

A PRISMA aligned Review Based Opinion Article**Mishra Pratyush¹, Singh Maheswar Bahubalendra², Sri Soumya³**¹Assistant Professor, Department of Pharmacology and Therapeutics, MKCG Medical College and Hospital, Berhampur, Odisha, India²Postgraduate Trainee, Department of Physiology, MKCG Medical College and Hospital, Berhampur, Odisha, India³Subject Matter Expert and Ethnocultural expert on indigenous living lineage based healing systems, Odisha, India

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Corresponding Author: Dr. Mishra Pratyush

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Abstract:

Traditional healing techniques, products, and therapeutic methods emphasize preventive care, holistic well-being, and the experiential aspects of health, often regarded as "soft/subtle technologies." However, these practices remain largely undocumented and under-researched. Indigenous touch and biofield therapies are cost-effective, human-centered approaches that align with the World Health Organization's objectives for holistic healthcare. Nevertheless, these practices remain largely undocumented and under-researched in the literature. This PRISMA aligned review-based opinion article synthesises evidence on indigenous, lineage-based healing techniques of massage, touch, and biofield therapies from 2002 to 2025, examining their current usage, mechanisms, and clinical potential. Findings indicate the widespread utilization of these modalities, with preliminary studies demonstrating their benefits for pain, stress, and well-being. However, extensive documentation is lacking. Significant gaps exist between traditional practices and policy integration. This review identifies key concepts and "effect-evidences" for integrating Indian indigenous healing practices like massage, touch, and biofield therapy into mainstream system for preventive and holistic healthcare. Recommendations focus on structured efforts and improved understanding of methodologies and impacts.

Keywords: WHO Traditional Medicine, Integrative Medicine, Lineage based healing, indigenous healing techniques, traditional healing products.

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Introduction

Many indigenous, traditionally embedded healing systems, infrastructure and framework and processes are available to humanity since antiquity. These healing mechanisms slowly evolved with hundreds of years of observation, research and trials since the beginning of the human existence. Research has not started as just here-now. It existed then, and it exists now.

This paper attempts to look into possible traditional, traditionally embedded healing techniques that lay buried in layers of myths and lores in India awaiting exploration, documentation, research on their efficacy and recognition. There are very many examples already available in our surrounding like Mindfulness, Reiki, Pranik healing, Abhyanga, Kalari massage, Hijama (cupping therapy), Baihui scalp acupuncture and San jiao meridian based acupoint therapy, Touch/biofield therapies, Therapeutic Yoga/Yoga Therapy, Vipassana, Kneipp hydrotherapy, Cold-water immersion therapy, Balneotherapy/water based therapies of

Bhutan, Aromatherapy, Svensk Klassisk massage, Nuad Thai, Luk Pra Ko, Tok Sen massage, Rongoa Maori healing, Sobadores, and Chinese practices like Qigong and Tai Chi to restore the balance of body, mind, and spirit. These techniques have shown to offer efficacy and subtleness in the versatile domain of the healing world. Even so, may be considered as only the tip of the iceberg. More attempts are needed to look for unexplored healing mechanisms - find them, document them and research on their effectiveness.

Throughout history, humankind has sought relief and alleviation of physical and mental suffering. Humans have endeavored to comprehend, diagnose, and effectively treat illnesses and suffering. This pursuit has led to the development of structured frameworks and processes aimed at mastering healing.[1] Systematic enquiry serves as the foundation for many distinct healing systems and methodologies that have been utilized by humans since ancient times. Consequently, research is not a

novel concept exclusive to the modern era; rather, it has always been an enduring practice that continues even today.

These methodologies have evolved slowly with passage of time and subsequently established many healing systems, infrastructures, frameworks, and processes that have been practiced and refined through trial-and-error experimentation. These efforts form the backbone of traditional healthcare and indigenous healing systems across the world, each rooted in its own empirical, cultural and philosophical perspective.[1] Many such traditional healthcare practices lie covered underneath a layer of myths and lores; only a handful have made way into mainstream healthcare.

In exploring and investigating potential traditional and indigenous healing methods, products, and techniques available in our surroundings, one can encounter numerous examples such as Pranic Healing[2,3], Reiki[4,5], Zero-Balancing[6,7], Abhyanga[8] and Kalari massage[9], Hijama (cupping therapy)[10], Baihui (GV20/DU20) scalp acupuncture[11] and San jiao meridian based acupoint therapy[12], Touch/biofield therapies[13,14], Therapeutic Yoga/Yoga Therapy[15,16], Mindfulness/mindfulness based practices[17,18], Vipassana practices[19,20,21], Kneipp hydrotherapy[22], cold-water immersion therapy[23,24,25,26], Balneotherapy/water based therapies of Bhutan [27], Celtic traditional herbal and ritual healing products [28,29], Sami traditional healing [30], Aromatherapy[31,32], Svensk Klassisk massage (Swedish massage)[33,34], Nuad Thai (traditional Thai massage)[35,36], Luk Pra Kob (Thai herbal compress)[37,38], Tok Sen massage[39], Rongoa Maori healing[40], Sobadore (traditional Mexican curandero/curandera healers)[41], and Traditional Chinese Medicine (TCM) which employs herbal products, acupuncture, massage, diet, and energy practices like Qigong and Tai Chi to restore the balance of body, mind, and spirit [42,43]. These methods have demonstrated efficacy and subtlety in the diverse fields of healing. However, this is merely the tip of the iceberg. Further investigation is required to identify and document previously unexplored therapeutic mechanisms and evaluate their efficacy.

The World Health Organization (WHO) began developing a formal traditional medicine strategy because traditional healthcare practices were already prevalent but lacked proper regulation. The initial strategy document states, “This is the first global WHO Traditional Medicine Strategy. It was drafted following extensive consultation” [44]. These consultations revealed a significant public dependence on local healers, inconsistent safety regulations, and rising costs associated with chronic diseases. The 2019 global report reinforces this need, stating, “Traditional and complementary

medicine (T&CM) is an important and often underestimated health resource with many applications, especially in the prevention and management of lifestyle-related chronic diseases, and in meeting the health needs of ageing populations” [45].

Evidence from South-East Asia supports this view that “majority of Member States in the South-East Asia Region have integrated traditional medicine into their national health-care delivery systems to varying degrees” [45]. Collectively, these insights position indigenous systems not as marginal cultural practices but as practical assets for achieving universal health coverage. The 2002 Plan had set the primary goal to “Integrate TM/CAM with national health care systems, as appropriate, by developing and implementing national TM/CAM policies and programmes” [44]. According to the 2019 WHO Global Report on Traditional and Complementary Medicine, 88% of Member States, equating to 170 countries, have already recognised the use of TM/CAM. Traditional healing has a rich history and encompasses collective knowledge, skills, and practices rooted in the theories, beliefs, and experiences unique to various cultures. These methods, regardless of their scientific explanations, are used to maintain health and prevent, diagnose, enhance, or treat both physical and mental conditions.[46] In India, the medicinal practices of Indigenous peoples constitute a vital repository of traditional health wisdom, deeply intertwined with keen observations of nature and honed through coexistence with the natural world [47]. Though many would vouch for its continuity, it should be noted that it is transmitted orally from one generation to the next. In fact, oral transmission and hands on mentoring by elders is the hallmark of lineage-based healing products and techniques, even to this day in the Indian context, for its ethical preservation and continuity. This article reviews a few but known traditional healing products and techniques around the globe including India which have received attention and interest from researchers and experts globally.

Aim: To review and advocate for an initiative focused on the systematic investigation and thorough documentation of lineage-based massage and biofield therapies, that aligns with the WHO's traditional medicine strategy and goals with comprehensive research frameworks and their integration into mainstream healthcare.

Objectives:

- To critically assess both peer-reviewed and grey literature on lineage-based massage and biofield therapies, comparing the current evidence with WHO criteria for safety, quality, efficacy, and access.

- To evaluate the methodological strengths and limitations within this corpus and to outline trans-disciplinary research frameworks.
- To capture oral traditions and lineage-specific treatment sequences interviews with experts of culture and tradition and on field experts.
- To synthesize these findings into recommendations for bridging the research gap in indigenous touch and biofield therapies, as well as lineage-based healers and other massage therapies.

Search Strategy: This review adhered to the PRISMA 2020 guidelines. The literature search was conducted using PubMed, Scopus, Web of Science, Google Scholar, and WHO-IRIS. The search period spanned from January 2002 to May 2025. The year 2002 was selected because it marks both the earliest eligible references retrieved and the commencement of formal WHO documentation on traditional medicine.

To ensure breadth, Boolean operators were applied, combining terms related to the following:

- Systems and traditions: indigenous OR traditional OR tribal OR lineage
- Practices: healing OR massage OR medicine OR therapy OR practitioner OR ritual
- Conceptual frameworks: biofield OR energy OR prana OR qi OR subtle energy OR zero-balancing
- Mind-body modalities: mindfulness OR yoga OR meditation OR vipassana OR qigong OR dao-yin
- Policy and integration: policy OR framework OR strategy OR access OR safety OR quality OR efficacy

Alongside the indexed databases, grey literature was systematically identified, encompassing WHO reports, regional health system documents, and curated searches of cultural sources such as The Indic Way magazine, RROIJ publications, and SSRN repositories. Manual searches were also performed in specialist journals, including the Indian Journal of Traditional Knowledge and the Journal of Alternative and Complementary Medicine, as well as through backward citation tracking of key reviews.

The eligibility criteria were as follows:

- English language
- Human-focused studies, conceptual frameworks, or ethnographic reports
- Global or regional relevance to massage, biofield, or indigenous healing systems

Two reviewers independently screened the titles, abstracts, and full texts. Duplicates were removed before the final inclusion. The combined approach ensured the representation of peer-reviewed

evidence, lineage-based knowledge, and grey literature. This strategy aims to balance scientific rigor with the recognition of cultural and oral traditions.

Inclusion Criteria: Full-text English publications from 2002 to 2025 on traditional, lineage-based massage, touch, or biofield therapies—such as Abhyanga, Kalari, Pranik Healing, Reiki, etc—in human contexts were considered. Eligible sources encompassed empirical studies (randomized, observational, qualitative, mixed-methods), systematic or conceptual reviews, WHO/governmental policy documents, and pertinent grey literature (The Indic Way). Studies on hydrotherapy, meditation, and yoga were included only when framed or referring to relevant methodologies within traditional healing influences and conceptual frameworks, such as touch, lineage, or biofield contexts. Studies published in niche outlets were included strictly based on their relevance to domains of enquiry for highlighting methodological diversity. These studies needed to address at least one WHO domain (safety, efficacy, quality, access, mechanism, utilization) with sufficient methodological details for appraisal.

Exclusion Criteria: Works in non-English languages lacking reliable translations, those published before 2002 or after May 2025, as well as abstracts, posters, editorials, animal or in vitro studies, duplicates, and retracted papers were excluded from the study. Additionally, studies that focused solely on physiotherapy, commercial spa massage along with those on commercial wellness products or unrelated biomedical treatments were omitted.

Thematic Analysis: The search identified 94 publications between 2002 and 2025. After applying the inclusion and exclusion criteria, 61 studies were retained. These were organized into 12 thematic categories reflecting historical, cultural, conceptual, clinical, and policy perspectives. This framework provides evidence across traditions, modalities, and perspectives.

- (i) Historical and philosophical foundations — healing traced from shamanism to Hippocratic medicine [1], with continuities in Scottish domestic medicine [28], Celtic herbalism [29], and Sami traditional healing practices [30]; mindfulness roots revisited in conceptual reviews [53], [54].
- (ii) Indigenous and lineage-based healing systems — tribal and ancestral medicine in India [47] [48] [49], intangible oral traditions in The Indic Way [50] [51] and integration models with Maori healers [40] and Latine healers [41] reflecting practice and adaptation.

- (iii) Policy and global frameworks — WHO strategies [44] [45] [46] and regional health reports framing debates on safety, quality, efficacy, and access.
- (iv) Conceptual frameworks of biofield and subtle energy — reviews of Reiki [4], Pranic Healing [2], Zero Balancing [6] [7], and broader theories of prana and subtle energy [3], [56].
- (v) Experimental and clinical biofield studies — evidence from Reiki feasibility [5], distant intention and water crystal studies [55] [19], and RCTs [61], with scoping reviews mapping outcomes [13] [14] [25] {**Contested studies such as Radin et al. (2008) [55] and Trivedi et al. (2024) [61] were included to reflect the breadth of experimental inquiry in biofield research, while also highlighting ongoing debates about methodological rigor, replicability, and interpretation. }.
- (vi) Massage and touch-based therapies — practices of Abhyanga [8], Kalari [9], Thai massage [35], [36], Tok Sen [39], and infant massage [58]; reviews on labour massage [34], herbal compress [38], and therapeutic touch [57].
- (vii) Hydrotherapy and water-based traditions — Kneipp [22], cold-water immersion [23] [24], Bhutanese balneotherapy [27], and Indian hydrotherapy [26], consolidated by systematic reviews [25].
- (viii) Yoga, mindfulness, and meditation practices — therapeutic yoga [15] [16], neuroscientific evidences [18], traditions of Sakshi and Dhyana [17], Vipassana [19] [20] [60], Dao Yin/Qigong [42] [43], and adoption surveys [59].
- (ix) Community insights and practitioner perspectives: The Indic Way on zero balancing [50], wellness [51], and mindful eating [52], preserving lineage-based voices.
- (x) Cultural continuity and integration challenges — revitalisation of Indian systems [48], AYUSH adoption [49] and Māori-clinician collaboration [40] highlighting integration issues.
- (xi) Scientometric and cross-disciplinary reviews: - Scientometric mapping of mind-body practices [21] and scoping reviews of biofield therapies [13].
- (xii) Safety, quality, and efficacy considerations: - Evaluations of cupping [10], acupuncture [11], [12], essential oils [31] [32] and traditional healing influenced physiotherapy techniques [33] addressing WHO benchmarks.

Historical and cultural accounts form the foundation of the analysis, while experimental and clinical studies provide the outcomes. Insights from the grey literature and practitioner voices contribute to

lineage-based perspectives. Policy frameworks and safety considerations link these findings to the WHO benchmarks of access, quality, efficacy, and integration. These themes establish an evidence base for advancing research on Indigenous, lineage-based, and biofield therapies.

Findings:

01. Prevalent Traditional Healing products, techniques and methods around the globe.

The reviewers examined the significant discoveries of numerous widely used traditional healing products, techniques, and methods worldwide by evaluating their evolution from their origins to their integration and application in mainstream healthcare in current scenario.

Cupping therapy, also known as Hijama, has its roots in ancient Egypt, with its earliest reference found in the Ebers Papyrus, dating back to approximately 1550 BC. The practice later evolved within Chinese medicine, particularly during the Ming dynasty, when it was integrated with the theories of meridians and qi. Concurrently, it became a part of Islamic medicine under the name Hijama, focusing on the extraction of "stagnant blood" to achieve balance in the body. By the 20th century, cupping had gained popularity in Korea, Europe, and other regions and was eventually included in the World Health Organization's framework for traditional medicine. Despite variations in terminology across cultures, such as Ba Guan in Chinese and wet/dry cupping in contemporary discussions, the fundamental concept remains largely unchanged. Today, it is employed globally to address musculoskeletal pain, skin conditions, and neurological disorders.[10]

Baihui(GV20/DU20), known as the "Hundred Convergences", is a significant acupuncture point on the scalp with a rich clinical history. According to Wang et al., "Baihui (GV20, DU20) is a crucial acupoint, situated at the highest point on the head, and has been extensively utilized in acupuncture for neurological disorders." Its first mention dates back to the Huangdi Neijing during the Han dynasty, where it was identified as a technique for "lifting clear yang" and restoring consciousness. During the Tang and Song dynasties, its use expanded, particularly for treating stroke and neurological issues. In modern times, Baihui is integral to scalp acupuncture, combining traditional meridian theory with brain functional mapping techniques. Located at the top of the head, it is part of the Governing Vessel and traditionally controls yang energy, spirit, and alertness. Current interpretations link it to the regulation of cerebral circulation and enhancement of neuroplasticity. Clinically, Baihui is used to treat stroke recovery, neurological conditions, headaches, and consciousness disorders. It is increasingly

combined with electroacupuncture to improve therapeutic results.[11]

"Ancient medical texts frequently recorded acupoints related to the San Jiao meridian for treating somnolence and disorders of consciousness", report Zeng et al. 2025, *Medicine* (Baltimore), Historical Review. The San Jiao meridian, or "Triple Burner", represents a unique concept in traditional Chinese medicine, first outlined in Han Dynasty texts. Unlike anatomical organs, it governs qi transformation, water metabolism, and systemic functions across the upper, middle, and lower burners. During the Tang and Song periods, San Jiao acupoints were prioritised in treating somnolence and consciousness disorders, used with Governing Vessel and Gallbladder points for synergistic effect. Points like SJ5 (Waiguan), SJ17 (Yifeng), and SJ20 (Jiaosun) are traditionally implicated in restoring energetic balance and regulating wakefulness. In contemporary practice, San Jiao acupoint therapy remains relevant in neurology and sleep medicine and is utilised within acupuncture and moxibustion protocols. Historical analyses confirm a therapeutic focus on consciousness disorders, reinforcing the meridian's role in bridging physiological and energetic paradigms.[12]

Zero Balancing (ZB) is a manual therapy system created by Dr. Fritz Smith, an osteopath and acupuncturist. This system merges Eastern traditional energy healing principles with modern scientific perspectives on the body structure. In the 1970s, Smith studied acupuncture and integrated his insights into energy fields with his osteopathic expertise in bone and musculoskeletal functions, forming a cohesive method [6]. Thus, ZB is essentially a part of the broader traditional ancient energy and biofield practices from ancient India, China and Japan (Qi, Prana, Ki), emphasising its connection to long-established healing philosophies [7].

"The biofield is described as a collection of both internal and external fields that envelop and permeate living systems, with evidence indicating interactions with cellular and neural processes", as explored by Matos et al. in their 2021 Narrative Review. Touch and biofield therapies represent a modern synthesis of ancient energy-based healing systems called prana in India, qi in China, and ki in Japan have been reinterpreted in contemporary healthcare. "Biofield therapies (BFTs) are noninvasive, practitioner-administered techniques that engage with the supposed energy fields surrounding and penetrating the human body." [13]

In the 20th century, these traditions were formalised into structured modalities, such as Reiki, Pranic Healing, Craniosacral therapy, Therapeutic Touch and Zero Balancing. Collectively classified as

"biofield therapies", they are grounded in the concept of an energetic field that surrounds and permeates the human body. "Non-contact biofield-based practices have been described in diverse cultural traditions, often linked to the concept of prana, qi, or vital energy" [14]. These therapies are thought to facilitate healing by modulating the biofield, promoting autonomic balance, reducing stress, and enhancing the body's capacity for self-repair.

Although the terminology varies from subtle energy to vital force, the premise centres on restoring energetic harmony. "Quantitative studies suggest measurable changes in autonomic balance, EEG patterns, and inflammatory markers following biofield-based interventions." [14] In modern clinical contexts, biofield therapies are increasingly used in hospitals and nursing care for pain relief, anxiety reduction, cancer symptom support, cardiovascular recovery, and emotional well-being. "The evidence map shows a wide but uneven distribution of BFT research, with the strongest signals for pain and stress-related outcomes, although gaps in mechanistic studies persist [13]. Their growing use reflects a shift toward more integrative and patient-centred care models.

Therapeutic yoga is rooted in classical Indian systems, particularly Hatha and Raja yoga. In their field research, the reviewers discovered that while most people view yoga as spiritual and as an adjunct to preventive healthcare, some practitioners emphasised a clear distinction between Yoga Therapy and applied yoga philosophy. "There is a profound difference between Yoga Therapy and the ancient lineage-based techniques codified as Yoga. In fact, one could say that the latter is the much older progenitor of many techniques currently disseminated through therapeutic yoga," opines an experienced elder connected to an embedded lineage of physical wellness in Odisha during his interaction with the reviewers. However, further field research and investigations are necessary to explore this distinction. In modern settings, the focus of therapeutic yoga has shifted toward clinical care. Today, it is used to support mental health, manage chronic illnesses, and aid neurocognitive recovery. Yoga therapy integrates postures, controlled breathing, meditation, and mindful movements, and Agopsowicz et al. (2025) emphasised the therapeutic potential of yoga in mental health care. They observe, "Yoga-based therapies have shown promise in the treatment of eating disorders, where mindful movement and body awareness may restore psychological balance" [15]. This observation aligns with the increasing interest in movement-based interventions to enhance psychological resilience.

Nanda et al. (2024) similarly highlighted significant outcomes in psychiatric rehabilitation through an interventional study. Their findings revealed that

"Neurocognitive impairment in schizophrenia patients was significantly improved after yoga therapy, with benefits observed in attention and working memory" [16]. This points out its potential as a non-pharmacological aid in cognitive recovery. Each element works to restore harmony among the body, mind, and nervous system. In Ayurveda, this approach is known as yoga chikitsa and in clinical language, it is simply called yoga therapy. It is now widely applied in the treatment of stress disorders, schizophrenia, eating disorders, and cognitive decline. As part of broader mind-body interventions, it is recognized in integrative medicine for its regulatory effects on the body. Clinical evidence highlights the benefits of emotional control, attention, and stress resilience.

Mindfulness practices originate from Buddhist principles of Sakshi (witness consciousness) and Dhyana (meditative absorption), now adapted in modern therapy through Mindfulness-Based Stress Reduction and Cognitive Therapy. Mindfulness involves present-moment awareness without judgment. It is linked to neuroplasticity, emotional regulation, and concentration. In clinical settings, mindfulness addresses stress, depression, anxiety, and neuro-rehabilitation. Studies show its positive effects on brain regions associated with attention, emotion, and resilience, highlighting its role in mental health care. [17,18]

Vipassana, which means "to see clearly" in Pali, originates from early Theravāda Buddhist meditation and focuses on gaining direct insight into reality through disciplined, mindful awareness. Revitalized by S. N. Goenka in the 20th century, Vipassana has spread worldwide in a secular format aimed at enhancing mental wellbeing. This practice involves observing bodily sensations, breath, and thoughts, fostering awareness of impermanence (anicca), suffering (dukkha), and non-self (anatta). Linked to the four foundations of mindfulness, Vipassana aids in managing stress, improves clarity, supports addiction recovery, and promotes social balance. Research associates it with emotional resilience and reduced psychological reactivity. [19,20,21]

Cold-water immersion (CWI) has ancient origins and has been utilized in Greek, Roman, and Indian traditions for cleansing and healing. Revitalised by European naturopathic methods, it has become prominent in contemporary sports medicine and mental health fields. CWI is believed to induce hormetic stress, which boosts adaptive responses, such as autonomic regulation and anti-inflammatory effects. Today, it is commonly used for athletic recovery, immune system enhancement, and mental toughness and has gained popularity through methods such as the Wim Hof Method. [23,24] According to Cain et al. (2025), "Cold-water immersion was associated with significant benefits

for health and wellbeing, though heterogeneity across trials warrants caution." [23]. Ono et al. (2025) note, "Cold-water immersion is increasingly reported as a low-cost, accessible intervention for enhancing resilience." [24]. Previous research highlights its systemic impact on the body: "Scientific evidence-based effects of hydrotherapy extend to cardiovascular, respiratory, musculoskeletal, and neuroendocrine systems" (Mooventhan & Nivethitha, 2014) [25]. Sujatha & Manjunath also point out, "Ancient Indian texts describe hydrotherapy practices as integral to daily health rituals, highlighting a continuity between traditional and modern water-based therapies." [26]

These traditional hydro healing methods were observed to have generated other forms in later periods, such as Kneipp hydrotherapy, which is essentially a package encompassing many components. Kneipp hydrotherapy, founded by Sebastian Kneipp in 19th-century Germany, combines hydrotherapy, herbal remedies, movement, and nutrition. This method uses alternating hot and cold water to enhance circulation and immune function. Known as the "Kneipp cure", it treats chronic pain and circulatory issues. As Ortiz et al. (2023) note, "Clinical effects of Kneipp hydrotherapy were observed in randomized controlled trials, with positive outcomes on chronic conditions, but the evidence remains heterogeneous." [22]

In Bhutan, water-based therapies are a vital part of gSo-ba Rig-pa, the traditional Tibetan medical system known locally as Sowa Rigpa. These practices are deeply tied to Buddhist cosmology and emphasise the healing properties of thermal springs, herbal-infused water, and ritual bathing. Referred to as menchu (hot spring therapy), balneotherapy in Bhutan is believed to work through the combined effects of mineral content, water temperature, and energy resonance. It continues to serve both cultural and therapeutic roles and is widely used for arthritis, skin conditions, and general vitality. Integrated into community health, menchu is not only seen as a treatment but also as a form of preventive care. As Wangchuk et al. (2020) explain, "Water-based therapies remain part of Bhutan's traditional health practices, with hot springs (menchu) being the most common form." They also observe, "Recorded clinical evidence supports balneotherapy for musculoskeletal and dermatological conditions, though systematic scientific validation is still required." [27]

In his work, Holmes uses the broad term "domestic medicine" for traditional herbal concoctions, rituals, prayers, and other Celtic water-based traditional healing practices. [28] These developed from a fusion of Greco-Roman healing practices melding with indigenous healing traditions during the period known as Classical Antiquity between the 8th

century BCE and the 5th century CE. Physical remedies were often combined with prayer and incantations. Notably, herbal infusions of sage and rosemary were used for fevers, chamomile poultices for swellings, and ritual baths infused with fennel or rue for cleansing and recovery, categorized as traditional ethnobotanical products which are still used today. Local Celtic healing rites, which emphasised seasonal cycles, ritual purification, and herbal energetics, merged with Greco-Roman-influenced techniques. These included mineral spring bathing for rheumatism, fumigation with juniper and thyme for purification, and the use of herbal emetics like hellebore or senna for humoral cleansing. Over time, these traditional practices and products evolved into European spa culture and continue to influence modern Phyto-pharmacology too. [29]

The Sami are Indigenous people residing in Sapmi, a region encompassing northern Norway, Sweden, Finland, and Russia's Kola Peninsula. Their healing practices integrate various techniques, including herbal medicine, massage, bone-setting, healing rituals, and spiritual practices such as Joik, prayer, and laying of hands, which reflect their holistic worldview. Joik serves as both a cultural expression and ritual practice, alongside drumming and invoking ancestral powers. Sami shamans, known as Noaddits, employ other techniques such as blowing, curing, cupping, moxibustion, affirmations, movement and body therapy, drum journeying, sauna, herbal applications, and ritual purification, which can be conducted individually or in groups. Illness is viewed not merely as a physical ailment but as a disruption in the interconnected balance of the body, spirit, and environment, mirroring their multimodal approach akin to countless undocumented traditional healing techniques spread across India. In their scoping review, Liu-Helmersson et al. note that "Accessibility to Sámi traditional medicine is uneven, with many practices passed down orally within families and communities, lacking formal documentation in the health system".[30]

Modern Aromatherapy is a healing modality based on very old traditional healing knowledge. It started with the use of essential oils by ancient Egyptians, Greeks, and Indians for healing and rituals. The modern form began in early 20th-century France. Chemist René-Maurice Gattefossé named it after seeing how lavender oil helped heal his burn. Now, aromatherapy is part of Western natural health practices. Essential oils, also known as volatile terpenes, can be administered through olfactory pathways, dermal absorption, or oral ingestion. They are utilized for their potential benefits in enhancing cognitive function, modulating emotional states, and reducing inflammation. Additionally, essential oils are employed to alleviate stress, improve mental

concentration, promote skin health, and facilitate relaxation. Studies show they have positive effects on brain activity, emotions, and thinking [31], supporting their use in integrative medicine. "Lavender essential oil inhalation improved attentional shifting and accuracy, supported by changes in EEG spectral density." [32]

Traditional medicine continues to exert a significant influence on products such as Svensk Klassisk massage by maintaining its foundation in holistic healing and the principles of natural movement. Historical accounts suggest that Per Henrik Ling drew inspiration from Indian martial arts and therapeutic massage traditions, integrating their emphasis on movement, breath, and manual manipulation into the foundations of Svensk Klassisk massage and early physiotherapy. This impact shifted it from a traditional folk practice to a vital part of academic physiotherapy in modern Europe [33]. Developed by Per Henrik Ling in the early 19th century, Swedish massage has become a key component of Western massage. Emerging from a Nordic academic setting, it has developed into a fundamental aspect of physiotherapy education and care. As Wikström-Grotell et al. (2013) note, "From Ling to the academic era, Swedish massage shaped the development of physiotherapy as both a scientific and educational discipline in the Nordic countries." [33] The system is based on five key techniques—effleurage, petrissage, friction, tapotement, and vibration—that are designed to improve circulation, aid muscle recovery, and promote relaxation. Today, Swedish massage is widely applied in sports medicine, rehabilitation, and stress reduction and is valued in maternity care. Evidence supports its effectiveness, with Putri et al. (2024) reporting, "Massage has been found to reduce labor pain and anxiety, supporting its use as a non-pharmacological intervention during childbirth" [34]

Nuad Thai, or traditional Thai massage, has roots in Ayurvedic medicine, Buddhist monastic traditions, and indigenous Thai healing practices, where it has been performed for centuries as both a therapeutic method and spiritual ritual [35,36]. Its theoretical foundation lies in the Sen energy lines, which are conceptually linked to the Ayurvedic nadis. This practice integrates acupressure, deep tissue work, stretching, and yoga-like assisted postures, aiming to release blockages and restore balance. Recognised by UNESCO as an Intangible Cultural Heritage, Nuad Thai continues to play an important role in the community's health and cultural identity. Today, it is widely used for chronic pain, musculoskeletal disorders, and psychological well-being. Systematic reviews have confirmed its effectiveness, particularly in reducing pain, improving mobility, and supporting adjunctive care for depression. As Keeratanont et al. (2015) observe, "Systematic

review evidence supports traditional Thai massage as beneficial in multiple chronic pain conditions, though further trials are still required.” [35] Luk Pra Kob, or the Thai herbal hot compress, comes from Ayurvedic and Thai traditional medicine [37,38]. It was first used for postpartum recovery and physical rehabilitation. The compress is made from heated herbs, such as lemongrass, turmeric, kaffir lime, and camphor. Heat and herbal vapours are believed to improve circulation, reduce swelling, and relax the muscles. Today, it is practiced in spas, rehabilitation centres, and musculoskeletal therapy centres. Clinical studies have confirmed its value in easing pain, improving flexibility, and promoting relaxation. As Dhippayom et al. (2015) note, “The Thai herbal compress showed significant clinical effects as an adjunctive therapy, particularly for musculoskeletal conditions.” [38]

Tok Sen massage comes from the Lanna healing tradition of Northern Thailand [39]. It uses a wooden hammer and wedge to create rhythmic tapping along the body’s sen energy lines. Vibration and percussion are believed to release blockages and restore flow. The name “Tok Sen” translates to “hammering lines.” Today, it is slowly being integrated into pain management and physical therapy. Early studies have shown promise, with improvements in relaxation and pain relief. As Yankai et al. (2023) report, “Tok Sen massage produced short-term beneficial effects on pain, pressure pain threshold, and upper trapezius muscle thickness.” [39]

Rongoa Maori is the traditional healing system of the Indigenous people of New Zealand [40]. It is grounded in Maori cosmology and spirituality, combining herbal remedies, mirimiri (massage), karakia (prayers), spiritual practices, and ancestral knowledge. Healing is understood as restoring whakapapa (ancestral balance) and harmony across four dimensions: taha tinana (body), taha wairua (spirit), taha hinengaro (mind), and taha whānau (family). The term “Rongoa Maori” encompasses both physical and spiritual care of the patient. Today, TCM is practiced alongside biomedical medicine, often within the context of integrative care. Its role extends beyond treatment, emphasising on cultural safety and holistic well-being of the patients. As Thompson et al. (2025) observe, “Collaboration between Rongoa Maori practitioners and surgical clinicians fostered mutual learning, though challenges in knowledge exchange remain.” [40]

The Sobadores are traditional healers shaped by Indigenous, Spanish, and African syncretic influences. [41]. They are best known for massages and musculoskeletal adjustments, often practiced in community settings. Their methods draw from curanderismo or the practice of healing, emphasising balance, energy flow, and cultural-

spiritual frameworks of healing. Within curanderismo, healers hold distinct roles: sobadores provide massage and musculoskeletal adjustments, yerberos prescribe herbal remedies, parteras act as traditional midwives, and espiritistas or oracionistas perform spiritual healing through prayer and rituals. These specialisations form a holistic community health system that remains important for Latin populations in the United States [41]. The word “sobadores” refers specifically to practitioners of massage and physical adjustments. Today, they remain an important source of care for musculoskeletal pain, digestive problems, and child health. Their services are valued for their accessibility and cultural familiarity, especially among Latine communities in the United States. As Cruz et al. (2022) note, “Traditional healers such as sobadores play a significant role in healthcare delivery for the Latine community in the United States.” [41]

Traditional Chinese Medicine is rooted in ancient Chinese philosophy and shaped by the principles of Yin-Yang and the Five Elements [42,43]. Its foundations were recorded in the Huangdi Neijing (~200 BCE), one of the earliest classical medical texts. Over the centuries, it has developed into a complete system, combining herbal medicine products, acupuncture and massage techniques (Tui Na), dietary therapy, and energy practices such as qigong and Tai Chi. The regulation of Qi (vital energy) to restore harmony between the body, mind, and spirit is central to TCM. Known as Zhong Yi in Chinese, it is now practiced worldwide as part of integrative medicine, especially in chronic disease care and wellness programs in the West. Evidence highlights its impact on physical and metabolic health of the individuals. As Chen et al. (2019) explain, “Dao Yin (also known as Qigong) represents an ancient health practice, integrating movement, breath, and intention with clinical applications in chronic disease.” [42] Li et al. (2020) add, “Fitness qigong and tai chi improved glycemic control and physical outcomes in middle-aged and elderly patients with type 2 diabetes mellitus.” [43]

02. Current Scenario and Trends

The WHO Traditional Medicine Strategy (2002–2005) urged countries to include traditional medicine in their health systems. This stresses the need for policy support and rules [44]. Subsequently, regional meetings have pushed governments to do more. They suggested moving from merely recognising traditional medicine to fully integrating it. This can be achieved through shared training, joint research, and common standards [45]. This shift was important because it framed traditional medicine not as a parallel system but as a component of the national health policy, ensuring its accountability, safety, and equitable access. This marked a shift from cultural recognition

to structured integration within evidence-based healthcare. By 2019, this vision was articulated in explicitly patient-centred terms: “In an ideal world, traditional medicine would be an option offered by a well-functioning, people-centred health system that balances curative services with preventive care” [45].

In India, Ayurveda, Yoga, Unani, Siddha, Tibetan medicine and Homoeopathy (all recognized by AYUSH Ministry) are now considered partners in public healthcare rather than peripheral additions. Focus and attempts by stakeholders of health are initiated, so as to “move beyond rhetoric to a process of institutional integration, yet persistent asymmetries in finance, human resources and regulatory oversight remain significant challenges” [48]. Current initiatives reflect this evaluation. AYUSH clinics are situated within district hospitals and primary health centers. Cross-referral protocols enable patients to switch between conventional medicine and Indigenous healing systems, for flexible combined approaches to wellbeing and health. Common drug safety and pharmacovigilance units monitor adverse events across both streams. New budgetary allocations under the National AYUSH Mission support comparative research and shared-training modules. Collectively, these efforts aim to integrate Indigenous healing into routine service delivery while enhancing quality control and accountability [48].

In India, families often rely on a diverse array of healing practices rather than sticking to just one medical approach. A comprehensive review of 37 population-based studies revealed that Ayurveda, Yoga, Unani, Siddha, Homoeopathy, folk remedies, and spiritual practices are frequently chosen, sometimes alongside conventional medicine [49]. The authors note that “affordability, easy accessibility, cultural acceptability, and perceived safety were the most frequently cited reasons for preference toward AYUSH” [49]. However, the review also indicates that trust in traditional healers and recommendations from elders or peer groups can be more influential than cost, distance, or formal education. Families might choose a practitioner because “he treated my grandfather” or because community leaders recommend a particular herb or ritual; such social validation often surpasses objective assessments of quality or expense [49]. But mere assessments of quality and expense could be like scratching the surface without being objective or merely harboring inadequate and biased skepticism on part of modern medicine’s purists.

This trend is consistent across different income levels, and urban–rural settings, suggesting that cultural values can take precedence over economic considerations in health choices. Many individuals also switch when chronic ailments do not respond to conventional medicine or when they seek

comprehensive care that addresses both mental and physical distress. Factors like migration status, occupation, and exposure to biomedical clinics influence these shifts, but culturally rooted trust remains the key factor. These usage patterns reflect a pragmatic mix of cost, culture, and the pursuit of treatments that resonate with everyday cultural practices [49].

A. Alternative Therapies based on different Indigenous Healing Systems

In India, traditional knowledge and cultural wisdom encompass numerous healing techniques that can help in achieving wellbeing, remission or healing of diseases leading to improved quality of life as well. The reviewers found numerous examples during literature search. Like many communities use cultural practices like Charan Japa Kriya, Cankama and postural positions for relaxation and wellbeing. These practices trace their root to prehistoric respected Indian indigenous peoples – “the Sthira Sukha state is achieved when the muscles are evenly engaged and free of tension and strain, when the cadence of the breath becomes rhythmic and when the mind becomes patient and vigilant, observing whatever arises”. [50] In neurophysiology and research on mindfulness based therapies as well as biofield domain, individual components that affect states of relaxation and anxiety have been studied for a few decades-identifying a triad of three such components muscle relaxation, respiration and calm awareness – the practice of this concept is a lineage based healing therapy. Another lineage-based healing product which integrates varying levels of mind-body homeostasis is known as Sharira Shoukhyam – traces its roots to orally transmitted ancient physical wellness practices and applied philosophical foundations of Shariraka Upanishad. [51] The concept of Pancha Mahabhutas and health and its cultural practice, what effects “Mindful Eating” can generate is discussed with basic understanding of how affects our wellbeing.” There is a significant positive relationship between overall mindful eating and mental wellbeing”. [52] The “Kalupada Seka” practitioners are local Vaidyas/ healers who trace the ancestry of their healing tradition to thousands of years to Dhanwantari. Their traditional skills of bone-setting as well as herbal knowledge and also herb potency are linked with cultural practices.

Mindfulness has become a widely accepted component of therapy around the globe, yet its origins trace back to the Pali word *sati*, which signifies “memory” and suggests a state of calm, open awareness. Chittaro and Vianello affirm- “Mindfulness was explained by referencing its original Pali term, ‘*sati*’, which was interpreted as ‘memory’” [53]. Programs like MBSR (Mindfulness based Stress Reduction) and MBCT (Mindfulness Based Cognitive Therapy) convert this focus skill

into structured, protocol-driven courses, making the practice of mindfulness more structured and accessible for individuals. Pereira et al. highlighted the heritage: "Unlike most other psychotherapy models, which are claimed to be Western in origin, MBTs are firmly based in Indian philosophy and traditions" [54].

Indian philosophy also discusses prana, the subtle life force believed to animate both body and mind. A scoping review also notes that "the idea of 'life force' or 'subtle pranic energy'...is prevalent across many cultures" [3]. Researchers categorize such concepts under the term biofield, a proposed organizing energy that connects mental states and physiology. Pranic healing puts this idea into practice: practitioners scan, cleanse, and recharge a patient's energy field. Rocque describes it as "a form of ancient energy medicine, which utilizes the inherent energy Prana...to balance...the body's energy" [2]. Scientists are now exploring whether focused intention can have effects beyond the body. A triple-blind experiment demonstrated that "water exposed to distant intentions affects the aesthetic rating of ice crystals formed from that water" [57].

Mindful attention (sati) forms the foundation of MBTs; prana and the biofield expand the model to include subtle-energy care; distant-intention experiments are driving inquiry towards measurable mind-matter interactions. These contemporary elements are built upon a much older foundation. Practices such as breath control, mantra recitation, Tibetan Tummo, Southeast Asian massage rituals, Amazonian plant diets, and various village ceremonies also engage with attention, energy, or intention; however, only a small portion of these are documented in peer-reviewed literature [3][2]. Each practice has its own diagnostic methods and objectives that may refine or challenge current biofield and mindfulness theories. Much of this knowledge remains oral, awaiting systematic documentation and interdisciplinary study.

Reiki, which originated in Japan, is based on the belief that illness signifies a disruption in ki, a subtle life force that can be harmonised through gentle touch. As Lee et al. describe, "Reiki is a vibrational, or subtle-energy, therapy most commonly facilitated by light touch, which is believed to balance the biofield and strengthen the body's ability to heal itself" [4]. A standard session involved 12 hand positions and a focus on simple breathing techniques. Practitioners undergo a series of "attunements" to enable them to channel universal energy rather than relying on their own energy. Many hospitals now provide bedside treatments, and oncology units have volunteer programs because the method is gentle, cost-effective, and easy to learn [59]. Small randomised and quasi-experimental trials have indicated reductions in pain, anxiety, and fatigue after one to three sessions, although most

studies lack blinding and have short follow-up periods. Reiki is a hands-on biofield practice that conceptualises the body as an energy field and focuses on a quiet presence and gentle touch.

Reiki originated in Japan during the early 1900s, yet it is rooted in ancient folk beliefs that suggest that illness is caused by obstructed ki, a vital energy also known as qi in China and prana in India. According to Lee et al., "Reiki was developed in Japan in the early twentieth century by Mikao Usui" and is characterized as "a vibrational, or subtle-energy, therapy most commonly facilitated by light touch, which is believed to balance the biofield and strengthen the body's ability to heal itself" [4]. Their review connects Reiki to traditional Shinto-Buddhist hand-healing practices and other indigenous energy techniques. Olsen and Advincula further explain that "Reiki is based on the theory that vital energy can be directed to improve health" and describe it as "a gentle, noninvasive intervention that can produce a relaxation response" [59]. Collectively, these reviews present Reiki as a contemporary channel through which ancient indigenous concepts of life energy are integrated into modern clinical practices, maintaining the cultural rationale of hands-on healing.

Zero Balancing emerged when osteopath Fritz Smith aimed to create a unified approach that could connect the distinct healing philosophies of the East and West, leading to its development in the early 1970s [6]. Smith based the practice on traditional ideas of body energy, highlighting that the Chinese referred to it as 'qi' and the Indians as 'prana,' terms that describe a life force often overlooked by conventional medicine [6]. During sessions, practitioners employ gentle, precisely angled lifts and holds—known as fulcrums—to engage with the bone, which is thought to hold the most concentrated charge of this energy. This method views energy as both profound and straightforward, striving to establish the most harmonious connection between energy and physical structure [6]. When energy and structure are consciously and simultaneously aligned, clients experience a release of deep musculoskeletal tension, enhanced body awareness, and a more relaxed autonomic state [6]. Denner situates the therapy within a broader movement towards energy medicine, noting that its popularity is fueled by the growing interest of healthcare providers and consumers in Eastern philosophies and ancient healing practices [7]. She describes Zero Balancing as an energetic touch therapy system that harmonises the relationship between energy and structure within the bones and deep tissues of the body [7], citing evidence of decreased pain, anxiety, and sympathetic stress reactivity. Its application spans from acute and chronic disease states to emotional and general stress conditions, with its use expanding from private practices to hospital

wellness programs. Denner also suggests that energy therapies like Zero Balancing can serve as a path to self-transcendence, indicating psychological benefits that extend beyond the session [7]. Zero Balancing incorporates the traditional concepts of qi and prana into a structured bone-centred protocol. Early physiological research and increasing clinical adoption highlight its potential as a gentle supplement for stress management and holistic care in the elderly.

Human touch is an affordable and effective addition to various clinical settings. A systematic review by Singer et al. (2025) [62] analysed 148 controlled studies and found that a structured hand massage consisting of five minutes of circular strokes followed by gentle palm compression consistently alleviated behavioural agitation and reduced heart-rate spikes in dementia wards, often achieving results comparable to low-dose anxiolytics without causing sedation. Repeated foot rub protocols, typically involving ten-minute plantar effleurage and toe-traction sequences, decreased pain scores by two points and mitigated cortisol surges in hospice care. The same review documented other techniques: brief hand-holding to lessen procedural anxiety, slow back rubs for postoperative pain, acupressure grids to relieve chemotherapy-induced nausea, and therapeutic touch sessions that stabilise blood pressure in intensive care units. In these situations, touch can adjust the sympathetic tone, boost oxytocin levels, and strengthen the relationship between clinicians and patients. This highlights its flexibility as a somatic intervention that works well alongside pharmacological treatments [62].

Singer et al. emphasised that "most touch-based trials originate in Euro-American hospitals, leaving the vast landscape of indigenous massage traditions under-represented" [62]. However, India's health ethos has long incorporated manual therapies such as Abhyanga (full-body oil massage), Shiroabhyanga (head and neck massage), and Pada mardana (therapeutic foot rub). These practices integrate tactile stimulation with herb-infused oils to warm tissues, loosen fascia, and calm the autonomic nerves, a triad broadly consistent with the stress-modulating effects documented in modern clinical reviews [62]. A recent clinical survey by Kumar et al. indicates that "Abhyanga, delivered in slow, symmetrical strokes with sesame-based oils, produced statistically significant reductions in systolic pressure and salivary cortisol after just three sessions" [8]. The same study reported improvements in sleep quality and joint mobility in patients with early osteoarthritis. Foot-focused protocols rooted in Pada mardana were particularly beneficial for diabetic neuropathy: gentle plantar effleurage improved vibration perception thresholds and reduced burning pain scores, suggesting

peripheral nerve calming that parallels hospice foot rub findings in Western settings [19]. Nevertheless, both Singer's systematic review and Kumar's field data acknowledge that only "a fraction of India's touch therapies have been mapped with contemporary research designs" [62,63]. Many lineage-based techniques—Marma pressure, newborn oil massage, postpartum belly binding—remain confined to household or village clinics and are undocumented in indexed journals. Expanding methodological approaches to include these culturally coded practices could enhance global touch-therapy science, reveal novel neuro-immunological pathways and provide low-cost options for populations with limited resources.

Abhyanga utilizes therapeutic touch through rhythmic strokes directed towards the heart, which warm the skin, aid fascial movement, and enhance lymphatic flow. According to Madhukar and colleagues, this method impacts the srotas (body channels) and neuromuscular junctions, enhancing peripheral circulation and adjusting stress-related sensory pathways [8]. Warm sesame or medicated oils minimize friction, allowing deeper pressure at joints and energy points without tissue strain. Continuous sweeping motions activate light mechanoreceptors, decreasing sympathetic activity and promoting parasympathetic dominance, leading to improvements in skin hydration, muscle flexibility, and joint mobility [8]. Abhyanga employs oil-infused strokes in a centripetal direction. Madhukar et al. (2018) note that the gliding pressure "opens" the srotas (small interstitial channels recognized as lymphatic and venous capillaries) enhancing venous return and lymph flow [8]. Light effleurage and other techniques of gentle massage activate A- β mechanoreceptors, reducing hypothalamic stress responses and increasing vagal tone. Deeper thumb techniques engage Ruffini endings, generating shear forces that release nitric oxide and loosen collagen cross-links. Warm sesame oil decreases skin resistance, allowing continuous strokes and facilitating transdermal absorption of phytochemicals. Circular kneading at joints circulates synovial fluid and removes metabolic waste. Brief holds at marma points activate proprioceptive C-fibers to increase endorphin levels. Madhukar et al. document enhanced skin hydration, increased joint range of motion, reduced cortisol, and improved heart-rate variability after three weekly sessions [8]. In light of this, the reviewers would like to draw attention to the presence of numerous lineage-based healing techniques that are not currently documented in the prevalent knowledge domain of Ayurveda. These techniques may be considered abhyanga, albeit without the use of oils and involve gentle and patterned massaging. Notably, these lineage-based healing practices are transmitted through oral traditions. Further ethnocultural investigations, field research, and

studies could greatly enhance and broaden the scope of both traditional medicine in India and the modern healthcare system.

Kalari Chikitsa views touch as a combination of mechanical adjustment and biofield harmonization. A session starts with quick, open-handed pats (mey-kuthu) that activate skin receptors and, according to practitioners, "ignite the body's vital energy" [9]. Following this, long, oil-assisted strokes trace the meridians of the limbs, releasing the fascia and smoothing the ki—or prana—field surrounding the muscles and joints. Attention then turns to marma therapy, which involves applying thumb or elbow pressure to neurovascular points believed to connect the biofield to the skeleton. Brief, intense pressure at these points releases myofascial tension and is thought to reset local energy centres, providing immediate pain relief to the patient. Assisted stretches that imitate Kalaripayattu animal postures are then performed to enhance joint movement and align the energy flow along the spine. The treatment concludes with warm herbal poultices (Kizhi), whose rhythmic application introduces heat, phytochemicals, and a pulsed biofield stimulus that soothes the sympathetic nervous system. Reported benefits include quicker ligament healing, less muscle soreness, and a distinct feeling of "lightness" that patients attribute to both physical release and energy equilibrium [9].

Discussion

This discussion emphasises the fact that numerous indigenous healing practices remain unexplored beyond what is addressed in the subsequent paragraphs; the reviewers hold this informed opinion.

Massage-based healing practices from India and other indigenous cultures are gaining visibility, yet scientific research on them remains limited. Recent reviews reveal that most controlled studies on touch therapies originate from Euro-American hospitals, with Singer et al. noting that "the vast landscape of indigenous massage traditions [is] under-represented" in published research [62]. In India few practices, primarily Abhyanga, Shiroabhyanga, and Pada Mardana, have been included in peer-reviewed studies. Field surveys demonstrate clinical benefits but also highlight issues such as small sample sizes, short follow-up durations, and inadequate protocol controls, making it difficult to assess outcomes objectively or compare them to biomedical standards [62]. Studies exploring mechanisms are mostly descriptive. Madhukar et al. investigate the physio-anatomical basis of Abhyanga, that is lymph mobilization, mechanoreceptor gating, nitric-oxide release but their research covers only three weekly sessions and uses single-arm measures of cortisol and heart-rate variability [8]. Research on Kalari Chikitsa follows a similar pattern: case reports link

marma pressure and herbal poultices with quicker ligament healing, but documentation is limited to narrative outcomes without biochemical markers or dose–response curves [9]. Without rigorous comparative designs, these findings remain anecdotal, hindering their integration with mainstream touch science. Consequently, there is a significant gap between traditional practices and integrative policy-making. Many lineage-based techniques—such as newborn oil massage, postpartum belly binding, biofield and marma-point mapping, ancestral lineage specific abhyangas—are not included in indexed journals. This lack of documentation hampers meta-analyses, reduces regulatory interest for culturally rooted care and prevents availing its economic benefits. Until researchers implement robust study designs, the full therapeutic potential and possible biofield contribution—of indigenous massage will remain speculative rather than proven [62,63,64].

From policy formulation to application: Connecting WHO mandate with the indigenous living lineages' healing practices: -

The WHO's South-East Asia office urges governments to "catalogue and integrate indigenous manual therapies as part of people-centred, evidence-based care" [45]. This presents at least two major avenues aimed at producing more "effect-evidence". The first is a call to action, which is urgent and gradually escalating in structure, to effectively address the confusion and skepticism among all health stakeholders. The second involves strengthening robust documentation and research on the subject. Even a few well-defined serial case series or focused group discussions could pave the way for more qualitative studies. Evidence that is documented and demonstrates a change in symptoms with a causal relationship to an improvement in quality of life and is integrated as a technique in everyday real-world settings to validate its effectiveness qualifies as "effect-evidence".

Massage and touch therapy are people-centred, people-oriented, and deeply rooted in cultural practices that have fostered healthy, productive lives in these communities for millennia, considering the civilizational timescale of the Indian subcontinent. This aligns with the WHO recommendation that values the integration of traditional healing methods with modern medical practices to enhance overall health care in the region.

Massage functions as a soft technology—a "low-cost, high-impact modality that can be taught, reproduced and measured through simple physiological markers" [62].

Singer et al. noted that the effects on the autonomic axis are "detectable with hand-held HRV meters and salivary cortisol kits, making field research

achievable in low-resource clinics" [62]. The portability and user-friendliness of these tools facilitate research in clinics with limited resources and equipment. This methodology enables field research, allowing studies to be conducted in real-world settings rather than exclusively in specialised laboratories.

The existing body of Ayurvedic knowledge is not yet comprehensive enough. Many are lineage-based, like those described in the Indic Way articles [50,51,52], and there are those which often passed down orally or through intangible traditions. This technique is conceptualised as the core within the framework of abhyanga. This needs further documentation and addition with due respect to local Vaidya traditions. For basic understanding, Madhukar et al. characterize Abhyanga as "a neuromuscular lymph-pump performed using warm, oil-assisted centripetal strokes" [8]. However, considering the idea from narrow viewpoints neglect the different sequences and variations of the Abhyanga/s. For example, while seeking subject matter experts for the current review based opinion article we sought to explore whether there were intersection of traditional healing with integrated massage and touch therapy with biofield potential, we met Sri Soumya, an expert on indigenous culture and knowledge systems with over 40 years of experience in exploring and practising various methods that combine massage with "symbiotic attentiveness", this method aids the body in achieving "attention based relaxation", which involves adjusting posture through enhanced awareness techniques, or "Sharira Soukhyam", which emphasises cognitive and behavioral lifestyle changes.[50,51,52] During further conversations with the reviewers, Sri Soumya shared information about other traditional practitioners who employed different massage techniques and contributed to individuals' well-being. These techniques are effective in treating a range of physical and mental problems. This discussion further emphasizes the lack of comprehensive cataloguing and documentation of indigenous living lineages' healing practices in Odisha and India.

Kerala's Kalari system explores it a bit further with its percussive-stretch routines "martial physiotherapy that re-boots marma gateways and clears fascia" [9]. In aggregate, these sources indicate that the tools necessary for thorough research are available, the cultural frameworks are well-defined, and the clinical potential— from calming the nervous system to speeding up muscle and bone recovery—has not been fully explored and used. Additionally, a vast array of standalone yet culturally and historically interconnected healing practices are scattered throughout India and await further exploration.

Explorations and Preliminary Outcomes: -

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Current epidemiological studies, from both population studies and clinical settings, reveal that traditional touch and mind-body modalities are extensively utilized among Indian population. In the states of Maharashtra and Madhya Pradesh, caregivers noted that infant oil massage is a "common practice (93.8 %) ... started within the first week of life in 82 % of infants" [65]. For adults aged 45 and older, the Longitudinal Ageing Study in India revealed that "over 9 % of middle-aged and older adults in rural regions and 14 % in urban areas engaged in therapeutic yoga and mindfulness activities more than once a week," with this difference "largely attributed to variations in education and household wealth" [66]. Research on intensive retreats provides further insight: participants in a ten-day Vipassana course in Dharamkot adhered to a strict silence policy and by the fourth day "experienced relief from back pain and significant emotional release," describing the practice as "mental purification ... equally beneficial to everyone" [67]. Experimental studies have supported these field observations. In a double-blind, placebo-controlled trial, two five-minute distant biofield transmissions "significantly enhanced psychological and mental health-related symptoms ... and improved overall health and quality of life," with no negative effects reported [68]. Even in hospital settings, 30-minute Reiki sessions for nurses reduced heart rate, respiratory rate, and self-reported stress immediately after each session, showing immediate physiological calming effects [5]. The results show that indigenous healing methods are widely used and have noticeable effects on society and the economy. There is early but strong evidence of their benefits. This highlights the need for larger and more carefully planned studies on their methods in future.

Recommendations: While conducting our review, we identified several concepts that could play a crucial role in expanding our knowledge and practical incorporation of Indian indigenous healing practices, such as massage, touch, and biofield therapy, into contemporary healthcare systems. Hence, the need to connect extensively with traditional experts and vaidyas, to catalogue and then corroborate the effect- evidences further. The recommendations are divided into two main groups: a) those that bolster structured efforts towards action and b) those that improve our comprehension of the methodologies and impacts of the handful of traditional healing practices, products and packages that were reviewed herein.

A. Structured Effort Strategies [SES]

Establishing a dependable sampling framework for trials and meta-analyses is crucial. This can be achieved through studies conducted at all healthcare levels, including primary, secondary, and tertiary care teaching hospitals. Study protocols should

incorporate cost-effective and easily accessible biomarkers to evaluate changes or shifts. Enhancing documentation by working with local traditional Vaidyas, practitioners, and healers from lineage-based healing systems is also vital. It is essential to tackle blind biases and skepticism by developing a transdisciplinary research and validation pipeline.

B. Comprehension and adoption of appropriate research methodologies

To systematically comprehend the process and their algorithm, it is essential to be objective-driven while linking the insights of various lineage-based healers, vaidyas, and ethnocultural specialists. This can be achieved by engaging with the providers and beneficiaries of these practices through focused group discussions and case studies. The research framework and methodology must be suitable and flexible to effectively study these advantages and create replicable models. However, that needs developing and adopting of Comprehensive Ethnoculturally Relevant/Relatable Research Methodologies [CERRM]. To begin with, these CERRMs can be developed on the basis of extensive documentation of traditional healing practices, systems thinking, ethnography, interdisciplinary or mixed models, objective observations and replicable effect-evidences.

Pitfalls in CERRM: Integrative CERRM models will need to be assessed to determine whether they enhance the value of people-centered care—emphasizing qualitative dimensions of health and wellness. It is vital to avoid pitfalls such as blind skepticism, non-pertinent research methodologies, and counterproductive standardization without consideration of ethnocultural context.

Current research methods are grounded in reductionist biomedical models, such as clinical trials, measurable biomarkers, and standardized interventions. Without doubt, these approaches have proved highly effective in many domains, particularly in pharmacologic and surgical interventions.

Yet, those same approaches fall short when applied to traditional healing systems, which are holistic, contextual, and deeply rooted in cultural practice. This tension is especially apparent in lineage-based products that remain undocumented. While standards provide a path for recognition, testing, and protection, their stringent requirements risk excluding traditional healing products before documentation and corroboration; hence, they cannot serve as the sole measures of scientific validation. We need to keep on exploring different options, evolving our scope and scale of

The experiential insights and developmental arcs and that have evolved into diverse traditional

healing products, techniques, and packages through humanity's systematic enquiry over thousands of years, as evidenced by this review, undoubtedly offer vast untapped knowledge. These healing techniques and wellness-centric methods/products can contribute significantly to mainstream healthcare and integrative medicine by shaping holistic models and newer modalities for health, wellness, and healing—both now and in the future. Both positive and null results are vital. In brief, it is time to connect, catalogue, and corroborate

Conclusion:

Traditional healing techniques, products, and therapeutic packages may be understood as human-centred “soft/subtle technologies” that emphasise preventive care, holistic well-being, and the experiential dimensions of health. Despite their ubiquity, many of these practices remain underexplored or undocumented. Advancing their role in integrative healthcare requires adaptive research frameworks such as CERRMs that can accommodate cultural specificity while maintaining scientific rigor. The essential initial step involves maintaining ongoing engagement with communities and systematically documenting lineage-based practices and products that have not yet been recorded.

Author Contributions:

Dr Pratyush Mishra – Review Conceptualisation, Screening, Literature Review, Manuscript Drafting and Editing, Correspondence.

Dr Maheswar Bahubalendra Singh- Literature Review, Screening and Thematic Analysis, Manuscript Review and Editing.

Sri Soumya- Ethnocultural expertise, Sharing information and insights into indigenous and lineage-based healing systems, Field research.

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