



CASE REPORT

BIOENERGY FOR PAIN CONTROL DURING LABOR: A CASE STUDY

Abstract

This study planned to examine the effect of the bioenergy method on birth pain. Bioenergy sessions performed every three hours during the labor process; the results were measured by the visual analog scale and recorded. According to the results Pre-Post the test, bioenergy found as an effective method for controlling birth pain. When the comparison of pain levels according to time evaluated, it found that the effectiveness of the bioenergy application changed every 3 hours. It thought that it would be beneficial to support pregnant women with biofield programs in the management of labor pains during labor. There is a need for studies with both long follow-up and large sample in this area.

Key Words: Bioenergy, labor pain, pain, pain management, pregnant

OLGU SUNUMU

DOĞUM AĞRISINDA BİYOENERJİ ETKİNLİĞİ: OLGU SUNUMU

Öz

Bu çalışma, biyoenerji yönteminin travay sürecini yaşayan kadının doğum ağrıları üzerindeki etkisini incelemek amacıyla planlandı. Travay sürecinde her üç saatte bir biyoenerji seansları uygulandı, sonuçlar vizüel analog skala ile ölçüldü ve kaydedildi. Öncesi ve sonrası test sonuçlarına göre, biyoenerji uygulamasının doğum ağrısının yönetiminde etkili bir yöntem olduğu görüldü. Ağrı seviyelerinin zamana göre karşılaştırılması değerlendirildiğinde, biyoenerji uygulamasının etkinliğinin her 3 saatte bir değiştiği saptanmıştır. Gebelerin travay sürecinde doğum ağrılarının yönetiminde biyoalan programlarıyla desteklenmelerinin faydalı olacağı düşünülmektedir. Bu alanda yapılacak hem uzun takipli hem de büyük örnekleme yapılmış çalışmalara gereksinim duyulmaktadır.

Anahtar Kelimeler: Biyoenerji, doğum ağrısı, ağrı, ağrı yönetimi, gebe

1. Introduction

Non-pharmacological methods in the literature; mind-body methods are classified into five groups as alternative medical methods, biological-based methods, manipulative and body-based methods, and energy methods (1-5). One of these methods, energy methods; bio electromagnetic therapies (magnets, variable and direct currents) and bio fields (acupuncture, bioenergy, chakra therapy, reflexology, reiki, shiatsu, tai chi, qi gong, therapeutic touch) (4).

Biofield therapies are therapies that penetrate the human body and affect the energy fields surrounding the body (3, 4). It reported that during the application of bioenergy, which is one of the biofield

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therapies, the heat generated because of metabolic activities and the bioenergy created by the ion movements in the tissues transferred from one person to another by touching or not (5-7). The transfer of bioenergy provided through the chakras, which are the energy centers of the body, and the aura associated with these energy centers (8-12). It is stated that if the chakras, which play a role in receiving and transmitting energy, are blocked, the body has difficulty in maintaining its health, its bioenergy decreases and diseases occur (12).

“Bios “ is an ancient Greek word meaning life, “energy” activity, and is called Chi, Qi, Prana, universal energy, life energy, light, electromagnetic field, and force field (1). Bioenergy is a form of therapy that helps people become more aware of their potential for pleasure and enjoy life. Bioenergy Therapy uses the life-sustaining energy of the universe and creates healing. This treatment can be performed individually or in groups, closely or remotely (2).

With Bioenergy Therapy, the immune system can be strengthened, pain can be eliminated, blood circulation can be increased, and diseases such as obesity and cancer can be treated by balancing the electromagnetic field (3). Bioenergy application has been used previously to reduce postoperative pain and many pains and has reportedly yielded good results (4-8). However, there are no reports on the use of bioenergy during childbirth in the literature. In this case study, midwives and other healthcare providers are invited to develop protocols and conduct research with the use of this modality. At the same time, how bioenergy used in the management of labor pains of a pregnant woman and its duration of activity presented.

2. Material and Methods

As for the research method, a quasi-experimental design including pre-test, post-test, and follow-up stages adopted. The case admitted to the delivery room of a private hospital on 10.01.2023 with the approval of a physician was included in the study.

Before participating in the study, the procedure introduced to the case with an “informed

consent form” and permission obtained. During the first application of the case included in the study, demographic characteristics were questioned and obstetric and pain assessments made. Visual Analogue Scale (VAS) used as the evaluation method.

Visual Analog Scale (VAS) is used to convert some values that cannot be measured numerically. Two end definitions of the parameter to be evaluated are written at the two ends of a 100 mm line and the patient is asked to indicate where this line is appropriate by placing a line, dot, or marker. 0 mm indicates no pain, 100 mm indicates the most severe pain. The distance from the point where there is no pain to the point marked by the patient is measured with the help of a ruler. The measured distance represents the patient’s pain in mm.

Before the research, the researcher received a Bioenergy Specialization Training Certificate (49 hours). A quiet environment was provided by removing technological devices for bioenergy, which was created by scanning the literature (4-8) and taking expert opinion.

3. Case Presentation

K.V. was 27 years old, married, graduated from higher education, and was residing in Istanbul. K.V., who is primiparous and in her 40th gestational week, was admitted to the hospital due to a spontaneous rupture of the amniotic membranes. In the obstetric examination, dilatation of 4 cm in length, 30% effacement, and fetal head had appear in the birth canal at -2 station. When her past history questioned, it learned that K.V. did not have any chronic disease, had family and collaborate support, and had a planned pregnancy. She also took and practiced correct breathing and relaxation techniques by attending birth preparation courses throughout her pregnancy.

When K.V. first applied to the maternity unit (at 08:00; 15.08.2022), she reported that she had uterine contractions, back and groin pain. In this context, bioenergy applied only to the waist and groin of the pregnant woman. The application performed in the desired position (supine on the bed).

The effectiveness of bioenergy application in the birth process has not been examined before (3-8), the bioenergy steps perform in the study are the stages applied to reduce the pain of the incision site after cesarean section (11). Immediately after determining the level of pain, patients were given bioenergy for 10–15 min, according to the recommendations in the relevant literature (4-8).

In order to focus and not be distracted at every stage of the application, the practitioner listened to the 528 Hz frequency ringing tone (Tibetan voice bowl sound) with headphones (pregnant she did not hear the sound). Implementation started by providing a quiet environment. Starting from the crown chakra, energy attunement achieved to the third eye, throat, heart, solar plexus, sacral, and root chakras, respectively. First, the right side of the body and then the left side of the pregnant woman cleaned with a sweeping movement starting from the shoulder to the tips of the toes. The root chakra (groins) and lumbar region taken between the two hands (2-3 cm away) without contact with the pregnant woman, and the resonance of the vibrations in this area and the alignment with the energy achieved. The pregnant woman tried to be relieved by relieving the pain with circular and ligament-cutting movements on the related

area (2-3 cm above) until electricity was felt in the hands. As soon as electricity felt in the hands, the procedure terminated, and the hands were positioned 2-3 cm away and the aura integrity in that area ensured. When the procedure was finished, the hands shaken, and the energy disconnected and washed. This application applied every 3 hours until complete dilatation. Before and after each application, the pregnant woman asked to mark the pain she experienced on a line between two extreme points according to her own pain perception. The distance between the starting point where there is no pain and the point marked by the pregnant woman measured and recorded as millimeter (mm). At the same time, pregnant women were asked to rate their pain every hour in order to evaluate the effectiveness of the application according to time. Pain scores were evaluated according to VAS and the results were compared (Table 1). According to the Pre-Post Test results, bioenergy application is an effective method in the control of labor pain. However, when the comparison of pain levels with respect to time evaluated, it observed that the effectiveness of the bioenergy application changed every 3 hours (08:00, 11:00, 14:00, 17:00). To put it more clearly, it concluded that bioenergy application is effective on labor pain severity for only 3 hours.

Table 1. Comparison of pain levels by time

Time	Dilatation/ Effacement	Pain scores before bioenergy	Pain scores after bioenergy	Pain scores at follow-up times
8:00	4 cm/30%	4 mm	1 mm	
9:00	4 cm/30%			1 mm
10:00	4 cm/30%			1 mm
11:00	5 cm/40%	4 mm	2 mm	
12:00	6 cm/50%			2 mm
13:00	6 cm/50%			2 mm
14:00	7 cm/50%	6 mm	5 mm	
15:00	7 cm/75%			5 mm
16:00	8 cm/95%			5 mm
17:00	8 cm/100%	6 mm	5 mm	
18:00	10 cm/100%			6 mm
19:00	baby's birth			

Evaluated according to the 24-hour period.

mm: millimeter

4. Discussion

The transfer of bioenergy provided through the chakras, which are the energy centers of the body, and the aura associated with these energy centers (5-8). It is stated that if the chakras, which play a role in receiving and transmitting energy, are blocked, the body has difficulty in maintaining its health and diseases occur (1). In this context, when the literature examined, it seen that there are laboratory studies examining the effect of bioenergy on the growth and metastasis of cancer cells and cortisol levels (9, 10). In addition, the bioenergy method used in the treatment of glaucoma, obesity, and relief of stress, anxiety symptoms, migraine, and the management of pain in the surgical incision area (4-9). However, due to the limited number of studies in this area, no academic study found in the national and international literature examining the effects of bioenergy, especially on labor pain. In this context, the data of this presentation were discussed by comparing the results of the studies that examined the skin stimulation methods (touch, reiki, TENS, etc.) that are like bioenergy.

In a study examining the effect of bioenergy on tumor size and metastasis in breast cancer, breast cancer cells were injected into mice. After the injection, bioenergy was applied for 10 days. Mice treated with bioenergy had smaller tumors and lower rates of metastasis (11).

Another study examined the effect of bioenergy on cortisol levels in mice injected with breast cancer cells. The first group underwent bioenergy daily, and in the second group, bioenergy was applied every other day; the last group was not subjected to any intervention. The fecal cortisol levels in mice that underwent bioenergy were found to be lower than those in mice that were not subjected to any intervention (12).

In this case report, it was stated that the bioenergy applied reduced the pain level of the pregnant woman and gave the pregnant woman a pain-free period for a certain period. Similar to this finding, in a study conducted by Sağkal (13) to examine the effect of reiki touch therapy, which is one of the skin stimulation methods, on pain after cesarean section, it found that reiki application applied once a day for 2 days significantly reduced the severity of pain (13). In

a similar study, the healing touch was applied on the 1st, 2nd, and 3rd days after bariatric surgery (healing touch), and it was stated that the pain level of the patients decreased (14). The results of these studies are similar to the findings of this study. As a result, it can be concluded that the results of this research support those of other relevant studies in the literature. Bioenergy was found to be effective in the management of labor pain during labor if applied at 3-hour intervals.

The pain relief mechanism of bioenergy is not yet fully known. It is known that if the chakras, which play a role in receiving and transmitting energy, are blocked, the body has difficulty in maintaining its health and diseases occur (13,14). In this context, it can be said that the energy given to the pregnant during bioenergy therapy helps to reorganize the chakra balance, which is disturbed, and thus, it is effective in reducing labor pain. In addition, as known those biofield therapies help relaxation and have the effect of reducing stress (15-16). It can be said that the bioenergy included in these therapies helps pregnant women to feel less pain during labor by helping to relax and reduce stress.

However, bioenergy is thought to relieve pain by several different mechanisms (3-5).

According to the first mechanism, bioenergy relieves pain by stimulating the skin according to the gate control and endorphin theories (4,7).

Bio-field therapies help to relax patients and reduce stress (4). In fact, Running and Hildreth determined that bioenergy was effective in reducing the stress of university students (7). Similarly, according to the second mechanism, bioenergy may help to relax patients by reducing stress and, thus, reducing pain (4).

5. Conclusion

It considered that it would be useful to support pregnant women with biofield programs in the management of labor pains during labor. In particular, it recommended that midwives obtain a certificate and actively use bioenergy application in order to reduce the labor pain of pregnant women in the clinic. In addition, it suggested that the bioenergy application, which is one of the integrative methods, should be added

to the midwifery education program contents and the students should be trained comprehensively. Midwives can be encouraged to participate in certificate programs for active use of the application. However, long-term follow-up studies are need in the field of women's health.

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