulness and the trance states in yoga and hypnosis are associated with similar phenomena like relaxation, visualizations, unreality, misrepresentation, alterations in perception and time, increased concentration, suspension of normal reality testing, and the temporary nature of the phenomena. While some researchers consider voga to be a form of hypnosis, others note that there are many similarities between the trance in voga and the hypnotic trance. We can find similarities between the trance states of hypnosis and the Hindu Patanjali's yoga sutras. These similarities are during the induction and deepening of the trance states in hypnosis, and that of Samadhi, the phenomena present in hypnosis and the kinds of siddhis that are obtained through Samadhi, and the therapeutic techniques and the therapeutic process in Patanjali's yoga sutra and hypnosis (124). According to the Hindu Patanjali yoga sutras, Samadhi is the goal of yoga. It can be defined as the pointless point of consciousness beyond which nothing else remains. It is the deepest level of consciousness where even the sense of individuality does not remain. The altered state of consciousness or trance state of yoga is that of Samadhi. It is described by the phrase sat-chitananda, which translates to truth-consciousness- bliss. This relates to a different realm of experience which is possible to describe only by metaphors and paradoxes (124). In Tibetan Buddhism, His Holiness the 14th Dalai Lama, explains The Eight Verses of Thought Transformation, a text by the Kadampa geshe Langri Tangpa. The Paramitayana practice of method and wisdom are the first seven verses which deal with the method of loving and kindness and the eighth deals with wisdom.

India has succeeded in bringing the invaluable contribution of Yoga to the world stage, but if the efforts of Yoga practitioners are confined to securing bodily well-being, its benefits would be very much meagre. The Rishis and Munis taught Yoga Practices in Vedas and Upanishads in ancient times. They give you spiritual benefit too, but cannot take you to Pure spiritual region. This is the sole legacy of Sant

Mat only and is taught in Radhasoami Faith, which takes you to the Supreme Reservoir of Spirituality by a simple method of Yoga, called as Surat Shabda Yoga (143).

The passive/introspective concentration in the meditative stages

It has been proposed that types of meditation that allow spontaneous thoughts, images, sensations, memories, and emotions to emerge and pass freely without actively controlling or pursuing them, over time, may reduce stress by increasing awareness and acceptance of emotionally charged experiences (85,144,145). This notion concurs with recent articles suggesting that mind wandering and activation of the default mode network in general may serve introspective and adaptive functions beyond rumination and daydreaming (146).

There are different ways depending on the different schools of thought to reach this phase. For example according to Ignacio of Loyola's school, the most quoted in Catholicism, the best way to practice mental meditation, is to analyze every single word of repetitive prayers, concentrating the thought on their intrinsic meaning, without letting the mind wandering. In Buddhism and Hinduism, the same state can be reached through meditation. Meditation is integration: therefore its main goal is to reassemble the divided part of the human being. If you say that the body is different from the mind, and that the mind is different from the soul, this means that you are disaggregating.

How can meditation take us back to the integration if it is something that separates the body from the brain, the brain from the mind or the mind from the soul? If when we close our eyes, and we keep silent, and we consider this as meditation then we all meditate for hours during our sleep. Why don't we call it meditation? Isn't that silence? During the sleep the mental function stops but we cannot consider this meditation. All of us can meditate, but the goal is far, far from us, because we are not able to control our senses, our mind and our intelligence. Three main transformation take place while we meditate.

In Hindu philosophy, at the beginning of his Yoga Sutra, Patanjali says that the Yoga is the appeasement of the mind. He then affirms that when a person tries to appease the mind, a sort of resistance develops as new thoughts and/ or new ideas arise. A sort of tug-of-war starts between our attempt of control and the arising thoughts. The Asana can be reached with a particular control of the physical posture, keeping the body completely free from nervous and muscular tensions, even with unusual positions.

Hindu meditation can be defined as a state of relaxed

contemplation on the present moment, or a state of reflection where the mind dissolves and is free of all thought. The goals of this method of consideration vary, including spiritual enlightenment and the transformation of attitudes. Hindu meditation can be classified according to its focus.

The way of meditation is the way of silence and introspection. Silencing the ceaseless chatter of a mind buzzing with thoughts is not easy. The way to silence is the way of the recitation of the word "NAAM" or mantra, or contemplation of the Saints or listening to the mystic sound (Shabda). Mantras (Devanāgari) originated in the Vedic tradition of India, becoming an essential part of the Hindu tradition and a customary practice within Buddhism, Sikhism, and Jainism. In the context of the Vedas, the term mantra refers to the entire portion which contains the texts called Rig, Yajur or Sama, that is, the metrical part as opposed to the prose Brahmana commentary. It is advisable to choose a word of four syllables and pronounce them with equal length. The recommended word in the Christian Tradition is Ma-ra-na-tha. In Aramaic, the language of Jesus's time, it means 'The Lord comes'. In the religion of Saints, Radhasoami Faith, the spiritual name is Ra-Dha-Soa-Mi.

Once we commence this daily practice, a few guidelines can enable us to go deeper. Firstly, we are not to assess our progress. The feeling of success or failure may be the biggest distraction of all. We are not to look for 'experiences' in our meditation. We come to meditation in poverty of spirit. So be faithful to the recitation of the word/mantra during the period of meditation, and to the daily practice, twice a day, morning and evening. The minimum time prescribed is 20 minutes, the optimum 30 minutes. "The way of saying your word, your mantra, is the way to stillness". Eastern Christians call it hesychia. It is pure prayer, worship in spirit and truth. It purifies the heart of contradictory desires and unifies us. The place of unity is the Chakras, or ganglions, which gradually ascend from below upwards in the human body where we find our deepest and most natural orientation towards God.

Higher consciousness

In cognitive sciences, Gerald Edelman, in his 'Theory of Consciousness', distinguishes higher consciousness, or "secondary consciousness" from "primary consciousness", defined as simple awareness that includes perception and emotion. Higher consciousness in contrast, "involves the ability to be conscious of being conscious", and "allows the recognition by a thinking subject of his or her own acts and

affections". However, higher consciousness is much more. Higher consciousness is the consciousness of a higher Self, transcendental reality, or God (147).

Variations in wakefulness, self-introspective hypnosis and meditation correspond to specific brain areas that are affected by the meditation practices. Decreased alertness and the transition of wake to the meditation onset is associated with a global decrease in most brain areas, particularly frontal areas. Tonic alertness is associated with activity in right hemisphere cortical areas and subcortical networks, particularly the dorsal anterior cingulate cortex (dACC), the dorsolateral prefrontal cortex (DLPFC), the anterior insula, the inferior parietal lobule, the thalamus, and the brainstem (148-154). A number of studies have found that meditation-related activation or volume increases are lateralized to the right hemisphere and correspond to tonic alertness-related brain areas (lateral PFC, inferior parietal, and anterior insula) (154).

Superior concentration and Higher Consciousness, sometimes called absorption, open monitoring practices or choiceless awareness, are described as paying attention to whatever comes into ones awareness: whether it is a thought, emotion, or body sensation, just following it until something else emerges without trying to hold onto it or change it in any way. It is often assumed that during superior concentration, the mind wandering is reduced in inner deep meditation, and more so in practitioners with many years of experience. The evidence comes from a relatively small number of studies in which the extent of mind wandering was assessed by questionnaire, after the higher consciousness state is reached.

Self-reported mind wandering during meditation was less abundant in participants with long-term experience in "concentration" (focused attention on breath), "loving-kindness meditation" (exercise oriented toward enhancing unconditional, positive emotional states of kindness and compassion), and "choiceless awareness" (open monitoring of mind wandering) compared to inexperienced controls (132,155,156).

In the Higher Consciousness state, through introspective-hypnosis and meditative states we can:

- Eliminate fear and other obstacles to spiritual growth;
- Rejoin the stream of life through willingness and trust:
- Utilize more fully the true solver of problems intuition;
- Untangle pain from suffering;

- Liberate your emotional body;
- Experience infinite worth;
- Learn to heal as a conscious activity;
- Establish a relationship with your personal and cosmic mind;
- Break the circular trap of addictions and find new pleasures that surpass them;
- Develop a quiet mind that can experience the truth of this new reality;
- ❖ Attain spontaneous right action.

After you break the dominance of thoughts, pain and fear, awareness becomes quite easy and natural.

You can balance inner focusing and awareness. You can be with the breath half the time and watch the stream for the rest. You still have to be vigilant, but as the body settles, you get even more freedom. It becomes possible to watch the show as a spectator. This is how focusing, which is so important at the start, gradually gives way to a tolerant and versatile awareness, compassion and detachment.

Spiritual intercession and sacred healing at the end of life

When someone is cured of terminal cancer, or comes out of coma, is this a miracle? And what of those who do, indeed, die of their disease in a state of "grace"? Faith healers talk about miracles all the time whereas modern medicine tends towards super specialist science and intervention. And alternative health practitioners from naturopaths to chiropractors and counselors tend to fall somewhere in the middle.

It may be noticed that in the medicinal system, the effectiveness of the medicine administered depends upon the ability of the doctor to correctly compare the patients' symptoms with the characteristics of the medicine. If there is a mismatch, the medicine may not cure the patient and they may also produce undesirable side effects.

One of the questions that skeptics are asked most persistently is to explain how acupuncture, homeopathy, faith healing, qigong and other treatments work. Skeptics often attribute this to placebo effect—a response to the act of being treated, not the treatment—as the answer. John E. Dodes in his article "The Mysterious Placebo" believes that both logical and fuzzy thinkers, don't truly understand what the placebo effect is. Belief in the treatment, operant conditioning, and power of suggestion all play important roles (157).

Studies suggesting that church going, religious beliefs, and prayer can relief morbidity and mortality have increasingly received attention in medical journals and the general media, but as we shall see in the study titled "Esoteric Healing Touch-A Preliminary Report" (158), the mortality cannot be changed by religious or spiritual practices. It is only the morbidity which can be reduced through various interventions, and thus gives the opportunity to the doctors and healers to serve the mankind and humanity, so as to decrease the suffering of human beings.

One study at Duke University concluded that steady church attendance improves health and prolongs life (159). The study used church and synagogue attendance as a measure of religiosity. Researchers studied 3,968 residents of northern California who were 64 to 101 years of age, during a 6-year period. At follow up, 29.7% of the participants have died. The relative hazard of dying was 46% lower for those who attended religious services frequently (at least once per week). After excluding significant variables, the mortality rate of churchgoers was 28% lower than those who do not.

Another study that used attendance of religious services as a gauge of religiosity was conducted over a 28-year period in 5,286 residents of Alameda County, California (160). In this study also mortality rate was lower in persons who attended religious services frequently. The author attributed this to the fact that frequent attendees had less exposure to certain risk factors for hastened death (for example, smoking, alcohol abuse, and limited social contacts).

In a study by Harris and coworkers (161), the author studied 990 patients who were admitted consecutively to a coronary care unit and were randomly assigned to receive intercessory prayer for 4 weeks. The patient did not know that the prayers were being offered. Although length of hospital stay did not differ between the prayer and non-prayer group, the patients who received Intercessory prayer had lower coronary care unit severity "scores".

Dale A. Mathews, author of *The Faith Factor*, book on health and religion defines religiosity as a person's adherence to the beliefs and practices of organized religion. Only a few studies have focused on spirituality, which is much more difficult to gauge; Mathews defines it as a person's search for meaning or for personal relationship with a higher power. Studies of religion effect on health often assess religiosity by determining frequency of attendance at worship services. This can be easily understood; persons, perceptions of their relationships with a higher power (162).

Dane and Moore (163) have examined in numerous studies, use of spiritual and/or religious practices to cope with illness and adversity. This study explores social

workers' use of spiritual practices as reflected in their work with palliative care clients. Survey results (n=327) indicated significant relationships of spiritual practices such as yoga, prayer and meditation to working with palliative care clients. The total number of these approaches is predicted by factors such as theoretical orientation and the social workers' own struggles with palliative care and other issues. Curing can come on many levels, but works more on the physical level. Healing comes from the Anglo-Saxon "to make whole". Many medical schools around the world now offer such courses, largely because patients are demanding more spiritual care.

Koenig *et al.* (164) tell that "Faith-based" health systems have as one of their primary missions, the integration of spirituality into patients' care. This is one of the most important factors that distinguish these health care systems from health care organizations that are secular in nature.

Clinicians who are themselves religious might be more sensitive to the spiritual needs of patients and more comfortable engaging in spiritual activities with patients; those who had received prior training might experience greater comfort engaging in spiritual activities with patients; and a particular focus of family physicians is addressing the whole-person psychosocial needs of patients (164).

From the above it can be inferred that, in the cure by religious practices, cure and healing depends upon the faith of the patient and of the treating doctor in the system.

Sacred esoteric healing

Sacred Esoteric Healing is an ancient therapy that reconnects you back to your inner-most, with the energy of inner-introspective consciousness, meditation, mantra and prayer.

Prayer, mantra and meditation are often used as a means of faith healing in an attempt to use spiritual means to prevent illness, cure disease, or improve psychological and spiritual healing at the end of life. Some attempt to heal by prayer, mental practices, spiritual insights, or other techniques, claiming they can summon divine or supernatural intervention on behalf of the ill. Spiritual meditation, as the name suggests is focusing on the spirit and can be extremely relaxing and exceptionally rewarding, especially at the end of life.

Studies in scientific literature support that ill people may achieve healing through prayer, mantra and meditation (165). In July 2,000 patients were randomised to a control group and an intervention group. A remote, retroactive intercessory prayer was said for the well being and full recovery of the intervention group. Mortality was

28.1% (475/1,691) in the intervention group and 30.2% (514/1,702) in the control group (P for difference =0.4). Length of stay in hospital and duration of fever were significantly shorter in the intervention group than in the control group (P=0.01 and P=0.04, respectively). Remote, retroactive intercessory prayer said for a group is associated with a shorter stay in hospital and shorter duration of fever in patients with a bloodstream infection and should be considered for use in clinical practice (165).

The more we practice meditation, the stronger our bonds become with our Spirit. Those practicing spiritual meditation and esoteric healing, are directed to imagine this spark if it cannot easily be seen. Deliberation on the soul, focusing on it with feelings of love, gratitude, and joy, is thought to make the spark of consciousness become brighter and stronger. The light of the soul will spread through the meditator, filling every part of the body. Strong emotional feelings of release are associated with this kind of rumination. It is not uncommon to feel bliss and gratitude during the process of soul meditation, or to be moved to tears.

Hindu meditation has been described as a journey to the deeper part of one's being. This kind of contemplation can be energizing and fulfilling. To enter into the tranquil, deep part of one's being, the strength within is tapped. This strength is believed to sustain the meditator throughout the day, preventing the calm center from being disturbed. Fear, doubt, and other earthly troubles cannot touch the practitioner of Hindu meditation in general and of the Radhasoami Faith in particular who has tapped into this strength.

The types of Hindu meditation encompassed by Yoga include, but are not limited to Vedanta, Raja Yoga, Japa Yoga and Surat Shabda Yoga.

Vedanta is a Sanskrit word meaning "the culmination of knowledge" and deals with the nature of reality. This school draws its source material from a set of philosophical scriptures called the Upanishads. These scriptures dictate the forms of meditation used in this school. Raja Yoga, also referred to as Ashtanga yoga is concerned primarily with cultivating the mind through meditation. The goal of this cultivation is to finally achieve liberation from reality. The practice of Surat Shabd Yoga comes from Sanskrit words meaning "essence of the Divine". This form of meditation seeks absolute union with the Divine whole. This Divine spirit is seen as the first force of dynamic creative energy, embodied as sound, which was sent out at the beginning of time (quantum spiritual force field). Japa Yoga refers to the

meditative method of repeating a mantra or name of the Divine. Usually this mantra is spoken softly, or sometimes only in the subject's mind. The Japa form of Hindu meditation is usually performed while sitting in a meditative yoga posture, such as the classic cross-legged position (166).

In Hindu mythology, there are four stages of life and inner healing: Brahmachari (student), Grihasta (Householder) Vanaprasta (forest dweller or Hermit in semi-retirement) Sannyasi (the renounced one in full retirement) and the Dharma of each is different. The four stages may be said to represent periods of Preparation, Production, Service and Retirement (167).

The four stages of life and inner healing represent a virtuous lifestyle that also includes simple living, meditation and prayers.

Deeper Hindu thinking suggests, however, that there is also a natural progression of these values so that one should grow toward more fundamental interests. This movement toward more enduring and satisfying values has been institutionalized in the understanding of the four stages of life known as "Ashramas". So, everyone is advised to do his/her 'Dharma' according to one's Varna and Ashrama—and not to venture doing those outside one's own.

Every person has his Svabhava (natural being) fitting him for his Svadharma (natural function). We cannot change either our natural being or our natural function because nature cannot be forced into a change by our whims and fancies.

A Sadhu was rescuing a scorpion that had fallen into a pond. Every time he lifted it out of water, it stung him but he would not give up until it was saved. One of his disciples asked why he was persistent in saving the scorpion that stung him. The Sadhu replied: "The 'Dharma' or nature of scorpion is to sting; the nature or Dharma of a Sadhu is to rescue a being from distress—and in this case sure death by drowning. So long as the scorpion does not give up its Dharma why should I give up mine and give up saving it?" The 'Dharma' of fire is to burn, of water is to be cool, of wind is to blow. So, the Dharma of man is to be humane. This story emphasizes how one should go on doing one's duty even if obstacles, impediments and difficulties intervene in discharging it (168-170).

Moksha Gita is an exhaustive treatise of the highest wisdom and 'inner healing' of the Advaita Vedanta.

From Moksha Gita: "The Guru said: The Mind has the power of creating or undoing the whole universe in the twinkling of an eye. Slay this mind through Vichara (enquiry), destruction of Vasanas and control of its fluctuation. The power of the mind

is indescribable and unimaginable. The greatest Siddhis and Riddhis are all the effects of the working of the highly purified mind. Terrific powers and psychic abilities are the expressions of the mind when it nears the All-powerful Consciousness, which is the very existence of Power itself. There are beautiful stories in the Yoga Vasishtha, which illustrate the existence of the dreadful powers of the mind. Mind is a crude form of the Chit aspect of the Reality. The Chit-Shakti of Brahman alone appears as the mind. The purified mind has all the powers of Iccha, Inana and Kriya which are the three aspects of the Supreme Shakti. The mind is more powerful than all the weapons of the world put together; it can do and undo things in a moment, for it is consciousness in its essence. All Yogic powers are due to the expansion of the mind in the higher and subtler regions which are swayed over by it by being included within the domain of its activities. When the mind reaches the highest state of conscious expansion or the Brahmakara-Vritti, then the goal of thought is near the reach. That is the glory of the majesty of the Self!" (171).

The father of the spiritual renaissance in India, was Soami Ji Maharaj, the founder of the Radhasoami Faith, who started his teachings in early nineteenth century. Whatever he said or wrote was the outcome of his intuitive realization and mystic revelations. Under this spiritual impulse he could draw a super-sensitive and English educated disciple like Huzur Maharaj towards him. The devotion of the disciple for the Master was matchless in form and precedence. And it was on his repeated requests that Soami Ji Maharaj opened the gates of Radhasoami Satsang for the masses in 1861 on the auspicious day of Basant Panchami. The chief characteristics of this faith are love and devotion. It revitalized the medieval Bhakti trends and revived the ancient Guru traditions. The faith presents a new concept of the Supreme Being, a novel revelation of the name "Radhasoami" and introduces a well-defined and developed method of internal practice—surat-shabdyoga-to the seekers after Truth. Not only an ascetic but also a man living in family can practise this Yoga, as it is very simple. The faith has many other spiritual observances and a well spelled code of moral conduct to be followed by devotees. The faith owes its systematization to the second guru Huzur Maharaj (172). The Radhasoami Faith has made a remarkable contribution in the socio-religion field as well. The founder gurus of the faith made direct hit upon the prevalent malpractices and anomalies in the indigenous socio-religious beliefs. They advocated for steady and gradual reforms in Indian society and simplified religion so as to make it accessible to all who desire salvation from worldly bondage, without any distinction of caste, colour

and nationality. The third guru, Maharaj Sahab revealed for the first time, the scientific basis of this faith in his excellent scientific exposition "Discourse on Radhasoami Faith" published in 1909, translated in hindi as "Amrit Bachan" by His Holiness Sir Sahab Ji Maharaj, fifth revered leader of this faith.

Shiv Dayal Singh Ji, called "Soamiji Maharaj" by devotees and admirers, was a khatri seth by caste in Agra, India. He used to insist that anyone who chose to follow him must give up non-vegetarian food, abstain from alcohol and intoxicants, lead a high moral life and engage in over two hours of Surat Shabda Yoga (sound-current-yoga) meditation per day.

In the mid-1850s, Shiv Dayal Singh Ji had a handful of followers in Agra. However, his teachings eventually attracted disciples from across India and by the time of his death in 1878, had several thousand followers. Soami Ji Maharaj's wife, Smt. Narayani Devi (called Radhaji), used to serve the disciples of the Satsang.

Dayalbagh or "Garden of the Merciful", is the small village (Ashram) at the Northern end of town of Agra in Uttar Pradesh, India. It is the headquarters of the Radhasoami Faith, where presently the 8th revered leader Prof. Prem Saran Satsangi Sahab, (Sant Satguru) lives and presides over the Satsang (holy service). It was founded in 1915 on the auspicious day of Basant Panchami on January, 20 by Sir Sahab Ji Maharaj by planting a Mulberry Tree near an old Mughal Well, followed by construction of the school building on 21st January, 1915, the very next day, to impart highest level of education. The colony was nurtured by Rev. Huzur Mehta Ji Maharaj and Rev. Huzur Dr. M. B. Lal Sahab and in its present form by the father of System's Science Rev. Prof. P. S. Satsangi Sahab. The administration of this spiritual ashram is looked after by Radhasoami Satsang Sabha, founded by Rev. Huzur Sarkar Sahab (Fourth Revered Leader).

It is a self-sustained Ashram, where its inhabitants lead an active, disciplined and co-operative community life, conforming to the spiritual ideals of their faith. It has affiliated educational institutes such as the Dayalbagh Educational Institute. All consultations and treatment are free for everyone. The school in Dayalbagh has grown in course of time to become a Deemed University-Dayalbagh Educational Institute-with various faculties with facilities for research. In 1981 the Ministry of Education, Government of India, conferred the status of an institution deemed to be a University on the Dayalbagh Educational Institute. There is a charitable multi speciality hospital called as "Saran

Ashram Hospital" founded in 1927, with a maternity ward, providing free and holistic treatment in different disciplines to the humanity.

Contemporary Sant Mat Movements are esoteric philosophy movements active in the United States, Europe and especially India. These movements assert that Sant Mat contains elements of thought found in Hinduism, such as karma and reincarnation. They refer to this spiritual path as the "Science of the Soul" or "Sant Mat", meaning "teachings of the saints". More recently it has been described as "The Way of Life" or "Living the Life of Soul". It incorporates a practical yoga system known as Surat Shabd Yoga.

Contemporary Sant Mat movements claim to incorporate a personal and private path of spiritual development in the common tradition of mystics past and present.

According to Frisk, Satsang is: a traditional activity in the Indian spiritual context, meaning "being with good/righteous companions". Satsang is a sitting together with an enlightened person who usually gives a short speech and then answers questions (173). This typically involves listening to or reading scriptures, reflecting on, discussing and assimilating their meaning, meditating on the source of these words, and bringing their meaning into one's daily life.

According to Jiddu, Satsang means association with the Saint (174).

Sant Mat and radhasoami sacred esoteric healing

"Blessed are the souls who in today's materialistic world have an inclination towards Spirituality" (175).

The original and the general structure of the system of Universe is revealed by the Merciful Saint (Param Purush Puran Dhani Soami Ji Maharaj, Shiv Dayal Singh Sahab) in His canonical scripture, Sar Bachan Nazm (Poetry) in its chapter "Barahmasa". The pre-creational state is described by stanzas 3 through 10 which translate as follows:

Neither was there the Creator, nor Creature, Nor Creation:

Neither was there Doer, nor Cause, nor Act, nor

Impediment [3]

Neither Seer, nor Seen, nor anything was visible; Neither was there Unrevealed, nor Revealed, neither

Position (Abode), nor Matter. [4]

Neither was there Qualifier, nor Quality, neither Beginning, nor End;

Neither was there Hidden, nor Exposed, neither Interior, nor Exterior. [5]

Neither was there Ram, nor Rahim (Merciful) neither Karim (Gracious) nor Keshav (Krishna); Nothing was there, Nothing, Nothing was there then

[6]

Neither was there Smriti, nor Shastra, neither Gita, nor Bhagwat;

Neither was there Katha (Epic), nor Puran, neither Singer, nor Song. [7]

Neither was there Servant, nor Master, neither Devotee, nor Deity;

Neither was there Satnam (Refulgent Sat Chit Anand), nor the Nameless one. [8]

How often must I repeat, nothing was there;

The Creation of the Four Worlds had not yet begun.

[9]

What was there, I state now:

I (Supreme Being or Param Purush) was there in

"Unmun" (Absolute self-absorption)

"Sun-bisamadhi" (State of "Shunya Samadhi" i.e., Zero State of Deep Meditation) (176). [10]

The Goal of Sant Mat Spirituality and Meditation: Our Path Back to the Source—The Inward Journey Back to God. Sant Mat [the path and teachings as taught and practiced by Saints (Sant Satgurus)] delineates the path of union of soul with God. The teachings of the saints explain the re-uniting as follows:

- The individual soul has descended from the higher worlds (the Realm of the Divine) to this city of illusion, bodily existence. It has descended from the Soundless State to the essence of Sound, from that Sound to Light, and finally from the realm of Light to the realm of Darkness. The qualities (dharmas, natural tendencies) of the sense organs draw us downward and away from our true nature;
- The nature of the soul (atman) draws us upwards and inwards and establishes us in our own true nature. Returning to our origins involves turning inward: withdrawal of consciousness from the senses and the sense objects in order to go upward from the darkness to the realms of Light and Sound (we experience this phenomenon of withdrawal as we pass from waking consciousness to deep meditation). Another way to express this is to go inward from the external sense organs to the depth of the inner self (both of these expressions are the metaphors that signify the same movement). The natural tendencies of the soul (atman) are to move from outward to inward and from below to upwards. The current of consciousness which is dispersed in the nine gates of the body and the

- senses, must be collected at the tenth gate;
- The tenth gate is the gathering point of consciousness. Therein lies the path for our return. The sixth chakra, the third eye, bindu, the center located between the two eyebrows is the gateway through which we leave the gates of the sense organs and enter in the divine realms and finally become established in the soul. We travel back from the Realm of Darkness to the Realm of Light, from the Light to the Divine Sound, and from the Realm of Sound to the Soundless State. This is called turning back to the Source (Omni Quantum Spiritual Force Field Reservoir);
- This is what dharma or religion really intends to teach us. This is the essence of dharma (Swami Santsevi Ji Maharaj, "Harmony of All Religions").

We all have faith on one thing or other, one person or the other, unconditional surrender to the Adept or God or religion Head or in His Faith. Esoteric school of thinking regards the Adept or God or Supreme Creator or Supreme Being as Omnipotent, Omnipresent, and Omniscient.

Esoteric school tells us that the Supreme Creator is Omnipotent because He is a reservoir of infinite energy, who has created the entire universe. He is Omnipresent because such a high energy creates a spiritual force field (Quantum Spiritual Force Field) around, which is spread in the entire universe.

We all know that our physical universe is pervaded by four Quantum Force Fields (Strong Nuclear, Electromagnetic, Weak Nuclear and Gravitational Force Field in descending order of their intensities). However, there is a prime spiritual force field which contains the prime or original spiritual energy whose fountainhead is Radhasoami Dayal, the supreme Creator.

The Quantum Field of that source of spirit forces pervades the whole macrocosmic creation and is omnipresent (1,25,26). He is Omniscient because His individual spirit forces, which are the sentient entities, pervade the entire creation. These spirit forces interact with the matter and material of the physical world to produce living organisms.

Believers of the Esoteric thinking and those who agree with the above hypothesis, try with all their faculties, i.e., body, mind, and soul to reach God through meditation. Such persons take ill health also as a boon and pray through meditation that, He may by HIS Mercy, grant health to enable them to fulfill the purpose for which they are born and living in this world.

If God grants them cure through decay and rejection of the foul cells and regeneration of new replacement cells by giving medical intuition to the attending doctor or otherwise, and then they work for their ultimate goal with new vigor. If God wishes otherwise, still they feel happy and accept graceful death so that they keep moving ahead in their spiritual path.

This is the Esoteric Healing Touch where patient gets satisfaction either way, i.e., cure or living with the problem or death.

Doctor Siddharth Agarwal and colleagues are observing their patients in the Saran Ashram Hospital, Dayalbagh, and Siddharth Nursing Home, Agra India.

An ongoing study done on patients registered in these hospitals over a period of 18 months, and have assessed and compared the cure rates among the ordinary patients and patients who believe in Esoteric thinking and do meditational practices and belong to a community of Dayalbagh which is a Spiritual Ashram in Agra. The aims and objectives of the study are:

- To see the effect of meditation and spiritual intercession on pain, anxiety and healing, of ailments in hospitalized patient;
- (II) Does common faith in higher power of both, treating doctor as well as patient, has any bearing on outcome;
- (III) What effect if any, do firm faith in God and HIS WILL, produce in terminally ill patients;
- (IV) Is there any mortality difference among the patients, those having firm faith in God and those not so firm or not at all.

Total of 213 patients who are hospitalized, over a period of 18 months are divided into two groups as follows: group A: patients in this group belong to a community having common Faith in Supreme Power (Esoteric thinking), have a unique pattern of lifestyle, and were involved in regular prayers and meditation (themselves or their attendants) during hospital stay. The treatment decision making and options are influenced by faith and esoteric experiences in this group. Total number in this group is 107. Group B: patients in this group are from general population, and did not have a common belief and faith, and prayers if practiced were infrequent. The medical and treatment decision making in this group is not influenced by religion and therefore totally guided according to medical science. Total patients in this group are 106. The primary end points are: (I) complete cure and (II) death.

Secondary End points are: (I) palliation of disease (that

is only temporary relief of problem and not cure); (II) left the Institute against medical advice; (III) shifted to or referred to other hospital. This is purely an observational study and patients are not forced any treatment options. Patients are divided in two broad disease groups of Noncommunicable and Infective or communicable diseases. Non-communicable diseases are further sub categorized into six disease groups as: cardiac, cancer, neuropsychiatry, gastrointestinal and respiratory and diabetes. Preliminary observations clearly point towards better cure rate and psychological and spiritual healing in group A: the patients who believe in esoteric healing 88% as compared to 78% in group B. Thirteen patients from group B left the treatment against medical advice, while none left from group A, again stressing the fact that, group A patients are ready to accept either of the outcomes and considered disease and its outcome to be the Will of their God. Deaths rates are the same in both the groups. Those who die in group A, accept this fact that they are going to die, gracefully, and moreover, their relatives do not force the treating doctor to use any life supporting and resuscitative equipment like intubation and ventilator during their terminal stage. They in fact pray at that time for the departing soul.

More numbers from Group A prefer conservative treatment, rather than intervention or surgical treatment. Hence a little more of them are given only palliative treatment, where the disease is incurable, like advanced cancer and paralysis. This is only a preliminary observational report that definitely point towards better healing in those with esoteric thinking and belief.

In Saran Ashram Hospital, Dayalbagh, India, for Palliative care, we can observe that the patients dying with firm belief in God, can accept death gracefully and die in serene and peace. There is one thing that is certain in this lifetime: eventually we all must die.

In Sant Mat and Sacred Esoteric Healing, we understand that the root of all diseases is within our thoughts patterns and the group mind energies that hold us hostage to negative mind traps. And, although we can work with Divine Laws to reverse our thoughts and correct them, often times we have done so much damage through our years of unconscious thinking and the feelings that these unconscious thoughts trigger, that physical and emotional illness has broken through.

It is in these cases that Esoteric Healing is so powerful. It will begin the process of transmutating the negative energies and thoughts within the various layers of the spiritual body and allow your soul's healing system to

activate the appropriate response permitting healing to occur at the correct level. Unlike many other energy work systems, this system is not about channeling energy into the body, instead the healer through the power of prayer, mantra and meditation invokes the God Force to activate healing within the individual's energy and vital body.

Conclusions

The path to the consciousness, the knowledge, and the awareness and, in the end, to the spiritual awareness and spiritual healing, always depends from person to person, and has unique and particular characteristics. Every human being is so unique in all aspect of physical, mental and spiritual being. The annulment of the normal consciousness is prevailing in the state of medium to deep self-introspective hypnosis and in the meditative states. Time and space disappear, and we live in a particular world in which we have inner experiences indescribable with every-day words. The self-hypnotic state, meditation and inner healing, change with each individual. The Vedas, more than 5,000 years old, are the classic texts describing this fundamental human experience. The Vedas call this experience of inner-healing and awareness, without an object of perception, pure awareness. According to the Vedas, this state of restful alertness or transcendental consciousness is considered to be the fundamental mode or ground state of human conscious experience. Thought processes represent fluctuations of this underlying abstract, pure field of intelligence and Higher Consciousness (13,14,16).

If we work cooperatively to integrate eastern perspectives of Vedic—Yogic Meditation (3S's of Satyam-Shivam-Sundaram) with western perspectives of systems science (3R's of Reductionism-Repeatability-Refutation and clinical hypnosis), we stand to progress much faster, further and higher in united mode (177).

Incorporating new beliefs about our Higher Self or true identity and inner-healing, is an important aspect of spiritual growth in Palliative Care. No matter how powerful, inspiring, or life-changing these new ideas and beliefs may be, they eventually run out of steam, because who we are is beyond thought or belief. When one reaches this stage of spirituality and intention, developing a mystical practice that can consistently restore us to a direct experience of our Higher Self, becomes essential. One realizes that spiritual healing and acceptance is fundamentally meaningless and hollow without a personal and direct experience of the

Divine.

The higher self is the "you" inside of you, the living force that grows and changes in your body throughout your time on earth. It is the "you" behind all of the defenses and images you have created for yourself... the you that really knows why you are here, what it is you need, and how you can get it.

By transcending to your personal core, the higher self, you discover your true nature, a blissful self of infinite worth.

People nearing the end of life may have spiritual needs as compelling as their physical and emotional concerns. Spiritual needs involve finding meaning in one's life.

The spiritual needs we all have for inner introspection, love, compassion, meaningfulness, total acceptance, devotion and inner peace, are goals to be achieved in our life. They exist here and now, and exert powerful influences on our lives.

'The droplet of water goes with the rain and mixes into the water of a river, that has reached the ocean becomes one with the ocean and no longer has an identity of a drop. The drop has become part of the ocean. Just as the water droplet finds peace in union with the ocean, in the same manner when the soul unites with God, duality disappears, and the soul becomes tranquil. River is no longer a river it becomes ocean. When the soul (atman) is united with the One or God, it is no longer an individual soul (Jivatma), but it is the Supreme Soul. This is the highest state of achievement and bliss: the state of complete unity of the Soul and God.' ("Harmony of All Religions").

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Footnote

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References

 Satsangi Sahab PS. Expositions on truth, ultimate reality and Supreme Being (From vantage points of Radhasoami Faith and Systems Science). Agra: Radhasoami Satsang Sabha, 2010:169-70.

- 2. Tart CT. Transpersonal Potentialities of Deep Hypnosis. Journal of Transpersonal Psychology 1970;2:27-40.
- 3. Tart CT. States of consciousness and state-specific sciences. Science 1972;176:1203-10.
- Tart CT. Altered states of consciousness. 3rd ed. Harper Publisher, 1990.
- 5. Staal F. Exploring mysticism. Penguin, 1975.
- Shapiro D. A biofeedback strategy in the study of consciousness. In: Zinberg NE. editor. Alternate States of Consciousness. New York: The Free Press, 1977:145-37.
- Lifshitz M, Campbell NK, Raz A. Varieties of attention in hypnosis and meditation. Conscious Cogn 2012;21;1582-5.
- 8. Landry M, Appourchaux K, Raz A. Elucidating unconscious processing with instrumental hypnosis. Front Psychol 2014;5:785.
- 9. Austin JH. Zen and the Brain: Toward an Understanding of Meditation and Consciousness. First MIT Press paperback edition. MIT Press, 1999:92.
- Farthing GW. The Psychology of Consciousness. Englewood Cliffs, NJ: Prentice-Hall, 1992.
- 11. Dennett D. Consciousness Explained. London: Penguin Books, 1991:101-38.
- 12. Alcock JE. Psychology and near-death experiences. Skeptical Inquirer, 1991;3:25-41.
- 13. Brugnoli A. Stato di coscienza totalizzante, alla ricerca del profondo Se. Verona, Italy: La Grafica Editrice, 2004.
- 14. Brugnoli A. Stati di coscienza modificati neurofisiologici. Verona, Italy: La Grafica Editrice, 2005.
- Brugnoli MP. Clinical hypnosis, spirituality and palliation: the way of inner peace. Verona: Del Miglio Editore, 2009.
- Brugnoli MP. Clinical hypnosis in pain therapy and palliative care: a handbook of techniques for improving the patient's physical and psychological well-being. Chicago: Charles Thomas Publisher, IL, 2014.
- 17. Facco E, Agrillo C. Near-death experiences between science and prejudice. Front Hum Neurosci 2012;6:209.
- 18. Facco E, Agrillo C, Greyson B. Epistemological implications of near-death experiences and other non-ordinary mental expressions: Moving beyond the concept of altered state of consciousness. Med Hypotheses 2015;85:85-93.
- Chalmers DJ. Facing Up to the Problem of Consciousness. Journal of Consciousness Studies 1995;2:200-19.
- 20. Chalmers DJ. The Conscious Mind. Oxford: Oxford University Press, 1996.
- Haxton B, Hillman J. Heraclitus: Fragments The Collected Wisdom of Heraclitus. New York: Viking (The Penguin Group, Penguin Putnam, Inc.), 2001.

- 22. Freeman WJ. A proposed name for aperiodic brain activity: stochastic chaos. Neural Netw 2000;13:11-3.
- 23. Churchland P. Neurophilosophy. Cambridge, MA: MIT Press, 1986.
- 24. Vitiello G. Quantum dissipation and information: a route to consciousness modeling. Neuroquantology 2003;2:266-79.
- 25. Keppler J. A Conceptual Framework for Consciousness Based on a Deep Understanding of Matter. Philosophy Study 2012;2:689-703.
- 26. Keppler J. A new perspective on the functioning of the brain and the mechanisms behind conscious processes. Front Psychol 2013;4:242.
- 27. Merker B. Consciousness in the Raw. Science News Online, September 2007. Available online: http://www.sciencenews.org/articles/20070915/bob9.asp
- 28. Hameroff SR. Ultimate Computing. North Holland: Elsevier, 1987.
- 29. Hameroff S. The conscious pilot-dendritic synchrony moves through the brain to mediate consciousness. J Biol Phys 2010;36;1:71-93.
- 30. Chopra D. Reality and consciousness: a view from the East: comment on "Consciousness in the universe: a review of the 'Orch OR' theory" by Stuart Hameroff and Roger Penrose. Phys Life Rev 2014;11:81-2; discussion 94-100.
- 31. Hameroff S, Penrose R. Consciousness in the universe: a review of the 'Orch OR' theory. Phys Life Rev 2014;11:39-78.
- 32. Hardcastle VG. Consciousness and the neurobiology of perceptual binding. Semin Neurol 1997;17:163-70.
- Koch C. The quest for consciousness: a neurobiological approach. Englewood, US-CO: Roberts & Company Publishers, 2004:429.
- 34. Llinás RR, Paré D. Of dreaming and wakefulness. Neuroscience 1991;44:521-35.
- 35. Yapko MD, Barretta NP, Barretta PF. Clinical training in Ericksonian hypnosis. Am J Clin Hypn 1998;41:18-28.
- 36. Yapko MD. The spirit of hypnosis: doing hypnosis versus being hypnotic. Am J Clin Hypn 2014;56:234-48.
- 37. Wark DM. Alert hypnosis: a review and case report. Am J Clin Hypn 2006;48:291-300.
- 38. Wark DM. What we can do with hypnosis: a brief note. Am J Clin Hypn 2008;51:29-36.
- 39. Wark DM. Traditional and alert hypnosis for education: a literature review. Am J Clin Hypn 2011;54:96-106.
- 40. Raz A, Landzberg KS, Schweizer HR, et al. Posthypnotic suggestion and the modulation of Stroop interference under cycloplegia. Conscious Cogn 2003;12:332-46.

- 41. Raz A. Atypical attention: Hypnosis and conflict reduction. In: Posner MI, editor. Cognitive Neuroscience of Attention. New York: Guilford Press, 2004.
- 42. Raz A. Hypnosis: a twilight zone of the top-down variety Few have never heard of hypnosis but most know little about the potential of this mind-body regulation technique for advancing science. Trends Cogn Sci 2011;15:555-7.
- 43. Raz A. Translation attention: from experiments in the lab to helping the symptoms of individuals with Tourette's síndrome. Conscious Cogn 2012;21:1591-4.
- 44. Penrose R. Shadows of the Mind: A Search for the Missing Science of Consciousness. Oxford: Oxford University Press, 1989:457.
- 45. Penrose R. The emperor's new mind. Oxford and New York: Oxford University Press, 1989.
- 46. Prem Saran Satsangi Sahab. The beautiful and blissful modern saga of Radhasoami Faith unfolding since the advent of Param Purush Puran Dhani Soamiji Maharaj on this earth in the last 200 years is by now completely clear and scientific in its basis. The Dayalbagh Herald, Radhasoami Samvat 199, March, 2017:P-1.
- 47. Miller GA, Galanter E, Pribram KH. Plans and the Structure of Behavior. New York: Holt, Rinehart & Winston, 1960.
- 48. Damasio AR. Time-locked multiregional retroactivation: A systems-level proposal for the neural substrates of recall and recognition. Cognition 1989;33:25-62.
- 49. Damasio A. Descartes' Error: Emotion, Reason, and the Human Brain. New York: Putnam's Sons, 1994.
- Damasio A. A second chance for emotions. In: Lane R, Nadel L. editors. Cognitive Neuroscience for Emotion. New York: Oxford Books, 2004:12-23.
- 51. Ewin DM. Relieving suffering--and pain--with hypnosis. Geriatrics 1978;33:87-9.
- Jensen MP, Patterson DR. Control conditions in hypnoticanalgesia clinical trials: challenges and recommendations. Int J Clin Exp Hypn 2005;53:170-97.
- 53. Patterson DR, Jensen MP. Hypnosis and clinical pain. Psychol Bull 2003; 129:495-521.
- 54. Alladin A. Cognitive hypnotherapy for major depressive disorder. Am J Clin Hypn 2012;54:275-93.
- Nash M, Barnier A. The Oxford Handbook of Hypnosis: Theory, Research and Practice. Oxford: Oxford University Press, 2008.
- Handel DL. Complementary therapies for cancer patients: what works, what doesn't, and how to know the difference. Tex Med 2001;97:68-73.
- 57. Handel DL. Follow-up review of the success rates of

- hypnosis. Commentary. Am J Clin Hypn 2010;52:173-5.
- 58. Néron S, Stephenson R. Effectiveness of hypnotherapy with cancer patients' trajectory: emesis, acute pain, and analgesia and anxiolysis in procedures. Int J Clin Exp Hypn 2007;55:336-54.
- 59. Varga K. Suggestive techniques connected to medical interventions. Interv Med Appl Sci 2013;5:95-100.
- 60. Faymonville ME, Laureys S, Degueldre C, et al. Neural mechanisms of antinociceptive effects of hypnosis. Anesthesiology 2000;92:1257-67.
- 61. Crawford HJ. Brain dynamics and hypnosis: attentional and disattentional processes. Int J Clin Exp Hypn 1994;42:204-32.
- 62. Gruzelier J. A working model of the neurophysiology of hypnosis: a review of evidence. Contemp. Hypn 1998;15:3-21.
- 63. Gruzelier JH. EEG-neurofeedback for optimising performance. I: a review of cognitive and affective outcome in healthy participants. Neurosci Biobehav Rev 2014;44:124-41.
- Egner T, Raz A. Cognitive control processes and hypnosis.
 In: Jamieson G. editor. Hypnosis and Conscious States.
 New York: Oxford University Press, 2007.
- 65. Dienes. Is hypnotic responding the strategic relinquishment of metacognition? In: Beran M, Brandl JL, Perner J. editors. Foundations of Metacognitioneds. Oxford: Oxford University Press, 2012;267-77.
- Dienes Z, Hutton S. Understanding hypnosis metacognitively: rTMS applied to left DLPFC increases hypnotic suggestibility. Cortex 2013;49:386-92.
- 67. Mosca A. A Review Essay on Antonio Damasio's The Feeling of What Happens: Body and Emotion in the Making of Consciousness. Psyche 2000;6.
- 68. Fingelkurts AA, Fingelkurts AA, Bagnato S, et al. Do we need a theory-based assessment of consciousness in the field of disorders of consciousness? Front Hum Neurosci 2014;8:402.
- Brugnoli MP, Brugnoli A, Recchia L. A New Classification of the Modified States of Consciousness. LAP Lambert Academic Publishing, 2016.
- 70. Brugnoli MP. Clinical hypnosis for palliative care in severe chronic diseases: a review and the procedures for relieving physical, psychological and spiritual symptoms. Ann Palliat Med 2016;5:280-97.
- 71. Buzsáki G, Horva´th Z, Urioste R, et al. High-frequency network oscillation in the hippocampus. Science 1992;256:1025-7.
- 72. Buzsáki G. Theta oscillations in the hippocampus. Neuron

- 2002:33:325-40.
- 73. Buzsáki G. Rhythms of the Brain. New York; Oxford University Press, 2006.
- 74. Buzsáki G, Draguhn A. Neuronal oscillations in cortical networks. Science 2004;304:1926-9.
- Horschig JM, Zumer GM, Bahramisharif A. Hypothesisdriven methods to augment human cognition by optimizing cortical oscillations. Front Syst Neurosci 2014;8:119.
- Horschig JM, Jensen O, van Schouwenburg MR, et al. Alpha activity reflects individual abilities to adapt to the environment. Neuroimage 2014;89:235-43.
- 77. Seth AK, Dienes Z, Cleeremans A, et al. Measuring consciousness: relating behavioural and neurophysiological approaches. Trends Cogn Sci 2008;12:314-21.
- 78. Loscalzo M, Jacobsen PB. Practical behavioural approaches to the effective management of pain and distress. J Psychosoc Oncol 1990;8:139-69.
- Levitan AA. The use of hypnosis with cancer patients. Psychiatr Med 1992;10:119-31.
- 80. Jensen M, Patterson DR. Hypnotic treatment of chronic pain. J Behav Med 2006;29:95-124.
- 81. Stefanek M, McDonald PG, Hess SA. Religion, spirituality and cancer: current status and methodological challenges. Psychooncology 2005;14:450-63.
- 82. Spiegel D. The use of hypnosis in controlled cancer pain. CA Cancer J Clin 1985;35:221-31.
- 83. Sawatzky R, Ratner PA, Chiu L. A meta-analysis of the relationship between spirituality and quality of life. Social Indicators Research 2005;72:153-88.
- 84. Davidson RJ, Kabat-Zinn J, Schumacher J, et al.
 Alterations in brain and immune function produced by
 mindfulness meditation. Psychosom Med 2003;65:564-70.
- 85. Davidson RJ. Empirical explorations of mindfulness: conceptual and methodological conundrums. Emotion 2010;10:8-11.
- Kolcaba KY, Fisher EM. A holistic perspective on comfort care as an advance directive. Crit Care Nurs Q 1996;18:66-76.
- 87. Siddharth A, Kumar V, Singh P, et al. Assessing the effect of Disease Progression on Spirituality. Psychology Research 2012;2:729-36.
- 88. Oakley DA, Halligan PW. Hypnotic suggestion and cognitive neuroscience. Trends Cogn Sci 2009;13:264-70.
- 89. Oakley DA, Halligan PW. Hypnotic suggestion: opportunities for cognitive neuroscience. Nat Rev Neurosci 2013;14:565-76.
- 90. Rainville P, Duncan GH, Price DD, et al. Pain

- affect encoded in human anterior cingulate but not somatosensory cortex. Science 1997;277:968-71.
- 91. Vanhaudenhuyse A, Demertzi A, Schabus M, et al. Two distinct neuronal networks mediate the awareness of environment and of self. J Cogn Neurosci 2011;23:570-8.
- 92. Hofbauer RK, Rainville P, Duncan GH, et al. Cortical representation of the sensory dimension of pain. J Neurophysiol 2001;86:402-11.
- 93. Stevens L, Brady B, Goon A, et al. Electrophysiological alterations during hypnosis for ego-enhancement: a preliminary investigation. Am J Clin Hypn 2004;46:323-44.
- 94. Grill-Spector K, Kushnir T, Hendler T, et al. The dynamics of object-selective activation correlate with recognition performance in humans. Nat Neurosci 2000;3:837-43.
- Bar M, Tootell RB, Schacter DL, et al. Cortical mechanisms specific to explicit visual object recognition. Neuron 2001;29:529-35.
- Kouider S, de Gardelle V, Sackur J, et al. How rich is consciousness? The partial awareness hypothesis. Trends Cogn Sci 2010;14:301-7.
- 97. Dehaene S, Naccache L. Towards a cognitive neuroscience of consciousness: basic evidence and a workspace framework. Cognition 2001;79;1-37.
- 98. Dehaene S, Changeux JP, Naccache L, et al. Conscious, preconscious and subliminal processing: a testable taxonomy. Trends Cogn Sci 2006;10:204-11.
- 99. Del Cul A, Baillet S, Dehaene S. Brain dynamics underlying the nonlinear threshold for access to consciousness, PLoS Biol 2007;5:e260.
- 100. Sergent C, Dehaene S. Is consciousness a gradual phenomenon? Evidence for an all-or-none bifurcation during the attentional blink. Psychol Sci 2004;15:720-8.
- 101. Sergent C, Dehaene S. Neural processes underlying conscious perception: experimental findings and a global neuronal workspace framework. J Physiol Paris 2004;98:374-84.
- 102.Blume C, Del Giudice R, Wislowska M, et al. Across the consciousness continuum—from unresponsive wakefulness to sleep. Front Hum Neurosci 2015;9:105.
- 103.Kopell N, Kramer MA, Malerba P, et al. Are different rhythms good for different functions? Front Hum Neurosci 2010;4:187.
- 104. Spanos NP, McPeake JD. Cognitive strategies, reported goal-directed fantasy, and response to suggestion in hypnotic subjects. Am J Clin Hypn 1977;20:114-23.
- 105.Kosslyn SM, Thompson WL, Costantini-Ferrando MF, et al. Hypnotic visual illusion alters color processing in the

- brain. Am J Psychiatry 2000;157:1279-84.
- 106.Mallard D, Bryant RA. Hypnotic color blindness and performance on the Stroop test. Int J Clin Exp Hypn 2001;49:330-8.
- 107. Spiegel D. Negative and positive visual hypnotic hallucinations: attending inside and out. Int J Clin Exp Hypn 2003; 51:130-46.
- 108.McGeown WJ, Mazzoni G, Venneri A, et al. Hypnotic induction decreases anterior default mode activity. Conscious Cogn 2009;18:848-55.
- 109. Koivisto M, Kirjanen S, Revonsuo A, et al. A preconscious neural mechanism of hypnotically altered colors: a double case study. PLoS One 2013;8:e70900.
- 110. Kallio S, Koivisto M. Posthypnotic suggestion alters conscious color perception in an automatic manner. Int J Clin Exp Hypn 2013;61:371-87.
- 111. Heelas P. Expressive spirituality and humanistic expressivism: Sources of significance beyond church and chapel. In: Sutcliffe S, Bowman M. editors. Beyond new age: Exploring alternative spirituality. Edinburgh: Edinburgh University Press, 2000:237-54.
- 112.Perez-De-Albeniz A, Holmes J. Meditation: concepts, effects and uses in therapy. International Journal of Psychotherapy 2000;5:49-59.
- 113.Lazar SW, Bush G, Gollub RL, et al. Functional brain mapping of the relaxation response and meditation. Neuroreport 2000;11:1581-5.
- 114. Oswald I. Sleeping and waking: Physiology and psychology. Amsterdam: Elsevier, 1962.
- 115. Agarwal S, Agarwal S, Brugnoli MP. Clinical Hyponosis, Meditative stages and Mantras in palliative care: Techniques for effectively relieving pain and suffering in chronic illnesses. Workshop at the Congress: Towards a Science of Consciousness, University of Helsinki, 2015.
- 116. Kabat-Zinn J, Lipworth L, Burney R. The clinical use of mindfulness meditation for the self-regulation of chronic pain. J Behav Med 1985;8:163-90.
- 117. Ospina MB, Bond K, Karkhaneh M, et al. Meditation practices for health: state of the research. Evid Rep Technol Assess (Full Rep) 2007;(155):1-263.
- 118. Nattier J. A Few Good Men: The Bodhisattva Path according to The Inquiry of Ugra (Ugrapariprecha). University of Hawai'i Press, 2003.
- 119. Huaijin N. Working Toward Enlightenment: The Cultivation of Practice. York Beach: Samuel Weiser, 1993:118-119, 138-140.
- 120. Sinha HP. Bhāratīya Darshan kī rūprekhā (Features of Indian Philosophy). Motilal Banarasidas Publ, 1993; ISBN

- 81-208-2144-0.
- 121. Yamamoto S, Kitamura Y, Yamada N, et al. Medial profrontal cortex and anterior cingulate cortex in the generation of alpha activity induced by transcendental meditation: a magnetoencephalographic study. Acta Med Okayama 2006;60:51-8.
- 122. Desai R, Tailor A, Bhatt T. Effects of yoga on brain waves and structural activation: A review. Complement Ther Clin Pract 2015;21:112-8.
- 123. Telles S, Kozasa E, Bernardi L, et al. Yoga and rehabilitation: physical, psychological, and social. Evid Based Complement Alternat Med 2013;2013:624758.
- 124. Chowdhary S, Gopinath JK. Clinical hypnosis and Patanjali yoga sutras. Indian J Psychiatry 2013;55:S157-64.
- 125.Mishra RS. Yoga Sutras. Garden City, New York: Doubleday, 1973.
- 126.Benson H, Greenwood MM, Klemchuk H. The relaxation response: psychophysiologic aspects and clinical applications. Int J Psychiatry Med 1975;6:87-98.
- 127. Carrington P, Collings GH Jr, Benson H, et al. The use of meditation--relaxation techniques for the management of stress in a working population. J Occup Med 1980; 22:221-31.
- 128. Davanger S, Ellingsen O, Holen A, et al. Meditationspecific prefrontal cortical activation during acem meditation: an fMRI study. Percept Mot Skills 2010;111:291-306.
- 129. Travis C. The silence of the senses. Mind 2004;113:57-94.
- 130. Travis F, Shear J. Focused attention, open monitoring and automatic self-transcending: categories to organize meditations from Vedic, Buddhist and Chinese traditions. Conscious Cogn 2010;19:1110-8.
- 131.Maharaj Sahab Pandit Brahm Sankar Misra MA. Discourses on Radhasoami Faith with supplement. Agra: Radha Soami Satsang Sabha, 2009:35.
- 132. Hofmann SG, Grossman P, Hinton DE. Loving-kindness and compassion meditation: potential for psychological interventions. Clin Psychol Rev 2011;31:1126-32.
- 133. Grossman P. On measuring mindfulness in psychosomatic and psychological research. J Psychosom Res 2008;64:405-8.
- 134. Grossman P, Niemann L, Schmidt S, et al. Mindfulness-based stress reduction and health benefits: A meta-analysis. Journal of Psychosomatic Research. 2004;57:35-43.
- 135. Grossman P, Kappos L, Gensicke H, et al. MS quality of life, depression, and fatigue improve after mindfulness training: a randomized trial. Neurology 2010;75:1141-9
- 136. Bishop M, Lau S, Shapiro L, et al. Mindfulness:

- A proposed operational definition. Clin Psychol 2004;11:230-41.
- 137. Kabat-Zinn J. Wherever you go there you are. New York, NY: Hyperion, 1994.
- 138. Kabat-Zinn J. Mindfulness-based interventions in context: Past, present, and future. Clin Psychol 2003;10:144-56.
- 139. Kabat-Zinn J. Coming to our senses: Healing ourselves and the world through mindfulness. New York, NY: Hyperion, 2005.
- 140.Allen NB, Chambers R, Knight W, et al. Mindfulness-based psychotherapies: a review of conceptual foundations, empirical evidence and practical considerations. Aust N Z J Psychiatry 2006;40:285-94.
- 141. Yapko MD. Mindfulness and Hypnosis: The Power of Suggestion to Transform Experience. WW Norton & Co Inc., 2011.
- 142. Nanamoli B, Bodhi B. The middle length discourses of the Buddha: A translation of the Majjhima Nikaya. Boston, MA: Wisdom Press, 2001.
- 143. Satsangi Sahab PS. Summary of Discourse delivered by Gracious Huzur, at Beach of Kanyakumari. The Dayalbagh Herald, 2015.
- 144. Ellingsen Ø, Holen A. Meditation: a scientific perspective. In: Davanger S, Eifring H, Hersoug AG. editors. Fighting Stress. Oslo, Norway: Acem, 2008:11-35.
- 145.Lutz A, Brefczynski-Lewis J, Johnstone T, et al. Regulation of the neural circuitry of emotion by compassion meditation: effects of meditative expertise. PLoS One 2008; 3:e1897
- 146. Ottaviani C, Shapiro D, Couyoumdjian A. Flexibility as the key for somatic health: From mind wandering to perseverative cognition. Biol Psychol 2013;94:38-43.
- 147. Edelman GM. Naturalizing consciousness: a theoretical framework. Proc Natl Acad Sci U S A 2003;100:5520-4.
- 148. Langner R, Eickhoff SB. Sustaining attention to simple tasks: A meta-analytic review of the neural mechanisms of vigilant attention. Psychol Bull 2013;139:870-900.
- 149.Sturm W, Willmes K. On the functional neuroanatomy of intrinsic and phasic alertness. Neuro Image 2001;14:S76-84.
- 150. Sturm W, de Simone A, Krause BJ, et al. Functional anatomy of intrinsic alertness: evidence for a frontoparietal-thalamic-brainstem network in the right hemisphere. Neuropsychologia 1999;37:797-805.
- 151.Raz A, Buhle J. Typologies of attentional networks. Nature Reviews Neuroscience 2006;7:367-79.
- 152.O'Connell RG, Bellgrove MA, Dockree PM, et al. Cognitive remediation in ADHD: effects of periodic

- non-contingent alerts on sustained attention to response. Neuropsychol Rehabil 2006;16:653-65.
- 153. Posner MI, Petersen SE. The attention system of the human brain. Annu Rev Neurosci 1990;13:25-42.
- 154. Mottaghy FM, Willmes K, Horwitz B, et al. Systems level modeling of a neuronal network subserving intrinsic alertness. Neuroimage 2006;29:225-33.
- 155. Bodhi B. The Numerical Discourses of the Buddha: A New Translation of the Anguttara Nikaya. Boston: Wisdom, 2012.
- 156. Brewer JA, Worhunsky PD, Gray JR, et al. Meditation experience is associated with differences in default mode network activity and connectivity. Proc Natl Acad Sci USA 2011;108:20254-9.
- 157. Dodes JE. The Mysterious Placebo. Skeptical Inquirer, Volume 21.1, 1997.
- 158. Siddharth A, Vijai K, Piyush A, et al. Esoteric Healing Touch – A Preliminary Report. Psychology Research 2016;6:443-8.
- 159. Koenig HG, Hays JC, Larson DB, et al. Does religious attendance prolong survival? A six-year follow-up study of 3,968 older adults. J Gerontol A Biol Sci Med Sci 1999;54:M370-6.
- 160. Strawbridge WJ, Cohen RD, Shema SJ, et al. Frequent attendance at religious services and mortality over 28 years. Am J Public Health 1997;87:957-61.
- 161. Harris WS, Gowda M, Kolb JW, et al. A randomized, controlled trial of the effects of remote, intercessory prayer on outcomes in patients admitted to the coronary care unit. Arch Intern Med 1999;159:2273-8.
- 162.Matthews DA, Clark C. The Faith Factor: Proof of the Healing Power of Prayer. Penguin Books, 1999.
- 163. Dane B, Moore R. Social workers' use of spiritual practices in palliative care. J Soc Work End Life Palliat Care 2005;1:63-81.
- 164. Koenig HG, Kathleen Perno, Hamilton T. Effects of a 12-month educational intervention on outpatient clinicians' attitudes and behaviors concerning spiritual practices with patients. Adv Med Educ Pract 2017;8:129-39.
- 165.Leibovici L. Effects of remote, retroactive intercessory prayer on outcomes in patients with bloodstream infection: randomised controlled trial. BMJ 2001;323:1450-1.
- 166. Aranya H, Hariharananda S. Yoga Philosophy of Patanjali with Bhasvati. "Introduction". Calcutta, India: University of Calcutta, 2000:xxiv. ISBN 81-87594-00-4.
- 167. Brahmacharyam Pativratyam cha. Celibacy and Fidelity. Archived June 30, 2013, at the Wayback Machine. Himalayan Academy, Gutenberg Archives, 2006.

- 168.Devananda V. Meditation and Mantras, 1999; ISBN 81-208-1615-3.
- 169. Acharya Tulsi Key. 01.01 Traditions of Shramanas. Bhagwan Mahavira. JVB, Ladnun, India, 1995.
- 170. Acharya Tulsi Key. 04.04 accomplishment of Sadhana. Bhagwan Mahavira. JVB, Ladnun, India, 1995.
- 171. Sivananda SS. Moksha Gita The Song of Liberation. Pamphlet: Rt. Rev. R.J.F. Romano, 1982.
- 172. Mathur AP. Radhasoami Faith A Historical Study. Delhi: Vikas Publishing House Pvt. Ltd., 1974.
- 173. Frisk L. The Satsang Network. Nova Religio: The Journal of Alternative and Emergent Religions. University of

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- California Press, 2002;6:64-85. ISSN 1092-6690
- 174.Jiddu K, Jacob N. Conversations with Jacob Needleman. In: Knshnamurti J, Bohm, D. editors. The awakening of intelligence. San Francisco: Harper, 1985.
- 175.Swami Santsevi Ji Maharaj. Harmony Of All Religions. 2003. Available online: https://archive.org/details/ HarmonyOfAllReligions
- 176. Satsangi PS. Cosmology from the Twin Vantage Points of Radhasoami Faith and Systems Science. Spiritual Consciousness. New Age Books, 2013:23.
- 177. Satsangi PS, Hameroff S, Sahni V. Consciousness. New Age Books, 2016, P-VIII.